



Driving with Arrhythmia ... and how to deliver the message

Winter Arrhythmia Program 2017

Mark Rapoport, MD, FRCPC

Associate Professor, Dep't of Psychiatry



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HEALTH SCIENCES CENTRE
when it matters
MOST



With appreciation

Disclosures

- CIHR
- Alzheimer Society of Canada
- Brain Canada/Chagnon Family
- PSI
- No industry funding

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Learning Objectives

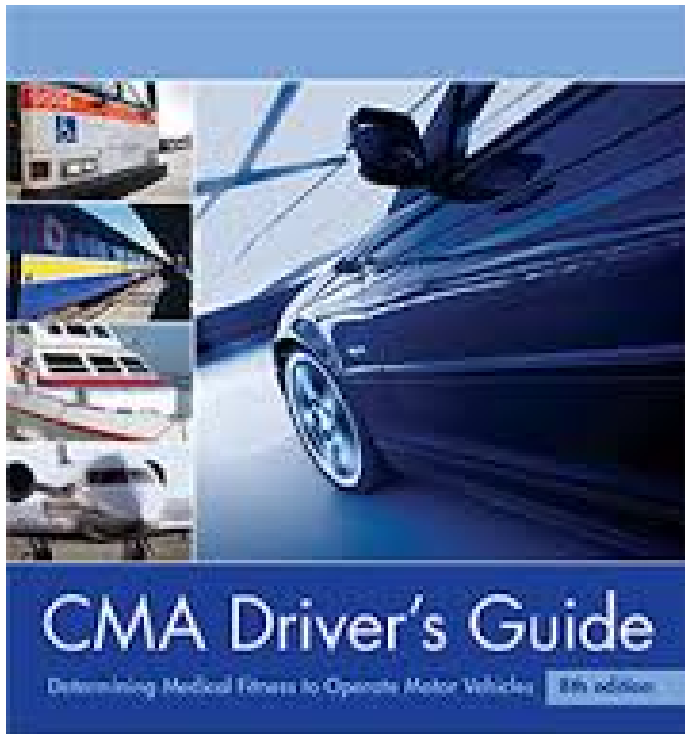
- To discuss a practical approach to disclosure of unfitness to drive.











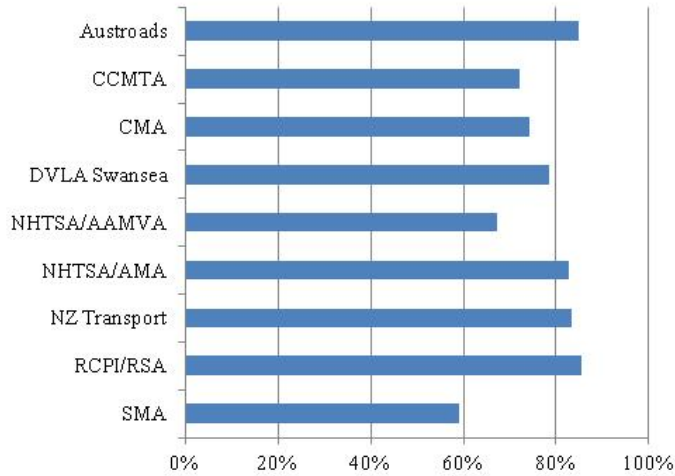


Overall quality scores of guidelines on driving with medical illness and recommendations in descending order of overall quality

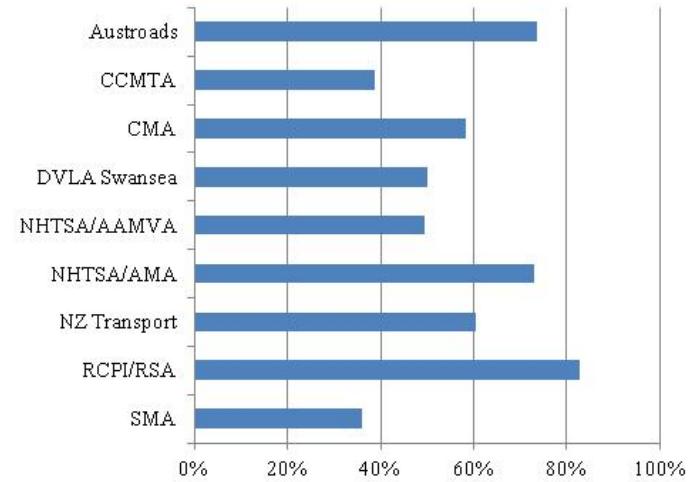
Clinical Practice Guideline	Overall Quality	Overall Recommendation (%)		
		Recommend	Recommend with Modifications	Do Not Recommend
1. NHTSA/AMA (America)	5.00/7	25	75	0
2. <u>Austroads</u> (Australia)	4.88/7	62.5	37.5	0
3. NHTSA/AAMVA (America)	4.88/7	12.5	75	12.5
4. CMA (Canada)	4.13/7	12.5	75	12.5
5. DVLA Swansea (UK)	3.88/7	12.5	50	37.5
6. CCMTA (Canada)	3.63/7	0	87.5	12.5
7. RCPI/RSA (Ireland)	3.50/7	0	75	25
8. NZ Transport (New Zealand)	3.13/7	0	50	50
9. SMA (Singapore)	2.25/7	0	12.5	87.5



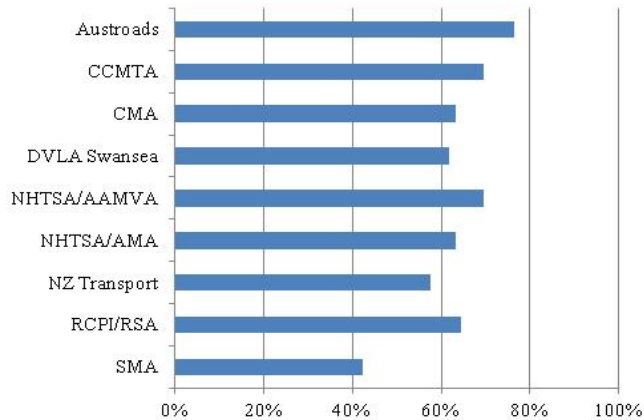
Scope and purpose



Stakeholder involvement

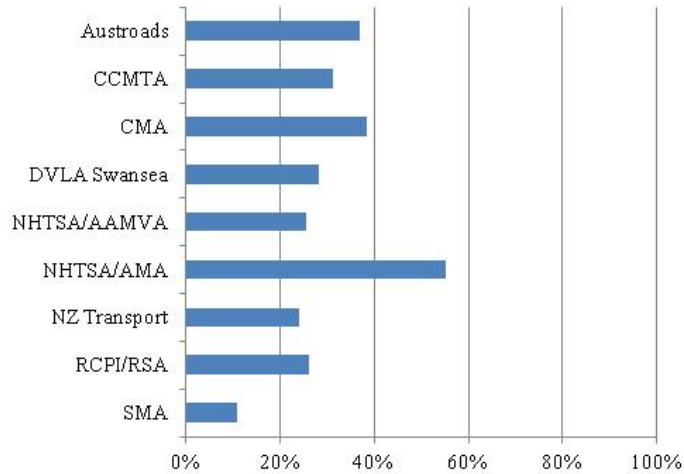


Clarity of presentation

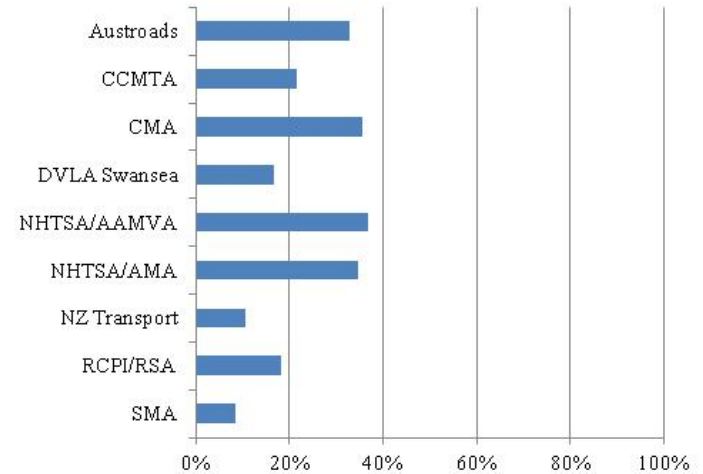




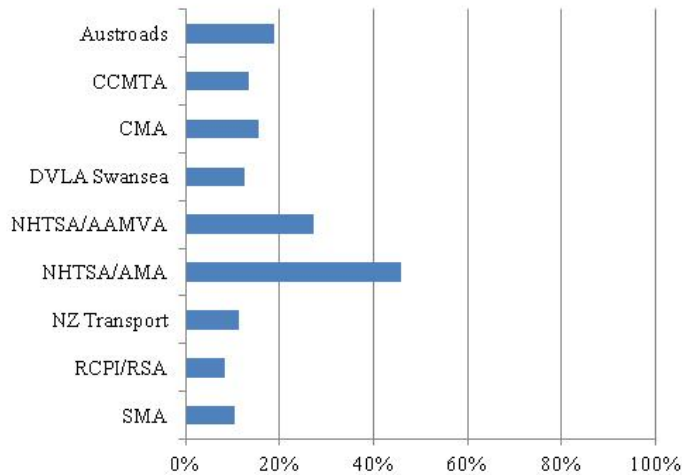
Applicability



Rigour of development



Editorial independence





Interpreting Driving Risks with Arrhythmia

- The Risk of Harm Formula – a common metric
 - Risk of Harm = Time Spent Behind Wheel x Vehicle Type x Risk of Sudden Incapacitation x Probability that the event will Lead to Fatality
 - Quantifies and contextualizes the risk of collisions associated with acute illnesses by incorporating:
 - the amount driven
 - The probability of fatality in the event of a collision
 - the type of vehicle driven
 - the risk of medical incapacitation per year.

Simpson C, Dorian P, Gupta A, et al. Assessment of the cardiac patient for fitness to drive: drive subgroup executive summary. Canadian Journal of Cardiology 2004;20:1314-20.





How To

- Document re: Driving
- *Ask Family.*
- *Review cognition, behavior, function, hearing, motor, and sensory function.*
- *Rule out significant dangerous medical conditions (eg. Seizure disorder, sleep apnea, stroke, PD), medications (esp anticholinergic) and substances.*
- *Decide on referral for specialized testing.*
- Give feedback.



Disclosure

1. Preparatory meeting with family.

- Set ground rules/educate
 - Explain concern in concrete and empathic fashion
 - Describe findings of concern
 - Explain law
 - Explain no choice
 - Explain implications of not reporting or taking action (family, MD)
 - Explain implications of notes in chart.
- Put family in a supportive role.
 - Thank them, acknowledge difficulty
 - Explain roles of family (support), MD (report) – good cop/bad cop.
 - Address family resistance



Disclosure

2. Meeting with patient and family

- Ground rules
 - Have family join patient before you enter the room (avoiding collusion)
- Give patient a positive role
 - Responsible driver, good driving record
 - Know pt would never want to hurt others
 - Obeying law, though you dislike doing so (no choice)
 - Normalize the unhappiness
 - Accentuate the positives
 - Taxis cheaper if <4k/year driven
 - They took care of children, time for payback.
- If patient continues to argue:
 - Remain firm in instructions, don't argue (insight may be limited)
 - Chart as legal document, legal liability.



Disclosure

3. Post-disclosure

- Ask for comment from pt and family
- Normalize emotion
- Provide written letter on prescription
- Alternate transportation plans
- Sharing responsibility between several family members
- Importance of out of home activity (not just for medical appts).



Disclosure

Dealing with difficult situations

- Threatens lawsuit --- CMPA
- Refuses to comply
 - Encourage family to remove keys or car or disable car.
 - If imminent danger
 - call MTO and/or fax as urgent
 - Call police, document officer name and badge #.
 - Document all discussions, and rationale for confidentiality breach.



Summary

- Safety and autonomy
- Risks operate both ways
- A careful approach involving families can help preserve dignity and autonomy when safety becomes problematic.



Cases/Questions?