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The Role of the Medical Advisory Board in Driver Licensing

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Research Purpose

The purpose of this study is twofold:

(1) to ascertain the role of the Medical Advisory Board in Driver Licensing; and

(2) Support the theory that legislatively-mandated reporting by physicians of Texas' medically-impaired drivers would reduce the number of motor vehicle accidents in the State.

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INTRODUCTION

A license to drive is extremely important to millions of our citizens. It is not the purpose of this paper to research whether a license is a right or a privilege; but the public has a right to protection from death, injury, and property loss caused by medically impaired drivers. Even if the license to drive is interpreted as a right, society can withhold the license when there is adequate reason to believe that the individual involved has an impairment that will create an unreasonable risk upon our streets and highways.[1]

Ever since driver licensing agencies started to check the physical and mental capacity of drivers to carry out the task of operating a motor vehicle safely, many of them have tried to improve the means of identifying hazardous medical conditions.[2]

Most persons involved in the licensing process agree that medical examination of all driver license applicants is a logical way to discover potentially hazardous medical conditions. Such thinking led

directly to various experiments; one state, Pennsylvania, started a program in 1960 in which every driver license applicant or renewal had to have a medical examination by a physician before being licensed. On a random basis, more than 2,000,000 drivers were examined in Pennsylvania over a three-year period. The program was discontinued, however, because the results did not justify the expense. The comparatively small numbers of hazardous medical conditions were found among persons who had no prior evidence or even suspicion of any existing medical problem.[3]

Although mass examination efforts apparently do not meet the cost effectiveness of most state budgets, such a criterion does not take into account the pain and suffering that result from motor vehicle accidents that might have been prevented. The realities of state and federal budgets and the apparently low sense of value that society places on these deaths and injuries establish definite restraints on how much can be done.[4]

Since medical examinations for all applicants do not seem to be practical at this time, an alternative is to

examine drivers with higher medical risk. This makes it necessary for the licensing agency to make medical judgements, a task in which it needs help. This can best be provided by a Medical Advisory Board.[5]

Not only can MAB's give advice and guidance concerning the high-risk groups, but the Board can help make decisions concerning individual applicants within those groups. It can develop guidelines for the use of driver licensing personnel in screening for driver limitation and can act in a liasion capacity between the licensing agency and individual physicians. In general, as its name implies, a board can act in a truly advisory capacity.[6]

Historical Perspective

It was not until the 1960's that formal, legislatively-authorized and financed Medical Advisory Boards were created, and began to spread throughout the country. As early as the 1950's states had begun to establish somewhat formalized advisory opinions, most of them concerned with epilepsy. Some states began to take advantage of medical knowledge provided by their State

Health Department; others used the services of dedicated individual physicians.[7]

Many licensing jurisdictions felt that the laws that mandated them to license drivers implied that they not license individuals who could not drive safely.[8] About half of the states used this as a reason for setting up advisory systems to help them determine who should or should not be licensed. Most of these systems were informal and their very existence depended almost solely on the personal motivation of a few dedicated individuals.[9]

Formal medical advisory boards began to spring up as a result of a 1958 conference sponsored jointly by the American Association of Motor Vehicle Administrators and the U.S. Public Health Service; and the National Conference on Medical Aspects of Driver Safety and Licensing jointly sponsored by these two organizations in conjunction with the American Medical Association.[10]

In 1969, a federal standard was promulgated, giving considerable empetus to the establishment of such boards as part of state highway safety programs. By the late

1960's, 47 states had set up some type of medical advisory system.[11]

Rationale for Medical Advisory Boards.

The most important justification for having an MAB is that it can help the licensing agency with the task of identifying individuals with potentially serious driver impairment.[12]

Driver impairment is the cause of a significant number of crashes; if alcohol impairment is included, the number rises substantially. In terms of identification and control, licensing agencies do not have the necessary resources to handle all these cases. A great variety of medical problems are involved, and it is not economically feasible to have the necessary medical specialists on staff permanently.[13]

From an educational viewpoint, MAB's can serve a very useful purpose in orienting the medical profession on the role of driver impairment in crash causation. It can work through the State Medical Association in getting mailings out to the Association's members, and

it can get information on its activities published in the State Medical Journal.[14]

The Need for Criteria

The formulating of medical criteria to be used in determining who should or should not be licensed to drive is ordinarily beyond the capabilities of a medical advisory board.[15] Such task requires scientific research that obviously is difficult for a volunteer board. Because most medical conditions do not readily lend themselves to cut-off points that indicate who can drive safely, research in this area is difficult. This can be seen in the fact that very few real criteria have been scientifically established since people started driving motor vehicles.[16]

Although the distinction between guidelines and criteria may seem to some to be semantic, a guideline has been established on the basis of experience, common sense, and statistical evidence. Criteria must come from scientific study which indicates that driving can definitely be shown to be more hazardous beyond such a cut-off point.[17]

For some areas of medicine, criteria will be extremely difficult, or impossible, to establish at our present state of knowledge and experience. Mental and emotional diseases are a prime example, for which it may be necessary for a long time to be satisfied with the judgmental efforts of physicians.[18]

It is possible for criteria to come from statistical evaluation of motor vehicle crashes, but this type of research ordinarily gives evidence that persons with a particular condition are over-represented in a sample of types of crashes; it does not establish that all individuals or indeed any individual license applicant will crash.[19]

Physician Reporting of Driver Impairment

In 1975 and 1976 the American Medical Association and the American Association of Motor Vehicle Administrators conducted a series of four regional conferences on this subject.[20] There was consensus that the medical profession has a vital role in the identification of medically impaired drivers.[21] It was generally felt

that to be really successful the reporting program had to be compulsory.[22] One of the biggest deterrents to reporting is the fear of being sued by a patient for giving out confidential information.[23] Compulsory reporting laws usually help preserve the confidentiality of medical records and guarantee that the information reported be used exclusively for the purpose of determining fitness to operate a motor vehicle safely.[24]

The most compelling reason for physician reporting of driver impairment is that many impaired drivers remain undetected unless brought to the attention of the licensing agency by a physician.[25] A serious drawback is that there is a lack of definite information showing the relationship of medical impairment to crash causation, and even less is known concerning the cut-off point at which a specific impairment is likely to become a hazard to safe driving.[26] Without these criteria, physicians are reluctant to suggest that someone may be a hazard on the highway.[27]

Whether one agrees or disagrees with the concept of physician reporting, licensing agencies certainly need this kind of cooperation from the medical profession.[28]

Even when driver examiners are trained to recognize signs and symptoms of medical conditions that might affect safe driving, they are not physicians or diagnosticians and, in most cases, cannot make a valid judgement concerning degree of impairment.[29]

The conference on physician reporting brought out that increasingly physicians are becoming liable for not reporting serious impairment to the licensing agency.[30] In at least two cases in which the physician was required by law to report epileptic drivers to the licensing agency and failed to do so, the physician was successfully sued after the epileptic driver was involved in an automobile crash.[31]

A number of physicians have expressed the opinion that other sectors of society, such as schools, welfare agencies, courts, and police, should also report impaired drivers.[32] Many of these groups do indeed have the opportunity to see and report such drivers, but most of the registrants at the conference felt that the dangers of such reporting of medical conditions by non-medical persons outweighed the good that might result.[33] All agreed, however, that the police should report

persons who were in a vehicle crash in which the driver seemed to have a lapse of consciousness, cardiovascular "accident", or other condition that made him/her lose control of the vehicle.[34]

Three Boards in General:

Maryland

Maryland was the first state (1947) to establish a Medical Advisory Board to assist the motor vehicle administration in evaluating medically-impaired individuals for licensure. The board consists of 45 members, recommended by the State Medical Association and appointed by the Motor Vehicle Administration. Terms of Board members are one year and subject to reappointment.

The Maryland Board personally interviews all drivers who are referred to it for medical reasons by the licensing agency.[35] A primary objective of the board is to urge medically impaired individuals to seek proper medical help to get their conditions under control. Individuals are therefore seen at various intervals to reevaluate

their conditions, and licensure can be recommended at a subsequent time when the medical condition has improved.

The greatest drawback to the Maryland program is that it does not require in-person renewal, and this in itself makes the licensing agency have to rely on self-reporting impaired drivers.[36] This system causes a great problem for the citizens of Maryland is that most impaired drivers go unidentified.

Oklahoma

The Oklahoma Medical Advisory Committee was established in 1967 through the combined efforts by the Oklahoma Medical Association, Oklahoma Department of Health, and the Oklahoma Department of Public Safety.[37]

The MAB consists of seven members. It has an executive physician secretary who is the Commissioner of Public Health. The MAB secretary meets weekly with members of the Driver Improvement Bureau to review individual problem cases and only refers a limited number of cases to individual Board members and even smaller numbers to the MAB as a whole.[38] The Board pays special attention

to high-risk groups, such as the problem drinker and the habitual violator.

Texas

The Medical Advisory Board was formed in 1970. It consists of licensed physicians and optometrists representing various field of specialization.[39]

The purpose of the Board is to render, at the request of the Texas Department of Public Safety, a medical opinion concerning an individual's ability to operate a motor vehicle.[40] The opinions of the MAB are based primarily on a review of the medical and driving records of licensees who have been referred to the Board by the licensing agency.

The physicians on the MAB issue a opinion only, and the final decision whether or not to license rests entirely with the Department of Public Safety.[41]

The MAB is seeing an increasing caseload in the number of substance abuse cases -- both alcohol and drugs. One-quarter of the new referrals are for these

conditions. (see attachment 1.)[42]

Effect of Initial MAB Review of Medical Impairment on Driver Performance and Traffic Safety.

Several studies have been conducted on the effect of the initial medical review (IMR) on driver's performance. Two articles have dealt specifically with the issue of the MAB review process.

In 1979, Lippmann [43] studied the effect of the Texas MAB review process on all 19,110 individuals reviewed by that time. He concluded that the MAB review resulted in a 51% reduction of motor vehicle collisions and 21 reduction in moving violations compared with the general driving public in Texas.

A second study, conducted in North Carolina by Popkin[44], examined drivers' performance before and after an initial medical review and found that most medically-impaired drivers demonstrated significant improvement after the review. The exceptions were for those persons with alcohol or drug related problems.

The latest study in Texas conducted by Gohen[45] in 1989 -- an (IMR) -- showed an improvement in driving performance of persons with medical conditions which were evaluated by the MAB.

The results showed a 46% reduction in the number of violations and a 53% reduction of collisions in the study population after review. Ths control population showed a 17% violation and a 3% collision improvement for the same period.

This research suggests that if an individual with medical limitations known to interfere with safe driving is aware of how the condition affects driving performance, he/she can make adjustments and reduce the influence the condition has on driving ability.

VII. Recommendations.

1. The most important recommendation is that criteria be established by conducting valid statistical research on the various medical conditions that can affect driving safety.

2. Every state should have a Medical Advisory Board that is active and functioning.

3. Drivers who are chronic violators (habitual offenders) should be considered as having a medical problem and should be evaluated by the Medical Advisory Board.

4. The State Medical Association should be encouraged to orient its physician membership about its role in licensure, especially in removing drivers who have conditions that are likely to be hazardous when driving.

5. Physicians should accept a moral obligation to the public to report to the licensing agency patients who do not respond to the physicians' advice to refrain from driving. Legal immunity should be provided to encourage the physician to cooperate in reporting, at least, the conditions potentially the most hazardous to driving.

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