Driving can be a difficult topic to discuss. While some older people appreciate when family and friends express safety concerns, others may feel threatened and become defensive. Ideally, family should talk about driving before there are concerns. People are more likely to share their beliefs and opinions when the topic does not pose an immediate threat. Also, knowing your loved one’s wishes can give you the confidence to intervene, even if the person is resistant. When preparing for a conversation, consider questions you might ask such as:

- What do you believe are characteristics of safe and unsafe driving?
- What do you want me to do if, as you age, you begin to exhibit unsafe driving behaviors?

Many people believe that it is their right to drive if they have a valid driver’s license. Therefore, unless someone expresses a concern, he or she might think (or want to believe) his or her driving is safe. One of the most effective interventions is for family to talk and express concerns. Another option is to engage the support of someone the older person trusts and respects (e.g. a health care professional, the local police, a religious leader). If all else fails, involve the State Bureau of Motor Vehicles (BMV). The state has the authority to revoke a person’s license if it is determined a person unsafe to drive.

**INTERVENTION CONSIDERATIONS:** Before you engage a loved one in a conversation about driving or take any other action, consider the following:

- Are adult children in agreement? (Siblings may not be ready due to increased demands on their time)
- Is your loved one of sound mind and able to participate in a conversation about driving?
- Has there been a recent incident such as an accident, near miss or traffic violation?
- Does your loved one have a medical condition or is he or she taking medication that may make driving unsafe?
- How receptive do you anticipate your loved one will be to discussing driving?

Driving cessation should be “a part of the typical retirement planning process, rather than a response to an adverse event.”


Failing to intervene when a person’s driving ability is questionable may unnecessarily cause injury or death to your loved one, passengers, other drivers and pedestrians.
1. **SOUND MIND:** If a person has cognitive limitations or any illness that affects his or her memory, judgment, reasoning, decision-making skills, and ability to concentrate, family and friends may need to step in. If you have concerns, it may be helpful to involve a primary health care provider. A health care professional speaks with authority and is in a unique position to tell a person that he or she is no longer safe to drive. **NOTE:** A person who is cognitively impaired may forget he or she has been instructed not to drive. When safety is at risk, it may be necessary for someone to step in and make an unpopular decision. If it is determined that a person is cognitively impaired and is no longer safe to drive, family may need to ensure a loved one actually stops driving. Options include:
   a. **Eliminate the car:** Having a car visible and available may be a temptation a person cannot ignore. Therefore, it may be up to the family or friends to remove the car. This might entail parking the car at a family member’s house, giving the car away or selling the car. **(NOTE:** This option assumes a spouse is not driving and therefore there is no need for the car.)
   b. **Make the car inoperable:** Family may choose to flatten a tire, hide the keys, or even file down the ignition key so the car will not start. Know that if you attempt to disable or hide a car, doing so may be more of a nuisance than a solution. While we do not advocate deceit, these may be necessary options. Disabling a car is often a temporary solution and may require you to face the issue in the future.

2. **RECENT INCIDENT:** If there is a specific incident such as a near miss, a crash or a traffic citation, family may need to speak up and address driving concerns right away while the incident is fresh. A close call, ticket or accident may be what it takes to get a person to realize that he or she may be unsafe. A family member or friend saying something like:
   - “Might this be an indication that it is time to hang up the keys and stop driving?”
   - “I’m glad you’re okay. Please stop driving before someone is seriously injured.”
   - “If you want to continue driving, please take a driving course to help you identify safety concerns. Maybe there are ways to sharpen your driving skills.”
   - “For the sake of your family please participate in a driving assessment. Let’s get the facts about your driving. Please do this for your safety and that of others.”
   - “You’ve been ticketed for failure to yield and there are scratches on both the car and garage. Please realize it is no longer safe for you to drive.”

3. **MEDICAL CONDITION:** An illness (e.g. Alzheimer’s, arthritis, diabetes, stroke) or other health-reasons such as medication are the most common reasons for a person to stop driving. Health care professionals are often in a unique position to advise a person of driving concerns. Older drivers often justify their continuing to drive until a health care professional advises them to stop. Speak with your parent’s primary care providers and request that he or she discuss any impairment, potential risks, and suggest a person stop driving. If a medication label indicates a person may be unsafe to operate a motor vehicle or other machinery, ask the pharmacist to discuss driving concerns. You might talk with your loved one and express concerns such as the following:
“Your doctor told you to stop driving. You are no longer safe to drive and driving puts you and others at risk. You must stop driving now.”

“Your may not be willing to recognize your limitation(s) however it is (they are) obvious to us. Stop driving. You are an unsafe driver.”

“You must not drive because your medication indicates side effects, such as drowsiness, which could put you and others at risk.”

4. **THE DISCUSSION:** Before engaging in a conversation about driving, give consideration to communication style, who should initiate the conversations and when, and the flow of the discussion.

**Communication Style:** The most effective style of communication is often best determined by considering personality types, how likely the older driver is to be receptive, and the urgency of the situation. Commonly used communication styles to get a conversation started include:

a. **Be Direct** – With this approach, the family basically pleads their case to a parent to stop driving. The comments tend to reflect personal opinions. Ideally, you should present specific examples why you believe your loved one is unsafe to drive. Statements may include:
   ▪ “You have to stop driving. Your vision is impaired and you are unable to see cars and people approaching to your right.”
   ▪ “I’m concerned about your ability to react quickly to anything unexpected. Stop driving before you have an accident or someone is injured.”
   ▪ “Due to your illness you are no longer able to control a car and drive safely”

b. **Ask Questions** – This approach focuses on getting the driver to acknowledge his or her limitations. When you ask questions, you should be prepared to share discuss the responses.
   ▪ “What changes have you noticed in your driving ability over the years?”
   ▪ “Do you really feel confident and comfortable behind the wheel?”
   ▪ “Would you be willing to stop driving if there was an acceptable alternative?”
   ▪ “Do you agree with the concerns I have expressed, why or why not?”
   ▪ “Would you be willing to take a course offered by the AARP or AAA?”

c. **Focus on Safety** – With this approach the focus is more on “what if...?” scenarios and trying to appeal to a person’s heart strings. In other words, it is less about a person’s ability to drive and more about your concern for the person. You might make comments and ask questions that include the following:
   ▪ “I love you and am concerned about your safety and that of your passengers, other drivers and pedestrians.”

While a health care professional may offer to write a “stop driving” order, that may not be advisable. If a person ignores such an order, there may be significant liabilities issues if an accident occurs and it is discovered a medical order was ignored.

While a lapse in perception is the primary reason for traffic accidents involving older people. For adults age 75 and older, it is reported to be the cause nearly 60% of the time.

Source: AAA Foundation for Traffic Safety
“We know that driving is important to you but we are more concerned about your safety.”

“I’ve respected your wishes up until now, but driving is an issue that I cannot turn my back on. Please stop driving. If not for you, do it for us.”

“Your health care provider has expressed concern and I believe that deep down inside you also have concerns of your own. Please stop driving.”

Who Should Initiate and When: If an adult child has a particularly good relationship with a parent, he or she may be the most appropriate one to start a conversation about driving. If driving is likely to be a volatile topic and may create a situation “where the driver is never going to let you hear the end of it,” a family friend or an adult child who lives out of town may be the best to start the conversation.

If there is an incident, address any concerns right away while it is fresh. If driving is an on-going concern, it may be advisable to give your loved one advance notice so the person does not feel as though he or she is being ambushed. For example, let your loved one know you would like to talk with him or her about driving and set a date and time in the future so you both have time to prepare for the discussion.

Intervention is a process and it may take time to achieve the desired result. It is up to loved ones who care to help this transition be successful. When the conversation occurs, it should be as interactive as possible providing ample opportunities for everyone involved to share his or her thoughts and concerns. If you believe your loved one is unsafe to drive, then let him or her know that you (and any grandkids) will not be a passenger in his or her car, even for a short trip. As you deem appropriate, contact the local police or State BMV for assistance. Some older people may consider driving cessation to be a major life event. Do not underestimate how devastating it can be for a person to stop driving. Also, when people stop driving, look for signs and symptoms of depression that may require treatment.

Suggested Conversation Flow:
- Start the conversation by asking your loved one about his or her driving abilities and any concerns.
- Share concerns and give examples. If the conversation becomes heated, remind the driver that you are both on the same side and your concern is that of safety.
- Ask if your loved one will agree to stop driving. If a person is unwilling to stop driving, request his or her participation in a professional assessment or other testing.
- Proactively offer assistance. The more transportation is provided, the less a person needs to drive.