

Multidisciplinary assessment and reporting of fitness to drive in brain tumor patients: A gray matter.

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Background: In some jurisdictions, there is a legal requirement for physicians to report medically unfit drivers. Objectives of this study are to determine physician knowledge and attitudes on reporting legislation and driving assessment, and review our institution's experience in evaluating fitness to drive in brain tumor patients.

Methods: Physicians caring for brain tumor patients in South-western Ontario were identified by public databases and surveyed by mail. Survey questions elicited demographics, opinions, and factors influencing the decision to report. Patients receiving brain radiotherapy at our institution between January and June 2009 were identified and details of driving assessment were extracted. Fisher's exact test and a logistic regression model were used to determine differences in responses between specialists and family physicians and factors influencing reporting.

Results: Surveys (n=467) were distributed with 198 (43%) responses. Most (76%) felt that reporting guidelines were unclear. Neurologists (43%) and Family Physicians (22%) were felt to be the most responsible to report unfit drivers. Compared to specialists, Family Physicians were less likely: to be comfortable with reporting ($p=0.02$), to consider reporting ($p<0.001$), or discuss the implications of driving ($p<0.001$). Perceived barriers in assessing fitness to drive included: lack of tools to assess (57%) and the impact on the patient-physician relationship (34%). 158 patients were retrospectively reviewed. Forty-eight patients (30%) were reported to the provincial licensing authority and 64 (41%) were advised not to drive. 53 patients experienced seizures, of which 36 (68%) had a documented discussion on driving. Only 30 (56%) of these patients were reported to the licensing authority despite legal requirements. Age, primary disease, previous neurosurgery and seizures were predictive of reporting ($p<0.05$). On logistic regression modeling, seizures (OR 12.4) and primary CNS disease (OR 15.5) remained predictive of reporting.

Conclusions: Despite guidelines and laws, the assessment of fitness to drive in patients with brain tumors is not routinely conducted or documented in a multidisciplinary setting.

April 10, 2012

Novartis Oncology Young Canadian Investigator Awards (NOYCIA) Program

RE: Dr. Alex Louie

It is with great enthusiasm that I am writing to you in support of Dr. Alex Louie, chief resident in Radiation Oncology at Western University, who has applied for the NOYCIA program.

Dr. Louie is a previous winner of NOYCIA, and as you may recall was one of three podium presenters at last year's event. It was a certainly a pleasure to witness Alex discuss and defend his work on Markov modeling of treatment options for Stage I NSCLC before a multidisciplinary audience in Chicago. This year, his submission is entitled *Multidisciplinary Assessment and Reporting of Fitness to Drive in Brain Tumour Patients: A Gray Matter*.

With a genuine sense of curiosity, Alex found an inconsistent approach to when physicians report to licensing authorities that a brain tumour may affect the ability to drive. Further investigation uncovered guidelines for when to report such patients is vague. Very quickly he saw the ethical issues around these uncertainties – who should report, when to report while respecting patients' autonomy, and the realization that reporting practices likely relate more to fear of litigation than patient safety. The intricacies of this public health dilemma are described in a pilot survey, soliciting opinions from Canadian Radiation Oncologists that has since been published.

In a follow up to this study, he similarly surveyed physicians involved in the care of brain tumour patients in Southwestern Ontario. The results showed that Family Physicians, compared to their Specialist counterparts, were less likely: to be comfortable with reporting, to consider reporting, and to discuss the implications of driving with a brain tumour. The discomfort with driving assessment was felt to be due to a lack of tools to properly perform the assessment, and the fear that reporting would negatively impact the patient-physician relationship.

In the final phase of Alex's research, a 6-month audit of our centre's experience on assessing brain tumour patients' fitness to drive was performed. He found that despite guidelines and laws, a significant proportion of patients who had experienced seizures were not reported as unfit to drive to the ministry of transportation, and/or lacked a documented discussion on the implications of driving.

Dr. Louie is a young Oncologist whose impressive resume is a testament to his commitment to Medicine, Academia, mentorship, and public health. He has made extraordinary contributions to Radiation Oncology in his capacity as the Resident and Fellows director of the Canadian Association of Radiation Oncology and has spearheaded numerous community-based volunteer

activities. He is by far the most prolific resident that I have encountered from a research point of view, having produced 15 peer-reviewed publications, along with several national/international awards, grants, abstracts, and presentations in four years of residency training.

In summary, I feel that Alex's work in this important public health issue is more than worthy of recognition at this year's NOYCIA program. Please feel free to contact me if there are any questions regarding this application.

Sincerely,

A handwritten signature in blue ink, appearing to read "George Rodrigues".

George Rodrigues, MD, FRCPC, MSc
Associate Professor, Depts. Oncology/Epidemiology and Biostatistics, UWO
Clinician Scientist, Radiation Oncology, LRCP
Associate Scientist, Lawson Health Research Institute
Medical Director, Genitourinary Multidisciplinary Team, LRCP

ALEXANDER LOUIE

I first developed the idea for this project as I noticed an inconsistent approach for when brain tumor patients were reported as unfit to drive to the ministry of transportation. I was the primary person to develop the framework and design of the project and my supervisors aided to ensure clarity of the survey and also to direct me on accessing the appropriate databases for patient review. I had designed the survey and piloted it through the Canadian Association of Radiation Oncology, and based on feedback, modified it as necessary. I coordinated review of charts, as well as correlating these findings with letters that had been submitted to the ministry of transportation. I supervised a medical student and undergraduate student, who aided with data entry, and telephone follow-up, respectively.

Contribution percentage:

85%