As the Executive Director of the Medical Board of California (Board), I attend numerous conferences and trainings providing presentations on the Board’s Guidelines for Prescribing Controlled Substances for Pain and the enforcement process. At these meetings, I see physicians continuously striving to find better ways to provide the best possible care for their patients, true to the heart of the Hippocratic Oath that the physician takes.

I recently attended a daylong symposium that provided education to physicians on pain management, opioids, medication assisted treatment, and other modules related to these issues. During the training, two patients provided their perspectives on their journeys through life with chronic pain. The reoccurring theme for both patients was finding a doctor who would be a champion for them in managing their lives and pain. They described their champion physician as one who took time to look up new and innovative treatment, the physician who encouraged the patient to try other treatment modalities besides opioids, and those who spoke frankly with them. These patients inspired me and I wish all physicians could hear their stories.

The most impressive thing I saw that day was the care and concern the physicians attending the meeting demonstrated for their patients, which was evident through close attention they paid to the information being provided and the questions they asked. I saw this demonstrated as I waited to speak to one of the patients after her presentation. A physician from the audience followed the patient out of the room to ask her if she had heard about a new medication for migraines that was just starting to be used that could be beneficial to the patient. This physician was not the patient’s physician.
Driving is important for maintaining independence, especially as we age. Driving cessation has been associated with declines in social, mental, and physical well-being. However, driving is a complex process, and road safety is a public health concern.

In some circumstances – when someone experiences a loss of consciousness, seizure, stroke, or other major life-changing event – counseling patients on driving may be clear cut. However, many situations may be more nebulous, as in the following example, which highlights the need for heightened clinical attention.

**Example:** An 83-year-old woman with a history of longstanding type II diabetes presents for a routine follow-up. She reports generally doing well. She has no concerns and notes adherence with medication management. During the examination you note mildly progressed neuropathy to the mid-foot bilaterally and a lateral superficial abrasion on the right distal fifth metatarsal. After further questioning, she notes not being aware of her foot abrasion until getting dressed a few days back. You review her recent ophthalmologic evaluation, which notes her treatment plan for macular degeneration. You inquire about driving. She states she is a good driver, but she avoids driving at night and generally only drives within 10 or so miles from her house.

In cases like this, referral to an appropriate specialist may be indicated to assess how the medical conditions may impact the patient’s driving safety.

The Training, Research and Education for Driving Safety (TREDS) program at the University of California San Diego (UCSD) has developed a five-minute video titled “The Driving Rehabilitation Specialist: A Resource for Clinicians.” The video highlights the role of the driving rehabilitation specialist (DRS), an occupational therapist with advanced training, to assess patients for driving fitness. Typical services include a clinical driving evaluation, on-the-road testing with real-time feedback, and recommendations for adaptive equipment. Although services provided by a DRS

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are often not covered by insurance plans, patients may be willing to pay the fee, which usually ranges from $400 to $600 for an evaluation.

Addressing driving impairments with patients is a challenging task, especially in ambiguous situations, and the topic of driving retirement should be approached with caution. The DRS can provide additional counseling and resources to allow patients to continue driving and maintain their independence for as long as safely possible.

For additional information, including a tool to locate DRS providers in your area, visit the [TREDS website](http://www.tredsup.org) or call 858-534-8386.

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