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FUNCTIONING OF MEDICAL ADVISORY BOARDS AND PHYSICIAN REPORTING

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Good medical advice and guidance are key to fair licensing practices. Department of motor vehicles rely primarily on health professionals and specialists in rehabilitation hospitals for help in judging when an impairment becomes a hazard to driving. Traditionally, medical advisory boards (MAB) are recognized as a medical group, established either by law or by administrative authority, for the purpose of advising driver licensing agencies on the medical aspects of driver impairment in all the major medical specialties.

Problem

However, inadequate screening techniques to identify high risk drivers and the lack of transportation alternatives for those who can no longer drive has raised serious issues for licensing agencies and the medical community. This situation becomes more critical upon examining the current status of medical advisory boards. Their members may:

1. Be appointees without any motivation to accomplish tasks.
2. Have limited training with no orientation program.
3. Lack knowledge of how driving skills relate to impairments/aging process.

4. Fear repercussion from no liability protection in reporting system.

5. Have no updated functional or medical standards to make sound decisions.

6. Feel inadequate to provide policy making rules.

For most citizens, the "right" to drive is extremely important. Since the department of motor vehicles has the responsibility to identify potentially unsafe drivers, it is critical that licensing examiners, clerks in branch offices, and board members are adequately trained and knowledgeable to detect those impairments that may cause unreasonable risks on our roadways.

Since medical examinations for all driver applicants is not a practical alternative, drivers are examined when a medical complication seems apparent. Consequently, licensing personnel have been forced to make medical judgments. (39 states have medical advisory boards) All the major medical specialties are usually included. Some medical advisory boards help establish the standards for making licensing decisions. (37 boards help design medical review process) Other boards act in an advisory capacity to determine who should or should not be licensed. (33 boards hear individual cases)

Recent survey results revealed great variation in the range of activities that boards undertake; yet, questionable licensure decisions rely heavily on the examining physicians's medical report as part of the review process. Many states function with their designated membership almost non-functional with no scheduled meetings and only several active members. For example, perhaps, the board's acting chairman and/or ophthalmologist could be contacted by motor vehicle personnel for advice only on questionable cases to clarify the difficult decision-making task of identifying at risk drivers.

Needs

The latest survey results from the Association for the Advancement of Automotive Medicine and the Massachusetts Registry of Motor Vehicles provided information reveals needs relative to medical advisory board membership, function, and legal protection.

Membership

Membership is a "labor of love" and often a test of one's endurance. It is beneficial to incorporate a representative "mix" paying attention to the specific specialties, training, geographic locations within the state, nature of their practice either clinical or research, women, minorities, and finally, but most important, the

candidates interest and enthusiasm to serve as "volunteers" to take on an active role. This "mix" ensures a multi-disciplinary working group with broad representation.

For example, a 'model' board would perhaps allow for an expanded membership including 'alternates' and 'associates' to participate. The 'alternates' would be old board members who could vote when necessary. The associates would be new non-voting members who would either have interest or would be involved in the field of traffic safety such as: allied health professionals (occupational therapists, emergency medical nurses), non-physicians (neuropsychologists, legal counsel), driver educators, and elder and/or disabled advocates.

An ideal situation would be to have the state medical society's committee on automotive safety, or some of its members, serve on the board. This would give the MAB access to information and expertise in the entire field of automotive safety and would allow an active board to broaden its objectives. It would also provide a direct route to the medical profession; enhance the board's stature. This perspective would insure broad-based cooperation within the MAB program, but most important would give recognition to the preventive aspects of automotive medicine.

Another key member, a public health physician, well trained in epidemiology would add depth and expertise to the board for research in the medical evaluation program as related to traffic safety.

Function

The key function was advisory to the motor vehicle commissioner on all medical aspects related to driver licensure. However, many boards are revising their criteria by developing new functional abilities guidelines to help physicians and branch clerks to make fair licensing decisions in identifying those individuals with potentially serious driver impairments. With proper standards to screen applicants, the board will not only be able to evaluate those referred but will also have the time for other activities as well.

The MAB can become involved in the training of licensing examiners to recognize signs and symptoms of driver impairment. This would reduce the number of board referrals as well as help educate other groups of individuals involved in the licensing process and help raise overall professionalism of the system. These examiners or driver improvement counselors would then have the knowledge to make better licensing decisions on specific questionable cases.

The MAB can develop the medical forms for the physicians who evaluate individual applicants. Forms need to be simple and concise in format and returned

directly to the board or physician who works with the licensing agency rather than the examiner.

The MAB can be useful in creating an awareness for the medical profession concerning the role of driver impairment. Besides their advisory function, boards should spend time in orienting the profession concerning the medical aspects of driver licensing and the role physicians can take. Boards need to be involved with issues of physician reporting of driver impairment, wearers of telescopic lenses, safety belt, air bags, and helmet usage, as well as any scientific background in controversial areas. The board can work through the state medical association's newsletters, journals, and media to reach the community. Its members can give seminars to students at various medical and allied health professional colleges on the importance of medical impairment in crash causation and their future involvement in state MAB and traffic safety.

The MAB can spend time in developing educational approaches and materials for the general public to make it more aware of the implications of driver impairment and to encourage impaired individuals to seek medical help. When applicants are evaluated in person, the board has an excellent opportunity to discuss with the individual the extent of the impairment and what can be done. Activities such as these in which an individual is made to feel that personal safety and welfare are important would go a long way in establishing public support of MAB operations.

Legal protection

The protection of the members will only enhance the effectiveness of the board participants. The law should include that information received in connection with evaluating individuals for licensure is for confidential use of the board and/or department and can not be divulged or used as evidence in any court transaction, except as provided by law: directly related to suspension, restriction, or denial of a driver's license. Fear can have a direct bearing upon how effective an MAB can operate. It is essential that a clause to hold board members immune is included in the organizational papers.

Assuring confidentiality of information concerning reports received or made by medical advisory boards is an important issue, but it does not seem to present a major problem for licensing agencies even when this is not specifically addressed in the statute. When it is in the law, it states that information received in connection with evaluating individuals for licensure is for the confidential use of the board and/or department and cannot be divulged or used as evidence in any court

transactions except as provided by other sections of the law, in transactions directly related to suspension, restriction, or denial of a driver's license.

Board Operation

A national committee to develop uniform standards for medical advisory boards to use as a structured criteria is vital. Board members should be trained from these standards by experts in the driving field including specialists in vision; cognitive, physical, psychological, motor assessment; pharmacological effects of medications; reaction time; information processing especially those involving complex tasks, and knowledge of rehabilitative/adaptive techniques as they relate to specific medical disorders and conditions.

A team approach of allied health professionals, physicians, non-physicians, driving educators, legal counsel, disabled and/or elder advocates should all work together with sensitivity toward the multiple issues to balance prolonged independence and mobility for our driving population within a safe roadway environment. Whether medically, drug, or alcohol related, or just normal deterioration of skills, the team must be responsible to make fair and equitable decisions.

Action

The following action is needed to meet the needs that have been described:

1. The American Medical Association and other professional organizations must provide information to its members on the assessment of driver functional ability related to various medical conditions and/or diseases. These organizations should stress the importance of serving on department of motor vehicles' medical advisory boards to become informed decision makers. Improved coordination and exchange of information among these different professional groups will promote better 'working relationships' that should result in developing the most definitive and effective evaluation techniques.

2. Advanced educational curriculum should train *physicians*: (i.e. — internists, ophthalmologists, physical medicine therapists, geriatricians, neurologists, etc.), optometrists, psychologists, social workers, occupational therapists, and law enforcement officials a) to identify those "at risk patients" with acceptable versus non-acceptable functional levels that allow or hinder safe driving ability. b) to test and refer to the appropriate professional specialties for more comprehensive evaluation/review. c) to interpret findings to assess driving risk and licensure decisions.

3. All specialty professional organizations involved with medical advisory boards must continually educate its membership through newsletters, journals, seminars, workshops, etc., to keep current on any new research developments in the area of driving, medical conditions, and functional status to be the informed leaders to the media.