

## **Report on the ETSC / CIECA Transport Safety Lunch on “Fitness to Drive, is medical screening the answer? ” Brussels, 5<sup>th</sup> November 2008.**

### **Executive Summary**

A Transport Safety Lunch on Fitness to Drive and medical screening organised by ETSC and CIECA was held last 5<sup>th</sup> November at the Crowne Plaza Hotel in Brussels.

ETSC’s Transport Safety Lunches are the site for openly debating promising and successful European approaches to prevent both accidents and injuries in transportation. They bring together decision makers from the transport sector in Brussels, thus establishing a platform to exchange information and views for all those interested in transport safety.

The central topic of this debate was assessing the effectiveness of medical testing for category B (group 1) drivers. Is mandatory medical testing effective? How could it be improved? What are the alternatives to medical testing, in order to ensure the fitness to drive of Europe’s (ageing) driving population?

Experts from different Member States provided the audience with an insight into the medical screening topic using diverse approaches.

Concretely, the structure of the event was:

1. Brief Introduction by ETSC President, Prof. Herman De Croo, Minister of State.
2. Brief introduction by CIECA Vice-president , Mr. Luc Caenen.)
3. Welcome and introduction by the Chairperson, Ms. Divera Twisk, Swov.
4. Introduction to the subject of fitness-to-drive (Fridulv Sagberg, TØI)
5. Fitness to drive from an EU perspective (Joel Valmain, European Commission)
6. Arguments in favour of medical testing (Javier Álvarez, University of Valladolid)
7. Arguments against medical testing (Desmond O’Neill, Trinity College)
8. Eye sight screening (Helmer Schweizer, President of EUROMCONTACT)
9. Brief summary from the Chairperson
10. Debate with audience
11. Final words from the Chairperson

The presentations given by the experts and the debate raised some interesting questions about the suitability of mandatory medical screening to reduce the number of road crashes. In particular, both lecturers and attendants agreed to identify the lack of scientific knowledge in the area as the most important weakness to assess medical screening properly. An appeal to the European Commission and Member States to fund research projects on the field was raised during the debate. The aim of these projects should be to develop a network of researchers from different countries and therefore with different approaches on the topic working together towards a common objective: developing the most cost-effective medical screening system at European level.

The necessity to update the minimum standards for driving defined in the Driving License Directive EC 91/431 was another point where all lecturers and attendants agreed. The objective in this case should be developing new applicable standards, less vague than the current ones foreseen in the Annex 3 of the Directive 91/431.

Finally, the panel of experts stressed the importance of developing harmonised, scientific tests to screen medical fitness to drive and to properly train the personnel responsible for that medical screening.

### **Experts' presentations**

*-Introduction to the subject of fitness-to-drive, Fridulv Sagberg, TØI, (Researcher and member of IMMORTAL project):*

Medical screening is only one part of the fitness to drive topic, addressing only drivers' permanent condition. Therefore, to have a complete view on "fitness to drive" medical screening should be analysed in relation to drivers' skills, knowledge and temporary conditions (use of alcohol, drugs...).

The objective of medical screening is detecting medical conditions that could affect the drivers' fitness to drive. The big question mark to assess medical screening is the cost-effectiveness of these procedures. Not many diseases present a significant incidence in drivers' ability and when they do, as in the case of diabetes or narcolepsy, they have a very low incidence among the population. Therefore, is it worth to check the entire population to detect just a few cases of inability to drive or should medical screening be a responsibility of the ordinary health system?

The right approach could be ranking the different risks that threaten road safety using a combination of individual risk and incidence among the population.

Additionally, medical screening poses other questions that need to be taken into account. Introducing mandatory screening for all car drivers would lead to a transfer of risks from cars to other type of vehicles that do not require medical screening (e.g. bicycles). Moreover, a mandatory system should define a suitable body responsible for carrying out scientific and efficient screening. On the contrary, not introducing mandatory screening and leaving the task of detecting cases of total or partial inability to drive to the ordinary health system would mean relying entirely on medical staff not specifically trained for that matter. A less restrictive system could lead to an increase in the number of risky drivers on the roads.

*-Fitness to drive from an EU perspective, Joel Valmain, European Commission:*

The current Driving License Directive in force (the second) is the EC 91/439 from 1991. The 3<sup>rd</sup> Driving License Directive will come into force in January 2013 and will make medical checks mandatory for all professional drivers. This Directive will harmonise the period when these checks must be carried out (each 5 years). At the moment of renewing the license, professional drivers must comply with the minimum standards of physical and mental fitness set out in Annex III of the Directive.

The minimum standards included in Annex III of the Driving License Directive were defined in the 80s and they are currently being reviewed. Technical working groups appointed by the Member States have selected three main priorities for the new minimum standards namely eye sight, diabetes and epilepsy.

As for A and B drivers (motorcycles and cars) the European Commission proposed mandatory renewal each 10 years (5 for older drivers). Nevertheless, the final test of the 3<sup>rd</sup> Driving license Directive will establish that renewals should be every 10 years, although Member States can choose

15 year intervals. When the licenses are issued, the standards in Annex III must be checked; however, at the time of renewal this is not compulsory.

Severe criteria are not forbidden by European legislation and therefore it is up to each Member States to introduce further requirements to issue driving licenses.

*-Arguments in favour of mandatory medical testing, Dr. Javier Álvarez, University of Valladolid, (Member of IMMORTAL project):*

There is little scientific evidence about the importance of carrying out medical screening in improving road safety, so the first thing that should be done is carrying out further research in the effectiveness of medical testing. In the case of Spain, after 30 years of mandatory medical tests for all drivers there are no public results about the benefits achieved with the system. Only 0.6% of all people tested were declared unfit for driving while 20% of them were allowed to drive with some restrictions.

Nonetheless, medical screening could bear positive results if some considerations are taken into account:

-The screening should be on the driver not on the illness. Medical tests should be focused on detecting the suitability of the concrete individual to drive with or without restrictions.

-Assessment should be carried out on a “case by case” basis but using the same criteria. Equal treatment to all drivers should be therefore guaranteed.

-An independent body should be responsible for carrying out the tests in order to guarantee the right use of the data compiled.

- Medical screening should be approached in a cost-effective way. The screening should focus on disorders that can lead to a significant reduction in the number of road crashes. Although the vast majority of diseases have a very low incidence, disorders are becoming more frequent.

-The final objective should be allowing as many people as possible on the roads limiting the risks by introducing certain individual restrictions. The withdrawal of the driving license is not the best option in most cases.

In conclusion: medical screening can be useful for road safety if used properly. Nevertheless, further research on the topic is absolutely needed to justify this approach.

*- Arguments against mandatory medical testing, Professor Desmond O'Neill, Trinity College:*

The impact of medical conditions on road safety is small but receives large attention from the mass media and the public authorities. Mass media often emphasize elderly drivers as risky drivers although scientific evidence shows that they are a group of population with fewer accidents than any other age group. The fact that medical screening targets elderly drivers as the main priority would explain why it receives so much attention from the media.

Nevertheless, the reality shows that medical screening is not cost effective to improve road safety. First of all, because it does not aim at a particularly risky group. Secondly, because impairing diseases have a very low incidence among the population and thirdly because, at present, there are no

efficient scientific instruments to properly check the condition to drive. Developing efficient standardised assessment for all drivers should be a pre-requisite before introducing a mandatory screening system.

It should be stressed that countries that have applied mandatory screening for all drivers do not present lower road crashes' rates than countries without mandatory systems. The huge investment that mandatory screening requires could be better used in well-developed opportunistic checking, reinforcing the ordinary health system and fostering better rehabilitation programmes.

In the field of fitness to drive it is crucial not to implement measures that aim at the withdrawal of the driving license to a large number of drivers (mainly elderly drivers) but to introduce supportive equipment that assures a proper transition from driving to not driving.

*-Eye sight screening, Helmer Schweizer, President of EUROMCONTACT (European Federation of National Associations and International Companies of Contact Lens and Lens Care Manufacturers):*

Good eye sight is one of the most important factors needed for safe driving. Additionally, eye sight is one of the most easily controllable and cost effective factors through eye sight testing. Furthermore, most drivers endorse regular visual checks and are willing to pay a reasonable fee.

According to research field experimentation carried out in Poland and France insufficient vision was the second most important factor involved in accidents. A considerable number of drivers are unaware of having a sight defect and therefore are not taking any countermeasure to face it.

Some countries set a best practice example for conducting eye tests but the vast majority of countries do not have a standardised, validated and science-based pass/fail screening, which if failed would require a full sight examination for issuing or renewing licenses for group 1 drivers.

Mandatory eye sight screening would improve road safety on EU roads. The renewal procedure gives the ideal opportunity for eye sight tests to be undertaken. Additionally, opportunistic screening is welcome, but needs to be done with validated instruments and based on scientific methods. This ensures fair and equal treatment of all those tested. Some of the methods currently used - such as reading a number plate from a distance or filling in a declaration form - clearly lack the rigorous standards needed to detect cases in need of vision correction.

Before January 2011, all Member States will have to update their legislation to fulfill the criteria set up in the 3<sup>rd</sup> Driving Licenses Directive that will come into force in January 2013. Member States have the chance to make the best choice for improving road safety by requiring proper eye sight tests when licenses are issued and renewed.

Nevertheless, the final test of the 3<sup>rd</sup> Driving license Directive will not establish mandatory eye sight screening for the renewal (only when issued) of an A or B type Driving license while the ten year period will doubtlessly catch drivers whose eye sight has deteriorated since the last check.

In conclusion, the Directive should be implemented as soon as possible with the highest standards of driver vision requirements.



Daniel Ugarte  
ETSC Project officer

ETSC and CIECA wish to thank CIBA VISION for the financial support provided for the organisation of this Lunch.