

## EFPA Position Statement on Age-Based Population Screening for Fitness to Drive

2011

### 1) *Older drivers are generally the safest groups of drivers*

It is generally believed that both younger (under 21) and older car drivers (over 65) have a higher accident risk. Recent research has shown that the well-known 'U-curve' (crashes per kilometre) does not show the actual accident risk of older drivers. In fact, the accident risk does not increase as drivers get older. The percentage of people driving decreases with age, and those who keep driving tend to drive more safely. This finding raises serious questions on the rationale of screening all senior drivers for fitness to drive.

### 2) *Driver screening can unduly limit people's mobility*

While very few drivers will ever have an accident, driver screening will categorize large numbers of drivers as having an elevated accident risk and make them stop driving, without due cause. As mobility is a human right the balance between safety and mobility must be carefully considered.

### 3) *Age based driver screening does not produce any safety benefits*

The rationale behind age-based population screening for fitness to drive is to increase road safety for both the older drivers themselves and other road users. However, research has consistently failed to document any safety benefits from this type of screening for either the older drivers themselves or other road users. This again raises questions the rationale of this type of screening as a safety measure.

### 4) *Age based driver screening may have an indirect negative effect on overall road safety*

In the present transport system the car is the safest mode of transportation for older people. Research indicates that screening makes older drivers (and especially female drivers) give up driving and shift to less safe transportation modes, even if they are fit to drive. This increases their accident risk as vulnerable road users.

### 5) *Mobility in old age has been linked to health and quality of life*

For many older drivers loss of their license equals loss of their mobility. Screening of older drivers may make it more difficult for them to live an active life, socially and physically. Loss of mobility therefore brings cost for the society in the form of increased need for health care and support in daily living.

### 6) *The proportion of older drivers is increasing*

As new generations become older and live more healthy years, age based screening will become increasingly dysfunctional. With no documentation for the desired safety effects screening may become a large expense with no corresponding benefit for society. In addition, the negative consequences of screening for mobility and quality of life become more pronounced.

### 7) *The focus should shift from screening to making suitable alternatives to driving*

Age based population screening may force older drivers, as more vulnerable road users, into a transport system that has not taken the needs of the older population sufficiently into account. By making the public transport and walking/cycling facilities more age-attuned, this group of citizens should rather be persuaded to use the more sustainable modes of transport, like everyone else. The focus of intervention should thus not be screening a safe group of drivers but making the alternatives to driving more attractive.

### 8) *Individual screening may be useful*

As is the case among younger drivers, there may be older drivers who are not able to drive safely because of a mental and/or physical health condition, or because of the use of medication. Individual evaluation by a specialised psychologist and/or other relevant health professional may be useful to assess fitness to drive and to find safe alternatives to driving that preserve the person's mobility.

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