



PHYSICIAN REPORTING OF MEDICAL CONDITIONS THAT MAY AFFECT DRIVING COMPETENCE

The American Academy of Neurology (AAN) represents more than 20,000 neurologists and neuroscience professionals, many of whom have patients for whom driving is an uncertain privilege due to the progression of diseases that affect cognition, consciousness, or motor skills. Physicians are expected to report a patient's driving-related condition to driving authorities when it appears that the condition might pose a safety risk to the patient or others. Making reporting a mandatory requirement, however, can have a strongly negative impact upon the patient-physician relationship, and may ultimately provide no greater safety benefits to the public or the patient, who may feel compelled to withhold important medical information. Poorly designed reporting laws may also expose physicians to undeserved liability for a patient's driving outcomes, even when a physician has followed all applicable laws honestly and capably.

In 2006, the AAN adopted the following principles regarding physician reporting of medical conditions that may impair driving:

1. The AAN supports optional reporting of individuals with medical conditions that may impact one's ability to drive safely, especially in cases where public safety has already been compromised, or it is clear that the person no longer has the skills needed to drive safely.
2. The AAN restates its support for the 1994 consensus statement, with the following updates:
 - "Prior bad driving record" does not need to be included as an unfavorable modifier to the 3-month seizure-free period, since it is not a medical consideration.
 - Sleep deprivation should not be a cause for exception to the 3-month seizure-free period.
 - A road test should not be required for determining one's fitness to drive due to seizures, unless other relevant medical conditions (such as cognitive impairment) are in question.
 - Cognitive and psychomotor effects stemming from the use of anti-epileptic drugs (AEDs) should be carefully evaluated in all patients with seizure disorders who intend to drive.
3. The AAN supports the development and promotion of better evaluation tools to assess driver safety, both in terms of helping physicians recognize when a driver should be referred for evaluation, and assisting state officials to conduct such an evaluation. Such training and tools should be developed in cooperation with state transportation officials and other medical expert groups, to include physician and patient organizations.
4. The AAN supports stricter driving and reporting standards for people who provide professional driving services, especially public transportation or hazardous-material drivers.
5. The AAN supports clarification of physician-immunity policies, to make it apparent that a physician should be granted immunity both for reporting and not reporting a patient's condition when such action is taken in good faith, when the patient is reasonably informed of his or her driving risks, and when such actions are documented by the physician in good faith.

6. The AAN supports state and federal efforts to plan for additional transportation resources to meet the needs of affected patients who are no longer able or allowed to transport themselves.
7. The AAN encourages physicians to review the applicable driving laws in their area with their patients, and to discuss and document their medical recommendations with their patients.

8. The AAN encourages collaboration with other specialties to participate in this ongoing discussion to improve public safety and to ensure patients' privacy rights and driving privileges are broadly respected.

**Approved: AAN Board of Directors – October 16, 2006
by e-mail vote (Policy 2006-59)**

Note from the AAN General Counsel: This position statement supplements the Academy's statement in *Consensus Statements, Sample Statutory Provisions, and Model Regulations Regarding Driver Licensing and Epilepsy*, which was adopted by the Academy, the American Epilepsy Society, and the Epilepsy Foundation of America and published in *Epilepsia*, 1994;35(3):696-705.

The preamble to the consensus statement explained the role of physicians in the licensing process:

Licensing decisions should be made by the appropriate governmental regulatory body rather than by the treating physician. That regulatory body should have a medical advisory, or similar, board that should include at least one member with expertise and experience in treating epilepsy and episodic disorders of consciousness and motor function. Physicians should have immunity for choosing either to report or not to report a patient to the regulatory body. In the United States, there was consensus that state statutes should establish the structure of the driver licensing process and appeal rights, give the Department of Motor Vehicles (DMV) authority, and give proper protections from liability to those involved in the process. Medical criteria for licensing would appear to be best handled in the form of medical guidelines or regulations, rather than at the legislative level.