

Web survey on Fitness-to-drive Assessments, procedures, and Compensations for Individuals with Cognitive Impairments in Switzerland.

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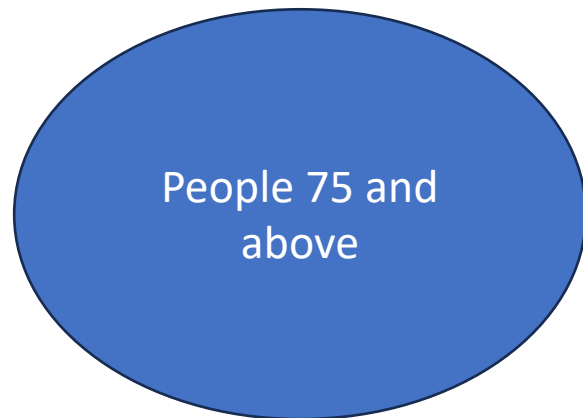


Clarification of population in Switzerland

- Mandate to examine cognitive assessment and follow-up of fitness to drive.

Estimated needs for specialised assessment and follow-up in 2030: **approximately 100 000 / year**

30 000



33 000



30 000



+ 300 000 screening / year

Aim

- To precisely describe the Swiss situation regarding fitness-to-drive assessment and compensation measures in the various cantons.
 - Who is doing what and where?
 - How is the decision of fitness-to-drive taken ?
 - What tools are being used and by whom?



Methods

- National survey (RedCap) in 4 languages (FR, DE, IT, EN).
- Link sent to 612 pre-identified individuals and institutions.
- 8 Focus-groups in 2 linguistic regions (FR, DE).
- Descriptive statistics using SPSS.
- Thematic analysis (Braun & Clarke, 2022).



Results - respondents

- Survey:
 - 324 respondents (>50%)
 - 60 occupational therapists
 - 107 physicians
 - 67 driving instructors
 - 65 neuropsychologists
- Focus-groups:
 - Interdisciplinary
 - Wide representation including automobile administrative offices
 - 51 participants
- Working affiliations:
 - Hospitals, Rehabilitation centres, Memory clinics, Independents

State of the situation in Switzerland (1)

- Evaluation of fitness to drive is performed in all Swiss cantons.
 - Evaluation procedure of traffic medicine and psychology (lev 1-4) coupled with a « control drive » including driving experts from cantonal office.
- Sufficient for medical cases, drug and alcohol issues, behavioural problems (aggressivity behind the wheel) and sleep apnoea.
- Not sufficient for cognitive problems.

State of the situation in Switzerland (2)

- The current system is fragmented.
 - Variation by cantons, language, and professions.
 - Variations in assessment tools, procedures, decision criteria.
 - Variations in professionals involved.
- Resulting in:
- Inequity.
 - Inefficiency.
 - Few links with public health and health promotion.

Occupational therapy

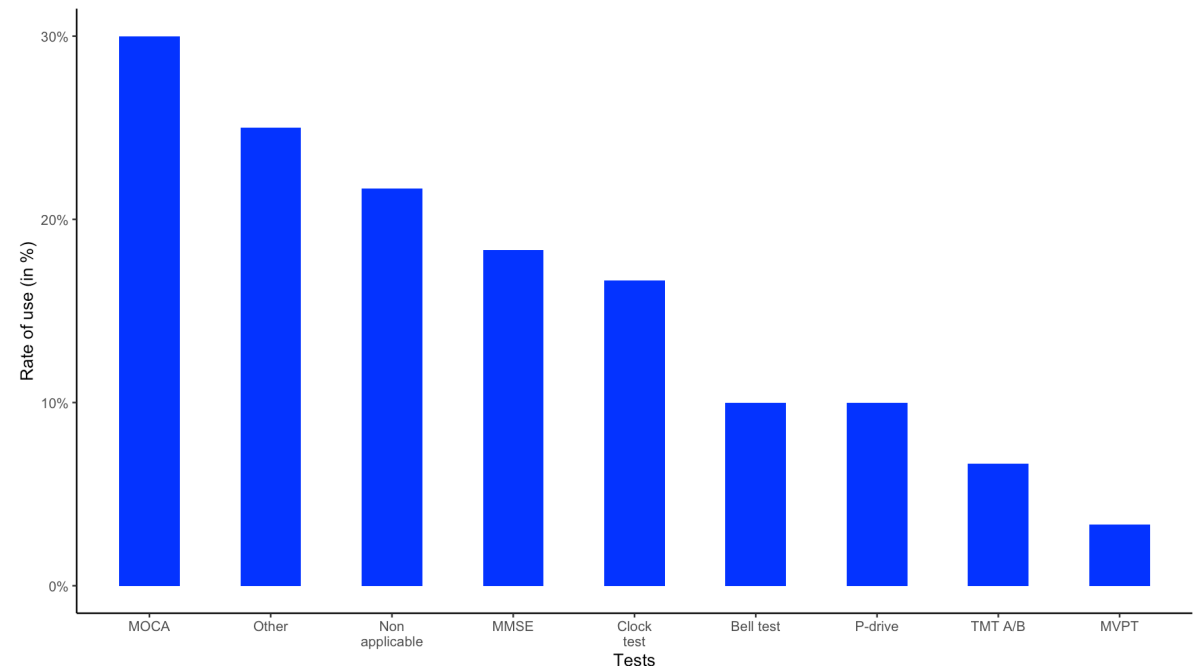


- Implication more important in the French-speaking region.
- Assess cognitive and motor functions (attention, concentration, hemineglect, range of motion, fatiguability, speed of processing).
- Assess occupational performance (participation outside the home, daily life activities, IADL, daily car use).
- Assess on-road driving with driving instructors.
- Identify consequences of loss of driving.
- Propose intervention to support mobility transitions and driving cessation.

Occupational therapists and tools

- Use of assessment tools in driving fitness by OTs:

- Variation in use of tests
- Few tests and more observation in situation
- Performance Analysis of driving Ability (P-Drive)
- MoCA, MMSE
- Clock test, Bell test
- TMT A/B
- MVPT



Tensions in Switzerland

- Tensions in the system (ethics) reported by all:
 - Role of expert instead of clinician (therapeutic relationship)
 - Burden of decision when taken alone (legal responsibility)
 - Accuracy and fairness in evaluation
 - Interdisciplinary collaboration
 - Few follow-up measures envisioned
 - No maintenance or cessation driving programs

Discussion

- Snapshot of state of practice in Switzerland
- Exploring automated cars (lev 0-5) as a solution for cognitive impairment (ADAS/IVIS)
- Development of decision aids
- Political recommendations
- Continuing education program



Grades of fitness to drive.



| Grade | Decision | Follow-up |
|-------|---|---|
| 4 | No contraindications The person is driving safely. | None |
| 3 | There are doubts. Include an on-road assessment. The person can continue to drive but monitor fitness-to-drive. | Schedule a new assessment. Propose driving maintenance now but discuss driving cessation. Propose training programme. |
| 2 | There are doubts. Include an on-road assessment. The person can continue to drive for the time being but will have to stop driving soon. Fitness-to-drive needs to be closely monitored. Driving cessation needs to be prepared. | Schedule a new assessment soon. Propose to explore solutions related to driving cessation. Propose a driving cessation support programme. |
| 1 | Immediate contraindication. The person should stop driving immediately, as they are not driving safely. | Propose a mobility transition programme. |



Conclusion

- Clarify the situation to have more equitable and fair evaluations.
- Collaborate and offer multiple points of view on fitness-to-drive.
- Present results in all professional associations.
- Political lobbying.



- Thank you for your attention !
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