Position Statement on the Role of Psychiatrists in Assessing Driving Ability

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Approved by the Assembly, May 2016

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Issue: The symptoms of psychiatric disorders, including major neurocognitive disorders (i.e., dementia), may in some cases interfere with the ability of patients to anticipate danger and avoid safety hazards, including those encountered while driving. Furthermore, the medications prescribed to ameliorate psychiatric symptoms may cause drowsiness and/or otherwise compromise the ability of patients to drive safely. Psychiatrists should therefore be aware of the possibility that their patients may be unable to drive safely and should be prepared to advise their patients and their caregivers that they should find alternatives to driving. Laws vary from state to state as to whether physicians, including psychiatrists, are obligated to inform the appropriate state agency if they believe that it is unsafe for their patients to operate a motor vehicle.

POSITION:

The presence of a mental or neurocognitive disorder does not in itself signify impaired driving capacity. Nonetheless, persons suffering from mental disorders may experience symptoms that interfere with their ability to operate motor vehicles safely. Accurate assessment of the impact of symptoms on functional abilities usually is not possible in an office or hospital setting because such an assessment typically requires specialized equipment or observation of actual driving, which goes well beyond the scope of ordinary psychiatric care. However, psychiatrists may discover impairments affecting driving ability in the course of a comprehensive psychiatric evaluation, including an assessment of cognition.

Therefore, psychiatrists do have a role in advising patients about the potential impact of their illnesses and treatments on driving ability. When appropriate, psychiatrists should discuss with patients, caregivers, and family members symptoms of their patients’ mental disorders that may substantially impair driving ability. Like all physicians, psychiatrists should warn their patients about the possible effects of medications, including psychotropic medications, on alertness and coordination. When clinically appropriate, medication with low potential for impairing driving ability should be chosen preferentially, taking into account the patient’s driving requirements and habits.

Maintaining confidentiality in physician-patient relationships is important. At the same time psychiatrists should follow the laws in their state regarding reporting information on their patients’ driving ability to the appropriate authority. Ultimately the responsibility for assessing driving ability resides with the Department of Motor Vehicles or other appropriate state agency. In states where reporting is not mandatory, reports made in good faith should be accompanied by immunity for psychiatrists from subsequent liability.