



FITNESS TO DRIVE POST STROKE

A Physician's Perspective



Conflict Disclosure Information

- Presenter: Dr. John M. Hargadon
- Title of Presentation: Fitness to Drive Post Stroke: A Physician's Perspective

I have no financial or personal relationships to disclose.



What does the Legislation have to say? Ontario Highway Traffic Act 1990-Section 203

1. Every legally qualified medical practitioner shall report to the Registrar the name, address, and clinical condition of every person 16 years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle.



What does the Legislation have to say?

2. Ontario Regulation 340/94

- Basic medical standards for all drivers
- Must not suffer from any mental, emotional, nervous or physical disability likely to significantly interfere with driving ability
- Must not be addicted to alcohol or a drug to an extent likely to significantly interfere with driving ability.



What does the Legislation have to say?

3. Mandatory reporting.
 - Ontario the first province to introduce mandatory medical reporting 1968.
 - Response to physicians' concerns about inability to persuade patients to stop driving.



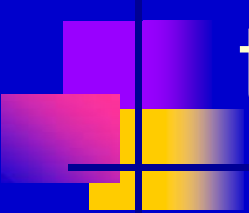
What does the C.P.S.O. have to say?

- All mandatory reporting constitutes an exemption to normal physician-patient confidentiality requirements. Breach of physician-patient confidentiality in these circumstances does not constitute professional misconduct.



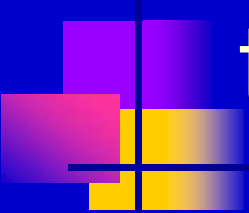
What does the C.P.S.O. have to say?

- Conversely, not reporting something that is required by law to be reported can result in the imposition of fines and/or charges of professional misconduct.



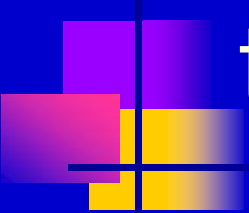
What does the C.M.P.A. have to say?

- Each physician involved in a patient's care should be aware of and comply with legislative requirements in their jurisdiction.
- Where more than one physician is treating a patient there can be assumption that one of the other physicians has made a report when in fact no report has been made.



What does the C.M.P.A. have to say?

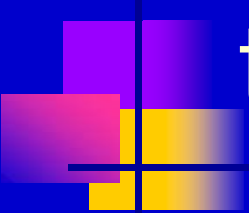
- It is important to remember that it is the physician that makes the report but the decision about the restrictions is the responsibility of the Ministry of Transport.
- Prior to making a report it is prudent to have a discussion with the patient about the physician's obligation to report to the authorities and the nature of the report.



What does the C.M.P.A. have to say?

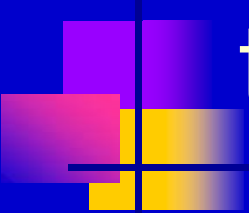
- Patients considered medically unfit to drive should be warned not to drive until a decision has been made by the Ministry of Transport.
- All discussions and actions on the physician's part should be documented.

What does the C.M.P.A. have to say?



- Frequent diagnoses not reported:
 - Seizures – most common.
 - Alcohol and drug abuse.
 - Psychiatric disorders.

What does the C.M.P.A. have to say?



- Average of 10 medico-legal cases per year:
 - / College complaints
 - \ Legal actions
- Failure to report patient's condition.
- Patient's complaints about a report.
- Patient's complaint that physician wouldn't support reinstatement.



National Medical Standards

- Developed by physicians across Canada
 - Used by physicians when reporting unfit drivers
 - Used by MTO to assess driver fitness
 - Allow for consistency throughout Canada
1. Canadian Medical Association:
 - "Determining Medical Fitness to Operate Motor Vehicles"
 2. Canadian Council of Motor Transport Administrators:
 - "Medical Standards for Drivers"



The Process

- Medical Report
 - Letter
 - Medical Condition Report form
 - Since 2006
 - Available on MTO's web site
 - 17 most common conditions
 - Optional section for further details.
- Compensation \$34.85 for completing a report to the Registrar since 2006. (MOH – K035)



Medical Condition Report

Section 203 of the Highway Traffic Act requires that a legally qualified medical practitioner must report to the Registrar of Motor Vehicles the name, address and clinical condition of any patient sixteen years of age or older who, "in suffering from a medical condition that may make it dangerous for the person to operate a motor vehicle". To simplify the reporting process, the Ministry of Transportation has created this form.

Mail or fax to: Registrar of Motor Vehicles, Medical Review Section, Ministry of Transportation, 2050 Keele Street, Downsview, ON M3J 3E8.
Tel. No.: 416 230-1773 or 1-800-268-4687, Fax No.: 416 236-3400 or 1-800-964-7281

Patient Information

Last Name	First Name	Middle Initial	Fee Schedule Code
_____	_____	_____	K035
Street No. and Name or Lot/Case Cons. and Township			App. No.
_____			_____
City, Town or Village			Postal Code
_____			_____
Date of Birth	Driver's License No. (if available)		
____/____/____	_____		
Male <input type="checkbox"/> Female <input type="checkbox"/>			

For your convenience, the following is a list of the more common medical conditions that are reported to MTO, to be marked with an "X". If the condition you are reporting is not listed, please indicate it in the section marked "Other".

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Dependence | <input type="checkbox"/> Visual Field Impairment |
| <input type="checkbox"/> Drug Dependence | <input type="checkbox"/> Diabetes or Hypoglycemia (uncontrolled) |
| <input type="checkbox"/> Seizure(s) Convulsive | <input type="checkbox"/> Other metabolic diseases (specify) |
| <input type="checkbox"/> Seizure(s) Atonic/Clonic | <input type="checkbox"/> Mania or Emotional lability/Unstable |
| <input type="checkbox"/> Heart disease with Pre-syncope/Syncope/Arrhythmia | <input type="checkbox"/> Terror/Seizure/Alzheimer's |
| <input type="checkbox"/> Fainting or Loss of consciousness or Awareness | <input type="checkbox"/> Sleep Apnea/Uncontrolled |
| <input type="checkbox"/> Stroke/TIA or head injury with significant deficits | <input type="checkbox"/> Narcosis/Uncontrolled |
| <input type="checkbox"/> Both Visual Acuity and Visual Field Impairment | <input type="checkbox"/> Motor Function/Ability Impaired |
| <input type="checkbox"/> Visual Acuity Impairment | <input type="checkbox"/> Other (specify) |

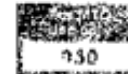
Optional

To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report: Diagnosis; Other Relevant Clinical Information; a current status - including results of investigations, medications, treatment and prognosis; and whether or not the condition is a safety risk to road safety. (Is road safety at risk or condition is temporary - weeks/months)

Date of exam/information upon which this report is based: 10/11/11 How long has this person been your patient? _____

Patient is aware of this report.

I wish to be notified if my patient requests a copy of this report, as releasing this report pursuant to a request under the Freedom of Information Act may threaten the health or safety of the patient or another individual.



Physician's Last Name, First Name and Middle Initial

_____	_____	_____	_____
Street No. and Name or Lot and Cons. and Township			App. No.
_____			_____
City, Town or Village			Postal Code Telephone No.
_____			_____
<input type="checkbox"/> Family Physician	<input type="checkbox"/> Emergency Room Physician	<input type="checkbox"/> Specialist	<input type="checkbox"/> Other

Doctor's Signature _____

Date of Report: 10/11/11



The Process

- Incoming reports screened and prioritized according to level of risk
- Reports assessed according to national medical standards
- High risk- significant safety risk – processed within 2-6 weeks.
- Letter to driver outlining if licence is suspended and requirements for reinstatement
- Acknowledgement to physician.



The Process

- Requirements may include:
 - Specialist's report
 - Driver Assessment Centre report
 - Results of investigations
 - M.T.O. road test



The Process

- Medical Review Section
 - Processes ~ 190,000 medical reports per year
 - Responds to ~ 185,000 inquiries.



Resources

- Medical Review web site
www.ontario.ca/driverimprovement
- Determining Medical Fitness to operate Motor Vehicles 7th ed. 2006 C.M.A.
- Medical Standards for Drivers
Canadian Council of Motor Transport Administrators



Common Problems

1. Transient ischemic attack.
2. Stroke
3. Aneurysm
4. Seizures
5. Vision
6. Ageing



Transient ischemic attack

- By definition the neurological deficit lasts for less than 24 hours and completely resolves.
- Should not be ignored.
- At least 5% chance of having a stroke in the year following the event and may be as high as 30% in some groups.
- Patient should not be allowed to drive until:
 1. Neurologic assessment shows no residual loss of ability.
 2. Any underlying cause has been addressed and treated.



Stroke

- Following an event resulting in some ongoing neurological problems:
- It is recommended that patients not return to driving for at least a month.
- Driving may resume if:
 - No clinically significant motor, cognitive, vision, perceptual problems.
 - Underlying cause(s) have been addressed and treated.
 - No obvious risk of sudden recurrence.
 - No problems with post-stroke seizures.



Stroke

- If there is residual loss of strength or coordination, driver evaluation at a designated assessment centre may be helpful.
- Recommendations for assistive devices such as “spinner knob” or left gas foot pedal as well as training in the use of this equipment.
- It is important to be on the lookout for any change in personality, alertness, insight and decision making (executive functions).
- Discussion with family members can be helpful.



Cerebral aneurysm.

- Aneurysms that are symptomatic and have not been surgically repaired are a definite contraindication to driving.
- Following successful treatment patients may return to driving after three months. Important areas to monitor include physical abilities, cognitive abilities, changes in personality, mood etc.



Seizures

- Most commonly not reported
- Grounds for driving cession – any seizure.
- Non-compliance with treatment
- If associated with alcohol/drugs confirmation of complete abstinence essential.



Seizures

Type of Seizure

- Single seizure

- Epilepsy Diagnosis

Private Driver

- Neurological assessment, appropriate imaging, EEG
- No driving for at least 3 months.

- 6 months seizure-free on medication
- document compliance
- caution re fatigue, alcohol etc.



Seizures

Type of Seizure

- Medication withdrawal or change.
- If seizure recurrence

Private Driver

- No driving for 3 months from time medication is discontinued or changed.
- Resume driving if seizure free for 3 months.



Vision

- Acuity: Corrected binocular vision not less than 20/50
- Visual fields: - horizontal 120°
- vertical 15° above/below fixation
- Diplopia – within central 40° of the visual field isn't compatible with safe driving
- Recent change from binocular to monocular vision – a few months may be required to judge distance accurately.



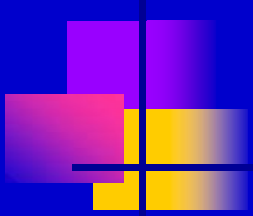
Ageing

- Of all age groups, those over 65 have the highest crash rate per kilometre driven
- But, by avoiding unnecessary risk and having more experience, healthy older drivers can be among the safest on the road.
- Driving restrictions based solely on age not appropriate.



Factors to consider when assessing older drivers:

- **Safety** – Is there a history of driving problems.
- **Attention** – Lapse of consciousness, disorientation.
- **Family** – Family's observations re driving.
- **Ethanol** – Screen for alcohol problems.
- **Drugs** – Review medication – side-effects.
- **Reaction Time** – Neurologic/musculoskeletal disorders slow reactions.
- **Intellectual** – Cognitive dysfunction - MMSE
- **Vision** – Visual acuity.
- **Executive** – Problems planning, sequencing, self-monitoring.



- How do you deal with temporary conditions (less than 3 months)?
- Do we advise the patient not to drive for x number of weeks or should we notify the MTO?



Question to MTO

With respect to the duty to report a patient's medical condition I am writing to ask if there is a minimum time frame for duration of a condition that may make it dangerous to drive. Many conditions last months or are permanent but what about those lasting only a few weeks e.g. right leg fracture requiring a cast for four weeks? In order to prevent undue anxiety for patients and to lessen the work load of the Medical Review Section it would be helpful to know if there are any guidelines with respect to minimum duration of medical conditions. I haven't been able to find any reference to this in the C.M.A. publication Determining Medical Fitness to Drive or on the M.T.O. web site.



Response

The Highway Traffic Act section 203 requires physicians to report any person 16 years of age and older attending upon them for medical services who in the opinion of the physician is suffering from a medical condition which may interfere with their ability to safely operate a motor vehicle.

In assessing medical fitness to drive the ministry applies regulations found in the Ontario Highway Traffic Act (HTA) Ont. Reg. 340/94, and the national medical standards; Canadian Medical Association's (CMA) Determining Medical Fitness to Drive, A Guide for Physicians, and the Canadian Council of Motor Transport Administrators (CCMTA), Medical Standards for Drivers.



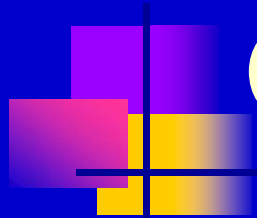
Response

A driver who is reported by a physician under Section 203 of the HTA as suffering from a high risk medical condition will have their driving privileges suspended in accordance with the medical standards and regulations. A driver's licence is reinstated when a medical report is received from a specialist or family physician indicating that the national medical standards and regulations are met.



Local Resources

- Driver assessment – Dr. Bon.
- SJH Driver Evaluation Programme
- Private Driving Schools



CASE REPORT

- A 70 year old patient was referred to a neurologist for numbness and weakness of upper and lower extremities. He required a walker to ambulate. The patient lived by himself and required a homemaker's assistance. His house was in a rural area with no access to public transportation. The neurologist noted weakness of both upper and lower extremities, lower extremity spasticity and hyperreflexia with bilateral upgoing toes. Myelogram showed cervical spinal stenosis C5. He underwent cervical laminectomy and decompression. Postoperatively there was improvement in symptoms but not resolution.

- The neurologist reviewed the patient two months after surgery. He was concerned that the patient had driven 50 km to see him and advised him not to drive because of residual lower extremity weakness, decreased upper extremity dexterity, and restricted cervical range of motion. These recommendations were included in his follow-up report to the family doctor. The neurologist did not see him again. The family physician advised the patient to refrain from driving and this advice was followed. Neither physician notified the Ministry of Transportation. A year after his surgery the patient requested permission to resume driving and as there had been further improvement the attending physician gave permission.

- A year later, a motorcyclist and passenger were slowing down in the right-hand lane of a four-lane road preparing to make a left hand turn. Just as the patient overtook them in the left lane the motorcycle driver turned and was struck by the patient's vehicle. The motorcycle driver sustained a compound fracture left tibia and fibula and required several surgeries. After two years he had continued problems with left leg weakness and this prevented him from obtaining a job as a labourer. The passenger sustained a severe head injury and after three years had residual cognitive problems.

- The family doctor and neurologist were named as third parties by the patient's auto insurer and were also sued by the accident victims. The basis for their claim was that the physicians failed to report the patient to the Ministry of Transportation.

- Expert testimony from a family physician maintained that it was his practice to report seizure disorders and cardiac dysrhythmias which might result in syncope. He maintained that most cases like that of the patient in question were not reported by family physicians. In his opinion, even if the Ministry of Transport had been advised and suspended his license, it likely would have been restored on the basis of the family doctor's findings when he allowed the patient to resume driving although he may have been subjected to a driver examination.

- A neurologist gave expert testimony that the regular practice of a neurologist was to notify the Ministry of Transportation of patients suffering from seizure disorders but it was uncommon to do so in the case of other neurological problems.



RESULT

- A jury found that both doctors were negligent in failing to report the patient's condition and the family physician was negligent in the manner in which he assessed the patient prior to permitting him to resume driving. The jury's opinion was that the physicians' negligence contributed to the motor vehicle accident.



RESPONSIBILITY

- Patient 40%
- Motorcycle driver 30%
- Family physician 20%
- Neurologist 10%



LESSONS

- Physicians' duty to the public supersedes duty to the individual patient.
- Public safety overrides patient confidentiality and the therapeutic relationship between patient and physician.



LESSONS

- Courts unmoved by explanations:
- Immaterial that conditions were temporary or physicians trusted patients to comply with instructions not to drive.
- Physicians should err on side of caution and report potentially unfit drivers.