

Editor's perspective

Paul B. Freeman, O.D.

If you don't like the way I drive...

"If cars are inspected periodically to be proved roadworthy, why aren't drivers?" This is how Ruth G. Nedbor, of New York State, began her opinion piece "My Turn" in a recent issue of *Newsweek* (July 14, 2003). Ruth, an 88-year-old woman who has macular degeneration, voluntarily removed herself from the road, feeling that she was a danger and, in fact, that she "had gambled with my life and the lives of those around me." She implied that her poor driving was due to her macular degeneration and her vision. And while voluntarily giving up her driver's license, she lamented that she will miss many of the activities that she had always done if she couldn't "find someone who is going my way."

While there are legal limits placed on an individual's visual abilities to obtain a license, some patients decide—as Ruth did—that they are uncomfortable or afraid of driving when there is a change or loss of vision, even if they fall within the legal limits of their state. Because my practice emphasizes low vision rehabilitation, I see this on a frequent basis. But when my patients who meet the visual requirements set forth by the licensing authority of my state make the decision not to drive, that decision is based on the full knowledge of all of the visual components involved in driving, as well as the optical

and non-optical device options that can enhance their ability to see. Interestingly, as Ruth noted, because her driver's license had expired, she would need to take "a new eye test" and was concerned that she might not pass. (By the way, isn't this the "periodic inspection" she was asking for in her—and this editorial's—opening statement?) But what she may not have known was there are various categories of licensure, including the use of a bioptic telescope. And while my state of Pennsylvania does not permit visually impaired individuals to use a bioptic telescope to meet the vision requirements for driving, New York is a state that does.

Driving is a complex skill, with visual acuity being only one component of the visual process. Eye-hand speed and coordination, eye-foot speed and coordination, useful field of vision, contrast interpretation, figure ground detection, depth awareness, and reaction time are but a few of the many visually related processes that make up one's driving skills. Other general health and physical conditions can also have an impact on driving skill and ultimate safety. As I read the article, it occurred to me that Ruth's difficulty with driving may not have been entirely due to her vision.

I respect individuals who have the moral fortitude to make a



Paul B. Freeman, O.D.

difficult decision for the good of a community, irrespective of the impact on their own real or perceived freedoms. However, I suspect that her vision was still quite functional when she wrote this article, as she reported that she "had started carrying a magnifying glass in my purse for reading menus." (And the way this statement was worded led me to believe that she bought this magnifier over the counter rather than having it prescribed.) I don't believe that Ms. Nedbor had the benefit of an examination by an eye doctor who emphasizes low vision rehabilitative care and, because of that, may not have had all the information necessary to make a truly informed decision about relinquishing her right to drive a car.

Whether we choose to practice low vision rehabilitative care or not does not preclude us from offering our patients all available options to enhance sight so that an informed decision about such significantly life-changing decisions can be made. And for those who are not aware of the different classes of licensure for driving or restrictions (e.g., restricted to daytime driving only), or for those who are uncomfortable with advising patients who are visually impaired of their legal rights, as well as recommending ways they might drive more safely,

there are resources available, such as the AOA Low Vision Rehabilitation Section and its members, to provide guidance. Optometrists who practice vision rehabilitation can help determine if vision is contributing to driving difficulties, or if other confounders (such as forgetfulness, confusion, loss of motor control, etc.) are suspected as contributing to unsafe driving. In those situations, referral to the appropriate health care professional may be indicated.

I am still not sure what Ms. Nedbor's vision is. However, my

concern is that the readership of *Newsweek* might get the impression that all elderly people—or, for that matter, anyone at any age—with macular degeneration should stop driving.

There are many visually impaired people throughout the country who are driving legally and safely. Unfortunately, until there is a better understanding about the relationship between vision and driving, we have to help our patients based on our knowledge, experiences, philosophies, the patients' comfort levels, and the law.

This month, the cover is a black-and-white micrograph that pictures the duct of the palpebral accessory lacrimal gland (of Wolfring), which is discussed in the Issue Highlight by Drs. Doughty and Bergmanson. Interestingly, this gland, which was first described by research conducted in Texas, actually has a shape very close to that of the Lone Star state.