A PRACTICAL GUIDE
HOW TO HELP AN OLDER DRIVER WITH SAFE TRANSPORTATION
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Your parents, grandparents, or older relatives and friends will all tell you: They want to shop, socialize, go to movies and concerts, and generally do everything that keeps life from being a drag. Driving plays an important part in maintaining such an active, rewarding lifestyle. A vehicle means independence, freedom, and the pursuit of happiness—at any age.

It’s no wonder, then, that most people want to keep driving as long as possible. In Quebec, demographics suggest that the number of licensed drivers aged 65 or older will increase from 956,111 (in 2014) to around 1.5 million by 2030, a jump of 36 percent.¹

We all know that age can affect our functional abilities. This decline in faculties begins as early as our 50s, and continues gradually. Statistics bear this out: the percentage of collisions involving people aged over 75 is 3.5 times that for people aged 35 to 44.² Moreover, the number of traffic fatalities in the over-75 age group in 2016 was 6 percent higher than the average for the previous five years.³ These are worrisome numbers, of course.

You obviously care about the welfare of the older drivers in your life. With that in mind, this guide offers tips, recommendations and resources on seniors and road safety. We hope this advice will be useful to you when the time comes to intervene with a loved one to allow them to retain their driving independence for as long as possible, or to provide support and guidance in the process of retiring from driving.

¹Société de l’assurance automobile du Québec.
²Canada Safety Council
³Société de l’assurance automobile du Québec.
Many of us wonder how they can help preserve their loved ones’ mobility while ensuring that they’re not a hazard to themselves and others on the road. Unfortunately, there is no single, easy answer. Family circumstances, as well as individual skills, vary. This guide is meant to provide a framework as you search together for answers. It also provides resources that may be useful to you along the way.

Above all, you search should be guided by three basic principles:

1. **Understand your loved one’s strengths and weaknesses.**

   Although experts agree that driving ability can begin to deteriorate at almost any age, every individual is unique: some people can continue to drive safely well into old age, while others cannot. It’s not a matter of age, but of health.

   Older drivers don’t appreciate people making generalizations about them, and rightly so—they’re not all the same. For example, some drivers decide to give up their licence after receiving a suspension for a medical reason.

2. **Communicate openly and respectfully.**

   No one wants to be called a dangerous driver. Most older drivers in focus groups and field studies think of themselves as safe—safer, in fact, than younger drivers. Usually, they respond to direct accusations with anger and denial. You cannot help an older driver if you alienate them. Instead, show them that you know how important driving is in their lives. Explain that you want them to stay safely behind the wheel for as long as possible. Tell them that strategies exist to help them correct their shortcomings, overcome their fears, and set their mind at ease.

   Above all, be positive and supportive, not bossy. Parents, no matter how old, resent their children making decisions for them. As parents, they’ve played the role of decision-maker for a lifetime, so don’t expect them to comfortably accept a role reversal. Any driver who has been independent for their whole life will resent being coerced into giving up their freedom.
Plan early

Most workers plan carefully for their retirement: they think about housing, healthcare, financial security, and other needs for years before retiring. But many future retirees neglect to plan for how they will get around. If you are discussing retirement with a family member (or planning for it yourself!), take the same careful approach to transportation that you would with finances.

Plan for regular medical check-ups and driving assessments. Choose a safer vehicle and identify alternative modes of transportation, well before skills start to diminish. In choosing a retirement home, for example, look at access to public transit, the ability to walk to services, and whether transportation is provided by the facility. Plan a solution now for the time when driving may no longer be a safe option. Under some unfortunate circumstances, the only responsible option is to confiscate the keys, immobilize the vehicle, or have it towed away.

On average, women stop driving 10 years before they die, compared with 6 years in the case of men.\(^4\)

\(^4\)Foley, 2002.
HOW AGE AFFECTS DRIVING

Although driving might seem easy and natural, it’s actually a complex, fast-paced activity that requires quick thinking. It involves sensing information about traffic density, road conditions, signals, and vehicle behaviour. The driver must then decide what to do based on that information, and then act, all in rapid-fire succession. A typical driver makes a dozen or so decisions per kilometre, with less than half a second to react to avoid a collision.

Age affects all three steps in that process: sensing, deciding, and reacting.

Sensing

Most of the essential information and data required for driving are received through the eyes. But our eyesight typically begins to deteriorate around age 40 or 50, and declines progressively in later years, even with corrective lenses.

With age, we gradually lose our ability to clearly distinguish details, not only at rest—which can easily be measured during an eye examination—but also in motion, which is seldom measured. That declining ability affects, among other things, the distance at which we can read road signs. We also lose the ability to change focus quickly between near objects, such as the instrument panel, and those farther away, such as traffic and signs.

In addition, our field of vision narrows with age, which increases the possibility of a side collision at an intersection. This narrower visual field also makes it hard to pick out a particular object in a cluttered scene. Colours, especially red, become less bright and less readily perceived by older drivers, so it can be difficult to detect the flash of brake lights on a nearby vehicle.

Compared to young people, older drivers require much more light and more time to adjust to changing light conditions. This delay affects driving at night, entering and leaving tunnels, and even driving through shady lanes on sunny days. Older drivers are also bothered more by glare and take longer to recover from it.

As well, the enormous number of large pickup trucks, vans and SUVs on today’s roads makes night driving particularly difficult for older people. These vehicles ride high, so their headlights shine directly into the eyes of a driver in an oncoming “normal” passenger car. An older driver may even be temporarily blinded.
It’s also important to remember that older people are more likely to develop vision problems like glaucoma and cataracts. Sensitivity to contrast is another important factor to consider in older drivers. That sensitivity declines with age, making it more difficult, for instance, to notice a grey vehicle or a pedestrian in beige clothing.

Lastly, in addition to deteriorating eyesight, older drivers must deal with decreased hearing ability. Studies show that 30 percent people age 65 or older experience significant hearing loss, especially when it comes to high-pitched sounds, such as sirens, and specific sounds that tend to blend into background noise, like horns and signals at railroad level crossings.

Deciding

Once we take in information through our senses, we have to process it and make a decision behind the wheel to avoid a collision. Although older drivers process information and react more slowly than younger people, their experience, mature judgment, and good driving habits usually compensate for those diminished skills. In the absence of dementia or other serious illness, judgment skills do not decline with age.

That compensation doesn’t always work, however. Some older drivers can become flustered in fast-changing situations that demand immediate response. Others deny the impairments of old age. “Not me!” they say. “I drive as well as I did 15 years ago.” These drivers resist putting restrictions on themselves and continue to drive anywhere, any time. They pose a hazard to themselves and to others.

Reacting

Making the right decisions is one thing; carrying them out is another. Few older drivers can perform high-speed manoeuvres as well as younger drivers. Given more time, however, they do fine. Research shows that 90 percent of older drivers who fail reaction tests at high speeds perform satisfactorily at speeds 15 km/h slower. Most older drivers understand this instinctively, and therefore drive at a slower pace, using the brake more and the accelerator less.
Still, older drivers tend to respond more slowly in a crisis. Weaker muscles, reduced flexibility, and limited range of motion restrict their ability to grip and turn the steering wheel firmly, press the accelerator or brake pedal, or reach to open doors and windows.

What’s more, 50 percent of the middle-aged population and 80 percent of people aged 70 or older suffer from arthritis, an inflammation of the joints that makes any flexing and twisting movement painful. Exercises can help strengthen bones and muscles and maintain a degree of flexibility, but no amount of exercise can completely erase the effects of aging.
We drive with our eyes more than any other sense: Vision provides as much as 85 percent of the information we need to make safe decisions behind the wheel. Yet our eyes begin to deteriorate after age 40, and get progressively worse. How much worse? Check out these facts:

✓ The amount of light needed to drive roughly doubles every 13 years. A 45-year-old requires four times as much light as a 19-year-old. Someone in their 60s needs 10 times as much.

✓ The ability to change focus declines with age. Younger drivers need only about 2 seconds to adjust their focus from near to far (such as when looking from the speedometer to the road ahead). Drivers over 40 take 3 seconds or more, with more time needed as they age.

✓ The eyes’ lenses grow thicker, pupils shrink, and muscles lose elasticity with age, making older drivers much more sensitive to glare. Compared to a 16-year-old, a 55 year-old takes 8 times longer to recover from glare.

✓ Colours, especially red, become harder to see as we get older. Some older drivers take twice as long to distinguish the flash of brake lights as younger drivers do.

✓ Peripheral vision narrows with age and depth perception declines. This affects the ability to judge how fast other cars are moving.

DO THE EYES STILL HAVE IT?
Older drivers take more medications than their younger counterparts. People aged 65 to 79, for example, make up 12.6 percent of the population, but make up 83 percent of users of prescription drugs sold in Canada. And that’s not counting over-the-counter drugs such as cold and allergy medications, cough syrup, or various sleep aid products.

Many of these medications cause drowsiness, sap energy, slow reaction times, and otherwise affect driving ability. Although statistics linking legal drug use to crash rates remain sketchy, several studies have concluded that drugs commonly prescribed to relieve anxiety, stress and muscle spasms can double the likelihood of a traffic collision.

Even more dangerous are interactions with other drugs, including alcohol. Many older people see more than one doctor, each of whom prescribes medication. Taking these drugs in combination can produce unexpected, dangerous side effects and may worsen driving impairment.

Alcohol is far from harmless in this regard. Research shows that as people age, their tolerance for alcohol steadily declines and its effects linger longer.
Can you tell whether an older motorist can still drive safely? Are you able to pinpoint skills that need work, bad habits that need correction, or difficulties that point to the driver’s limitations?

Self-assessments

Ideally, the older driver should assess their own performance at the wheel. A crucial first step when it comes to road safety is for them to own up to their weaknesses so that they recognize and correct any shortcomings, but also to plan ahead for the inevitable effects of aging. The assessment also helps the driver understand the basis of your concern.

Remaining attentive to other indicators

Ride along with the driver in their vehicle and look for signs of risky behind-the-wheel behaviour. Of course, despite your care and concern, you might not be the most objective judge of a parent’s or relative’s driving. That’s where input from friends, neighbours and especially police officers comes in: they can help you determine the degree to which the driver needs help.

Does the driver neglect to buckle up?

Safety belts are the single best protection for anyone, in any vehicle, in any type of crash. The law requires drivers as well as passengers to wear them. For some people, going unbelted may simply be a bad habit—or it may indicate that they are uncomfortable with the belt’s fit, or have trouble fastening the buckles.
Does the driver have difficulty working the pedals?
Does the driver lift their leg to move from the accelerator to the brake, instead of keeping their heel on the floor and pressing only with the toes or ball of the foot? If so, it may be a sign of waning strength. In extreme cases, some elderly drivers even use their hands to lift or push their leg. In these cases, if the vehicle has automatic transmission, using both the left and right feet may be a good solution.

Does the driver have difficulty merging onto highways, or turning onto busy streets?
Vision problems may be impairing their ability to judge the speed and distance of approaching traffic.

When merging or changing lanes, does the driver rely only on their rear-view mirrors, rather than turning their head to check the blind spots over their shoulder? Does the driver turn around completely when backing up?
If the driver simply looks in the rear-view mirrors to execute these manoeuvres, which normally require turning the head or the entire torso, it could be a bad habit—or it may indicate the onset of stiffness in the neck and back.

Does the driver have trouble seeing other vehicles, cyclists or pedestrians, especially at night?
There can be many reasons why an older driver would have difficulty spotting other road users in the dark: deteriorating night vision or sensitivity to glare may be the cause.

Does the driver seem to “miss” stop signs and other traffic signals?
If an older drive fails to stop at stop signs or red lights, they may be inattentive, or they may have trouble spotting the signs in a crowded, constantly moving visual field.

Does the driver react too slowly to sirens and flashing lights of emergency vehicles?

Does the driver tend to weave, straddle lanes, drift into other lanes, or change lanes without signalling?
Does the driver position the car improperly for turns (especially left turns), or attempt turns from the wrong lane?

Do other drivers honk or pass the driver frequently, even when the traffic stream is moving relatively slowly?
This may be a sign that the driver has difficulty keeping pace with fast-changing conditions.

Does the driver tend to park unusually far from their destination?
They may have a problem judging distances, or a fear of making tight manoeuvres, which prevents them from choosing a closer parking spot.

Does the driver get lost or disoriented easily, even in familiar places?

Do you find yourself giving directions or prompting the driver frequently?

Has the driver been issued two or more traffic tickets or warnings in the past two years?
The Société de l’assurance automobile du Québec (SAAQ) and insurance companies know that Highway Safety Code violations predict greater risk for a collision. Driving the wrong way, failing to yield the right of way, crossing a lane marking, or driving off-road rank as the most common violations for older drivers, and they signal a sure problem.

Has the driver been involved in two or more collisions or “near-misses” in the past two years?
Rear-enders, parking lot fender-benders and side collisions while turning across traffic rank as the most common mishaps for drivers with diminishing skills, depth perception, or reaction time.

Most rehabilitation centres offer programs specially designed to evaluate older drivers’ skills, enabling diagnosis of physical, perceptual, or cognitive impairments. These programs are typically offered following a physician’s referral or a request from the SAAQ.
Schedule regular check-ups and eye exams.

A complete medical exam can reveal specific physical conditions that affect driving. For example, qualified medical personnel can check an older driver’s decision-making skills, reaction time, muscle strength, and joint flexibility.

Obviously, a physician should discuss the effects of all medications, warning of possible impairments to driving and harmful interactions.

At the very least, the doctor should discuss conditions such as anxiety and depression with the patient and explain to them how their driving might be affected. The driver’s pharmacist can also provided informed advice. Even if the older driver takes medications prescribed by more than one doctor, they should always have their prescriptions filled at the same pharmacy. Many pharmacies keep computerized patient records that automatically warn of dangerous drug combinations.

The same goes for eye-care professionals. Gently encourage the older driver to mention driving-related vision to their examiner. Then, the eye-care professional can specifically test for and identify those problems, such as glare sensitivity, loss of peripheral vision, and poor night vision. Depending on the results, that will lead to the best prescription for driving, a “daytime-only” driving restriction, or treatment for glaucoma, cataracts, and other diseases.

If you answered “yes” to any of the assessment questions, you have reason to be concerned, and the older driver in your life needs to take corrective action. The remedy may be as simple as an eye exam, a visit to the doctor, a regular exercise program, or a more appropriate vehicle. Or the driver may need a refresher course to renew driving skills and learn techniques that will help them handle new challenges safely.
Encourage regular exercise.
The driver’s physician can recommend an exercise routine to maintain strength, flexibility and general well-being.

Choose the right vehicle.
Often, older drivers feel safer in a vehicle that’s familiar to them. Nevertheless, a car with up-to-date features and comfortable, adjustable seats will give the driver an added margin of safety. That’s why it’s so important to take the time to make the necessary adjustments to any new vehicle. Look for the following features:

3.1. Height-adjustable seats
People get progressively shorter with age. By age 75, we can “lose” as much 7.5 cm (3 in.) in height. In most cars, the seat height can be adjusted so the driver has a good line of sight in all directions.

3.2. Tilt/telescoping steering wheel
Safety experts recommend that drivers of any age sit with their shoulders level with the top of the steering wheel and their breastbone at least 25 cm (10 in.) away from the airbag. A steering wheel that both tilts and telescopes (adjusts up and down, plus fore and aft) helps the driver find a safe, comfortable position.

3.3. Height-adjustable safety belt anchors
Many cars in all price ranges now offer adjustable shoulder-belt anchors for a comfortable fit, regardless of the driver’s size. Alternatively, sheepskin or padded “sleeves” for the shoulder belt may improve comfort and prevent chafing.

Belt-adjusting clips or straps that squeeze the lab belt and shoulder belt over the driver’s stomach should not be used, however. Although they promise greater comfort for short people, they tend to position the lap belt too high, over the abdomen rather than across the pelvis, which increases the risk of serious injuries in a crash.

3.4. Good visibility
Avoid vehicles with wide roof pillars (which create over-the-shoulder blind spots) and high rear deck lids or aerodynamic spoilers (both of which block sight lines when backing up). It’s also important to keep all windows clean, inside and out. Vaporized plastic from the interior eventually forms a film on the windows that visibility, especially at night. Regular cleaning every few months keeps this film from building up. Likewise, headlight lenses must be kept clean to get as much light on the road as possible.
3.5. A legible instrument panel
Letters, numbers and symbols on the gauges and controls should be easy to read in any light. The dimmer switch should be used to adjust the dashboard lighting at night—set it at a low but readable level to make the road seem brighter.

3.6. Oversized, glare-proof mirrors
At the very least, the rear-view mirror should have a setting that cuts headlight glare from trailing vehicles, and the car should have outside mirrors on both sides to help reduce blind spots. Some vehicles now offer light-sensitive mirrors (inside and out) that darken automatically to reduce headlight glare. These self-darkening mirrors are extremely effective at reducing glare while maintaining excellent rearward visibility. Furthermore, a wide-angle rear-view mirror and convex side mirrors can help drivers with reduced neck flexibility or peripheral vision; note, however, that they distort distances and require practice to use safely.

3.7. Convenience features
Push-button controls and levers are easier for older drivers to use than knobs, which require turning or twisting. Power windows and door locks eliminate the need to perform tiring and unnecessary reaching movements. They provide extra security as well. Power steering, meanwhile, compensates for reduced arm strength.

Another type of power steering, variable-assist, varies the force required to turn the wheel, making it easier to turn at low speeds, such as when parking, but firmer at high speeds on the highway.

3.8. Adaptive equipment
Pedal extensions, steering wheel knobs, hand controls for the brakes and accelerator, and other equipment can help drivers with special needs. To find out where to buy such accessories in your area, get in touch with a rehabilitation centre.
Suggest a refresher course.

Older drivers often need to be brought up to date on the Highway Safety Code, because amendments are made to it regularly. A refresher course can also refine skills and teach new behind-the-wheel techniques to compensate for the effects of aging. For a list of places where such courses are available, contact CAA-Quebec or a recognized driving school in your community.

Agree together on safe limits.

When driving assessments or medical exams reveal deficiencies that can’t be corrected by retraining or other measures, older drivers must consider restricting their driving, or even think about hanging up the keys for good. If the older driver has co-operated in the assessment process, actively participated in decisions along the way, and understood the effects of aging—and if you, as a loved one, have shown support, tact and understanding—they may accept the restrictions willingly.

Many older drivers will voluntarily restrict themselves to driving only during daylight and in good weather, for example, or only on well-known routes and at off-peak times. They naturally prefer such self-imposed restrictions to giving up driving entirely completely.

In view of the high cost of automobile ownership and use (between $6,000 and $9,000 per year, according to a CAA study), however, use of alternative modes of transportation should in some cases be considered. These can include the various kinds of public and collective transit systems, and even taxis. They allow an older person experiencing partial or complete loss of physical abilities to maintain a degree of autonomy in their travels—and to avoid the stress of driving in heavy traffic or inclement weather.

With the older driver, map out safe routes to the supermarket, shopping centres, medical clinics and other frequent destinations, and practice driving them together.
Choose roads and routes with:

1. Good lighting

2. Right-turn instead of left-turn intersections
   Instead of making a left turn to a destination, drive past the intersection and make three right turns around the block to get to the same spot. It’s a little more time-consuming, but a lot safer.

3. Clear signs and signals

4. Clear white or yellow lane markings

5. Easy-in, easy-out parking spaces

6. Light traffic
   If the older driver worries about expressway and highway driving, be sensitive to those concerns. Although highways are statistically safer than secondary roads, many drivers prefer to avoid these fast-paced environments. Older drivers also need regular practice (and perhaps refresher training) to keep their highway-driving reflexes sharp. So if your older driver prefers to avoid highways, try to find an alternative solution that they are comfortable with.
When refresher courses, reasonable limits and safe routes no longer seem enough, the time has come to retire from driving. In the best-case scenario, you and the older driver will already have discussed this possibility, investigated and weighed options, and made informed decisions long before then. Even with good planning and preparation, however, giving up the keys is never easy for anybody.

It marks the end of a stage in life, as well as the beginning of a new chapter in aging and its specific challenges. It’s an inevitable step, but one that must be taken realistically. It may provoke fear of becoming “stranded” or house-bound. “What am I going to do?” your loved one may wonder. “I’m not going to spend the rest of my days in a rocking chair watching TV!”

You can help allay those fears and ease the transition to a non-driving lifestyle. Here’s how.

**Explore public transportation.**

Make transportation an important consideration in choosing a retirement home. Generally, communities with mixed residential-commercial development accommodate pedestrians much better than exurban or rural communities. Urban areas and close-in suburbs usually offer convenient and reliable bus service along with other public/collective and adaptive transportation methods. Most public transit authorities also have discounted fares for seniors.

Contact your local or regional transit authority as well as government agencies offering services for seniors to learn more about transportation options. In some communities, retirement homes are served by shuttle buses. And in growing numbers of similar living environments, volunteers give of their time to drive older residents to doctor’s appointments, houses of worship, and so on. Contact your CLSC for details.

Above all, help your loved one with the “homework” involved in arranging public transportation. Find out where they can buy transit passes and how to benefit from seniors’ discounts. If need be, fill out the required forms and learn the schedules and routes. And why not accompany your loved one on their first public transportation adventures? This will encourage them to give public transit a fair trial and get over any initial apprehensions they may have.
Often, a senior’s first experience will influence his or her attitude and decision to continue. Just one hitch or misunderstanding on the first trip may lead to the conclusion that “this will never work.” Also, some people are afraid of getting lost, of crime, or of other mishaps. Travelling with a guide for the first few trips helps allay fears.

**Enlist mutual support.**

Obviously, friends, neighbours and other family members can help by giving your loved one a lift somewhere. But older people are often reluctant to impose, or to feel beholden to others, especially neighbours or friends. In these cases, encourage your loved one to reimburse their Good Samaritan. The passenger will feel more at ease, and the driver will feel more appreciated—and perhaps more eager to continue in the role of “volunteer taxi driver.”

Also, encourage the older driver to offer rides to others while they are still driving. That fosters a sense of mutual support and makes it easier to ask for rides later.

For some older people, motorized mobility aids (MMAs) may be considered as an alternative method of transportation allowing them to retain a degree of freedom in their travels. If your loved one is looking into acquiring and using an MMA such as a motorized wheelchair or a three- or four-wheeled scooter, be sure they learn the rules and regulations governing safe operation of the device and sharing of public roads with other users.5

MMAs are authorized for use on sidewalks and in bicycle lanes, on the right-hand edge of the road or on the shoulder, on roads with a single traffic lane in each direction and where the speed limit is 50 km/h or less. Their use is also permitted on the shoulder of a road where the speed limit is greater than 50 km/h as long as the shoulder is safe to use and at least one metre wide.

MMAs are forbidden, however, on controlled-access roadways, including highways and their on- and off-ramps, in the roadway of a road where the speed limit is greater than 50 km/h, and on a road having more than one traffic lane in each direction.5

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5 On June 1, 2015, a 3-year pilot project led by the Ministry of Transport, Sustainable Mobility and Transportation Electrification came into effect across Quebec. The goal is to experiment with the use of motorized mobility aids (MMAs) on sidewalks, on certain roads, and in bicycle lanes.
Wait a while before selling or “mothballing” the car.

Just because an older driver has decided to give up their keys doesn't mean they have to give up their car immediately. Often, seniors feel more secure just knowing that the vehicle is still there. Perhaps they believe that they could drive it in an emergency. They might also feel more comfortable and less obligated if you and other family members drive them on errands in their own vehicle. Whatever the reason, seeing the car every day in its usual spot often eases the transition to a non-driving lifestyle.

Be supportive and available.

Many seniors fear loneliness more than anything else. They see giving up driving as the first step on the way to losing contact with family members and friends. Do everything you can to assuage those fears. Let your loved one know that you're always just a phone call away. Make regular appointments to take them out, and reinforce your love and commitment.
HELPING AN OLDER DRIVER ANTICIPATE AND ACCEPT CHANGE

1. **Stop.**
Don’t scold or harangue a loved one about giving up the keys. The more you alienate an older driver, the less you can help.

2. **Look.**
Assess your older driver’s behind-the-wheel skills as objectively as you can. Encourage them to take a self-assessment and visit a medical professional for a vision and driving-fitness checkup.

3. **Listen.**
Hear and understand the older driver’s concerns. For many seniors, the mere thought of giving up the keys provokes feelings of dependence, abandonment, and virtual imprisonment. Recognize those feelings, try to ease their fears, and assure them of your continued love and support.

4. **Act.**
Above all, agree together on a plan of action. It may begin with self-imposed limits, such as driving only on familiar, uncongested routes, only during daylight, and eventually lead to giving up the keys completely.

*Remember: the earlier you discuss the inevitable consequences of aging, the better the chance that you and your loved one can come up with satisfactory solutions together. Your family discusses financial planning, medical care, and housing with an eye toward retirement. Make sure to include transportation needs in those conversations, too.*
Sometimes, an older driver’s fear of dependence overrides your caring, reasonable persuasion—and their better judgment as well. Other times, the older driver stubbornly denies having any problems with driving. The driver refuses to retire from the road until a serious collision scares them—or, worse, tragedy strikes. These cases often represent the most frustrating, painful and divisive struggles a family can face. They demand all of your tact, understanding and love.

Get help.

Studies reveal that older drivers give the least credibility to family members who criticize their driving. This can be especially true if the critic is their own child. “I’m still the parent, you’re still the kid, and you’re not going to tell me what to do,” they think—even if the “kid” is now a 50-year-old corporate executive. Older drivers show much more willingness to accept suggestions from police officers, doctors and friends.

Encourage your loved one’s friends—particularly fellow seniors—to frankly discuss driving problems and the possibility of giving up the keys. They should express their concern sincerely and sympathetically: often, their words will carry more weight than yours.

If possible, talk to the driver’s doctor as well. A health professional, depending on their field of practice, can file a report with the SAAQ providing the name, address and health condition of a person who they believe is unfit to drive. This procedure takes into account, among other things, illnesses, disabilities and other situations incompatible with operation of a motor vehicle as described in the Highway Safety Code.

In addition, any health professional is authorized to disclose to the SAAQ information that they have learned in the course of their professional duties. They may also report a patient for other reasons, at their discretion. Some doctors are reluctant to take the latter step, however, because they fear violating the patient’s confidentiality or because the legal criteria are too vague. At the very least, the doctor should professionally explain the effects of aging to the driver and make recommendations.

It’s important to keep in mind, however, that a physician or other health professional (e.g., nurse, occupational therapist, optometrist, psychologist) may be required under their code of ethics to report a patient who might be an unsafe driver because of a health condition. In addition, every licenced driver is required under the Highway Safety Code to inform the SAAQ of any change in their state of health that might affect their driving ability.

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6 Société de l’assurance automobile du Québec, Declaration of Illness or Functional Impairment (form attached with the annual driver’s licence renewal notice).

7 Société de l’assurance automobile du Québec, Declaration of Illness or Functional Impairment (form attached with the annual driver’s licence renewal notice).
In focus groups at the University of North Carolina Highway Safety Research Center, people age 65 or older from various parts of the U.S. talked about their behind-the-wheel skills, the prospect of giving up driving, and their feelings about this important life change. Here is a sampling of their comments:

“When I do drive, before I start anyplace, I map in my mind where I’m going, how I’m going, lanes that I’ll use to get me where I’m going safely. I know what I’m doing, can do, and am supposed to do.”

“We think, ‘Well, I know what I’m doing.’ But maybe we really don’t. . . . We think we’re good, but we might not be as good as we should be.”

“I haven’t driven for 5 years. I still have my driver’s license. I could pass the test, but I don’t drive. I had panic attacks. Traffic just scared me to death. . . .”

“I could have bought a car, but the insurance would’ve been too high. It would have been about $1,700 a year to drive.”

“You need to develop a network around you. You can do things for them, and they can do things for you.”
A procedure exists whereby anyone can report an unsafe driver (regardless of their age) to the relevant authorities—in this case the SAAQ. Police officers are also empowered to file such a report after a collision involving a “suspect” driver. Usually, if the SAAQ finds the complaint reasonable and credible, the driver in question will be required to take one or more exams determined by the SAAQ, and their licence may be revised or revoked based on the results.

Before taking this drastic step, however, contact the SAAQ to learn the complete procedure and the full consequences. Usually, the person filing the report must reveal their name, although the government promises to hold it in confidence. If you're unsure, you can ask a friend, a more distant relative, a doctor, or a police officer to file the report for you. Above all, think through the full ramifications of filing such a report, including prospective court appearances, your personal involvement and of course the possible consequences to the driver. In short, prepare yourself to take responsibility and live with the consequences.

No one likes to report a relative to the authorities. But sometimes safety demands it as the only alternative to a personal confrontation with a loved one—or a more devious act, such as stealing and hiding their car keys.

Of course, frank discussions, early planning, and continual attention to the requirements of aging loved ones are the best ways of avoiding the need for such drastic steps. For most people, giving up the keys—like aging itself—is not a sudden event but a gradual process. If your loved one knows what to expect and is prepared for the inevitable, the transition is likely to be less painful for them and they will accept their new role as a passenger.

To contact the Société de l'assurance automobile du Québec, call 1 800 361-7620 or visit its website, www.saaq.gouv.qc.ca.
FOR MORE INFORMATION

EMAIL: INFO@FONDATIONCAAQUEBEC.ORG

WEBSITE: WWW.CAAQUEBEC.COM/EN/CAA-QUEBEC-FOUNDATION

CAA-QUEBEC FOUNDATION
444, BOUVIER STREET
QUEBEC CITY, QUEBEC, G2J 1E3