Capsule Commentary on Betz et al., “I Wish We Could Normalize Driving Health”: A Qualitative Study of Clinician Discussions with Older Drivers

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J Gen Intern Med 28(12):1644

DOI: 10.1007/s11606-013-2515-0

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Betz et al.¹ used qualitative focus groups and semi-structured interviews to explore the roles and responsibilities of providers, patients, and caregivers when discussing driving cessation due to age-related impairment. They found that both providers and older drivers prefer to discuss stopping driving *preventatively*, rather than after a driving-related incident. While primary care providers have the legal ability to revoke driving privileges, they often lack knowledge of older adult's driving practices. This suggests a significant gap between the espoused ideals and actual practice of patient-centered care in general practice.

As an ideal, patient-centeredness is a philosophical orientation that seeks to place patients at the center of their own care.² In practice, primary care providers can be placed in a difficult position when patients or their caregivers make inappropriate requests for treatments, diagnostic tests, or other procedures, including revoking driving privileges. Communication is key to balancing patient-centeredness with medical authority.³ Routinizing discussion about difficult topics, such as driving safety, during office visits may help open a dialogue about difficult issues, while helping to normalize difficult conversations at a later time. Previous research has shown that discussing difficult topics before they become a necessity may help to ease emotional risk for providers, patients, and caregivers.⁴ In the study, Betz et al. sampled older adults who were still driving and did not perceive their own driving to be at risk. One significant and unaddressed question is whether this population would be willing to discuss driving if they knew their independence was at stake. Advance discussions may help older drivers imagine a future in which they will no

longer drive and may help providers identify patients at risk for unsafe driving. However, providers also need effective techniques to identify drivers who may be at risk and better communication training to hold these potentially charged conversations. The challenge for primary care providers is to make difficult recommendations while maintaining a humane therapeutic alliance, a balance that walks along the razor's edge.

This study suggests a testable hypothesis that the frequency of difficult conversations may help to normalize stigmatized health topics. The implications of this communication technique goes well beyond driving cessation, as it may be useful for other difficult conversations, such as end of life planning, sexual health, and treatment intensification.

Conflict of Interest: The author declares he has no conflict of interest.

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