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A Most Difficult Conversation

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A Most Difficult Conversation

Abstract

Editorial

Keywords

Vision Loss, Driving, Department of Motor Vehicles, Difficult Conversation, Patient Doctor Relationship

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Editor-in-Chief

A most difficult conversation

There are very few situations in eye care that challenge a patient's independence. One such situation is when driving is affected by aging, specifically by visual impairments, or traumatic brain injuries. In the United States, each state has its own visual acuity requirements, either central (identifying a static target with maximum contrast at a fixed distance) and/or peripheral, and some states specify various levels of these visual requirements that can define driving restrictions. This is not unique to the United States, as most, if not all countries, also have vision requirements for driving. (As an aside, most states, and some other countries, have expanded legal driving to include the use of bioptic telescopic lenses, specifically to enhance central visual acuities, allowing more people to drive, albeit with restrictions.) So how do visual requirements for driving impact independence?

Think about the overwhelming importance of motor vehicle transportation. Typical activities of daily living might include, but are surely not limited to, shopping, banking, doctor visits, visiting friends, going to the barber or hairstylist, or just going somewhere to grab a bite to eat. For those of us who are legally able to drive, it is simply a matter of getting into a vehicle and going about our activities. No longer being able to drive means that a family or friend might be asked for a transportation favor and, based on timing and convenience… well, I believe you can appreciate that scenario.

I am not a certified driving instructor, but for many years I have appreciated the nuances of eye health and vision as they relate to driving. I have lectured

extensively on the topic, have had an opportunity to work with AARP® with their Smart Driver™ driving program, and I serve on the Pennsylvania Department Motor Vehicle Advisory Board. While these activities do not make me a driving expert, these involvements have encouraged others to seek my opinion with respect to interpretation of driving visual regulations, not in any official capacity, but based on my experiences.

As a practitioner who works with visually impaired patients, I am often called on to have a most difficult conversation about driving cessation because of not meeting the legal visual requirements for driving, not only with the patient but with family members as well. That discussion requires empathy and compassion, as the end result is a significant change in the life of not only the patient but potentially the family as well. First and foremost, I remind the patient (and the family) that the ability to drive, or lack thereof, does not reflect on them as an individual, but is defined by law. Regardless, after that discussion, I have had occasion to not only be disliked by the patient for being the messenger, but have also listened to comments from family members who say “not only have you changed my parent’s life, but you have changed my life as well. Now, wherever my parent wants to go I am on call!” While that scenario is discouraging for the patient and family, quite frankly, it is unsettling for me as well. Knowing that I negatively impacted a patient’s life even though, perhaps, having helped them with low vision devices to be able to read, watch television, and enjoy more leisure activities, but without driving independence, leaves me with a hollow feeling despite these other successes. However, an equally challenging scenario is the patient who meets the visual requirements for driving, but may not be safe to drive based on deficits in other visual measures of visual functioning not typically required for legal driving, such as fixations and pursuits, contrast sensitivity, eye hand and eye foot coordination, the ability to integrate central and peripheral visual processing (including speed of processing and divided attention), converging/diverging challenges (especially when looking at distance to near such as the road to the dashboard), photophobia and glare recovery, and limited, but still legal, visual field loss. That conversation also requires empathy and compassion but is more directed at discussing skills that I have identified as potentially impacting safe driving.

Regardless of why a patient should stop driving (because of the law) or modify their driving (because of safety), a patient should always appreciate that driving is a privilege. Then, after the emotional distress has settled, collective problem solving with the patient and family with respect to transportation options is

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critical. When addressing options, it is important to keep in mind that many of these options have specific scheduling issues, so that a person who might use them will need to fit their activity around a bus or train schedule. However, there are now apps for transportation, like Uber and Lyft, which have more flexible schedules, and there are now more urban, suburban, and rural communities that have ride programs and support networks offering transportation. A potential drawback is the economics of using these modes of transportation. Over and above these options, I have been fortunate to be involved with a few blindness organizations that offer transportation at no cost for those who are eligible; this is part of their services.

It is no surprise that the global population is growing older, and with those demographics, there will be age-related ocular changes and pathologies which will result in visual impairments and legal blindness; some can be rectified, e.g., improved visual acuity and contrast sensitivity post cataract surgery, while some cannot, e.g., advanced age-related macular degeneration or advanced glaucoma. Notably, for the older population, and some individuals with a traumatic brain injury, the above-mentioned visual measurements all can contribute to driving ability, but speed of visual processing as well as the ability to divide attention while driving are ultimately, in my opinion, the most critical to safely operating a motor vehicle. This is supported by the notion that “driving is perhaps one of the most cognitively complex everyday activities, involving the ability to successfully negotiate one’s environment on the road by making quick decisions and attending and reacting to various stimuli,”[1] and vision is simply part of the overall physical and mental abilities to be safe. And while, “warnings to patients who are potentially unfit to drive may contribute to a decrease in subsequent trauma from road crashes,...” unfortunately, “formal warnings may reduce the patient’s quality of life, jeopardize doctor–patient relationships, burden family members, and generate bureaucratic hassles.”[2] We in eye care are in a position to balance a patient’s psychological mindset with the safety of that patient and those around who might otherwise be put in harm’s way. Important take home messages, therefore, are to appreciate driving laws and regulations and the visual skills related to safe driving, and to counsel these patients as you would like to be counseled, as someday a doctor (or even a family member) may approach you with the same difficult conversation, potentially modifying your independence.

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