

Hanging up the keys: Planning for driving cessation and the shift to local transportation services

Most of us have been licensed to drive a motor vehicle all of our adult lives and we depend on this privilege, but when age-related health issues or disabilities arise, we may be required to give up our driving licence. For many older adults, the loss of a driver's licence has huge impacts on their social connectedness, their ability to participate in family and other events, and sometimes even their ability to continue working. For many, it will also impact their mental and physical health.

In BC, the number of people over age 65 continues to increase and is expected to reach over 1.6 million by 2041.¹ In a 2017 survey on seniors and driving, 55% of respondents indicated that they expect to continue driving after age 80.² For family, friends, and health care providers, this desire and expectation can have a significant impact when diminishing age-related physical and mental capabilities develop.

Currently, there are limited transportation alternatives for many older adults beyond relying on family members. While many communities can offer dependable transportation options, such as efficient and affordable public systems, many rural and semirural communities cannot. Many older adult drivers will accept their diminishing driving capabilities by altering their

driving patterns and frequency; however, some will not. It can be a difficult discussion when a doctor is compelled to initiate a conversation with a patient about surrendering driving privileges for the sake of public safety. Many physicians will receive significant pushback, not only from patients, but often from family members who will be adversely affected by this change.

A better approach to keeping older adults moving and participating in community life is to focus on planning for age-related changes in transportation, adopting a transitioning strategy, and encouraging older adults to make pre-emptive use of active transportation, public transit, and other opportunities to ride as a passenger in a shared vehicle. People who ride as passengers in shared vehicles drive less frequently. They also begin to use public transportation and other alternatives, and may be better prepared when the time comes to hang up their car keys. Previous experience with such alternative modes of transport can make a difference.

Physicians can assist older adult patients with the transition to retiring from driving by being proactive. Before an age-related condition creates a critical driving risk, physicians can ask their patients, "How many more years do you intend to drive?" and "Have you given any thought to how you would get around if you weren't able to drive?" Asking these questions and sharing available transportation-related resources can help motivate older adults to start planning for driving cessation.

BC211 is an information and referral source that connects older adults with transportation resources. Public transit providers, like BC Transit and TransLink, provide conventional bus services in many communities. For those with disabilities, HandyDART offers door-to-door custom transit service with pre-scheduled pickup times. In places where public transit is unavailable or does not provide adequate service, older adults can often rely on community-based supports like the Better at

Home program, funded in part by the United Way. Volunteer drivers in this program provide transportation to older adults for their medical appointments, family visits, grocery shopping, and other trips that are important for sustaining social connectedness and inclusion in the community.

A quick word for those pushing 70 years and hoping that driverless cars will solve this problem over the next decade: Don't hold your breath but do keep your fingers crossed! At the moment, all driverless models still require a driver to be able to intervene and take control of the vehicle if the car instructs them to do so. Research has demonstrated that age significantly impairs our ability to recognize, react, and regain control of a vehicle.³ At such moments, the driver's physical and mental challenges (that prompted the need to switch to an automated driving option in the first place) are critically exposed. Completely automated cars are still likely some years off and will eventually be of great help when they arrive, but designers have not yet researched, planned, and received

55% of respondents indicated that they expect to continue driving after age 80.

This article is the opinion of the Emergency and Public Safety Committee, a subcommittee of Doctors of BC's Council on Health Promotion, and is not necessarily the opinion of Doctors of BC. This article has not been peer reviewed by the BCMJ Editorial Board.

enough input from older adult drivers and those with disabilities to fully develop and introduce them to the marketplace. In the meantime, planning for driving cessation is a critical step to ensuring the well-being and lifestyle of older adult drivers.⁴ ■

—Alan Woodland

General Manager, Better Environmentally Sound Transportation BC

—Chris Rumball, MD

—Beverley Pitman, PhD

Senior Community Developer (Fraser Valley, Metro Vancouver, Sunshine Coast), Population Health, United Way of the Lower Mainland

References

1. Ip F, Lavoie S. BC Statistics. P.E.O.P.L.E. 2019: BC sub-provincial population projections. October 2019. Accessed 28 August 2020. www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-projections.
2. State Farm. Seniors and driving survey. March 2017. Accessed 28 August 2020. www.multivu.com/players/English/8145651-state-farm-seniors/docs/informgraphicen-1501108866782-652829424.pdf.
3. Li S, Blythe P, Guo W, Namdeo A. Investigating the effects of age and disengagement in driving on driver's takeover control performance in highly automated vehicles. *Transp Plann Technol* 2019;42:470-497.
4. Liddle J, Reaston T, Pachana N, et al. Is planning for driving cessation critical for the well-being and life style of older drivers? *Int Psychogeriatr* 2014;26: 1111-1120.

BCCDC

Continued from page 288

—David Patrick, MD, FRCPC, MHSc

Director of Research and Medical Epidemiology Lead for Antimicrobial Resistance, BCCDC

Professor, School of Population and Public Health, UBC

—Kate Smolina, PhD

Director of the BC Observatory for Population and Public Health

Adjunct Professor, School of Population and Public Health, UBC

—Reka Gustafson, MD, CCFPC

Vice President, Public Health and Wellness Deputy Provincial Health Officer

—Naveed Janjua, MBBS, DrPH

Executive Director of Data and Analytic Services, BCCDC

Clinical Associate Professor, School of Population and Public Health, UBC

Do you have an idea?



Submit your writing to the **BCMJ**

The *British Columbia Medical Journal* is a general medical journal that seeks to continue the education of physicians through review articles, scientific research, and updates on contemporary clinical practices, along with debate on medicine and medical politics.

The *BCMJ* is written by physicians like you. We welcome all your written contributions, from brief letters to scientific papers and everything in between. What's in between? Blog posts, articles, essays, opinions, profiles, the Proust questionnaire, and more. While most content is written by BC physicians, you do not need to currently reside in the province for your submission to be considered for publication.

If you're not sure if we'll be interested, send us an email at journal@doctorsofbc.ca to enquire. Much of the content of the *BCMJ* is selected by our Editorial Board, a group of eight physicians from diverse backgrounds, practice types, and locations.

To learn more about submitting your written work to the *BCMJ*, please read our Guidelines for Authors, which includes information on the editorial process and the different sections in the journal.

Guidelines for Authors: bcmj.org/submit-article

Contact information: journal@doctorsofbc.ca; 604 638-2815



BCMJ
BC Medical Journal