Medical aspects of fitness to drive. What do public hospital doctors know and think

Author
Beran, Roy

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Letter to the Editor:

In response to “Letter to the Editor: "Medical aspects of fitness to drive. What do public hospital doctors know and think" By Shanahan et al

The authors are to be commended on undertaking this project but it is very disturbing to see only a 31% response rate, which drops down to 20% when excluding those not in public hospital practice (1).

The lack of response obviously casts doubt on any conclusions to be drawn as a result of this study but it would seem reasonable to assume that those who did respond were those with enhanced interest in this area. This is emphasised by 84% of responders identifying exposure to the problem (1). What this means is that the vast majority of hospital doctors may have failed to recognise the true impact that driving and the law may have on both their delivery of healthcare to 'at risk' patients and the potential legal medicine consequences.

The American Academy of Neurologists recently highlighted the potential for doctors to be held culpable for not reporting 'at risk' patients to licensing authorities, even if same has not been legislatively mandated (2). The take-home message from the work by Shanahan et al, although not identified as such by the authors, is that it is time for a wake up call for all doctors involved in the assessment of fitness of people to undertake activities such as driving. Driving does not stand alone. Flying, scuba diving and other activities also often require medical opinion. While most jurisdictions indemnify the over-zealous doctor who may decline to endorse such activities, it could be argued that there is no such protection for the doctor who permits activities which ultimately result in harm to the patient or third parties.

Understanding of the legal medicine principle of 'duty of care', both to the patient and the wider community, was acknowledged by Shanahan et al (1). It would seem that this principle may still fall well below the radar screen for many of those whom they sampled. This paper should sound warning bells for all doctors who assess fitness to drive, or to undertake other activities, as the study amplifies the apathy focused upon this important topic. The findings appear to highlight the need for a vigorous educational programme and enhanced research in the area. There is also a strong case to be made for a need for more epidemiological data to add scientific support upon which to base opinions re fitness to undertake pursuits, such as driving, to underwrite evidence-based opinion which identify percentage risk attached to various conditions and to offer reassurance that decisions are not an ad hoc approach which the identified lack of awareness may imply.

Roy G Beran

References:

1. Shanahan E M, Sladek R M, Phillips P
"Medical Aspects of fitness to drive. What do public hospital doctors know and think"

2. Hurley D
"When epileptic patients crash: Legal airbags protect most neurologists but buckle your seatbelt just the same"
Neurology Today 7 (2), Jan 16, 2007, 18- 19"