

Fatal accidents involving drivers with medical conditions prompt inquiry by feds

InsuranceTimes™, April 15, 2003, Vol. XXIII, No. 8

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Associated Press

As a result of fatal accidents involving drivers who had seizures and blackouts, federal officials for the first time are looking at how to ensure safety for motorists with medical conditions and for others on the road.

Some 2.5 million people in the U.S. have epilepsy, 17 million have diabetes, 18 million have sleep apnea and 62 million have cardiovascular disease — each of which can cause unconsciousness or seizures without warning.

Perhaps three-quarters of all accidents may involve some kind of driver impairment, including drunkenness, said Joseph Osterman, director of the National Transportation Safety Board's office of highway safety.

It is not known how many of the 42,000 annual traffic deaths are caused by impaired judgment or perception linked to medical conditions, he said.

At recent public hearings, the board asked doctors, patient advocates and safety officials about the issue. The questioning underscored just how little is known — and done about — drivers with conditions that can affect their driving ability.

"We really have a complicated issue without a clear solution," Osterman said.

In a fatal crash in November in Hagerstown, Md., a 55-year-old woman taking seizure medication struck two cars at different intersections, killing one driver.

Investigators in that case learned that two other accidents involving drivers with medical conditions had occurred nearby in the past 17 months. In one, a driver with epilepsy and at least one prior accident caused by the condition ran into a stopped car, killing an official from a neighboring county and his three children.

Doctors at the conference said it is hard to predict the onset of an epileptic seizure, heart attack or a blackout from hypoglycemia. Many people may have medical conditions that do not impair driving at all, the doctors said. Many take blood pressure pills or painkillers without any idea that they could affect their performance behind the wheel.

Not only is it hard to tell who should and should not drive, but taking away that right has serious consequences.

Suspending a driver's license can violate privacy rights and civil liberties, and be devastating for people without access to public transit, patient advocates said.

Transportation is the top issue for people with epilepsy and their families, said Alexandra Finucane, vice president for the Epilepsy Foundation.

Before 1949, people with epilepsy were not allowed to drive, said Dr. Allan Krumholz, director of the Maryland Epilepsy Center. Now, most people with epilepsy that is under control may drive in most states. People with uncontrolled seizures are not supposed to drive in any state.

But there is no uniform way to calculate the risk of a driver with a medical condition, he said.

Different states have different rules and procedures for overseeing drivers with medical conditions; some rely on paid advisory boards, others on volunteer ones.

The Epilepsy Foundation endorses Wisconsin's approach. That state allows people with epilepsy to drive if they have not had a seizure for three months, when the likelihood of a recurrence drops dramatically. From then on, people with epilepsy must periodically submit doctor's reports saying they are OK to drive.

The safety board will produce a report that includes the hearings and the results of investigations into the Maryland crashes. Osterman said it is the first step in analyzing a problem that could be far more pervasive than previously thought.

The board ultimately may recommend ways for states to improve their oversight of people with medical conditions. □