

Medical screening for older drivers is misguided, argues senior doctor

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Medical screening of older drivers is misguided and typifies a "worrying lack of due diligence" by the medical profession, warns a senior doctor in *BMJ* today.

Professor Desmond O'Neill, Consultant Physician in Geriatric and Stroke Medicine at Trinity College Dublin, argues that older drivers not only have an enviable crash record, but they also raise traffic safety among other generations: the risk of serious injury to children is halved if driven by grandparents rather than parents. "Yet the belief that older drivers pose a disproportionate risk to other road users refuses to die."

He points to a recent report from a UK parliamentary charity that "disappointingly overstates the risk of older drivers and recommends training for them, an unnecessary measure of dubious value," he says. Likewise, many jurisdictions demand [medical screening](#) of all older drivers, "with the tacit or active acquiescence of the medical profession."

Several factors contribute to this professional lassitude, says Professor O'Neill, such as confusing increased risk of death because of fragility with [crash risk](#), and concerns that age related cognitive impairment and dementia might still justify mass screening of older drivers.

However, a recent study lays the latter issue to rest. When the Danish government added a cognitive screening test to the medical screening test for [older drivers](#), it did not reduce the rate of older people dying in [car crashes](#) but significantly increased the rate of older (but not younger)

people killed as unprotected [road users](#) – that is, pedestrians and cyclists.

"This hazardous shift from protected to unprotected road user mirrors that found in previous studies on medical screening," says Professor O'Neill, and "should quench the misguided thirst for screening and direct our attention to the real health issues facing our older patients who drive."

He calls for "transportation that is flexible and responsive to the needs of older people" as well as car safety features "designed with the increased fragility of later life in mind." The abolition of age related medical screening and better guidelines for doctors could also play an important role, he adds.

Rather than [mass screening](#), "we should focus on evidence based innovations, such as restricted licensing and rehabilitation, for people with age-related illness," he says. "This is the best approach to protect the safe mobility, and avoid further unhelpful stigmatisation, of a group whose ranks most of us will join in due course."

Provided by British Medical Journal

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