

The Role of the Medical Practitioner in Determining Fitness to Drive Motor Vehicles

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1. It is accepted that a wide variety of medical conditions impair driving capabilities. The medical profession has a duty of care to the wider Australian community to identify patients who suffer from medical conditions that may impair their fitness to drive.
2. In practice, the medical conditions which potentially cause greatest public and ethical concerns are those in which the driver is impaired but lacks insight into the risk, and is not likely to voluntarily surrender his or her driving licence. This may especially be so in the case of borderline dementias and psychiatric conditions.
3. It is recognized that in the Australian environment, independence of transport and mobility is highly valued.
4. Possession of a licence to drive is a privilege, not a right. That privilege is bestowed by the State on those who meet statutory criteria, and may be withdrawn by the State from those who cease to satisfy the statutory criteria. It is the role of the State to determine whether any individual meets the criteria defined by law.
5. It is the role of medical practitioners to diagnose medical conditions and, when possible, to quantify the functional impairment imposed by those medical conditions.
6. In the case of drivers' licencing, it is the role of the medical profession to identify patients who may have their driving skills impaired by their medical conditions and, where possible, to determine the degree of impairment. Determining that the degree of impairment constitutes a serious and immediate risk to the public, is a matter requiring careful and comprehensive diagnosis, as well as a judgement as to how an impairment identified in a medical consultation may manifest in a real-life driving situation.
7. To apply the law to the facts of a case, and determine whether any individual meets criteria defined by law, is a legal function. It is not appropriate that the medical profession should be required to perform such a quasi-judicial function. This is especially so when the outcome of any such decision will impose very serious restrictions on the independence of the person who is the subject of the decision. This is particularly concerning when the decision-maker is the patient's treating doctor.
8. Therefore, the AMA believes that the role of the medical profession in determining fitness to drive should be confined to (a) diagnosing medical conditions, (b) assessing as far as reasonably possible the degree of functional impairment arising from those medical conditions, (c) advising the patient that he or she is not fit to drive, and (d) subject to the patient's consent, imparting that information to a licencing authority on request.

9. It is not appropriate that the treating doctor should be the decision-maker. That role places the doctor in a position of unacceptable ethical conflict, and threatens the therapeutic relationship.
10. If the treating doctor identifies that a patient is so medically impaired as to constitute a high risk to the community, and that the patient's judgment is impaired to a degree that the patient is likely to continue driving despite that incapacity, it is acceptable that the doctor notify the licencing authority of the patient's medical impairment. Such disclosure should be subject to statutory protection against legal consequences of unauthorized disclosure of confidential information. The decision to disclose such information should remain solely within the doctor's discretion. The doctor should be protected in law from any penalty arising from a decision to not voluntarily disclose confidential medical information. It is not acceptable that disclosure of that information should be mandatory under any law.
11. Assessment of fitness to drive for commercial vehicles requires assessment of the medical conditions by a medical practitioner, but the decision on fitness to drive should be made by the licensing authority and not by the medical practitioner caring for the patient.
12. Medical assessment for fitness to drive needs to be available independently of the patient's normal practitioner(s) to avoid the conflict situation of the caring practitioner also having to adjudicate on fitness to drive. This becomes very important for drivers of commercial vehicles, when the patient lacks insight or has a dementing process, and when the patient may withhold important clinical information in order to obtain their licence e.g. diabetics having hypoglycaemic events, epileptics having seizures.
13. Currently, in some Australian jurisdictions it is a mandatory requirement that doctors inform appropriate authorities if they consider a person unfit to drive. The AMA believes that this should not be a mandatory requirement in any Australian jurisdiction.

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