



# Epilepsy & Driving

Position statement – Joint Epilepsy Council of Australia

**E**pilepsy and driving is a serious and sensitive community issue. Epilepsy affects 1–2% of the population and those with well-controlled epilepsy are legally able to drive.

The Joint Epilepsy Council of Australia acknowledges that for many adults, the sudden loss or suspension of a driving licence for a significant period of time can adversely affect employment, education, and social participation. Driving restrictions impact on quality of life and independence.

The challenge for the Australian Transport Council was to develop driving regulations and guidelines that balance the interests of public health and safety, and the promotion of optimal quality of life for people living with epilepsy.

It is well understood that driving carries the risk of accident. The level of risk tolerated by the community is reflected in our regulations and legislation, and population variables.

In comparison, the relative accident risk of drivers with epilepsy compared with other drivers is estimated to be between 1.0 and 1.95, (far below the accident rate of young males), while the contribution of seizures to accident statistics is only 0.025–0.053%.<sup>1</sup>

For example, risks that the community finds acceptable or unavoidable are:

- a) driving within the legal alcohol limit of .05 – an accepted increased accident rate of 2.0;
- b) young males under 25 – an unavoidable increased accident rate of 7.0;

c) drivers 75 years and over – an unavoidable increased accident rate of 3.2.<sup>2</sup>

Based on these statistics, Austroads and the National Transport Commission, with the contribution of the Epilepsy Society of Australia, developed management guidelines and medical standards for licensing drivers with epilepsy. The Joint Epilepsy Council of Australia supports these guidelines and their consistent application across all jurisdictions.

The Joint Epilepsy Council of Australia supports the position taken by the Epilepsy Society of Australia, that:

- determining fitness to drive and the subsequent granting of a driver licence lies ultimately with the Driver Licensing Authority (DLA);
- that decisions are based on a full consideration of relevant factors relating to health and driving performance, including medical reports provided by a treating practitioner; and
- such a system should be supported by a review process consisting of an expert panel of neurologists indemnified by the driver licensing authority.<sup>3</sup>

The Joint Epilepsy Council of Australia acknowledges that drivers with epilepsy who are assessed fit to drive are personally accountable for management of their condition in conjunction with support of their medical practitioner.

It is a legal requirement in all Australian states and territories for the driver to notify the DLA of the onset of epilepsy or recurrence of seizures.

The Joint Epilepsy Council of Australia is firmly opposed to mandatory reporting to the DLA by the treating doctor as it will encourage non-reporting of seizures to the treating doctor. The withholding of information interferes with treatment and has the potential for possible fatal consequences. Mandatory reporting breaches doctor-patient confidentiality, has the potential to erode the doctor-patient relationship, and serves neither patient nor public safety.

The Joint Epilepsy Council of Australia advocates self-reporting with the individual taking responsibility for the condition and the limitations it presents. Consequences, for example, may be the inability to get to work, loss of employment resulting in financial hardship, or difficulties in meeting family commitments. The Joint Epilepsy Council of Australia strongly advocates for government transport assistance to support the person with epilepsy during the suspension period until driving rights are restored.

## References

1. Assessing Fitness to Drive. Austroads Inc. 2006
2. Epilepsy and Driving in Europe. A report of the Second European Working Group on Epilepsy and Driving, an advisory board to the Driving Licence Committee of the European Union. 2005
3. Somerville ER, Black AB, Dunne JW. Driving to distraction – certification of fitness to drive with epilepsy. *MJA* 2010; 192: 342–344