

National Transport Commission  
Level 3/600 Bourke Street  
Melbourne VIC 3000  
enquiries@ntc.gov.au  
8<sup>th</sup> June, 2021

Dear Sir or Madame,

### **RE: Assessing Fitness to Drive 2021 Review**

Thank you for the opportunity to comment on the proposed Assessing Fitness to Drive 2021 Review.<sup>i</sup> Bicycle NSW has been the peak bicycle advocacy group now in NSW for over forty-five years, and has over 25 affiliated local Bicycle User Groups.

We have taken this opportunity to prepare a submission because of the number of the serious injuries to bike riders and fatalities have involved older drivers. This is especially concerning when drivers claim not to have seen riders, or claim not to have recognised they hit a bicycle rider.

## **Opportunities**

The NSW Government needs as many of us as are physically able, to walk and cycle for journeys of 10km or less to support population increases planned for NSW in line with the Future Transport 2056 Plan.<sup>ii</sup> Transport and facilitating mobility is an important part of inclusion and keeping people active and mobile is part of the Disability Inclusion Plan<sup>iii</sup> and the Older Persons Transport and Mobility Plan 2018-2022.<sup>iv</sup> However the overarching concern should be the safety of all road users, and license retention should not come at the expense of health issues that could lead to the death or serious injury of the driver and others.

## **Issues and Recommendations**

In order to understand the issues, we interviewed general practitioners to better understand their challenges with the fitness to drive scheme.

- 1) General Practitioners who are concerned about a patient's ability to drive safely can only refer to an occupational therapist. The General Practitioner does not drive with the patient, neither in most cases does the Occupational Therapist. There is no independent observation made of the patient's driving that feeds into the General Practitioners' decision making process, but yet they are expected to decide and to take all of the responsibility for the decision.

This expectation interferes with the doctor patient relationship. General Practitioners have a personal relationship with their patients and are under pressure not to 'destroy lives' by taking a patient's driver's license away. Patients may not have access to suitable, affordable transport alternatives, and may also have caring responsibilities. Knowing this adds pressure to the General Practitioners' decision. If a patient suspects their own doctor will recommend license removal, they may also engage in 'doctor shopping', simply going to another doctor unaware of their history to get signed off.

**Recommendation:** Fitness to drive evaluations should be made by an objective person, and from the age of 60 onwards people's driving skills should be assessed in traffic.

- 2) Having diabetes can impact people's driving abilities, and can lead to dizziness, poor judgement, a complete loss of consciousness, or other symptoms that compromise safe driving. Australia has rapidly rising rates of Type 2 Diabetes,<sup>v</sup> but a large proportion of people with Type 2 Diabetes or pre-diabetes are currently undiagnosed,<sup>vi</sup> and only half of diagnosed diabetics have well controlled blood sugar.<sup>vii</sup> This poses a serious risk to road safety when drivers experience hyperglycaemia which can cause vomiting, rapid heartbeat, vision problems. It is also a serious risk if drivers experience hypoglycaemia which can cause mental confusion, seizures, coma and brain damage.<sup>viii</sup>

Recommendation: There needs to be a better education for diabetics about safe driving, and the Centre for Road Safety needs to fund a 'Don't drive under 5' campaign to raise awareness of the need to test blood sugar and avoid driving if the resulting blood sugar level is less than 5mmol/L rule. Diabetics should also be required to carry a hypo kit in their car. Excellent resources can be found at the National Diabetes Services Scheme.<sup>ix</sup>

- 3) Taking a range of prescription medications can impair safe driving. Post-surgical recovery plans for non-cardiac or lower-limb conditions often do not consider the impact on safe driving of surgery or medications. Some medications such as anti-depressants require an adjustment period, during which driving ability may be compromised.

Recommendation: There is a need for a better system for interim suspension of driving licenses by a General Practitioner or Specialist Physician to enable people to recover from surgery or adjust to medication. The doctor also needs to be able to require independent follow-up testing to ensure driving skills are sufficient for the license to be restored.

- 4) General Practitioners are also ill-equipped to evaluate a patient's eyesight. It is estimated 2.7 million Australians will have cataracts by 2021 and the number of Australians with cataracts will grow reflecting on continued population ageing.<sup>x</sup> Cataracts cause vision loss and vision distortion that could impact safe driving, but in the earlier stages people may not be aware of this.

Recommendation: Fitness to drive evaluations must include eyesight testing by an ophthalmologist.

- 5) Many older patients have not had a full medical that could help identify health issues which impact on safe driving, and there is currently no requirement for them to have one. This should include an ECG to ensure cardiac sufficiency, and a review of medications to evaluate whether alone or in combination the side effects pose a risk to safe driving.

Recommendation: Require a full medical over the age of 60 to retain your driving license.

- 6) Older people living in rural and regional areas often have no available public or community transport, and they are unable to get to shops, services or medical appointments if they cannot drive. However, they then need to drive on high speed roads with heavy trucks, wildlife, potholes, no street lighting and to share the roads with vehicles that use dazzling floodlights or drivers with little patience. General Practitioners in rural and regional Australia are forced into deciding who dies.


Recommendation: The NSW Government needs to improve community transport and public transport provision to provide more alternatives to driving for older people.

- 7) There needs to be better community education explaining that people need to plan to give up their license, and to organise their lives accordingly. There needs to be better provision of transport and active transport alternatives suitable for older people. In many communities General Practitioners would not feel that cycling is safe enough to recommend to older patients, and there is a low level of awareness amongst General Practitioners that they can provide a letter enabling an older rider to use the footpath when they cycle. Many of the health conditions that would make it unsafe for someone to drive would also make it unsafe for them to cycle safely.

Recommendation: Provide more education to remind people to plan to give up their license and to help General Practitioners understand the alternatives to all patients having private cars

Historically the emphasis has been on driver's license retention, rather than on prioritising road safety. This has had life-altering and fatal consequences for bike riders, vulnerable road users and for drivers. Bicycle NSW recommends greater emphasis on a robust process that evaluates fitness to drive independently, reducing the pressures on physicians, and on providing better road safety education and the necessary safe alternatives to enable more people to travel when driving a vehicle is unsafe.

Yours faithfully,

  
General Manager of Public Affairs  
Bicycle NSW

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- <sup>i</sup>National Transport Commission, Assessing Fitness to Drive 2021 Review; Interim Report [online as at 7/6/2021] <https://www.ntc.gov.au/sites/default/files/assets/files/AFTD-2021-Interim-report.pdf>
- <sup>ii</sup>NSW Government, Future Transport 2056 [Online 1/4/2020] <https://future.transport.nsw.gov.au/plans/future-transport-strategy/future-transport-greater-sydney>, Points 3-5
- <sup>iii</sup> NSW Government, Disability Inclusion Plan (2015) [Online 1/4/2020] <https://www.facs.nsw.gov.au/download?file=313495>
- <sup>iv</sup>NSW Government, Older Persons Transport and Mobility Plan 2018-2022 (2018) [Online 1/4/2020] [https://future.transport.nsw.gov.au/sites/default/files/media/documents/2018/Older%20Persons%20Transport%20and%20Mobility%20Plan\\_0.pdf](https://future.transport.nsw.gov.au/sites/default/files/media/documents/2018/Older%20Persons%20Transport%20and%20Mobility%20Plan_0.pdf)
- <sup>v</sup> 1.2 million diabetics based on 2017-18 data, Australian Institute of Health and Welfare 2020. Diabetes. Cat. no. CVD 82. Canberra: AIHW. Viewed 01 June 2021, <https://www.aihw.gov.au/reports/diabetes/diabetes> projected to rise to 3 million by 2025 Diabetes Australia [online as at 1/6/2021] <https://www.diabetesaustralia.com.au/wp-content/uploads/Diabetes-the-silent-pandemic-and-its-impact-on-Australia.pdf>
- <sup>vi</sup> Hng T-M, Hor A, Ravi S, et al. Diabetes case finding in the emergency department, using HbA1c: an opportunity to improve diabetes detection, prevention, and care. BMJ Open Diabetes Research and Care 2016;4:e000191. doi:10.1136/bmjdr-2015-000191 [online as at 1/6/2021] <https://westernsydneydiabetes.com.au/themes/default/basemedia/content/files/Diabetes-Case-Findings.pdf>
- <sup>vii</sup> Diabetes Australia [online as at 1/6/2021] <https://www.diabetesaustralia.com.au/wp-content/uploads/Diabetes-the-silent-pandemic-and-its-impact-on-Australia.pdf>
- <sup>viii</sup>Diabetes Australia [online as at 1/6/2021] <https://www.diabetesaustralia.com.au/about-diabetes/type-2-diabetes/>
- <sup>ix</sup>National Diabetes Services Scheme [online as at 1/6/2021] <https://www.ndss.com.au/about-diabetes/resources/find-a-resource/diabetes-and-driving-booklet/>
- <sup>x</sup> Elena Rochtchina et.al, Projected prevalence of age-related cataract and cataract surgery in Australia for the years 2001 and 2021: Pooled data from two population-based surveys (2003) [Clinical and Experimental Ophthalmology](https://doi.org/10.1093/ajph/93.2.233) 31(3):233-6 [online as at 1/6/2021] [https://www.researchgate.net/publication/10724955\\_Projected\\_prevalence\\_of\\_age-related\\_cataract\\_and\\_cataract\\_surgery\\_in\\_Australia\\_for\\_the\\_years\\_2001\\_and\\_2021\\_Pooled\\_data\\_from\\_two\\_population-based\\_surveys](https://www.researchgate.net/publication/10724955_Projected_prevalence_of_age-related_cataract_and_cataract_surgery_in_Australia_for_the_years_2001_and_2021_Pooled_data_from_two_population-based_surveys)