

Driving while distracted is a primary-care issue

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It's time for physicians to talk to patients about driving while distracted, a problem that has risen to the rough equivalence of drunken driving thanks to the proliferation of phones that allow drivers to talk and text, Amy Ship, MD, a primary care physician at Beth Israel Deaconess Medical Center suggests.

Writing in the June 10 issue of the [New England Journal of Medicine](#), Ship notes physicians routinely ask patients about habits associated with potential harm like the use of helmets, seatbelts, cigarettes, condoms, drugs and alcohol. And with data showing 28 percent of all accidents in the United States are caused by drivers talking on cell phones or texting, it's time to step into this issue too.

"When a doctor raises an issue while providing overall preventive care, the message is different from that conveyed by a public service announcement nestled between ads for chips and beer or a printed warning on a product box," she writes. "It's time for us to ask patients about [driving](#) and [distraction](#)."

While the absolute increase in the risk of collision attributable to distracted drivers is hard to assess, Ship says one study showed talking and driving posed a four time greater risk than undistracted driving. A second study suggested texting raised the risk of collision by a factor of 23.

"More than 275 million Americans own cell phones and 81 percent of

them talk on those phones while driving. The adverse consequences have reached epidemic proportions."

Ship acknowledges that while there is little solid evidence that screening questions about drugs, alcohol smoking and other risks have any benefit, that fact has never stopped clinicians from making inquiries.

"As our technology evolves, our questions must be updated in keeping with the risks," she says.

In her own practice, where Ship queries all her patients annually on this issue, she occasionally encounters patients who wonder why talking on the phone, even with a hands-free device, is more dangerous than talking to a passenger.

"First is the obvious risk associated with trying to maneuver a phone, but cognitive studies have also shown that we are unable to multitask and that neurons are diverted differently depending on whether we are talking on a phone or talking to a passenger," she says.

But for the ultimate skeptic, Ship has a ready response:

"How would you feel if the surgeon removing your appendix talked on the phone - hands-free of course - while operating?"

Ultimately, Ship says, clinicians have an obligation to adapt to societal changes and update their model of preventive care.

"[Primary care](#) doctors are uniquely positioned to teach and influence patients: we should not squander that power. A question about driving and distraction is as central to the [preventive care](#) we provide as the other questions we ask. Not to ask - and not to educate our patients and reduce their risk - is to place in harm's way those we hope to heal."

Provided by Beth Israel Deaconess Medical Center

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