The American Geriatrics Society (AGS) differentiates driving capacity from driving fitness. This fact sheet is based on the AGS approach and uses that distinction. The state ultimately decides whether or not an older Veteran has the capacity to drive (e.g., driving test) and retains legal driving privileges (i.e., driver's license). ***It is the clinician's responsibility to fairly and accurately report factors that may contribute to unsafe driving – fitness to drive.***

Capacity and Fitness to Drive a Motor Vehicle

EDUCATIONAL HANDOUT SERIES

VA
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What VA policies may apply?

VA Clinicians must follow VA laws, regulations and policies, in addition to clinical practices, when treating Veterans and sharing Veteran health information. The following information may assist in identifying relevant polices. Veterans with "neurological and brain disorders," as well as Veterans with "disabilities associated with aging," are among those eligible for the VA Driver Rehabilitation Program (**VHA Handbook 1173.16**). Clinicians should make reports to the Registry of Motor Vehicles in accordance with VA privacy rules, state law and clinical ethics. In general, in order for a VA health care facility, upon its own initiative, to make a report to a State Department of Motor Vehicles (DMV), there must be a standing written request letter on file from the State agency that complies with VHA Directive 1605.01, Privacy and Release of Information.
To view VA DMV privacy rules see also "Reporting to State Department of Motor Vehicles Privacy Fact Sheet" at **https://vaww.vets.vaco.portal.va.gov/sites/privacy/vhapo/Pages/FactSheets.aspx.**
If you have further questions regarding law and policies for reporting within your state, please consult with your facility Privacy Officer or district counsel.

How might dementia affect Fitness to Drive?

Most older adults do not have dementia, and the presence of dementia does not necessarily mean that an older adult lacks capacity for domains such as consent to treatment, choosing a healthcare agent, or other types of decisions. Patients with mild dementia can often drive safely. Opinions on fitness to drive for patients with mild dementia should be based on functional abilities (e.g. ability to pass a road test), and not solely on a diagnosis of dementia per se. As dementia progresses, different abilities and skills may be affected depending on the dementia subtype and individual factors, as well as comorbidities. For example, some individuals with dementia retain the basic ability to operate a motor vehicle, but may become lost when driving or feel challenged when a complex decision is required quickly.

What supports may help?

When assessing an older Veteran's fitness to drive, clinicians should consider whether or not optimizing functional status could allow him or her to continue to drive safely. Identifying and addressing sensory deficits, including visual deficits and hearing loss, is critical. VA prosthetics may be able to assist with adaptive devices, and newer cars may include technologies to assist in safe driving, just as GPS devices may assist in location. Finally, your VA, your state, and/or private organizations and insurance companies may provide education and rehabilitation to improve driver performance.

How do I start?

When the older Veteran driver has significant cognitive impairment and/or lacks insight into their ability to drive (e.g., in certain cases of dementia, stroke, etc.), it is imperative to obtain the help of the caregiver, surrogate decision-maker, or guardian, if available. Caregivers play a crucial role in encouraging the older Veteran to retire from driving and to help the individual find alternative transportation options. Clinicians should inform caregivers that the clinical team will support and assist their efforts in any way possible. In rare instances, it may be necessary to appoint a legal guardian for the older Veteran. In turn, the guardian may forfeit the older Veteran's car and license to ensure the individual's safety. These actions should be taken only as a last resort. From a practical standpoint, hiding, donating, dismantling, or selling the car may also be useful in these difficult situations.

What are the most important areas to consider when assessing fitness to drive?

Three key functional areas are considered as the foundation for fitness to drive: vision, cognition, and motor/somatosensory function. Impairment in one or more of these areas has the potential to increase the older Veteran's risk of being involved in a crash. Once these areas are assessed, the health care provider can determine if referral to a specialist (e.g., ophthalmologist, neuropsychologist, driver rehabilitation specialist) for further evaluation or intervention is needed.

Domain	Potential office-based tests to consider (Select 1 or more from American Geriatrics Society recommendations.)
General	Driving history; Instrumental activities of daily living (IADL); Recent medication changes
Vision	Snellen chart; Visual fields; Contrast sensitivity
Cognition	Montreal Cognitive Assessment (MoCA); Trails B; Clock-drawing test; Maze test
Motor/Sensory	Rapid pace walk; Get up and go; Range of motion

Which states require mandatory reporting from clinicians who become aware of a potential for unsafe driving?

State laws vary as to whether clinicians are mandated to contact the division of motor vehicles. Mandatory reporting states as of 2017 include California, Delaware, New Jersey, Nevada, Oregon, and Pennsylvania.

When should I refer to a Driving Rehabilitation Specialist (DRS)?

DRSs are often occupational therapists who have additional training in driver rehabilitation. DRSs work with older drivers who have dementia and other chronic conditions, especially neurologic and orthopedic problems. Clinicians should consider ordering a DRS evaluation when the Veteran, family, friends, and/or the clinician have concerns about the Veteran's fitness to drive. An evaluation from a DRS is particularly useful when there is disagreement about whether the older Veteran is safe to drive. DRSs evaluate the sensory (vision, proprioception), cognitive, and motor functional abilities which support driving skills, and they may also provide assessment and/or training in the vehicle and on the road. DRSs can recommend either rehabilitation when restoration of abilities is deemed possible, or modifications (e.g., hand controls, left foot accelerator) to compensate for physical impairments. To address issues of normal aging and slowed processing, DRSs can recommend compensatory strategies that may include route modifications (e.g., no left turns, avoid rush hour) or suggest restrictions (e.g. daylight driving only, speed restrictions) to support ongoing driving. DRSs may also recommend to the primary care provider that the older Veteran is unsafe to drive and should retire from driving.

Suggested Online Resources

Driver Rehabilitation for Veterans with Disabilities Program (VHA Handbook 1173.16)	VA handbook of procedures for all matters regarding the Driver Rehabilitation Program for Veterans	**https://www.va.gov/VHA-PUBLICAtIONs/ViewPublication.asp?pub_ID=5621**
Driving with Dementia: Hanging Up the Keys	Video from VA partners addresses drivers with cognitive impairment.	More resources can be found by searching the TMS catalog with 'Driving with Dementia'

Acknowledgement and Disclaimer

This fact sheet is based on the following reference: Pomidor A, ed. Clinician's Guide to Assessing and Counseling Older Drivers, 3rd Edition. New York: The American Geriatrics Society; 2015.
This handout was developed as part of an educational effort sponsored by the VHA Employee Education System and the VHA Office of Geriatrics and Extended Care. This handout is one from the Assessment of Decision Making Capacity Handout Series which links to a VA TMS educational activity. Information presented in this handout was based on the consensus of the educational planning committee considering research, practice, and general principles at the time of its drafting. The purpose of this document is for education. The contents should not be construed as policy, but rather as an educational resource that may be useful and effective in clinical practice. VA Clinicians must follow VA laws, regulations and policies, in addition to clinical practices, when treating Veterans and sharing Veteran health information. Links to free clinical resources may be included in the handout but should not be construed as official endorsement of these tools.

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Additional Resources at: Additional Resources are available at the VA TMS system. Please search the course catalog by keyword 'capacity'.
References: American Geriatrics Society & A. Pomidor, Ed. (2016, January). Clinician's guide to assessing and counseling older drivers, 3rd edition. (Report No. DOT HS 812 228). Washington, DC: National Highway Traffic Safety Administration.
 National Ethics Committee of the Veterans Health Administration (2007). Impaired driving in older adult: Ethical challenges for healthcare professionals.