

Elderly Drivers: an Age-old Problem

How To Tell Your Loved One That It's Time to Hand Over the Keys

By TODD C. RATNER, Esq.

Do you remember the day when you received your driver's license? Most people experienced a rush of excitement and a sense of freedom that they could clearly recall many years later. Now imagine losing this mobility and freedom ... or, even worse, being the one who has to inform an elderly driver that their driver's license should be limited or even taken away.

The thought of having this often-awkward and painful conversation tempts loved ones to procrastinate; however, adequately preparing for this conversation with an elderly driver who poses a danger to himself and others, and understanding the resources available to both you and your loved one, can facilitate what otherwise can be an extremely traumatic experience.

First, it is important to recognize that everyone ages differently. As such, age alone should never be a dispositive factor in determining whether or not an elder has the requisite capability to drive. However, there is no denying that a person's physical and cognitive abilities often deteriorate with age. As we age, there is a greater likelihood of becoming afflicted with chronic diseases such as arthritis, dementia, and hearing impairment. In addition, elderly people are more likely to be injured than younger people in similar automobile accidents.

Because the Commonwealth of Massachusetts has no special licensing requirements for elderly drivers, family members should continually look for signs of diminished capacity. However, both Massachusetts and Connecticut require drivers to inform the Registry of Motor Vehicles and Department of Transportation if they have a medical condition that they believe may affect their ability to operate a motor vehicle.

Physicians suggest that family members of elderly drivers should search for signs that a loved one has diminished capacity to drive. Specifically, family members should ascertain whether or not the driver gets lost, has an

increasing number of accidents, becomes forgetful, or has problems understanding simple instructions.

In the event that you believe an elderly driver should reduce or stop driving, it is important to plan prior to commencing a dialogue with this individual. Driving is often the last means of independence because it provides the elderly with the opportunity to visit friends, go shopping, or manage other tasks of daily life. Elderly drivers may get defensive and angry upon hearing that some-



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It is important to introduce this subject at a quiet time of day when both you and the elderly driver are relaxed and no external commitments are pending. It is also preferable to include the elderly person in the decision-making process if possible instead of dictating a decision to them.

You may wish to discuss this matter together with other family members, doctors, and other people that the elderly person respects. You might try having them write down both pros and cons, in the hope that they will realize that there are benefits to not driving. The initial conversation does not need to yield permanent decisions. Often it is preferable to put the discussion on temporary hold for a few days to have the opportunity to reflect on various options.

Caregivers and family members should elicit the assistance of resources that can facilitate the determination of whether or not the elder should be driving. One is the Weldon

Rehabilitation Hospital, at 233 Carew St. in Springfield, which has developed a coordinated program to assess an individual's ability to drive safely.

The Driving Assessment Program will take approximately 90 minutes to complete. It commences with a licensed and registered occupational therapist providing a clinical evaluation. If warranted, an on-road evaluation and on-road training with a licensed driving instructor may also occur.

Upon the completion of the evaluation, the results and appropriate recommendations will be discussed with the driver and their physician. The program evaluates vision and perception, physical status, mobility, upper- and lower-extremity reaction time, traffic sign/situation identification and interpretation, cognition, and adaptive equipment. A family member may accompany the elder to the evaluation.

To schedule an evaluation, contact the Outpatient Admitting Office, Weldon Rehabilitation Hospital, at (413) 748-6880.

Other resources to consider are the Berkshire Medical Center Driver Evaluation Program in Pittsfield, (413) 447-2200; the Fairlawn Rehabilitation Program in Worcester, (508) 791-6351; the AARP's 55 Alive/Mature Driving Course, (800) 424-3410; the AARP Driver Safety Program, (888) 227-7669; the Assoc. for Driver Rehabilitation, which offers referrals to professionals trained to help people with disabilities, including those associated with aging, (608) 884-8833; and the AAA Safe Driving for Mature Operations program, (800) 622-9211.

If the elderly driver cannot operate a vehicle safely and refuses to stop driving, be prepared to take action. There are several options available:

Stage an intervention. This involves family members, health care workers, and anyone respected by the elderly driver confronting him or her, firmly but compassionately, in an effort to offset the senior's denial of the issue.

Contact the local Department of Motor Vehicles and register a complaint. You may wish to do this anonymously.

Disable the car. This may include hiding the keys, disconnecting the battery, or moving it to a location beyond the elderly person's control.

Many families are inquiring as to whether, in the face of advancing age, functional dis-

ability, and/or cognitive disability, a loved one's driver's license should be limited or simply taken away. Denying an elderly person a driver's license can be an extremely traumatic event. Restricting or removing an elderly person's driver's license should be done with careful planning and by taking advantage of the community resources available. ■

Todd C. Ratner is an estate-planning, business, and real-estate attorney with the Springfield-based law firm Bacon Wilson, P.C. He is a member of the National Academy of Elder Law Attorneys and recipient of Boston Magazine's 2007 and 2008 Massachusetts Super Lawyers Rising Stars award; (413) 781-0560; tratner@baconwilson.com; bwlaw.blogs.com