









susceptibility to injury and use patterns are disentangled from the role of declining faculties in the causation of older drivers' accidents.

## **2 Circumstances where older drivers have accidents**

Older drivers' accidents are dominated by those at junctions and intersecting traffic streams and those involving right of way decisions. Older drivers have been shown, particularly at the high end of the age scale, to be more likely to be the blameworthy party in these accidents.

There are strong indications that older drivers restrict themselves to driving where they feel safe and comfortable. This means they tend to stay close to home on frequently used routes, and avoid driving at night, on strange and busy roads and in places that generally worry them. However, it is notable that junctions, highlighted as places where older drivers have accidents, are not seen by older drivers themselves as places where they feel they need to take special care.

There are similarly strong suggestions that older drivers change their behaviour to avoid driving in situations they see as hazardous. There is also evidence that drivers who see no likelihood of giving up driving are healthier and have better accident records than those who see a likelihood of giving up in the near future. These in turn have better records and are healthier than those who have given up. Most older drivers therefore appear to behave reasonably and responsibly.

## **3 Ageing and driving**

Ageing has both physiological and psychological effects on drivers, and these, combined with the increased frequency of ill health and the medicines that are prescribed to older people can have effects on driving. It is vital that doctors and pharmacists treat *all* older people as drivers - after all, a majority are drivers. This means that they must give advice about the effect on driving of any condition diagnosed or medicine prescribed. There is evidence that this is far from always the case at present. There is also a need for the interaction of medical conditions and the medicines that treat them and their effects on driving to be better understood, and for advice for doctors to be readily obtainable.

## **4 Advice to drivers: making driving habits appropriate to ability**

Although older drivers can be seen to be helping themselves to compensate for the physiological and psychological effects of ageing, there is a need for them to be helped to do so. They need to be helped to recognise the decline in their own abilities, and to take steps to remedy these. They can be given help in choosing, and using, the car that best suits them, and vehicle manufacturers can

design vehicles that contain the features that older drivers need, such as automatic transmissions, wide-angle mirrors and good all round vision. Similarly there is scope to help them pick the right routes and the right times for their journeys, and to give advice on the effects of alcohol, illness and medicines on their driving. Highway engineering changes - low cost road safety measures and signing improvements - can be designed specifically to help older drivers while at the same time making the roads safer for all. It is relatively easy to help the older driver to spread out the decision making that is needed to safely navigate a junction.

## **5 Advice on giving up driving: planning for the future**

Older drivers also need to be given advice about preparing to give up driving, and how to maintain a lifestyle that is not totally dependent on a vehicle which, one day, may cease to be available to them.

It is vital that this information is available, and that a framework exists through which it is disseminated. The medical profession has a key role in making this information available - it is from doctors that older people are most likely to accept advice.

Cars are expensive to run, particularly when distances covered are small. It is important that older people realise that public transport, including taxis, can be cheaper than the car for the journeys that they carry out. Such methods are also much less stressful, ruling out worries about parking and entering busy towns. Older people need to have access to a public transport system that is able to cater for them. Alternatives to the car will mean that most older people will be able to stop driving long before they pose a danger to themselves or anyone else.

## **6 Communicating with older drivers**

Older drivers, their relations, and even their doctors need to be able to confirm their views about an older driver's ability to drive. From a medical point of view it is easy for a doctor to decide that a driver suffering from a condition that is a bar to holding a driving licence should not drive. It is harder with patients suffering from several conditions, that would not on their own bar a driver from driving. There is a need for a voluntary assessment regimen that takes into account how and where older drivers use their cars, where the results stay confidential to the driver and the assessor. It is particularly important that any advice given by an assessor is not considered a material fact by insurers when they come to select premium levels and to decide whether or not they will cover a particular driver. As soon as this was the case, no older driver would come forward for a voluntary assessment - the risk of becoming uninsurable, or suffering an increase in premium as the result of undergoing the





Figure 1 Changes in the number of driving licence holders

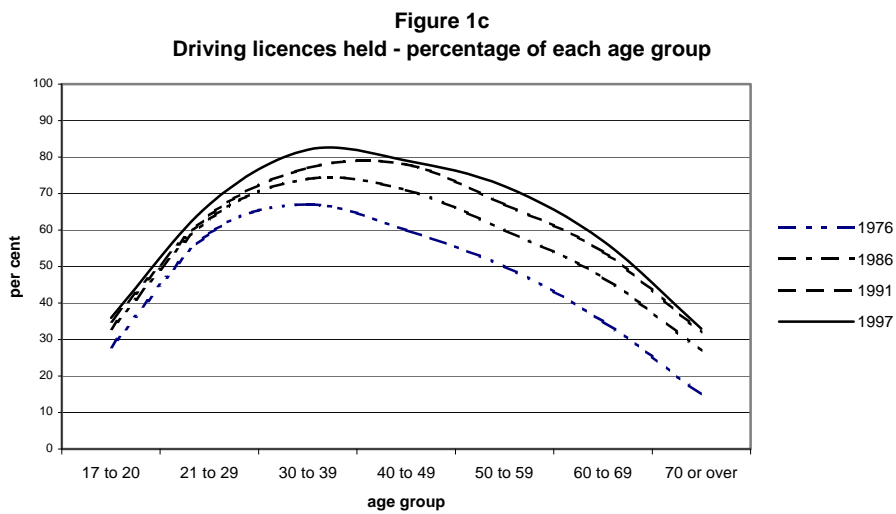
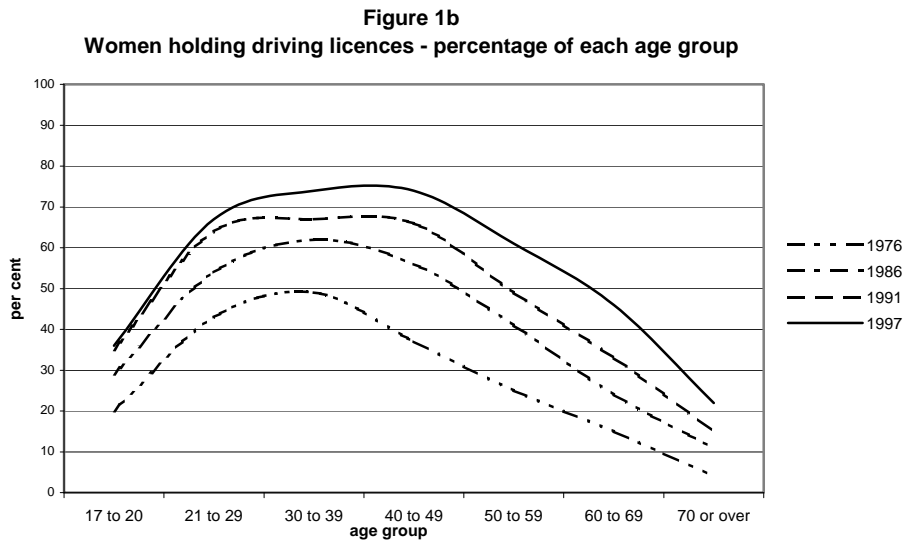
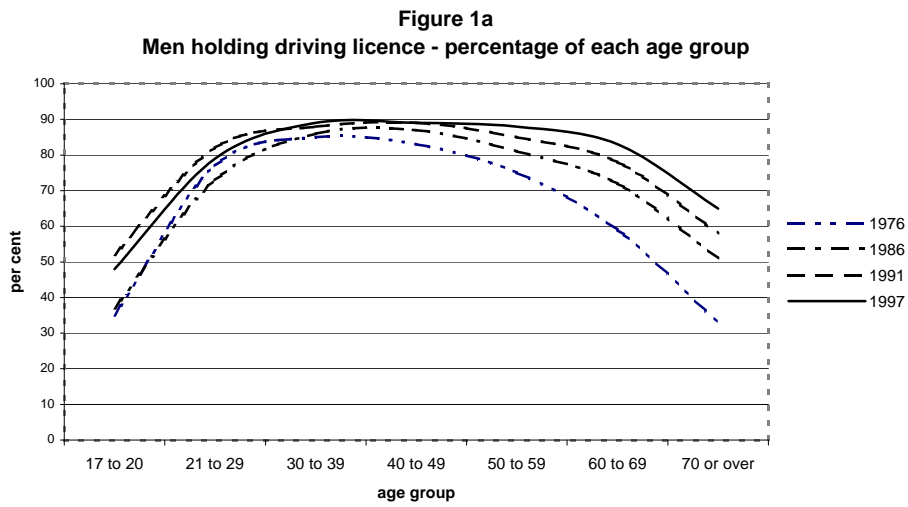






Figure 3 Age and fatality and accident risk

Figure 3a  
Driver fatalities per 100m vehicle kilometres

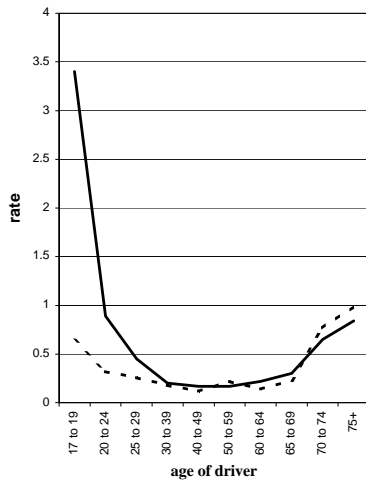


Figure 3b  
Driver injuries per 100m vehicle kilometres

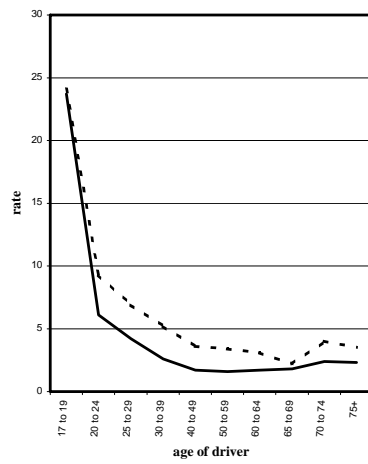
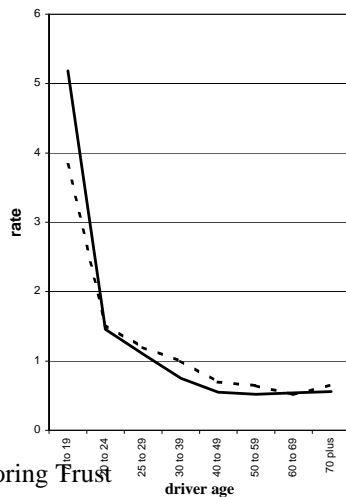


Figure 3c  
Accident involvement per million vehicle kilometres











































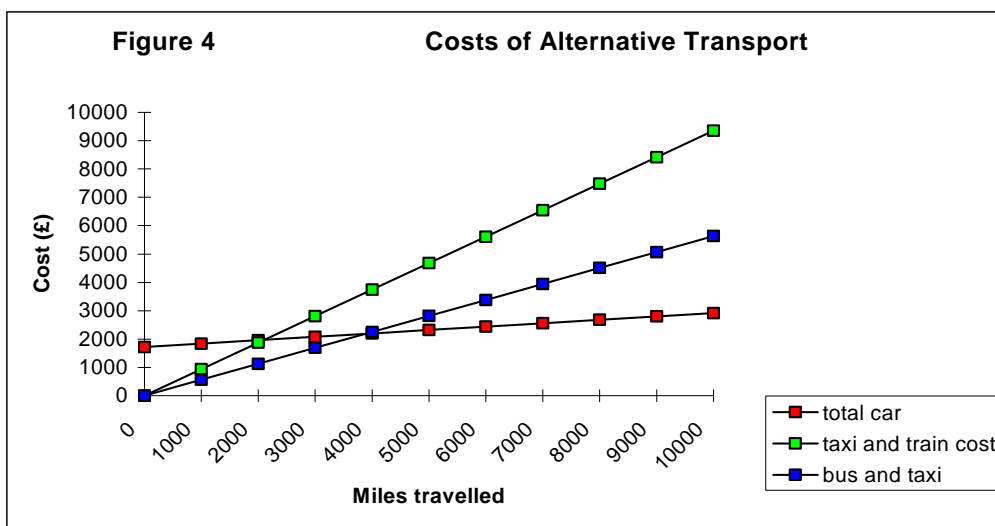


A car is expensive to own, run, and maintain and, where the mileage is low and abilities are declining, it may not be the best means of transport. In the 1996 AA Foundation survey (4) those who had given up driving were significantly more convinced than were current drivers of the advantages of relinquishing a car.

The first AA Foundation study (17) showed that 59 per cent of older drivers drive less than 80 miles per week (4,160 miles per year). This proportion increased to 79 per cent once the age of 75 is reached. The second study (4) showed that among older people who had given up driving financial considerations were given as one of the most common reasons for giving up.

This poses the question of at what annual mileage it might be less expensive to use taxis, trains and possibly buses. The following analysis is simplistic yet shows the financial options open to a person living in a small town on the border of Hampshire and Berkshire. It is assumed that 80 per cent of mileage will be by road and the remainder by train.

Figure 4 shows that for mileages of up to 2,000 per year it is cheaper not to own a car but to use a taxi for local journeys. This is the case for both couples and single people. For distances of up to 4,000 miles a year it is financially preferable to use a combination of bus and taxi, although the break-even mileage is lower for couples.



Note:

The following assumptions were made in this example:

Costings are based on charges of £1.37 per mile on taxis, 28p per mile by bus and 12p per mile by train. Subsidies have not been taken into consideration, although in the areas studied either tokens to the value of £46.90 or a bus pass entitling them to half price fares are given to pensioners. The tokens can be used for rail, bus and taxi travel, or purchase an older person's railcard. The possible benefits from the use of a railcard, or from using the bus pass option have also been ignored.

Thus in some circumstances the use of taxis, or a combination of taxis and public transport, may be cheaper than owning a car, though perhaps not as





































