



Driving Cessation

Number 15, 2008

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1 Error specific restrictions for older drivers: promoting continued independence and public safety

Freund B, Colgrove LA
Accident Analysis & Prevention, 2008
Volume 40, Number 1, pages 97-103

This paper describes a population of older drivers with driving restrictions, their most common restrictions, and compares restricted drivers to their safe and unsafe counterparts. Safe drivers are those who do not commit hazardous errors or traffic violations. Unsafe drivers are those who commit hazardous errors and/or traffic violations that place them in hazardous situations. Restricted drivers are those who have committed traffic or rule violations only under certain driving conditions. Preliminary data indicate restricted drivers perform more like safe than unsafe drivers. This clinical evaluation pilots an effective alternative to premature driving cessation.

2 Estimating active and former drivers: critical link in understanding future travel demand

Page O, Polzin SE
Presentation delivered at: Transportation Research Board 86th Annual Meeting
Washington, USA, 2007

Understanding how many seniors will be licensed and actively driving in future decades may provide insight into the level of well being and mobility of these senior populations. This paper from the United States determines the number of seniors holding drivers licenses and estimates the proportion of seniors who may have ceased from driving. A worse case estimate of driving cessation in 2030 indicated that one in four senior drivers aged 70+ years may be in need of transportation alternatives. Issues discussed include the role of friends and family in facilitating the mobility needs of these seniors and that of alternative transportation providers.

- 3 Family matter: older drivers and the driving decision**
D'Ambrosio LA, Coughlin JF, Mohyde M, Gilbert J, Reimer B
Transportation Research Record, 2007
Number 2009, pages 23-29

This paper draws on the results a series of focus groups and a U.S. survey of drivers age 50 and older, aiming to report on the preferences that older drivers have for conversations with others relating to concerns about their driving . A majority of survey respondents indicated that they engaged in some degree of voluntary self-regulation of their driving. The paper concludes with a discussion of pragmatic implications of the research for conducting conversations with older adults about concerns with their driving.

- 4 Getting around: alternatives for seniors who no longer drive: report on a community program to assist seniors with the transition from driving**
Kaplan N, White M
AAA Foundation for Traffic Safety in Washington USA, 2007
Online [accessed 19 September 2008]. [Click here](#) to view.

Per capita, older drivers are involved in fewer crashes than younger drivers, but per mile travelled, their fatal crash rates begin to increase after 75 years of age. The main factor in these elevated rates is not older drivers' greater crash involvement with others, but rather, their physical fragility, which increases their own risk of death. Older drivers also begin to experience declines in their physical and cognitive abilities, which may affect their ability to drive safely. It is therefore important for older drivers and their families to make good decisions about their ability to drive safely, whether they should limit their driving to certain safe situations, or stop altogether. In an effort to address this issue, the report examines the feasibility of how a network of trained volunteers could counsel and assist older drivers who needed to stop driving.

- 5 Getting around town: a preliminary investigation of the theory of planned behavior and intent to change driving behaviors among older adults**
Lindstrom-Forneri W, Tuokko HA , Rhodes RE
Journal of Applied Gerontology, 2007
Volume 26, Number 4, pages 385-398

Research on why older adults change their driving behaviour has typically neglected the psychological processes involved in this change. The purpose of this pilot study is to examine relations among difficulties with driving behaviours, motives toward driving, and intent to change driving behaviour. A random sample of 224 drivers aged 60 and older reported on their driving related motives and intentions within the framework of the theory of planned behaviour and reported on their driving difficulties. The results conclude that perceived social pressures and perceived benefits of driving appear to influence older drivers' intentions to change driving behaviours.

- 6 Holding on and letting go: the perspectives of pre-seniors and seniors on driving self-regulation in later life.**
Rudman DL, Friedland J, Chipman M, Sciortino P.
Canadian Journal on Aging, 2006
Volume 25, Number 1, pages 65-76.

This article examines the issue of driving self-regulation from the perspective of drivers aged 55 plus. A number of issues are raised including the intrapersonal, interpersonal and environmental influences that may play a part in why, how and when ageing drivers may cease driving.

- 7 Medical aspects of fitness to drive. What do public hospital doctors know and think?**
Shanahan EM, Sladek RM, Phillips P
Internal Medicine Journal, 2007
Volume 37, Number 6, pages 372-376

In Australia, medical practitioners are often required to assume the responsibility for assessing fitness to drive. However, the clinical practice, knowledge, and attitudes of doctors in regard to this responsibility are unknown. The aim of this study was to determine the clinical practice, knowledge, and attitudes of public hospital doctors in the area of fitness to drive decision making. The survey sought details on medical practitioners' clinical practice in this regard, as well as their knowledge of the guidelines. In addition, it sought their attitudes to undertake this responsibility. Attitudes to the responsibility were equivocal with several significant reservations expressed. Many doctors are uncomfortable with their responsibilities in this area and alternative models of decision making should be considered.

- 8 Medical assessment of fitness to drive for commercial and private vehicle drivers**
Whelan D, Cashman C
Irish Medical Journal, 2007
Volume 100, Number 5, pages 456-458

This article discusses the role of the general practitioner (GP) in certifying people as fit to drive. Difficult issues such as the ageing driver, the driver who needs particular medication or driving with visual impairment were highlighted by those surveyed. All GPs identified gaps in the existing guidelines, national legislation, and standards that offer recommendations regarding 'fitness to drive' in Ireland. The solutions proposed by the participants to address these gaps generally fell into 2 main categories: 1) easier access to clear medical guidelines and training, ideally through publications or websites, or 2) the option for case referral to a medical doctor with expertise in transportation medicine.

- 9 The older driver in Oregon: a survey of driving behavior and cessation**
Neal MB, Baggett S, Sullivan KA, Mahan T
Report number FHWA-OR-RD-08-08, 2008
Federal Highway Administration, USA
Online [accessed 19 September 2008]. [Click here](#) to view

The purpose of the study was to determine: (1) the factors that influence driving cessation; (2) the physical and emotional barriers that delay driving cessation; (3) what opportunities exist for alternative transportation after driving cessation; (4) whether drivers make relocation decisions on the basis of driving cessation; (5) the warning signs that make a driver stop driving; and (6) whether a crisis situation generally forces a driver to stop driving. Among the results of the study was the finding that those most likely to have chosen to stop driving were older, depressed females in poorer health who were living in aged housing, using alternative transportation when available, making fewer trips, and seeing fewer limitations associated with using alternative transportation. Relocation to improve access to transportation alternatives was not seen by most respondents as a viable option.

10 Older people and transport: coping without a car

Davey, JA
Ageing & Society, 2007
Volume 27, Number 1, pages 49-65

This article reports on a study undertaken to investigate how lack of transportation for older people impacts their quality of life. The authors conducted interviews that sought the experiences and opinions of older people who were 'coping without a car', and asked how this affected their lifestyle and quality of life, and how they met their transport needs. The authors conclude that while 'serious' transport requirements may be provided for by alternative means, the 'discretionary' trips that contribute significantly to the quality of life may be lost when private transport is unavailable.

11 Self-reported health and driving cessation in community-dwelling older drivers

Sims RV, Ahmed A, Sawyer P, Allman RM
The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, 2007
Volume 62, Number 7, pages 789-793

Cessation of driving has significant negative consequences for older adults, but there is no simple, reliable screening tool to predict stopping of driving. This paper aims to determine if self-rated health (SRH) is an independent predictor of driving cessation among older adults. Data on SRH (poor, fair, good, very good, or excellent), medical diagnoses, physical performance, visual acuity, driving status, and other relevant covariates were collected from 649 community dwelling older drivers in Alabama, United States during in-home interviews.

12 Sharing the responsibility for assessing the risk of the driver with dementia

Rapoport Mark, Herrmann N, Molnar FJ, Man-Son-Hing M, Marshall SC, Shulman K, Naglie G
Canadian Medical Association Journal, 2007
Volume 177, Number 6, pages 599-601

When a physician's role in caring for patients collides with the duty of societal protection, a dramatic, controversial dynamic occurs that often strains the doctor-patient relationship. This is perhaps most salient in the case of a patient with mild dementia who the physician thinks may be an unsafe driver. In most Canadian provinces and all territories, physicians have a mandatory duty to report these patients to relevant licensing authorities. However, none of the legislation directly addresses dementia. This paper takes a look at this issue in Canada by defining the problem, detailing current guidelines, and offering some solutions to Canadian physicians when involved in decision making about the need for driving cessation of their patients.

13 Transitions to transportation options: how they affect older adults

Beverly Foundation, American Public Transportation Association
Project Report, 2007
Online [Accessed 19 September 2008]. [Click here](#) to view.

This paper describes a partnership project between the Beverly Foundation and the American Public Transportation Association to better comprehend the process that older adults experience when they stop driving and have to make a transition to other transportation options. The paper also tries to determine the best time for interventions during these transitions, and also what kind of interventions will be the most effective and helpful.

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