A survey of psychiatrists was conducted to determine their current knowledge of the Driver and Vehicle Licensing Authority (DVLA) regulations and the advice they give to their patients regarding driving with psychiatric illness and/or medication. The results indicate that both knowledge and practices vary widely. In view of the potential risks of driving when not well or fully alert, information regarding driving should be a standard part of the advice given to all psychiatric patients.

Few accidents are felt to be due to psychiatric illness (Medical Commission on Accident Prevention, 1978) although driver error is considered to blame in 50–65% of road traffic accidents (Transport & Road Research Laboratory, 1977). Those with suicidal thoughts are more likely to be involved in single vehicle accidents (Eekkema et al, 1970) and people with hypomania who are grandiose make poor judgements when driving. 11-20% of those involved in road traffic accidents have been found to be taking psychotropic medication (Medical Commission on Accident Prevention, 1985).

The Driver and Vehicle Licensing Authority (DVLA) published new guidelines on fitness to drive in September 1993 (DVLA, 1993). Doctors are advised that they should inform patients if they suffer from a condition which makes them unfit to drive and it is then the patient's duty to inform the DVLA. The defence union we contacted suggested such advice should be recorded in the patient's notes and that the doctor may like to confirm this in writing to the patient to avoid any claims of negligence from the patient. Unless there is a significant risk to the public there is no obligation on the doctor to act further. If the patient refuses to inform the DVLA and the doctor feels there is a significant risk to the patient or others, advice should be sought from a medical defence society and the General Medical Council's guidelines (General Medical Council, 1993) on acting without a patient's consent should be followed before confidentiality is broken.

Notification to the DVLA of major psychiatric illness, defined as requiring admission or major intervention, will result in suspension of the licence for a period of time and then short renewals when recovered. Before reinstating the licence the DVLA will request a psychiatric report, on a standardised form, covering the patient's diagnosis, symptoms, medication, compliance, insight and side-effects of medication.

The aim of this study was to assess the extent of our colleagues’ awareness of the DVLA guidelines and to determine what advice they gave to their patients regarding driving.

The study
A questionnaire was sent out to all psychiatrists in the Winchester and Basingstoke health districts. The questionnaire covered two areas, one on the doctor's current practice and the other on their knowledge and opinions.

Findings
Thirty-one questionnaires were completed by 16 consultants and 15 non-consultant grades (100% response rate). For ordinary licences, 29% said they often gave advice to in-patients about driving and 58% said they occasionally did so. For patients with professional licences, 32% of doctors always gave advice about driving but 20% admitted to never giving any advice whatsoever.

About half the respondents said that they instructed their patients with dementia and mania to inform the DVLA of their illnesses. A quarter of psychiatrists told their patients with schizophrenia, depression or alcohol abuse to inform the DVLA. However, a quarter of the doctors admitted to never giving any advice about driving with a psychiatric illness.

Ninety-five per cent of psychiatrists said that they advised patients on benzodiazepines, antipsychotic drugs and tricyclic antidepressants not to drive if sedated. For other psychotropic medication about half of the doctors gave the same advice. Three-quarters
said that they told patients never to drive if they drank any alcohol with their medication. Table 1 shows the response doctors thought the DVLA would give to their patients when informed of a psychiatric illness.

Most doctors thought that not more than 25% of their patients complied with their advice to inform the DVLA of their illness but thought that they would be more compliant (25-75%) with the advice of not driving while sedated.

The majority (84%) of the doctors felt that giving advice on driving would affect the doctor/patient relationship. Fifty-eight per cent felt that giving advice on driving would not increase compliance with treatment and 32% felt that compliance would actually decrease. Sixty-one per cent of the doctors felt it was reasonable to inform the DVLA if patients did not follow their advice not to drive and they were considered to be a risk to others. The majority (87%) felt it was definitely part of a doctor's duty to inform patients of the effect their illness, or medication, or both, would have on their ability to drive.

**Comment**

Although our sample size is small, we comprehensively obtained the knowledge and views of all doctors working in psychiatry in two health districts covering a population of 430,000 people. It must be noted that clinical practice may not be as thorough as responses to questionnaires.

Our study shows that the doctors were generally very poor at giving advice to their patients regarding the effect their illness would have on their ability to drive, even when the patients held professional licences. Doctors' knowledge of the correct advice to give was inadequate and many felt that their own judgement on a patient's ability to drive was sufficient. However, doctors were better informed of, and more frequently gave advice on, the effect medication would have on the patient's ability to drive.

Most of the doctors were concerned that the doctor/patient relationship may be affected by giving advice regarding driving and many felt it would decrease compliance.

**Conclusions**

Information concerning driving should be a standard part of the advice given to all psychiatric patients despite any fears that the doctor/patient relationship may be affected. It can be stressed that this is official advice rather than the doctor's own opinion. The doctor needs to be aware of the current DVLA guidelines to do this effectively.

Any prescription of psychotropic medication should be accompanied by advice regarding...
driving. British National Formulary cautionary labels (British Medical Association & The Royal Pharmaceutical Society of Great Britain, 1994) are a useful back-up to this advice.

References


DRIVER & VEHICLE LICENSING AGENCY (1993) At a Glance Guide to the Current Medical Standards of Fitness to Drive. Swansea: DVLA.


Sharon A. Humphreys, Senior Registrar, Department of Psychiatry, Royal South Hants Hospital, Brintons Terrace, St Mary's Road, Southampton SO14 0YG; and Leena Roy, Consultant, Loddon NHS Trust, Park Prewett, Basingstoke RG24 9LZ

Caring for a Community

The Community Care Policy of the Royal College of Psychiatrists

by Dinesh Bhugra, Keith Bridges and Chris Thompson

This report presents some examples of philosophy, approaches, good practices, and service aspirations found in the UK. Some of these services have resulted from Government policy and research into specific psychiatric disorders while others have drawn upon developments abroad. Many services, however, have developed based on clinical experiences, pragmatism, a sensitivity to local needs, collaborative approaches involving a variety of local organisations, and the desire of practitioners to have available to the public an effective range of services. The report describes actual and potential community services providing for the mental health needs of the severely mentally ill.

- £10.00 • 90pp. • 1995 • ISBN 0 902241 77 X

Available from bookshops and from the Publications Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG (Tel. 0171-235 2351 extension 146)