

Driving. Decisions

IN LATER LIFE



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Authors

Vicki L. Schmall, Extension gerontology specialist emeritus, Oregon State University; Sally Bowman, Extension family development specialist, Oregon State University; Daniel G. Vorhies, kinesiotherapist/driver rehabilitation, Department of Medicine and Rehabilitation, Portland Veterans Administration Medical Center.

Photography: Rod Schmall

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Photo on page 17 courtesy of American Society on Aging

Dad is 86. He was very independent. Three years ago Dad had an auto accident, which was a real turning point. He ran a stop sign. He was lucky; no one was hurt. He continued driving. Then he got a letter from the insurance company, which said he had to be examined by a doctor. The doctor said Dad was very confused and would have to take a driver's test. We knew Dad couldn't pass the test. But it was having to pay for high-risk insurance that made the difference. Dad understood (about the high cost) and said, "No, I'm not going to pay for it." He stopped driving.

It was months later that Dad said, "It feels like someone has cut off my arms and legs." It's hard. . . It's one of the big last freedoms.

—Mary,
of the Alzheimer's Society
of Washington



It can be difficult to talk to an older family member or friend about their driving safety or to know what to do if an unsafe driver continues to drive. If you're older, at some point you yourself may face a decision to limit when or where you drive or whether to give up the car keys.

Even when a person voluntarily decides to no longer drive, it is usually difficult. This is clear in a story a granddaughter tells.

My grandmother is 96 years old, feisty, frail, and clear-minded. When she was 83 years old, her parked car was totaled when someone crashed into it during an ice storm. It was a hit-and-run case. Buying a new car seemed too costly, so she quit driving. She still laments her loss of independent transportation, and occasionally, she still says she wants to get her driver's license.

The facts about older drivers

People age 65 and older have fewer crashes per driver than other age groups; however, they also drive fewer miles. When the crash rate per mile driven is considered, older drivers have a higher crash rate than other age groups except for drivers age 25 and younger, according to the National Highway Traffic Safety Administration.

Older people tend to have more accidents in situations requiring a high degree of perception, problem solving, and immediate reaction and decision making.

The most common problems are failure to yield right of way, incorrect lane changes, and improper turning, particularly left turns. In these situations, reaction time and vision play significant roles—and both decline with age. Older people seldom are in accidents due to their speeding, driving under the influence of alcohol, or other reckless driving.

Because of their greater frailty, older people are more susceptible to injury and death from car accidents. A minor accident for a young, vigorous person is often serious or fatal for an older adult.

When older people recognize a decline in their abilities, most

alter their driving. They might drive only during daylight, avoid heavy traffic times, limit the geographic area in which they drive, or limit driving to roadways that are less complicated. Helen, age 75, is an example.

I hadn't driven at night for a long time and quit driving long distances several years ago. I made the decision, totally on my own, to give up driving when I was 72 because I became increasingly tense while driving. It was difficult not to have the freedom a car gave to me—to go where I wanted when I wanted to go—but at the same time I felt relief.

The significance of driving

How important is it to be able to drive? What does having your own car mean? How would you feel if today you had to surrender your driver's license? How would not driving affect your lifestyle and day-to-day activities?

Driving a car is more than just a means of transportation. Driving symbolizes independence, the ability to control your own life and time, spontaneity, convenience, competence as an adult, and membership in the mainstream of society. It's a link to friends, social events, and activities away from home. Because of all that driving can represent to a person, it can be difficult to give up the keys.



John, age 94, said:

The day the doctor told me I had to give up driving because of my poor vision was the most difficult day of my life. I felt as if my world was coming to an end. I had always been independent and taken care of myself. I felt as if the doctor had just given me a life sentence in prison.

Most people do not have to give up driving with increasing age; however, many face some curtailment of driving. For those who do give it up, it can significantly change their lives, and it can cause great sorrow. This loss is even greater if the change is not voluntary. It's normal for a person to feel sadness and anger and to wonder, "How can I ever manage to do the things I've been doing if I can't drive?" Even the person who feels a sense of relief from not having to drive may still have a sense of loss.

In rural communities and suburbs, loss of driving can have a tremendous impact. Generally, there are few alternatives to the personal automobile—no bus, taxi, or senior/volunteer transportation program.

To give up driving can mean becoming dependent on the goodwill of neighbors, friends, and family. Family members may live at a distance or work full time, making it impractical for them to provide transportation. Some older people who know

they are having problems with driving say they continue to drive because they believe they have no choice—alternative modes of transportation are not available readily or at all.

The influence of age-related changes

Most older people are safe drivers; however, age-related changes may contribute to problems with driving for some people. Common changes are:

- Reflexes and coordination become slower.
- Perception declines. Most older people don't see or hear as well as they used to.
- Recovering from glare takes longer; for example, at night after looking at oncoming headlights.
- Processing of information slows. Perceiving a situation, analyzing information, making decisions, and then acting may take longer, especially in complex driving situations such as those about right of way at intersections.
- The tendency to tire easily increases. Older people are more likely to become fatigued and less alert when driving long distances.

Medications can affect skill and judgment behind the wheel. Any medications that affect mental alertness, reaction time, or vision

This publication explores the significance of driving in our lives, age-related changes that can affect driving safety as a person ages, and things to consider when approaching an older person about driving.

can affect driving skills. These include sleeping pills, tranquilizers, sedatives, pain medication, muscle relaxants,

some antidepressants, and non-prescription cold, antihistamine, and sinus remedies. Strokes also are a common cause of

Signs of unsafe driving

The following might indicate that a person's driving threatens his own and others' safety.

- Has difficulty following instructions and directions
- Coasts to a near stop in the midst of moving traffic
- Drifts into other lanes of traffic
- Stops abruptly without cause
- Presses simultaneously on the brake and accelerator or confuses the two pedals
- Delays changing lanes when obstacles appear
- Does not signal when turning or changing lanes
- Fails to appreciate other drivers' frustration or irritation with his driving
- Has received an increasing number of driving citations or warnings
- Does not check his "blind spot" before changing lanes
- Has accidents, near misses, or fender benders
- Gets lost in familiar places
- Fails to obey traffic laws, road signs, or signals
- Stops at green lights
- Talks about vehicles or pedestrians that suddenly appear "out of nowhere"
- Drives against traffic, on the wrong side of the road*

- Has difficulty seeing pedestrians, objects, and other vehicles
- Is increasingly nervous, angry, or agitated when driving
- Gets flustered in traffic or by more aggressive drivers
- Fails to yield right of way or yields inappropriately
- Drives significantly more slowly than the posted speed or general speed of other vehicles
- Turns from an improper lane or at an improper time or pace at intersections (especially when turning left)
- Straddles lanes
- Ignores or coasts through stop signs
- Backs up after missing an exit*
- Falls asleep while driving or gets drowsy
- Does not pay attention to other drivers or road hazards
- Does not react to emergency situations

At any of these signs, it's time to formally assess the situation and take action. Don't wait for an accident. Also, if your family member is having problems related to daily living—such as with hygiene, staying awake during conversation or other activity, and paying bills—she also may be having difficulty with driving.

* Definitely indicates dangerous driving

cognitive, perceptual, and physical impairment that can make a driver unsafe. People with right-hemisphere brain damage are especially at risk. Typical problems include left-side neglect, loss of the left visual field, impaired judgment, less ability to solve problems, and perceptual deficits. Particularly dangerous are the impulsive behavior and decreased ability to recognize limitations that often accompany this type of stroke.

Cognitive impairment from Alzheimer's disease and similar disorders is associated with poorer driving, increased risk of accidents, and getting lost while driving.

The family dilemma

It's common for family members to worry about the safety of their older relatives who drive, as well as the safety of others, but at the same time to be reluctant to raise concerns or take action.

Family members may rationalize: "Dad drives only in the neighborhood," "Everyone in the neighborhood watches out when Mom is behind the wheel." Imagine how it feels approaching a family member about possibly giving up driving when the person has said, as Rose did:

"I would be lost without my car. It happens to be my only pleasure. I'm in it most every day, not only to go to the

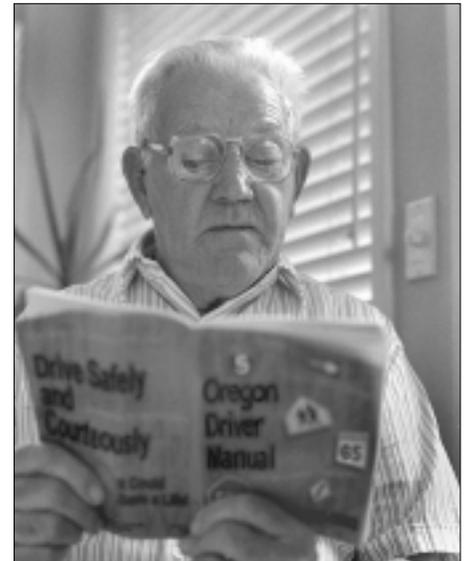
grocery store and the post office, but to enjoy the beauty of the outdoors."

In some cases, a family member is very intimidated by a failing older driver who is aggressive by nature and becomes more so due to a dementing illness.

Sometimes, older adults express concerns about their ability to drive. Listen to the concerns and be open to discussion. Sometimes, we are the ones who find it hard to consider that our family member is having difficulties, because we want to think of her as strong and independent. A 52-year-old son shares:

My mother had always been a good driver. One day she said to me that she thought she didn't see well enough to drive anymore. I told her I thought she was still okay. She was about 73 at that time. I saw her again in about 6 months. She said, "I made a bad mistake. I am going to stop driving before I hurt someone." She wouldn't tell me what she had done. Later, I was visiting with the neighbor across the street. She said that Mom had missed her driveway and driven across the lawn and down onto the street. So Mom was smarter than me. She knew she was a risk to others and voluntarily stopped driving.

If one spouse doesn't drive, it can be particularly difficult to accept that the other is no longer a safe



When your family member is cognitively impaired

The issue of driving is even more complicated when your family member is cognitively impaired; for example, suffers from Alzheimer's disease or a similar disorder. Because of impaired brain function, the individual often does not recognize his deterioration or appreciate the potential driving risk. Joe's wife stated:

I knew for months my husband's memory was failing. Joe had been losing things and accusing me of stealing them. He had had some trouble driving, but I thought he was okay driving during the day and in familiar places. But one day when he left home to drive to the nearby grocery store, he turned the opposite way out of our driveway. I thought he had probably decided to go somewhere else first.

Several hours later the police called from a city over 100 miles away. Joe had run a stoplight, hit another car, and seriously injured several people. By the time we got to the police station, Joe had forgotten he was involved in an accident. He was adamant that someone had stolen his car.

Like Joe, a person who is cognitively impaired might insist he is a good driver because this is truly all he can remember. He simply has no memory of the recent close calls or even of a major accident he caused. Another person tells the story of her neighbor:

I went up to check on Elizabeth, an older neighbor. The state was trying to take away her driver's license. What I found out was that they had just taken her to court because she had hit a motorcyclist, her fault. She claimed that it wasn't her fault—the car just did it! This wasn't her first wreck. There had been a series of accidents. Her

license was suspended, but they didn't fine her. I'm wondering if she will drive anyway since she still has her car.

The chances are that Elizabeth *will* drive anyway since no one lives with her to monitor her access to the car, which was parked in her garage. It's likely she also will not remember that her driver's license was suspended.

The question in regard to driving and Alzheimer's disease is not whether a person should give up driving but when. Studies show that people with Alzheimer's disease are likely to rate themselves highly capable of driving when they are not.

Usually a family must make and carry out decisions when an older relative has Alzheimer's disease or a similar memory disorder. It is unrealistic to expect the older person to do so. One woman said about her difficult situation:

My grandmother and I had always been close. As a result of a series of small strokes, changes occurred, which included her driving down streets in the wrong lanes. We tried talking with my grandmother about her unsafe driving, but to no avail. Finally, I had to remove her car from the premises. We talked with her about the reasons she could no longer drive and made plans for meeting her transportation needs. For weeks my grandmother was angry and accused me of stealing her car. Of course, it hurt, but I also realized that my grandmother probably felt as though her car *had* been stolen, and because of the disease, it was unrealistic for me to expect her to fully comprehend the true situation.

driver because of the changes it will bring for both of them.

Often, families are not aware of their relative's driving problems until after the death of his or her spouse. Unknown to the family, the couple was driving as a team, with the passenger giving directions and serving as eyes and ears.

Role changes are inevitable when a person no longer can drive. For families, this requires a delicate balance: assuming the functions previously carried out by the older person while preserving his self-esteem and independence as much as possible.

This decision is even more difficult when family members disagree about what action to take. One daughter-in-law said:

I felt that the most important thing next to protecting the public was to preserve my father-in-law's dignity. My husband fixed the car so that it wouldn't run. That was where we left the situation. However, it really became a "control thing" for my sister-in-law; when she visited, about 3 weeks later, the car went. I could really detect a rapid decline in my father-in-law's abilities after that point. I think he gave up. The car was his last possession, as he saw it.

If you think all your family member needs in order to drive is someone to ride along and serve as a "co-pilot"—e.g., alert her to hazards, read traffic signs, shift gears, or serve as navigator—this is not a safe option.

What you can do

There is no one answer on what to do about a relative's driving. What will work best for you depends on your situation, whether your relative's cognitive abilities are intact, and your relationship. Families and professionals suggest the following.

- Evaluate the person's driving skills
- Seek support from your family member's doctor
- Approach your family member in a positive way
- Explore transportation options
- Report to the state licensing agency



If your family member's driving is impaired because of Alzheimer's disease or a similar disorder, you need to be more active in deciding about his driving and preventing access to the car (see pages 20–21).

It's important to do a reality check on your concerns about your relative's driving.

Evaluate driving skills

It's important to do a reality check on your concerns about your relative's driving. Before you decide the time has come for him to hang up the keys, or to modify when and where he drives, you want to be sure he is truly an unsafe driver.

A person's driving performance—not age—is what determines fitness to drive. The following will help you evaluate another's driving ability.

Observe driving performance.

Ride with the person to see whether she is having problems. Also, check her car. Dents or paint from other cars or objects can indicate driving problems. As you observe her driving, be alert to warning signs (page 4) and try to answer these questions.

Yes No

- Is she alert to what is going on at all times when driving—i.e., does she notice and respond to real or potential hazards, pedestrians, traffic signals, and signs?
- Can she see things coming from the side of the car as well as ahead of the car?
- Does she hear oncoming cars, horns, emergency vehicles, and sounds within the car while driving?

Yes No

- Can she manage the steering wheel, gear lever, and the brake, gas, and clutch pedals without problems?
- Can she make the necessary and appropriate decisions while driving?
- Can she react quickly and appropriately to a sudden situation?
- Does she know where she is and how to get to her destination?
- Can she drive and converse at the same time?

If the answer is no to any of these questions, ask, "Is the problem correctable?" For example, new glasses or cataract surgery may correct vision that's creating driving problems. For some people, impaired vision that is not correctable may mean they still can drive but on a limited basis (for example, during the day); others may need to stop driving.

In assessing driving performance, you may find that a radio or conversing passengers are distractions that create a problem. Marty tells this story:

My sister was concerned about Mom's driving. Although Mom had not had an accident, Sheila felt that Mom had too many near misses when she rode with her. On my next visit I rode with Mom

and observed her driving. I did not see any problems. Mom did comment, though, that she now avoided freeway driving. Of course, Sheila thought I was denying the problems and insisted that we both ride with Mom together, so we would have the same experience. I had to admit there were some problems when we went together. To make a long story short, we discovered that there was a difference in Mom's driving depending on who was with her. Sheila's and my behaviors were quite different. Sheila engaged Mom in conversations and often also had the radio on. I like quiet in the car and would sit back and enjoy the ride.

Have your relative coach you as you drive. Rather than observing your relative's driving, you can be the driver and have him, as a passenger, tell you who must yield and who has the right of way. For example, have him tell you what to do at two- and four-way stops and uncontrolled intersections.

Suggest a self-assessment. The American Automobile Association Foundation offers a booklet, *Drivers 55 Plus: Test Your Own Performance*. The driver responds to 15 statements such as "I find it difficult to decide when to join traffic on a busy interstate highway." The booklet suggests how to deal with deficiencies and their causes. This "how am I doing?" approach appeals to some people.

Get an objective evaluation of driving performance. If feasible, get an evaluation at a rehabilitation center, Veterans Administration Medical Center, or a hospital-based driving program. Your family member's doctor may be able to refer him. These programs often have occupational therapists or other trained health professionals who objectively assess driving ability with a clinical evaluation and a road test of driving skills. The clinical evaluation assesses:

- Mental status through psychometric testing and interviews
- Physical ability, including sensation, muscle strength, and range of motion in joints, particularly in the neck and trunk
- Visual function, including acuity, depth perception, peripheral vision, and contrast sensitivity

Professionals in these programs do more than evaluate driving. When appropriate, they recommend adaptive devices and teach how to compensate for deficits. For example, glare-reducing glass, steering devices, hand controls, and other adaptations can increase driving safety and extend driving ability. Frank, age 70, whose legs were amputated as a result of diabetes, said:

I thought my driving days were over when I lost my legs. There was no way I could operate the gas and brake pedals.

A driving refresher course can be a nonthreatening way for a person to evaluate her driving ability and improve driving skills.

During rehabilitation, I learned I could still drive and be a safe driver. Hand controls were installed, and with a few driving lessons, I am driving once again!

Driver rehabilitation specialists at local hospitals usually can refer you to agencies that specialize in adaptations.

The evaluator meets with the driver (and family members, if appropriate) to discuss test results. Many people are more willing to listen to concerns and advice from a trained, impartial professional than from a family member. It's also much easier to say "A health care professional suggested I no longer drive because. . ." than to say "My son (daughter, wife) said I can't. . ." or ". . . took away my car."

Some people make their own decision to modify or quit driving after an evaluation. Driver evaluation programs do not have the authority to revoke a license. If appropriate and necessary, the professional may send a report to the state licensing agency recommending reevaluation of the person's driver's license.

The Association for Driver Rehabilitation Specialists has a list of members in your state who offer driver evaluations or training for people with disabilities. Write: ADED, 711 S. Vienna St., Ruston, LA 71210; telephone 800-290-2344 or 318-257-5055; on the

Web at <http://www.driver-ed.org> and at <http://www.ADED.net>

Encourage enrollment in a refresher driving course. These courses can be a nonthreatening way for a person to evaluate her driving ability and improve driving skills. The emphasis is on becoming a safer driver, not on taking away anyone's license. At the same time, participants are taught the effects of aging and medications on driving and the signs that they should either modify or stop driving. To reduce resistance, describe the refresher course in a positive light—as a way to learn to compensate for aging-related changes, to learn about rule changes, and to brush up on driving skills.

AARP offers a defensive driving course, the *AARP Driver Safety Program*, developed specifically for older drivers. It gives 8 hours of classroom instruction. For information about your local course schedule, contact: AARP, 601 E Street NW, Washington, DC 20049; 202-434-2277. You also can call 888-227-7669 for recorded information on courses. Or, go on the Web to <http://www.aarp.org/drive> and click on "Find a class near you." Similar programs, open to adults of all ages, also are offered by the National Safety Council (Coaching the Mature Driver) and the American Automobile Association (Safe Driving for Mature Operators).

Successfully completing this kind of program could make the driver eligible for a car insurance discount. If you or another family member qualify to take the course also, consider taking it with the person whose driving concerns you. Remember, refresher courses do not tell people they should not drive.

Seek the support of your relative's physician

A physician can determine whether a medical problem or medications could compromise your relative's ability to drive. The problem causing driving difficulties might be correctable. For example, older adults report:

I had nearly given up driving because I could not clearly see signs or pedestrians. Cataract surgery on both eyes opened up my world and gave me the confidence to drive safely once again.

My doctor found that the source of my driving problem was the medication I was taking. It made me drowsy and affected my vision. He prescribed another drug, which works fine.

Pain in my right arm made it increasingly difficult to drive. I had limited my driving to the grocery, bank, and medical appointments. The doctor said the problem was from an early injury. After surgery and strength and flexibility exercises, I am now a safe driver.

If problems are not correctable, a doctor may be able to assess your relative's physical and/or

mental abilities that are necessary to drive safely. However, there is disagreement about clinical measures for assessing driving ability. A doctor may refer your relative to a driving clinic to help make a more accurate evaluation of driving skills.

Don't expect the doctor to pick up on problems with driving in a regular medical checkup. It's important to let the doctor know your concerns and to be specific.

For some people, a doctor's advice is the most influential. One study asked older adults who should talk to them about



driving. Many felt that the physician should, because "When the doctor says you can't drive anymore, that's definite." Many also said family advice alone would not influence their decision to quit driving. Doctors generally are viewed as more

The American Medical Association has issued the “Physician’s Guide to Assessing and Counseling Older Drivers,” available online at <http://www.ama-assn.org/go/olderdrivers/> Family members also might find the guide informative.

objective than family. Also, “the doctor says I shouldn’t drive” and “health reasons” can be more acceptable reasons for not driving. Remember that the doctor may not be able to determine driving safety at the office; use evaluations to provide the doctor with the facts. Use the doctor, if appropriate, for “listening leverage” on the driving issue.

A doctor can recommend strongly but can’t force a person to modify when or where he drives or to stop driving. Some people won’t listen to a doctor’s advice. One daughter said:

The doctor was great. He talked with Dad and advised him that because of the changes caused by his Parkinson’s disease, the time had come that he should no longer drive. As we drove home, Dad said, “What does the doctor know? I’m in control of this body, and I decide what this body can and can’t do. It’s my right to drive!” Later the doctor wrote a letter to the Department of Motor Vehicles.

Many physicians will work with families when a family member has difficulty driving (see information at left). In some states, physicians must report to the driver licensing agency any patient whose medical condition jeopardizes safe driving.

Approach your relative with your concerns

The manner in which you approach your family member is

critical. If you come across with an attitude of “getting her off the road” or with accusations of unsafe driving, you will have little chance for success. You are likely to provoke anger, defensiveness, and denial.

Your goal should be to preserve the older driver’s independence while protecting others’ safety. However, preserving independence does not necessarily mean the older person will be able to keep driving.

Identify who has “listening leverage” with your relative. It can make a difference who gives advice. Ask yourself who is most likely to have “listening leverage” with your family member on this particular issue. It may be you. Or, your relative may “hear” the concern better from another family member, friend, or doctor.

Be sensitive. Preserving self-respect is important. Try to be gentle and positive to minimize the threat to your relative’s self-esteem. Approach concerns about driving with sensitivity to both the symbolic meaning and practical significance driving has to the individual.

Empathize with and listen to your family member. The feelings a person has about the situation are real for him or her. Acknowledging you have heard your relative—what was said and his thoughts and feelings about the

situation—will enhance communication. For example, one son said to his father, “It is a huge change in your life to no longer drive. I know I would be very sad and mad if I was not able to get myself around in my car. Let’s talk about what I can do to make this easier on you.”

Take responsibility for your concerns. You are more likely to be listened to if you present your concerns in terms of your own feelings and perceptions rather than as if your older relative is a problem. Too often, we give “you” messages to older people. Using “I” messages, in which you express your observations as *your* concerns, is less threatening than “you” messages. Consider how differently you would react to the following two statements.

“You” message “You’re no longer a safe driver. You should not be driving.”

“I” message “I am concerned about your safety when you are driving. I also know how important driving is to you. This is why I am concerned: [then give specific examples].”

“I” messages tend to come across with a tone of caring. “You” messages, though, put people on the defensive because they sound accusatory and authoritarian. “You” messages come across as if the speaker knows what is best and has already made a decision.



“I” statements are also difficult for another person to argue about because they are your feelings and perceptions. If done correctly, they do not come across as “I am right,” whereas “you” messages easily can result in an argument about who is right. A caring approach moves a discussion farther than an “I know what is best for you” attitude.

Choose your words carefully.

Researchers found that the words used can make a difference. They found older drivers didn’t respond well to the word “restriction”; instead, they preferred talking about the “requirements” or “conditions” for safe driving.

Prepare for negative reactions.

Be prepared for the response you are likely to receive from your family member. Remember, it’s hard to look at modifying or stopping driving if you are not

Giving up the car keys doesn't have to mean the person must now stay at home.

ready to do so or if you perceive yourself as a good driver.

Prepare yourself for anger or hostility directed at you. These feelings generally result from the pain of the situation. Try to accept the anger without engaging the person in a heated discussion. For example, you might say something like, "I'd probably be angry too if someone talked to me about no longer driving."

Explore transportation options

If the person has difficulty driving, consider what you can do to help him transition before he has to stop driving altogether. When he must give up driving, find out what is most important for him to be able to do. Do *not* judge his identified priorities. Jack, 87, said: "When my driver's license was limited to daytime driving, it was difficult because I could no longer take my lady friend to the Friday night dance. My son said, 'Dad, I don't know why you can't go. Let's look at how we can make sure you still can kick up your heels on Friday nights.'"

Carol tells how she almost made a big mistake with her dad.

When I asked my dad what he still wanted to be able to do that he thought he could no longer do, he immediately said, "Go to the pool hall." I'm afraid I viewed going to the pool hall as frivolous and that it would be better if he didn't go there anyway. To me, what

was most important was that he get to his medical appointments, and get groceries and other necessities. I almost said, "Dad, don't be foolish." Fortunately, Harry gave me a kick under the table before the words came out. Dad's whole mood changed when Harry said to him, "Let's see what we can do to get you to the pool hall. When would you like to go down there?"

Giving up the car keys doesn't have to mean the person must now stay at home. It's important to find ways to help him stay involved in activities outside the home. Emphasize that he doesn't have to be housebound and isolated unless he chooses to be. Some older people want options that do not require calling upon family members and want to maintain privacy and control over their comings and goings.

Before talking with your family member, be aware of transportation services in your community and transportation that family and friends might provide. For example:

- Are there friends or family who are willing and available to provide transportation? If so, when and to what?
- Does your family member view public transportation as an option?
- What buses serve your area?
- Is a special transportation program for senior citizens available in the community?

- Is taxi service available?
- Are volunteer drivers available through a group to which your family member belongs?
- Could someone be hired to provide transportation as needed?
- Could your relative keep his car and pay someone to drive it?
- What are your family member's preferences?

It's also important to recognize the limits of alternate transportation—it is not always available, it may not go where and when your family member wants to go, it may take time to learn “the ropes,” and it may be expensive. Following are some potential alternatives.

Public transportation If your relative hasn't used public transit, it may help to have someone travel with him a few times to the places he wants to go. Having to make transfers, wait for another bus, and watch for the correct transit to take may seem complex and overwhelming at first.

It's important to address problems your family member may have with public transit, such as:

- Steep stairs
- No seating available on board at some times
- Fear of falling if vehicle moves while he is standing
- Distance to the transit stop

- At the transit stop, no available seating and/or protection from the weather
- Announcements over the intercom are hard to hear and/or understand
- Concerns about personal safety

Public transit may not be feasible if it requires walking a distance to catch it, and your family member has mobility limitations. Some communities have vans or buses that pick up people with disabilities at their homes.

Keep in mind that people with cognitive impairment probably cannot learn to use a public transportation system and may have trouble with alternatives.

Taxi service Lillian, age 84, wrote after a stroke and before back surgery:

I'm no longer driving. I sold my almost new (2,500 miles on it) Toyota Camry and am using our local paratransit taxi service (30 one-way rides per month;



Sometimes people find that the cost of operating a car is higher than taxi service.

24-hour advance notice; not limited to medical trips) to meetings, concerts, theater, and the beauty shop.

Some older people don't want to use taxis because of expense. In this case, some families found it helpful to talk about the cost of keeping a car: gas, maintenance, repair, and insurance. They then put that amount away to spend on taxis and other transportation. Sometimes, people find that the cost of operating a car is higher than taxi service. Consider 76-year-old Marie's experience.

We sold my car and put the money in my "travel account." We also put into the account the amount my son figured I spent yearly to operate my car. Not only have I been able to take a taxi wherever I want to go, but each year I also have been able to fly somewhere and visit family or friends.

Some families also have set up a fund with the taxi company, with deductions taken each time their family member used a taxi. Pauline found sharing taxi rides was an option for her.

Robert, my neighbor, quit driving a few months before I did. One day when I was talking with him about how I didn't like to rely on my family for transportation, Robert suggested I take the taxi when he took one to town. It's great! We plan ahead for our appointments, and we shop together. We save money! And, we have a lot of fun together! And, it feels wonderful not to have to depend on my family.

Some communities also offer reduced cab fare to older people.

Hire a driver One family hired a responsible teenage boy to take their dad to the pool hall three times a week after school. They found it worked out well.

Danny, the neighbor boy, earned some money, and Dad got to the pool hall three times a week when Danny got out of school. Also, on Sunday afternoons, Danny often called Dad and asked him if there was anyplace special he would like to go—drives in the country were Dad's favorite. Danny would drive, and Dad would buy lunch. A really nice relationship developed between Dad and Danny. Dad gave the car we thought he'd never sell to Danny as a gift when Danny went to college. Danny never failed to see Dad when he returned home from college . . . and usually they took a drive in the country.

If this is an option, you might want to find out whether this arrangement would affect the driver's or your family member's automobile insurance (if your family member still carries it).

Bartering Just because a person doesn't drive doesn't mean she can't contribute. She may be able to help out with gas, provide lunch, or offer a service such as child care for a driver who has young children. Bartering can be another possibility for meeting transportation needs. Terry tells this story about his 85-year old mother.

A neighbor was willing to drive Mom the few places she wanted to go but would not accept any payment. Mom was not willing to accept the neighbor's goodwill without paying for it. Mom would say, "I've always paid my own way, and I'm not about to stop now." Yet, there was no transportation service in the small town where Mom lived. Mom and the neighbor finally worked it out. Mom loves to bake. They agreed Mom would bake for the neighbor's family—bread, cookies, whatever she wanted—twice a month in exchange for transportation. This has worked for 2 years. Mom also gets rave reviews for her baking from the neighbor's family, which I think has done more for her self-esteem than if the neighbor had accepted money for the transportation.

Carpooling Identify others who attend the same recreation activities, meetings, or religious services as your relative. Perhaps one lives or travels near your relative's home on the way to the activity and could pick her up.

Senior/volunteer escort or transportation services Local organizations such as senior centers, churches, synagogues, or civic organizations often provide transportation and volunteer or paid drivers. As part of a community service project, university students may provide volunteer transportation services.

Contact the local area agency on aging about transportation services available to older adults.

Or, use the Eldercare Locator; call toll free 800-677-1116, or on the Internet go to <http://www.aaa.gov/> then select "Eldercare Locator." Before calling, you'll need to know your relative's ZIP code and the type of help he needs. Some programs operate only a few days a week, serve a specific area, or provide transportation for specific reasons such as for medical appointments and treatments and grocery shopping.

A motorized three-wheeled scooter or three-wheeled bicycle

Although a scooter or bicycle cannot be driven long distances, for some older people it may substitute for a car to go to the corner store or to visit a nearby friend, particularly when walking is also difficult. Some

motorized scooters are built ruggedly for outdoor use. Keep in mind, however, that some disabilities that make it unsafe for a person to drive a car could make driving a scooter unsafe also. Be sure to check your local laws regarding scooters on sidewalks.

Meeting your relative's transportation needs may require a combination of transportation alternatives. Rich described his dad's situation.



Even though Dad can't see very well and doesn't drive, it doesn't stop him. He's always "on the go." The Senior Van picks him up three times a week to go to the senior center for their noon meal. Friends are always picking him up to do something. A neighbor takes Dad grocery shopping when she is going to the store, or if he's too busy, she picks up the things he needs. And if he wants to go somewhere on the spur of the moment, he calls a taxi. When he comes to see us, he now takes the bus, rather than drive. We try to convince him to fly—it is so much quicker. But he says he doesn't like the "nothingness" that's between him and the ground when he's in a plane. Since Dad is a "people" person, he enjoys meeting people on the bus as well as watching the countryside.



You and your relative also may want to reevaluate his neighborhood for its access to shopping, services, and recreation. While moving may be difficult, having easy access to what is needed and enjoyed might enhance independence. Some older people choose to move into a retirement complex where transportation is provided regularly to

local stores, trips are arranged to special community events, and arrangements can be made for medical appointments.

Don't equate giving up a driver's license with giving up the car All too often when someone must give up driving, family and friends encourage him to sell the car. Because of the car's symbolic meaning, for some people it is still important to keep the car even if they never drive it. Furthermore, on a practical level, some people feel less dependent if they can offer their car when they must depend on others for transportation. It's not whether or not others ever drive their car that is important; it's the person's ability to make the offer.

Whether it is feasible for an older person to keep her car depends on a number of factors, including insurance. For example, in Oregon, Washington, and Idaho, most insurance companies will continue to insure a vehicle even if the elder owner of the car has relinquished her driver's license. This policy is reviewed on a case-by-case basis.

The insurance company generally wants to know who are the expected driver(s). If a son visits his Oregon mother four times a year and drives his mother around in her car during those visits, the insurance company will calculate coverage based on that limited use, so the premiums

would be lower than if the car was in regular use. If the primary driver—in this case, the son—is younger than the elder owner of the car, then the premium is assessed on the age of the driver (under 50 versus over 50). If the son is living in the house with the parent, the insurance company would prefer to insure the car with the son.

If the elder owner of the car has given up his license and persists in driving without a license, the insurance company would be uncomfortable about continuing the policy for visiting relatives. Check with your automobile insurance company to verify the rules in a specific situation.

Report to the state licensing agency

Sometimes it's useful to ask the driver licensing agency to retest the relative's skills. Reporting the person may seem drastic but sometimes is the only way. Some older people simply will not listen to a family member, the doctor, or anyone else.

All states have a procedure for reporting unsafe drivers of any age to the licensing agency, but procedures and testing programs do vary. You may want to ask:

- How to file a report and the information required
- What happens after a report is filed

- Whether the reporter's name is kept confidential
- What happens if the older driver protests the retest
- What retesting involves
- How the reporter might be involved personally in actions resulting from filing a report

Generally, a driver's license can be suspended on the basis of a written statement from a physician. In most states, the person filing a report has to reveal his name to the licensing agency, but confidentiality is maintained.

In some states, the Department of Motor Vehicles grants a restricted license to those who show they can drive safely to places they need to go; for example to the store, church, bank, post office, and doctor's office. In Oregon, the restricted license is granted only in areas where public transportation is not available.

There can be advantages to seeking retesting. It provides an objective opinion. It can remove some of the family's burden and avoid a family confrontation. The licensing agency becomes the "bad guy" if the person's license is revoked or limited, and the family can be more supportive of the person about this life change.

Be prepared, though, for your relative to pass the road test even if she is impaired. Then you have new issues to deal with.

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Generally, a driver's license can be suspended on the basis of a written statement from a physician.

When your family member insists on driving

It's important to involve older family members in decisions about driving. However, when a person has a dementia, such as Alzheimer's disease, family members need to take an active role in making and carrying out decisions.

If your relative has dementia

People with dementia simply might not remember that they can no longer drive. Your arguing or explaining usually does not work. You are likely to get only more frustrated, and so will your family member. Families have found many of the following actions, suggested by the Alzheimer's Association, work for them.

Get a prescription from the doctor that states "no driving."

Show this to your relative when she insists on getting behind the wheel.

Distract the person. Depending upon the person's severity of memory loss, distraction can be an effective approach to preventing unsafe drivers from being on the road. When your relative insists on driving, try to get his attention focused on something else. For example, one wife would say to her husband, "I was just fixing a bowl of your favorite

ice cream. Let's eat it first." Or, "We can't drive now. The car needs to be repaired."

Control access to car keys. Do not leave car keys in view of your family member. Give her a different, but similar, set of keys or have a locksmith file off part of the key. The person

'. At the bottom right, the name 'Janine G. Smith M.D.' is written in a cursive-like font."/>

CENTRAL CITY MEDICAL CLINIC
MARVIN R. SMITH, M.D. JANINE G. SMITH, M.D.
NAME Henrietta Brown AGE 82
ADDRESS _____ DATE 9.9.03
R **No driving!**
PLEASE LABEL
REFILL _____ TIMES
NO REFILL
Janine G. Smith M.D.

still can enter the car but can't start it. However, some people may become frustrated and angry when "the keys won't work."

Disable the car. A car mechanic can show you how to disable a car quickly—remove the distributor cap or battery or unplug the starter wire—so it won't run, and what to do to get it to operate again. Another option is to have a "kill wire" installed. It prevents the car from starting unless a switch is thrown. If your family member lives alone, this may not be a good option. As one family said:

We knew how important Dad's car was to him. I'd never seen him cry so hard as the day we told him he could no longer drive. He finally agreed not to

drive but said that he wanted to keep his car in his driveway. Since we didn't know whether he would remember that he was not to drive, as a precaution, we made his car inoperable. What we didn't count on is that a week later he would call a mechanic to repair it.

Move the car. For some people, seeing the car is what triggers the desire to drive. Try parking the car where your family member doesn't see it but where you can have easy access.

Sell the car. You might use the excuse that the car cannot be repaired or that the car is no longer safe to drive.

Summary

In addressing driving concerns, it's important to remember that:

- Driving is *not* a right; it's a privilege which the state may grant or withhold.
- An older driver is not automatically an unsafe driver. Do not hassle the older family member who is driving safely.
- The most important criteria for determining an unsafe driver are function and driving performance—not age.
- When asking a person to give up driving, we are asking a great deal.
- Driving and owning a car have symbolic meaning as well as practical significance.

- It's important to work with your family member, so that it is his decision.
- If your family member is putting others at risk by her driving, or is cognitively impaired, you need to take an active role in the decision.
- Public safety is a high priority. How well a person drives affects the lives of everyone else on the road. Act if you must!

For more information

Web sites

Oregon Department of Transportation, "Shifting Gears in Later Years: Resources for Mature Drivers and Their Families"

<http://www.oregonsafemobility.org/>

AAA Foundation for Traffic Safety, "Driver 55 Self-assessment test"

<http://www.seniordrivers.org/home/toppage.cfm>

AARP self-assessment quizzes

<http://www.aarp.org/drive/>

American Medical Association self-assessment quizzes

<http://www.ama-assn.org/go/olderdrivers/>

PNW publications

Aging Parents: Helping When Health Fails, PNW 246.

Coping with Caregiving: How to Manage Stress When Caring for Elderly Relatives, PNW 315.

Depression in Later Life: Recognition and Treatment, PNW 347.

Helping Memory-impaired Elders, PNW 314.

All states have a procedure for reporting unsafe drivers of any age to the licensing agency, but procedures and testing programs do vary.

*Helping Older Family Members
Handle Finances*, PNW 344.

*Hiring and Working Successfully
with In-home Care Providers*,
PNW 547.

Living Arrangements in Later Life,
PNW 318.

Sensory Changes in Later Life,
PNW 196.

Using Medicine Safely in Later Life,
PNW 393.

Oregon publications

*Talking to Your Family and Doctor
about Difficult Health Care
Decisions*, EC 1386.

*If You Became Incapacitated, Who
Would Make Decisions for You?*,
FS 332

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