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### Dementia, driving retirement and decision aids

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## Dementia, driving retirement and decision aids

### Abstract

The recent editorial by Yates and Ibrahim<sup>1</sup> was a mature and balanced account of an increasingly important medical and social issue: what is the role of physicians vis a vis driving and dementia? In contradiction to Oliver's juxtaposed entreaty to avoid the internet,<sup>2</sup> Ibrahim's impressive online educational video<sup>3</sup> addresses the sensitive topic of driving cessation with aplomb. Similarly thoughtful approaches to this vexed topic may be found elsewhere.<sup>4-6</sup> There are three points, we wish to add.

### Disciplines

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## DEMENTIA, DRIVING RETIREMENT AND DECISION AIDS

The recent editorial by Yates and Ibrahim<sup>1</sup> was a mature and balanced account of an increasingly important medical and social issue: what is the role of physicians vis a vis driving and dementia? In contradiction to Oliver's juxtaposed entreaty to avoid the internet,<sup>2</sup> Ibrahim's impressive online educational video<sup>3</sup> addresses the sensitive topic of driving cessation with aplomb. Similarly thoughtful approaches to this vexed topic may be found elsewhere.<sup>4,6</sup>

There are three points, we wish to add. First, a recent American Academy of Neurology systematic review concluded that 'there is no test result or historical feature that accurately quantifies driving risk'.<sup>7</sup> Accordingly, reliance upon office or on-road testing is fraught with challenges. Second, much of the transport safety literature concentrates upon how best we can identify unsafe older drivers. The time has come for researchers and policy-makers to focus their efforts upon how we, as a society, can provide user-friendly alternative transport options for our senior citizens.<sup>4,6</sup> Third, our research group has developed a user-friendly decision aid booklet<sup>8</sup> which assists people with dementia to consider early retirement from driving. Although designed for Australian drivers, it may be modified for local use.

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- 2 Oliver MF. Wondering. *J R Coll Physicians Edinb* 2014; 44: 8–9. <http://dx.doi.org/10.4997/JRCPE.2014.102>
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- 5 Breen DA, Breen DP, Moore JW et al. Driving and dementia. *BMJ* 2007; 334: 1365–9.
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## COLLEGIAL THOUGHTS FROM AUSTRALIA

I have been a Member of the College since passing its examinations in 1964. With my new qualification and an appointment as registrar at the Queen Victoria Hospital, Glasgow, I was looking forwards to working for a year or more in Scotland when unexpectedly our personal circumstances changed and compelled us to return to Australia. It has been unfortunate that for the best part of my professional life no suitable opportunity presented itself to return to the UK. I worked for several years in Queensland in specialist private practice and moved to Adelaide in 1970 to take up the directorship of the new nuclear medicine department of the Queen Elizabeth Hospital. As the sole designated renal transplant hospital in the State of South Australia, nuclear applications to renal transplantation kept me interested for the next 20 years (approximately 1000 studies on 250 transplants). During my final eight years, first pass cardiac studies overtook the number of renal studies. I retired in 1994 at the age of 68.

Regretfully I have turned out to be 'member in absentia', not making a meaningful contribution to the College or its activities. However the regular arrival of the *JRCPE* provided much appreciated contact. I wish to thank you for the knowledge you have passed on to me. I was born in the Netherlands and moved to Australia in 1950 at the age of 23 almost 'by accident,' and started medicine two years later at Sydney University. The historical Leiden-Boerhave-Edinburgh link was known to me and has continued to be meaningful to me.

While writing this letter I can see the framed College Certificate on the wall, reminding me of the important three years which my wife and I spent in Edinburgh and Glasgow; and enjoyed.

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