

Commentary: Driving and Psychiatric Illness

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The article by Snyder and Bloom¹ highlights the importance of physicians' actively participating in the legislative process when medicolegal issues are involved. The specific forensic questions addressed by the authors focus on physician reporting of potentially impaired drivers—a problem that has been precipitated by the complexities involved in determining fitness to drive in the elderly.

It is no surprise to forensic psychiatrists, especially those in Oregon, that litigation involving motor vehicle accidents continues to lead to novel legal theories within tort law.² The Oregon case of *Cain v. Rijken*³ initially resulted in Oregon psychiatrists' being obligated to assess their patients' competency to drive, until Oregon psychiatrists were able to work with the Department of Motor Vehicles (DMV) to establish a more reasonable process. This process (now superseded by the legislation referenced by Snyder and Bloom¹) required, under certain circumstances, that physicians provide relevant information to the DMV, which makes the ultimate decision about licensure.⁴ Legal precedents in other jurisdictions demonstrate that in some cases, physicians can be held liable for a patient's car crash and for third-party injuries caused by the patient. Several cases have found physicians liable for third-party injuries because they failed to advise their patients about a medication's side effects,^{5–8} medical conditions,^{9–12} and medical apparatus¹³ that may impair driving performance (Ref. 14, pp 69–73).

There is no mystery to why physicians nationwide have been wrestling with these matters for many years. Deaths and injuries resulting from motor vehicle crashes are the leading cause of death in persons

aged 2 through 33 years (based on 2000 data).¹⁵ Motor vehicle injuries are the leading cause of injury-related deaths among 65- to 74-year-olds and are the second leading cause after falls in the 75-year and older age group (Ref. 14, pp 9–13).

The combination of alcohol and speeding is established as a cause of many traffic accidents. Certain medical conditions can also contribute to motor vehicle accidents. A significant, although often flawed, body of literature is available concerning motor vehicle accidents and mental disorders.⁴ What is the role of psychiatrists, who, like other physicians, often assess and treat persons who may be impaired in their ability to drive?

The American Psychiatric Association's 1993 Position Statement on the role of psychiatrists in assessing driving ability¹⁶ recognized that persons who have mental disorders may experience symptoms that can interfere with their ability to operate a motor vehicle safely. The APA position statement further states:

Accurate assessment of the impact of symptoms on functional abilities usually will not be possible in an office or hospital setting because such an assessment typically requires specialized equipment or observation of actual driving that goes well beyond the scope of ordinary psychiatric care. Moreover, psychiatrists have no special expertise in assessing the ability of their patients to drive. Thus, psychiatrists should not be expected to make such assessments in the usual course of clinical practice. Psychiatrists do, however, have a role to play in advising patients about the potential impact of their illnesses and treatments on driving abilities. When appropriate, psychiatrists should discuss with their patients the symptoms of their mental disorders which may be serious enough to significantly impair their driving ability. Psychiatrists should warn their patients about the possible effects of prescribed psychotropic medications on alertness and coordination, and about the possibility that such medications could potentiate the effects of alcohol. When clinically appropriate, medication with a low potential to impair driving

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ability should be chosen preferentially, depending on the patient's driving requirements and habits. . . [Ref. 16, p 819].

It is very likely, for reasons that Snyder and Bloom articulate, that psychiatrists and other physicians will become increasingly more involved in the assessment and reporting of medically impaired drivers to state departments of motor vehicles. A physician handbook developed by the American Medical Association (AMA) in partnership with the National Highway Traffic Safety Administration is a useful guide for physicians concerned with the increasing responsibility for driver assessments (Ref. 14, p 226).

The AMA physician handbook provides recommendations relevant to driving and the use of psychotropic medications and to potential driving impairments related to certain psychiatric disorders. However, it does not address the possible risks resulting from the use of certain psychotropic medications compared with the risks involved with the untreated psychiatric conditions related to impulsiveness, impaired reality, and sustained attention difficulties. This deficiency is probably caused by the lack of studies addressing such comparisons.

The role of a psychiatrist in evaluating whether an individual has a mental disorder that is likely to interfere with the ability to drive a motor vehicle safely has remained controversial related to issues of confidentiality, dual agency, and expertise. The gaining of expertise will require becoming familiar with criteria for performance in areas that should be assessed relevant to the driving task that may be affected by mental disorders. The AMA physician handbook describes the three key functions for safe driving as being vision, cognition, and motor function. The chapter that is devoted to assessing these functions in the context of driving-related skills should be very helpful to the practicing physician (Ref. 14, pp 76–146).

Another conceptualization of key functions for safe driving that may be affected by mental disorders was provided by a Federal Highway Administration conference on psychiatric disorders and commercial drivers.¹⁷ This conference expanded on the work of others¹⁸ to describe a functional assessment for evaluating candidates for commercial vehicle licensure. Specific areas of impairment that are associated with mental disorders and may affect driving ability were described:

1. Information processing ability, which includes attention, concentration, and memory components

2. Sustained attention
3. Visual spatial functioning, including motor response latency
4. Impulse control
5. Judgment, including the ability to predict and anticipate
6. Problem solving with the ability to respond to the simultaneous stimuli in a changing environment (e.g., potentially dangerous situations)

The AMA physician handbook discusses in detail the role of driver rehabilitation specialists, who are often occupational therapists with additional training in driver rehabilitation. Their roles include an in-depth functional assessment of a person's performance in the actual driving task.

Snyder and Bloom¹ provide a useful comparison of legislative approaches related to driving statutes in the Western states. The AMA's Physician's Guide¹⁴ provides a very useful summary of every state's driving license requirements and renewal criteria, reporting procedures, and Medical Advisory Board information. Such information is useful both as a reference to physicians in educating them regarding their legal responsibilities and as a resource document for helping to shape future legislation in their states. The positions adopted by both APA and AMA continue to emphasize the importance of confidentiality in the physician-patient relationship, which should assist physicians in their lobbying efforts concerning relevant legislation within their individual states. More research efforts with adequate scientific designs are needed to determine the relationship, if any, between driving ability and psychiatric disorders, to help shape the development of practical guidelines for clinicians regarding ability to drive.

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