ORIGINAL ARTICLE

An audit of advice on fitness to drive during accident and emergency department attendance

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Introduction: Large numbers of patients attending accident and emergency (A&E) departments drive to and from the consultation. This audit set out to examine if patients attending A&E were advised about their fitness to drive.

Method: The authors carried out a retrospective audit over a one month period. The Driver and Vehicle Licensing Authority (DVLA) booklet "At a glance guide to the current medical standards of fitness to drive" was used to derive a list of conditions that require driving restrictions. Any condition within these guidelines was audited. If the patient was discharged and diagnosed as having a condition requiring the patient to cease driving, the notes were scrutinised for any evidence that the doctor had given advice about driving.

Results: A total of 337 patients were discharged with conditions which may have required some restrictions to driving; 332 sets of notes were available. Twenty two patients needed restrictions to be placed on their driving. Only one patient had any documented evidence of the examining doctor informing them of restrictions to be placed on driving.

Conclusions: The study provides clear evidence that patients were not being informed about their fitness to drive following consultation in the authors' A&E department. Previous studies have shown that doctors' knowledge on driving restrictions is poor. Further education is needed for A&E doctors and patient information leaflets should be provided to explain the restrictions placed on a driver's licence if they have certain illnesses.

Accident and emergency (A&E) departments treat large numbers of patients, many of whom drive to and from consultation. Some of these patients will have a condition which restricts their ability to drive. Most of these restrictions will be temporary but some patients may be discharged with a condition which requires long term restrictions to driving.

Studies have shown that doctors' knowledge of restrictions placed on driving is poor.^{1,2} Even if the need for restriction is known, doctors are often not aware of the notification process. Kelly *et al* showed that only one doctor in 50 was aware of the correct method for reporting driving restrictions to the Driver and Vehicle Licensing Authority (DVLA) and insurance companies.²

Patients also have a poor understanding of their responsibilities. Some will continue to drive when they are unfit while others cease driving when no restrictions are required.²

There have been many studies into the effect of medical conditions and driver safety.^{1,4–6} There is conflicting evidence of the absolute effect of medical conditions in causing accidents but the conclusion of these studies has been that restrictions need to apply to guarantee public safety.

Conditions that place restrictions on driving are decided following advice from the Secretary of State's Honorary Medical Advisory Panels. It is the licence holder's duty to inform the DVLA and insurance company of their medical condition. However, it is the duty of the doctor to make the patient aware of any restrictions which apply to them. The need for doctors to advise patients about driving was highlighted by King *et al*.² A general practitioner (GP) did not advise a patient to inform the DVLA and his insurance company of his condition after he had suffered from a transient ischaemic attack. The patient had a multivehicle accident and his insurance company refused to pay, citing his

insurance being null and void as a result of the previous attack. The GP was subsequently prosecuted for damages.

Irvine identified three key areas categorising a patient as being unfit to drive. These are: significant cortical impairment; liability to sudden and disabling attacks of giddiness; and inadequate standard of vision.^{2,7}

METHODS

The aim of this audit was to test if patients attending A&E are appropriately advised about their fitness to drive. Most patients with conditions requiring restrictions on driving are admitted to hospital. However, some of these patients are discharged from A&E and followed up in primary care or in an outpatient setting.

For this audit the driving restrictions were taken from the DVLA booklet *At a glance guide to the current medical standards of fitness to drive*.³ Any condition within these guidelines was audited. The guidelines are limited to diagnoses which can cause a sudden disabling event at the wheel or those which place the driver at a permanent increased risk of an accident. It does not consider those conditions that are temporarily disabling—for example, an ankle fracture and these were not assessed for the purpose of this audit.

The audit was performed over a one month period (October 2003). Patients who should potentially have restrictions on their driving were identified from the A&E department computer coding system. The search was restricted to patients who were discharged home or referred for further investigations as an outpatient.

A diagnosis was established from the notes and if there was none, the authors assigned the most appropriate diagnosis based on the facts recorded. If diagnosis required

Abbreviation: DVLA, Driver and Vehicle Licensing Authority.

Figure 1 Patients not informed of restrictions on driving.

driving restrictions, the notes were studied for evidence of advice given to patients. If such advice was not documented, it was not considered to have been given.

RESULTS

A total of 4049 patients attended A&E in October 2003; 2987 of those patients were over 16 (and therefore of a driving age). Three hundred and thirty seven patients were discharged with diagnostic codes suggesting conditions that require driving restrictions, and 332 sets of notes were available. Twenty two of these patients were discharged with a diagnosis where advice regarding driving restrictions was needed.

Of these 22 patients, only one patient had any information documented. This patient had suffered a collapse of unknown cause and had been referred for further investigation as an outpatient. Twenty one patients had no information documented on the need for notification of their condition to the DVLA and insurance companies (see fig 1).

DISCUSSION

The results of this audit show a clear lack of guidance for patients with regards to driving restrictions. Only one patient out of 22 was informed of the need for restrictions to be placed on their driving. Frampton showed that doctors' awareness of restrictions applied to driving varies widely between different conditions, but that 87.5% doctors are aware of this problem in epilepsy.⁸ It is surprising that in our sample the highest rate of failure to give advice on driving restrictions is in the epileptic group.

There are four possible reasons for the poor performance of those doctors audited. It is possible that all of these factors contributed to the problem:

- They are unaware of the requirements for specific conditions to be referred to the DVLA and insurance companies.

- They are unaware of the process by which the referral is undertaken.
- They are unaware of the consequence of possible negation of driving insurance due to certain medical conditions.
- The advice may have been given verbally to the patient and not documented.

This audit has shown a clear need for further education of doctors into restrictions placed on driving, the conditions requiring referral, and the process for referral. A significant limitation of this study is its retrospective design. This made it difficult to gain a true understanding of their social circumstances. Many of the conditions are more common in elderly patients and they may not be drivers. Even allowing for this, such a large deficit has shown that further education is needed. A further limitation is that the advice may have been given but not recorded. However, if such advice is not recorded it may be difficult to prove if there were to be a complaint or legal action.

Twenty one out of 2987 (0.7%) patients of a driving age may not appear to be a large number of patients in real terms. However if this is taken into context over the period of a year, this audit has highlighted a significant problem caused by the lack of awareness of the guidance.

As a result of this audit we have produced a quick reference guide for our A&E staff outlining the conditions which warrant restrictions on driving. We have also produced a patient information leaflet outlining the process of notification of medical conditions and driving.

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