

DRIVING AFTER A BRAIN INJURY

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Brain injury can result from trauma as well as from acquired causes such as strokes and brain tumours. Whatever the cause, the end result is that your “control centre” is affected – to a mild, moderate or severe degree. This can lead to disabilities, such as speech impairments, visual impairments, physical disabilities and cognitive impairments.

After a brain injury, rehabilitation assists with getting back to as many of your normal life activities as possible. Driving is one such activity, and in South Africa many people rely on driving their own vehicles to get to work, the shops, banks, government departments, places of worship, educational centres, recreational facilities and so on. After a brain injury you may be keen to find out if you can drive again or (if you did not drive previously) if you fit to learn to drive.

Driving is a multifaceted activity involving physical, perceptual and cognitive skills. If some or all of these abilities are affected by your brain injury, it may be unsafe or illegal for you to drive. Bear in mind that driving is a particularly high-risk activity in South Africa – our crash rates are very high by international standards and the last thing someone with a brain injury wants is to be injured further! In 2004 alone, we had 42 fatalities a day on our roads¹; in a typical year, more than 46 000 drivers and 44 000 passengers are seriously injured². Johannesburg’s death rate of 56 per 100 000 population is well above the death rates of Tehran (39), Delhi (12), New York (5) and London (3)³. The World Health Organisation expects road deaths to be the third ranking cause of death, worldwide, by the year 2020.

Driver error is implicated in a very high proportion of crashes (over 90%) so driver safety is a critical issue. It is also worth considering that if you are involved in an accident when you should not have been driving in the first place, any insurance and compensation claims will probably be repudiated – even if the accident is in no way your fault.

What does our law say about driving after a brain injury?

The relevant law is the National Road Traffic Act, Act No. 93 of 1996. Chapter IV of the Act deals with driver fitness, and Section 15 specifically mentions what conditions lead to disqualification from driving or even holding a learner’s or driver’s licence. These include conditions involving muscular incoordination, sudden attacks of dizziness or fainting, uncontrolled epilepsy and defective vision, as well as or any other condition which could make you unable to effectively operate a motor vehicle without endangering the public. Section 16 states that you may not willfully fail to disclose any conditions that would disqualify you. In fact, you are required to hand in your driver’s licence to your provincial MEC for Transport within 21 days of becoming aware that you have a disqualifying

¹ Rob Handfield-Jones. Feb 2005. AutoDealer editor and driving skills specialist (statement backed by the Automobile Association, Drive Alive and the Committee for Active Road Safety (CARS)).

² Dav Johnson, Automobile Association of South Africa, reported in The Star “Motoring” supplement, 8 Sept 2005.

³ Paper delivered at Urban Age Conference in Johannesburg by Geetam Tiwari, associate professor of Transport Research and Injury Prevention at the Indian University of Technology; reported in The Star newspaper on 10 July 2006.

condition. If the MEC is satisfied that you **can** continue to drive safely, your licence will be re-issued (endorsed, if necessary, to show that you need to use glasses, an artificial limb or another physical aid to help with driving). If you receive an endorsed licence, you can apply for this endorsement to be lifted after 5 years if you no longer need that modification.

If the MEC feels that you would be a source of danger to others if you drive a vehicle on a public road, your licence may be suspended or cancelled. If it is not clear whether or not you are safe to drive, you may have to go for re-testing.

People who have not driven before should get medical clearance before they start learning how to drive.

Section 31 of the National Road Traffic Amendment Act, No. 21 of 1999, says that any traffic officer who pulls you over and feels that you are unsafe to be handling a vehicle can temporarily forbid you to drive. If this happens, your vehicle may be placed in safe storage to prevent you from driving it.

The law is generally stricter for Group I, II and III drivers (ie. professional drivers who transport passengers or goods, or drive specialized vehicles). The driver fitness requirements are more lenient if you are an ordinary member of the public (known as a Group IV driver).

Recognising the danger signs

People with brain injuries may not be fully aware that their driving skills have been damaged, or may lack insight into why they should not drive. You and your family should look out for the following danger signs, which suggest that you should not be driving:

- Erratic or inappropriate driving speed
- Confusion about changing lanes, indication, following a route
- Ignoring traffic lights and road signs
- Showing poor judgement – eg: keeping an unsafe following distance
- Inappropriate reactions – eg: slow reaction time, failing to react defensively in dangerous situations
- Exhaustion, headaches and eyestrain after driving
- Passengers being nervous
- Marked over-confidence or under-confidence when driving
- New scrapes and dents on the vehicle, due to misjudging widths and distances
- Significantly worsened driving ability with distractions like having a radio on or having noisy children in the car – this points to problems coping with too much sensory information at once
- Medication side-effects like drowsiness or blurred vision

Remember that many driving skills become automatic after a long period of driving. You and others may think that you are driving well when you are relying on habitual responses. However, you may have difficulties when you have to respond to unexpected situations on the road. Problems like forgetfulness and poor concentration may also affect you more when you are driving in unfamiliar areas, heavy traffic or bad

weather, poor weather or heavy traffic, as well as during long-distance driving or night driving. The other thing you may find is that your old “automatic” driving ability is not so automatic anymore! You will need some time to build up this ability again.

Skills needed for safe driving

Before you consider starting or resuming driving, consult professionals like doctors, occupational therapists and neuropsychologists to assess whether you have the abilities listed below:

- physical stamina
- good vision in front and out of the corners of the eyes
- quick reactions and reflexes (to be able to brake or turn to avoid crashes)
- good co-ordination between your eyes, hands and legs
- ability to make decisions quickly
- adequate concentration and memory ability
- absence of any problems which can affect your consciousness (eg: fits or black-outs)
- ability to judge what is happening around you on the road – this includes being able to recognize colours, distances and spaces
- ability to read road signs and markings correctly

South Africa as yet has no specialized driver assessment and rehabilitation programmes, as are found in many other countries. Typically, these subject people to thorough clinical assessment, off-road driving assessment and on-road driving assessment, to come up with a holistic view of their fitness to drive. Treatment may also be offered to help bring driving-related skills up to the required standard. People who are interested in making use of such a service are invited to contact the author of this article at 011 440-0325, as she is currently exploring setting up a programme in the Johannesburg area.

Alternative transport

While it is frustrating not to be able to drive if this was a regular part of your life before your brain injury, the potential consequences are so severe that you should not even consider driving whilst not fit to do so. Lifestyle adaptation may be needed, along with creative use of alternative transport mechanisms including public transport, private taxi systems, Dial-a-Ride services for people with physical disabilities, and calling on support from friends and relatives. Patience and a step-by-step approach are needed, along with an acceptance of what stage you are at in your recovery process.