Driving and dementia – Best interest decisions

These are the most frequently asked topics around Driving and Dementia – provided by The Alzheimer’s Society.

Note that this information sheet is about Group 1 driving licences (for cars and motorbikes). The rules about Group 2 licences (for lorries or buses) are much tighter – see DVLA’s At A Glance guidance.

DVLA are always happy to give advice, although cannot discuss individual cases by phone - call them on 0300 790 6806.

Q. Does someone who has been diagnosed with MCI need to notify DVLA?

A. It depends. Someone with mild cognitive impairment (MCI) needs to tell DVLA if their condition is affecting their driving. Current DVLA guidance on this (May 2014) says:

“if there are any concerns that driving may be adversely affected [by MCI] then DVLA should be notified to allow enquires to take place.”

If people are unsure about the matter, a good prompt question is: ‘Would you feel it was safe if a 5 year old grand-daughter was in the car alone with the person driving?’

If someone has been advised to notify DVLA about MCI then they should also tell their car insurers. If not, then probably not (though there is no clear guidance on insurance and MCI).

Q. What if someone is diagnosed with dementia but refuses to tell DVLA?

A. This is of course quite common. Guidance to Alzheimer's Society staff is:

1. The need to notify DVLA should be reinforced to the person: ‘Not to notify is breaking the law. How would they feel if they had an accident (for which their insurance cover would not be valid)? Yes I realise it’s a big thing if they do have to stop. But they could get the bus – it will save money and stress’. This discussion can be led by the GP or other professional, a family member or staff member according to who has most influence.

2. If the person continues to drive without notifying DVLA, then the doctor (or member of staff, or possibly family member) is entirely within their rights to contact DVLA in the interests of the safety of the person with dementia, passenger(s) or wider public. Contact to DVLA will need to include the person with dementia's full name, date of birth, address and reasons for the concern. It cannot be done by phone: send by fax (0845 850 0095), email (eftd@dvla.gsi.gov.uk) or post. DVLA will follow up with the person but not reveal who contacted them. However, in the interests of transparency, the doctor or staff member should tell the person they have done this and make a written record. (It probably will not go down well, but the alternative – a potentially fatal accident – is surely worse.)
Q. What if someone has been told to stop driving but continues to do so?

A. This is common when the person lacks insight or awareness, or just forgets. If so, a strong case can be made that they lack capacity to decide whether to stop driving. A best interests approach is then justified.

Advice to staff, based on GMC guidance for medical professionals is:

1. Make every reasonable effort to persuade the person to stop driving. (Getting the local police involved might provide an authority figure to convince the person. Or something in writing from their GP or solicitor. But if they genuinely lack insight, these approaches may well still fail.)

2. If this fails, inform DVLA promptly (details as above). In the interests of transparency, you will need to advise the person and family what you have done, and make a record.

3. Families use a range of tactics to prevent the person from driving (based on the best interest’s argument). Depending on circumstances these include:
   - Keeping car keys somewhere inaccessible
   - Putting a lock on the steering wheel
   - Parking the car out of sight - so removing a visual reminder
   - Selling the car - if they can manage without it.

Remember that these measures should be proportionate and the least restrictive option. They are listed above in an approximate order of least to most restrictive.