

Agreement between physician's recommendation and fitness-to-drive decision in multiple sclerosis

Multiple sclerosis (MS) is a progressive disease of the central nervous system with potential debilitating effects on visual, motor and cognitive functions. These functions are essential for daily life activities, such as driving a car.

Previous studies showed that individuals with MS who continue driving incur more traffic tickets and are more likely to be involved in motor vehicle collisions. The unpredictable onset and progression of symptoms warrant adequate monitoring for fitness to drive to ensure the safety of individuals with MS and others on the road.

Although fitness-to-drive regulations for medical conditions vary greatly across the countries, the final decision is usually made by a medical doctor (family physician or neurologist). A driving rehabilitation specialist or on-road driving assessment expert may also be consulted when physicians are in doubt or need additional information to make their decision.

Previous studies showed that in some cases, physicians and on-road assessors do not agree on the fitness-to-drive of patients with neurological conditions. To date, the agreement between physicians' recommendations and on-road assessors' recommendations with regard to fitness-to-drive in individuals with MS has not been investigated.

Our research group included 218 individuals with MS who were referred to an official fitness to drive center between July 2012 and December 2013. They completed the medical and driving questionnaire and performed an official on-road test. Both referring physicians and on-road assessors gave a recommendation regarding the fitness to drive. Main findings showed a high agreement between the physician recommendation and the on-road assessor recommendation in the majority of drivers with MS. However, the physician and the on-road assessor disagreed on the fitness to drive of 27 individuals with MS. Individuals with poor visual acuity were more likely to be inaccurately classified by the physician. Ten out of the 27 individuals still failed the road test despite a favorable recommendation by the physician. The disagreement may be due to the fact that physicians base their recommendation on a medical and driving history whereas on-road assessors base their recommendation on how the individual performs during the on-road test. It is also possible that physicians are less aware of the legislation regarding the fitness to drive. They may also be at higher risk of lawsuits for reporting unsafe drivers and they may fear that a negative recommendation will compromise the doctor-patient relationship. Another explanation may be that on-road assessors are better trained than physician to assess the impact of symptoms on driving.

This research reveals that referring physicians were accurate in their recommendation of fitness to drive in most individuals with MS. This study also shows that screening tools (eg, visual tests) could help physicians in their decision making process of fitness to drive, especially for those

drivers that pose a risk on the road.

Publication

[Agreement Between Physician's Recommendation and Fitness-to-Drive Decision in Multiple Sclerosis.](#)

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Arch Phys Med Rehabil. 2015 Oct