The Dilemma of Increasing Media Scrutiny on Older-Adult Driving Fitness

https://escholarship.org/uc/item/1xk5z5m4

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 7(2)

1936-900X

Grotsky, Thomas
Lotfipour, Shahram

2006

Peer reviewed
SELECTED TOPICS:  
INJURY PREVENTION

The Dilemma of Increasing Media Scrutiny on Older-Adult Driving Fitness

Thomas Grotsky, MD
Shahram Lotfipour, MD, MPH

Department of Emergency Medicine
University of California-Irvine
School of Medicine, Irvine, CA.

Correspondence:
Shahram Lotfipour, MD, MPH
Assistant Clinical Professor
University of California Irvine Medical Center
Department of Emergency Medicine
101 The City Drive, Route 128-01
Orange, CA 92868

Acknowledgements:
We would like to thank Rocky Sayegh for his help in editing this manuscript.

ABSTRACT

As several highly publicized traffic collisions occurred in 2003 and 2004, the nation began to give more attention to the issue of older drivers. After several older-driver collisions, California, Minnesota, Wisconsin, and Massachusetts examined their license renewal and driver testing policies for both the young and old. We describe these major traffic incidents and discuss their impact on the political, medical, and social forums.

INTRODUCTION

With the baby boomers now entering retirement age approaching an all-time high, older persons will make up an even more significant percentage of the driving population. In light of recent highly publicized accidents involving older drivers, it is important to review the effects these events may have on politics and legislation, medical professionals, and the rights of older drivers. Unfortunately, the attention that the media places on these collisions involving older drivers often lacks details about the relative paucity of traffic collisions that this group comprises overall. Recent legislation has included more frequent driving tests for older drivers; however, no single test or battery of tests can adequately address all the neurological, cognitive, and physical abilities required to operate a motor vehicle. The issue of fitness to drive in the older driver has revealed a confounding web of problems that must be further examined.

CASES

Santa Monica Farmer’s Market Crash: As reported by the Los Angeles Times, on July 16, 2003, an 86-year-old retired salesman ran through roadblocks and two-and-a-half blocks of a Santa Monica, California farmers’ market killing ten and injuring more than fifty shoppers. The collision occurred when the older gentleman crashed through the roadblock; he tried to stop, but hit the accelerator instead of the brake resulting in the disaster.¹

In a July 18 Los Angeles Times article, experts were quoted as saying that unintended acceleration is a mistake more commonly made by the older driver. Although 10,000 unintended acceleration accidents have occurred since 1985, a spokesman for The National Highway and Traffic Safety Administration (NHTSA) said the Santa Monica crash was the most severe incident of this type known.²

Irvine, CA: In November of 2004, two fatal traffic collisions involving older drivers occurred. A 73-year-old woman killed a 15-year-old high school student when she drove her car over a curb and into a light pole, pinning the teenager against it. She then continued on, crashing her car into a wall. The driver had minor injuries.³ During the same month, an 80-year-old Irvine woman died when she drove the wrong way on the Corona Del Mar Freeway. She drove for several miles before running off an overpass and crashing onto the street. In both cases, the causes were unknown, but alcohol was not involved.⁴

The Roseville, MN Crash: On August 31, 2003, an 88-year-old woman killed an older couple in a car accident in Roseville. The victims’ daughter, who was driving the other vehicle suffered a concussion and a brain contusion.⁵

Wisconsin: An 85-year-old man was cited for inattentive driving and failure to yield in Oshkosh, when he went through a stop sign and crashed into another vehicle. The victim suffered a concussion and shoulder injuries. The driver apparently blacked out during the collision.⁶
**The Fall River Accident:** An 87-year-old Fall River man drove several miles in the wrong direction on Route 195 in August, 2003. The driver was injured critically and three more injured when his car collided head-on with another car. The driver was reported as having a good driving record. Massachusetts currently requires all drivers, young and old, to renew their license and have an eye exam every five years.7

**DISCUSSION**

After examining some of the effects of these prominent traffic collisions, legislatures have had varied responses. A Gallup Poll taken in July of 2003 following the Santa Monica Farmers’ Market Crash showed support (2:1 in favor) of regular testing for older drivers. However, Americans opposed absolute age limits on driving (64% against) because they view older drivers as being safer than teenage drivers.8

The most notable changes were made in Wisconsin. Wisconsin State Representative Sheldon Wasserman introduced legislation to test older drivers more often, perhaps in response to traffic collisions in his state as well as others. An Associated Press review of Wisconsin accident data showed drivers 81 and older had higher accident rates than any other group except teenagers. A 1996 study done by NHTSA showed that drivers 85 and older were twice as likely to be involved in traffic collisions than drivers 40-69 years of age when distance driven was taken into account.9 As of January 29, 2004, Wisconsin passed a bill that changed the license requirements for drivers 75 years and older. With support from Wisconsin’s Alzheimer’s Association, Wisconsin’s Medical Society, and others, a bill was passed that required people between the ages of 75-84 to have vision tests every three years for license renewal. For ages 85 and older, a vision test and a written knowledge test must be passed every two years. These changes are being made on top of the standard 8-year license renewal for the entire population.10

Another significant problem that involves medical professionals, older drivers, and all other driving groups is how to best assess fitness to drive. Age-based driving restrictions do not take into account the many skills that are involved in driving, such as vision, motor skills, cognition, and perceptual abilities. Other factors that affect fitness to drive include medications, neurological conditions, and driving distractions, such as cell phones, radio, and eating. Describing and labeling all the various abilities required to drive is a monumental task and is one that has not yet been effectively accomplished. Currently, the NHTSA has created a new driver-screening program with the collaboration of doctors, DMV officials, and referral and education groups to better differentiate varying degrees of driver fitness.11

An important question is whether it is ethical to test older drivers more frequently than other age groups. Some states such as Wisconsin have posed absolute age limits to begin increasing the frequency of driver testing. However, to date, no studies have shown older drivers to have more collisions than other age groups overall. When considering subpopulations of older drivers a slightly different viewpoint is obtained. One study of Australian drivers demonstrated that the age subgroups 75-79, and 80 and older, ranked second in the total number of motor vehicle collisions when collisions per 100km driven were taken into account.12 Also, a July 17, 2003 Los Angeles Times article discussed California DMV studies that showed fatal injury collisions for ages 85 and older were higher than the age group of 16-19 (the second highest group) when distance driven was taken into account.13 Older drivers often restrict the distances and times at which they drive; therefore, the absolute number of collisions that the older age groups are involved in is not greater than the rest of the population. Absolute age limits on driving may be unfair because individuals age differently, and determining the age at which these restrictions begin may be arbitrary.

The psychological importance of driving to certain older individuals is of paramount importance. Not only is driving a symbol of independence and self-esteem, but it is tied to their livelihood. Additionally, in fatal or serious injury collisions involving older drivers, the older drivers and older passengers themselves are commonly the most seriously injured, possibly because of smaller bone mass and other medical conditions. The impact of driving restrictions based solely on age can appear unfair in its detrimental effect on the ability of senior citizens to live with dignity, especially considering the lack of public transit in many areas of the country.

Fitness to drive presents a multi-faceted dilemma for lawmakers, medical professionals, and society. Discrimination based on age is a delicate issue, especially with regard to driving restrictions like those in Wisconsin. Older drivers as a group are not involved in more total accidents than any other age group, but the increased media scrutiny may make it appear as though older drivers cause a higher proportion of major traffic collisions. As a single group, they do not pose a significant threat to highway safety relative to any other driver. Although motor vehicle collisions account for a significant amount of trauma victims in the U.S., judgment with regard to restrictions of older drivers should be reserved until studies more definitively determine their actual risk.
REFERENCES

3. Carcamo C., Leal F. Student killed by car at school. The Orange County Register 2004 11/2/04. www.ocregister.com
5. Halvorsen D. Death of couple stuns neighbors in Roseville. Star Tribune 2003 9/2/03; Sect. 1A.