Driving Miss Daisy
Should our hospice patients be driving?

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Disclosure

Karen Cross and Shannon Sheek have disclosed no relevant financial relationships.

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Mrs. Stein
79 yr old female with ALS
severely limited neck ROM

Dear Dr. Cross:
It has come to our attention that one of the residents under your care at Green Gardens Residential Inn is receiving high doses of Methadone and is driving a car. Our pharmacy staff is concerned that his driving ability is impaired by his opioid medications. We wanted to bring this concern to your attention.

Sincerely,
John D. Smith, PharmD, chief pharmacist
The Older Adult Driver With Cognitive Impairment

"It’s A Very Frustrating Life"

Marcia G. Gray, MD
Robert E. Smith

The Patient’s Story

When a 70-year-old man presented for vision correction, the optometrist found that his visual acuity was normal, but his vision was blurry due to cataracts. He was referred to an ophthalmologist for cataract surgery, but the patient refused because he was afraid of driving after the surgery. The optometrist explained that driving after cataract surgery can be challenging, but the patient insisted that he could still drive safely. He was referred to a driving rehabilitation program, but he refused to participate. The optometrist recommended that the patient consider alternative transportation options, such as public transportation or carpooling, but the patient refused. The optometrist discussed the risks of driving with cognitive impairment, but the patient refused to consider any changes.

Although automobile manufacturers offer technologies such as adaptive cruise control and automatic emergency braking systems to assist drivers, they cannot replace the need for safe and responsible driving. The older adult driver with cognitive impairment is at higher risk for accidents, and it is important to educate them on the importance of safe driving and the potential risks associated with cognitive impairment.

Medications

Analgesics  Antioxidants  Antipsychotics  Antihypertensives  Steroids & NSAIDS
Anticholinergics  Antidepressants  Anticonvulsants  Alcohol  Diabetic medicines

Driver’s License

Model Hospice Patient

> 74 yrs old

Recommendations for opioid therapy

Refrain from driving for 5-7 days after initiation of opioid therapy or dose increase
Do not drive if you feel sedated
Report sedation/unsteadiness/cognitive decline to your physician so the dose can be decreased
Disease specific recommendations

- Ophthalmic
- Neurologic
- Cardiac
- Pulmonary
- Psychiatric
- Musculoskeletal

If anyone is going to talk to the elderly person about driving, who should it be?

Benefits of rigorous reporting

- Patient safety
- Public safety
- Liability risk

Burdens of rigorous reporting

- Social isolation/withdrawal
- Depression
- Anger at the team/compromised relationships
- ↑ risk of nursing home placement
Quality of Life

- Self-esteem
- Necessary chores
- Maintaining social connectedness
- Our society has not made adequate accommodations for people without transportation

AMA Ethical Opinion

E-2.24 Impaired drivers and their physicians

Physicians should use their best judgment when determining when to report impairments that could limit a patient’s ability to drive safely. In situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician's advice to discontinue driving privileges is ignored, it is desirable and ethical to notify the Department of Motor Vehicles.

State Law Example: North Carolina

Winston Pain Institute
Suggested 6 step protocol

Step 1   Identify at risk patient
Step 2   Is the patient driving?
Step 3   Assess for impairments in traffic skills

What is needed to drive?

- Vision
- Physical ability
- Reaction Time
- Memory & Concentration
- Divided Attention

Why Occupational Therapy?

- Occupational therapists are experts in addressing the essential and everyday activities of daily life.
- Specialty trained/certified OT’s provide driver evaluations, training, educational resources, and guidance to people who want to drive again after a significant health changing event.

Clinical Assessment

- Driving History
- Instrumental ADLs
- Physical Evaluation – How to Assess
  - Strength, ROM, reaction time, flexibility
  - Vision – How to Assess
    - Acuity, visual fields, contrast sensitivity
  - Cognition – How to Assess
    - Memory, attention, judgment, problem solving
Behind-the-Wheel Assessment

- Overall functional mobility
- Pre-driving checklist
- In-traffic assessment
- Varying traffic situations
- Light, moderate, heavy or high-speed
- Parking maneuvers
- Following directions

Recommendations

**GOAL:** To keep people on the road as long and as safely as possible.

- Treatment goals and plan
- Need for equipment and training
- Need for further rehab services
- Restrictions on driver’s license
- Cessation of driving
- Re-evaluation (progressive conditions)

Common driver license restrictions

- Daylight driving only
- No interstate driving
- 45 mph only
- 5 or 10 mile radius of home
- Supervised driving
- Off-peak hour driving only

Step 1 Identify at risk patient
Step 2 Is the patient driving?
Step 3 Assess for impairments in traffic skills

Step 4 Make team recommendations/referral
Step 5 Counsel about transportation alternatives
Step 6 (Worst case) Report to DMV
Whose Job Is it?