

**EPILEPSY, AGING**  
**AND A LICENCE TO DRIVE**  
**– a changing scene**

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**DRIVING RESTRICTIONS**

1. A ban on all drivers with epilepsy
2. A two- or three-year rule
3. Evolving liberalisation
4. A three month rule

## **A PERSONAL APPROACH**

1. Recognition of discrimination
2. Advocacy of more liberal guidelines
3. Concept of an acceptable risk
4. Acceptance of responsibility for borderline cases

## **MANDATORY REPORTING**

1. In SA (or NT) Section 148
2. Assessing Fitness to Drive 1998
3. Ambiguity in AFD 2003
4. Further potential in Queensland

## **LICENSING AUTHORITIES**

1. By law issue, revoke or modify licences
2. Have accepted that the doctors know best
3. Have devolved legal obligation onto doctors
4. Have thereby disturbed therapeutic relationship
5. Have created conflict of interest
6. Have obtained constrained and dubious information

## **LITIGATION**

1. Civil action by injured Third Party
2. Criminal action against driver
3. Criminal action against doctor

## WHAT IS APPROPRIATE?

1. First obligation is to patient
2. Secondary obligation to public safety
3. Common sense and Common Law guide
4. Continue to advocate
5. Authorities must take legal responsibility

## WORLD CONSENSUS

1. Countless references that reporting by doctors must not be mandated
  - epileptologists
  - general medical
  - ethical
  - emergency medicine

## **2003 GUIDELINES**

1. Designed for GP, not Consultant
2. A series of pro-formas
3. "The criteria are not met....."
4. Complexities and ambiguities
5. Onerous obligation on doctors
6. Specialists expected to act outside guidelines

## **ESA and 2005 REVIEW**

1. Certification must be made by DLA
2. DLA has no place in early consultations
3. Each DLA must access independent medical review
4. Inconsistencies and ambiguities need resolution
5. Conditional licence concept needs simplification
6. Completed forms must be sent direct to DLA

## ESA and 2005 FINDINGS

1. Neurologists were 'vocal'
2. Medical Advisory Panels are needed
3. DLAs must better inform drivers
4. Mandatory reporting should be eliminated
5. Professional advice will be sought

## VIEWS OF NEUROLOGISTS

- |  |    |
|--|----|
| 1. Continue to certify all patients      | 1  |
| 2. Stop certifying completely            | 84 |
| 3. Certify only when case is unambiguous | 34 |
| 4. Follow advice from Subcommittee       | 65 |

## DRIVING SUBCOMMITTEE RECOMMENDATIONS

1. Provide factual data on all forms
2. Complete certification in clear-cut cases only
3. In other cases cross through both "fit" and "unfit"
4. Send letter to DLA with relevant details
5. Inform patient and obtain consent
6. Pass form to patient or DLA

## ESA/NTC/AUSTROADS 2007

NTC accepts ESA/ANZAN position

(Non-certification/DLA responsible/Advisory Panel)

Guidelines to be simplified

Epilepsy form to be developed

Decision tree to allow DLAs to process forms

## SIMPLIFIED GUIDELINES

Isolated seizure, negative assessment	- 3/12
Recent diagnosis	- 6/12
Remission after seizures on treatment (or no awake seizure)	- 12/12
Recurrent seizure	- 3/12

(More comprehensive guidelines for Advisory Panels)

## SUMMARY '07

Play consultant role in a fully professional way – therapy, counselling, advocacy, confidentiality.

Provide the necessary facts to DLA

Recognise when duty to public safety demands disclosure

Ensure DLA fulfils its role – including obtaining independent competent advice