

# When Should the Elderly Stop Driving

By Wesley E. Wright and Molly Dear Abshire, as published in the Houston Chronicle Senior Living Section on June 24, 2009.

On the afternoon of July 16, 2003, an 86-year-old driver crashed into the bustling Santa Monica Farmer's Market, killing 10 people. Many of the victims were members of the Persian and Russian Jewish communities of southern California who were shopping in preparation for the Sabbath meal. The incident rekindled debate regarding elderly drivers and what can be done to prevent a reoccurrence of this tragedy.

Loss of independence is a legitimate concern of the elderly. And in American society, perhaps the greatest symbol of independence is the automobile. The freedom to jump into one's car and to go whenever and wherever one wishes is cherished by all. Indeed, many Americans see driving as a basic right guaranteed to everyone.

But what happens when one's driving skills diminish? Clearly, the rights of elderly drivers must be balanced against concerns for the driver's own safety and that of the public. The denial of continued insurance coverage to drivers involved in multiple accidents has some effect in keeping dangerous drivers off the road.

Leigh H. Bernstein, an elder law attorney with the nationally prominent firm of Fleming & Curti, P.L.C., in Tucson, Arizona, has written widely on the subject of elderly drivers.

She points out no state has a mandatory cut-off age for driving, and 13 states have accelerated license renewal periods for elderly drivers. Indeed, a mandatory cut-off age is probably not the answer. Some seniors exhibit diminished driving skills much earlier than others, depending upon the individual's overall health. Bernstein said "even the healthiest senior citizens experience age-related slowing down at some point."

This may be in the form of decreased motor skills, slower reaction time, hearing loss, or blurred vision caused by cataracts. A person who cannot hear loud speech or loud knocking at the door probably should not be driving.

Moreover, some drugs commonly prescribed for the elderly, such as certain blood pressure medications, often have a significant sedative effect.

There is no law requiring physicians to report functional impairments of elderly patients to the Department of Public Safety, and physicians who do so do not violate the ethics of their profession.

Bernstein states that in 1999, the American Medical Association changed its guidelines to allow physicians to make such reports despite doctor-patient confidentiality rules. The Association of Driver Rehabilitation Specialists, which has its own web site, offers information about driver skills assessments and makes appropriate referrals to medical specialists.

One assessment tool that has proved successful is the "Useful Field of View" (UFOV) test, which was developed at the University of Alabama at Birmingham. This test measures visual processing speed and is seen by many as a reliable predictor of accident probability.

Some older drivers with diminished skills have used a modified version of this test to bring their visual processing skills to within normal range. It is important to remember that loss of driving ability may not be permanent. Cataract surgery is highly successful in correcting visual defects.

Bernstein said a University of California - Berkeley study shows about 30 percent of stroke victims can return to driving after undergoing appropriate rehabilitation. Sometimes such simple tactics as installing larger rear-view mirrors can make a world of difference. Also, driving courses are offered to seniors through a number of different organizations.

One such course is AARP's Driver Safety Program (previously called "55 Alive"), for information about this program one may call 888-227-7669 (AARP-NOW). Also, geriatric doctors at the Baylor College of Medicine in Houston administer a comprehensive test to the elderly to determine the person's level of functioning to drive a car.