



The Board of Alzheimer's Australia endorsed this document at its March 2004 meeting.

If you would like to comment on the content or other aspects of this statement, please contact Anne Eayrs by telephone on (02) 6254 4233 or email anneeayrs@alzheimers.org.au.

Driving Policy Statement

Every individual has the right to mobility. Driving as a means to this mobility should not be challenged if drivers have the functional ability to do so without risking the safety of their passengers, other road users and pedestrians, and themselves.

A diagnosis of dementia should be viewed as a warning sign that an individual may not be competent to drive or will lose that competency at some stage in the future. A diagnosis does not determine individual ability to drive. People with dementia, with their families and carers, should routinely review whether they retain the ability to drive safely.

Diagnosis and driving

- A diagnosis of dementia should not automatically preclude a person from driving.¹
- All people with dementia will reach a point where it is unsafe for them to drive.
- Each person has individual driving capabilities and will experience a different pattern and timing of impairment as their particular condition progresses.
- The likelihood of impaired driving will increase with the severity of the progression.
- Any automatic link between a diagnosis of dementia and the removal of a driver's license could provide a disincentive to a person presenting for early diagnosis and treatment.

¹ Note that more stringent health requirements apply to commercial vehicle drivers.

Planning after diagnosis

- The decisions on how and when to cease driving should be considered by the person with dementia and their family and carers as part of the early planning after diagnosis.
- Deciding to limit when and where they drive may be an appropriate stage in the decision process for some people with early stage dementia.
- People with dementia should have access to support in planning and making their decision to cease driving from health professionals and other service providers. Information about alternatives to driving should be part of this process. Conditional licences may provide a means to continue to drive while health permits, whilst sharing the responsibility for attending regular reviews with their health professional.

Determining capacity to drive

- It may be difficult to predict the rate of individual decline and thus the point at which a person is no longer capable of driving safely. In the interests of everyone's safety a precautionary approach should apply.
- There is a need for regular review of functional performance.
- Driver assessments (combining medical, off-road and on-road assessments) appear, at present, to give the best indicator of driving ability.
- Improved access to comprehensive driving assessments for people with dementia is essential in all regions, including rural areas, to encourage people with dementia to seek testing and to minimise waiting periods.
- There is a need for greater education about the issues of dementia and driving, including alternatives to driving, amongst the general public as well as for health professionals who work with older people.
- In this context, better information is required about how different groups such as drivers, family members and professionals, perceive and evaluate risk.

Related issues

- If a health professional is aware that driving is continuing and they believe that public and/or personal safety is endangered, they should take reasonable measures to minimise that danger, taking into account the impact of State/Territory legislation and including, if necessary and permissible, reporting the driver to the driver licensing authority.

- Further research into assessment procedures and tools would support health and other professionals in determining the ongoing driving abilities of people with dementia.
- People with dementia who give up driving need access to affordable alternative transport options including public and community transport, including in rural and remote areas.
- People with dementia may need different forms of support than other retired drivers to maintain mobility. This issue requires further research.

Future developments

In support of this policy statement, Alzheimer's Australia will develop practice and advocacy in a number of areas:

Support and referral

- Provide information and relevant resources to people with dementia about the implications of dementia on driving as part of early planning after diagnosis.
- Support people with dementia and their family and carers in determining how and when a decision to cease driving should be made, including coaching family members and carers in the best approaches to support individuals in their decision making.
- Be aware of current Austroads Driving Assessment Guidelines and legislative requirements within the relevant State/Territory jurisdiction.
- Help to educate health professionals about their responsibilities in relation to driving and dementia.
- Support and encourage people with dementia and their families and carers to seek early and regular assessment of driving ability.

Advocacy

- Advocate for improved access to timely and comprehensive driving assessments for all people diagnosed with dementia who require this service, regardless of where they live.
- Promote the development of clinical pathways that can be used by health professionals to increase consistency of advice and practice in all jurisdictions.

- Support the development of
 - affordable and accessible transport options for people with dementia who have ceased driving, including those in rural areas and outer metropolitan areas; and
 - dementia specific support options for those for whom all independent mobility options, including walking and other transport, have become potentially risky.
- Promote the need for all older people, including those with dementia, to plan for their possible transition to being a non-driver.

Reference

Austrroads², *Assessing Fitness to Drive*, 2003
(available at www.austrroads.com.au/aftd.html)

² While the standard does not mention dementia specifically, it recommends that people diagnosed with age-related decline, or progressive disorders that may result in driving restrictions, be counseled appropriately and given as much lead time as possible to make the lifestyle changes that may be required once they are no longer able to drive.

In addition to medical examinations, the standard advocates practical driver assessments by occupational therapists or other persons approved by the particular Driver Licensing Authority, to evaluate a driver's functional status, understanding and application of road law, judgement, decision-making and vehicle-handling skills.