

# Letters

## Primary care physicians hold the car keys

In their exploration of the role of Queensland general practitioners (GPs) in assessing drivers aged 75 years and over for the state's mandatory fitness to drive examinations, Gillett et al<sup>1</sup> found the process often stressful for both GP and patient as a result of multiple factors. They propose the development of better assessment tools, standardisation of examinations and affordable on-road driving assessments.

Surprisingly, Gillett et al fail to ask the crucial question about the benefit, if any, of these assessments. The benefit of medical checks of all drivers over the age of 80 years has been carefully assessed and found wanting. In 2008, a study by Langford et al<sup>2</sup> of Monash University Accident Research Centre compared road crashes of older drivers in New South Wales, which has mandatory medical checks, with road crashes by similar-aged drivers in Victoria, which does not have such checks, and found no difference in crash rates. There is no high-quality evidence to support these assessments.

Gillett et al also refer to functional driving assessments by occupational therapists as the 'gold standard'. As previously discussed in *Australian Journal of General Practice*, they are, at best, a 'bronze standard' because of multiple shortcomings.<sup>3</sup>

Moreover, these examinations are ageist. This bureaucratic stigmatisation has been highlighted in the controversy surrounding the proposal of the Australian Health Practitioners Regulatory Authority to require all doctors over the age of 75 years to have medical examinations regarding cognitive and physical fitness to practice. This proposal has been withdrawn on the grounds that 'The Board noted there was no existing research demonstrating that health checks

would definitively reduce notifications'.<sup>4</sup> Equally importantly, the President of The Royal Australian College of General Practitioners, Dr Michael Wright, in response stated, 'Ageist rules such as mandatory health checks or retirement ages aren't the answer ...'.<sup>5</sup> By the same token, given the ineffectiveness of mandatory health checks in reducing motor vehicle crashes and the associated ageism, it follows that the College should not support age-based mandatory checks for driving. Abolition of such checks would obviate the problems identified by Gillett et al and bureaucratic stigmatisation.

### Author

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Competing interests: BH was from 1994 to 2016 the Principal Medical Consultant to the National Transport Commission in the drafting of successive editions of *Assessing Fitness to Drive (Austroads)*.

AI declaration: The author confirms that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript.

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## Reply

I would agree with Dr Hocking that the current yearly mandatory driving assessment for people over 75 years of age is flawed. He has expertly assessed that current on-road 'gold standard' testing is at best a 'bronze'.<sup>1</sup> However, the current Austroads guidelines must be viewed with respect to other Australian medical guidelines, with only 18% based on level one evidence and 19% still consensus based.<sup>2</sup>

His conjecture is based on Langford's 2008 study.<sup>3</sup> There is no mention of the possible difference in rurality between the two populations. Additionally, the implicit assumption is that the same level of experienced general practitioner performed the examinations. Our study suggests that this assumption may not hold and needs validation.<sup>4</sup>

Many older drivers have one or more comorbidities, often medicated with potentially cognition-impairing prescriptions. Studies show that medicated drivers often are not warned about the possible impact on driving. In this study<sup>4</sup> and our separate study with pharmacists, we found the driving advice on possible opioid cognitive impairment was variable and often discordant with current pharmacology.<sup>5</sup>

The 'gold standard' of a one-off on-road test by specialist occupational therapists has limitations, as described by Dr Hocking. The onus is on the older driver – as it should be for all drivers – to make an informed decision whether to drive while weighing up their assessment of road safety, their personal condition and road conditions at the time. In a third (unpublished data – JG, JC, MK, MW) study, we found that a subset of opioid-medicated drivers, all of whom were aged under 75 years, was poorly informed of opioid cognitive impairment. Opioids are

thought to double the vehicle motor crash rate. Our research indicates the use of driving assessments should be considered beyond the current mandated age requirements to comprehensively focus on safe driving and counter the current claims of ageism.

Australia's once-falling road fatality numbers are rising, thus erasing the gains of 20 years, with prescription drugs a possible factor. Rather than abandon the current system, our work supports achievable modifications, promoting road safety while maintaining quality of life through a more equitable approach to all cohorts that are potentially more vulnerable on the roads.

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