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Seniors, Mobility and Independence: An Issue of Ethics

Background

Dateline: July 16, 2003, Santa Monica, California. An eighty-six year-old man drives past yellow warning signs at the Santa Monica Farmers' Market, plowing through shoppers and killing ten people. The investigation determined that he had mistaken the gas pedal for the brake pedal. What was particularly macabre about the scene was that, in the midst of bodies being thrown over the hood of his car, directly in his field of vision, he was driving with eyes wide open, hands in the "10 o'clock and 2 o'clock positions"—in his opinion, no doubt, the safest way to drive.

Dateline: Thanksgiving 2005, San Clemente, California. My father, 85 years old, driving with my mother and my daughter. In making a left turn on to El Camino Real, he is focused on a pedestrian crossing the street. He is totally unaware of another car making a right turn at the intersection. The second car comes within 6 inches of crashing into the passenger side of my father's car—directly where my daughter is seated.

My topic tonight is "Seniors, Mobility and Independence: An Issue of Ethics." I chose this topic because I have been troubled by the number of "close calls" I have witnessed while a passenger in my father's car. My dad is an independent sort, and prefers to be behind the wheel rather than in a passenger seat. And, I love him dearly.

My sister, brother and I have had numerous discussions about the "dad driving" situation. In most of these "close calls" my father appears to be unaware of the danger averted, even after the incidents. Most occur during left turns, lane

changes, and freeway entrances and exits. As his concerned children, we've asked him to at least allow one of us to drive in "risky" situations, such as at night. No. He denies there is a problem with his driving, and my mother makes it a point to say that she "pays attention" when he drives, and warns him of dangers. As his wife, her defense of the driving situation merely contributes to their mutual denial of the problem.

On the surface, there are things we could do. We could, I've learned, call the DMV and ask that he be tested. If he performed poorly (which might or might not happen), his license could be restricted or taken away entirely. But, in addition to the family conflict that would unleash, and the logistical difficulties it would cause, this would take away my father's independence, a critical element to his health and well-being.

I share my situation as background to my presentation tonight. However, there is a much broader context to the issue of older drivers. First, a key element to "successful aging" is one's ability to maintain involvement and independence. Secondly, we as a society *need* the contributions of our senior citizens. As the present generation of Baby Boomers ages, these contributions will become even more important to our social and economic well-being as a nation. So serious is this problem that *The Economist*, in a series of articles published in February of this year, used the term "brain drain" to describe the loss of the skills and expertise of the aging population.[1] Fortunately, 80% of Baby Boomers do intend to work during their "retirement years."[2] This does, however, have implications for the necessity of mobility for our senior citizens.

So…. what are the issues? What are our choices? What is the ethical response? First, let me present the context from which I chose to explore my topic.

[1] *How to Manage an Ageing Workforce*, The Economist, February 18, 2006.
[2] Chris Hansen, *No Place Like Home* (September 2005).

The Context

In 2006 some things have changed very little and some things have changed very much. On the first count, recall the words of Cicero as he spoke of Old Age in 65 BC: "I find that there are four reasons for old age being thought unhappy: First, that it withdraws us from active employments; second, that it enfeebles the body; third, that it deprives us of nearly all physical pleasures; fourth, that it is the next step to death." While I do find the fourth reason an interesting one, since my topic is "Seniors, Mobility, and Independence" I'll reference only the first three: active employment, feeble body, and physical pleasures (specifically driving).

A plethora of research supports the belief that active involvement in life is a critical element to keeping people alive and healthy longer. A 1993 report, "MacArthur Foundation Study of Successful Aging," published in the Journal of American Geriatric Society, found three key predictors of aging well: low-risk of disease and disease-related disability, high mental and physical function, and active engagement with life."[3] In support of this finding, a recent study by the American Association of Retired Persons (AARP) entitled "Beyond 50.05: A Report to the Nation on Livable Communities" found that levels of community engagement were significantly different for those who drive themselves compared to those who do not drive: 80% of drivers have high or moderate levels of community engagement, compared to 57% of non-drivers.[4]

My family is a wonderful illustration of the point that activity begets health: my father, as I mentioned, is 85 (86 in a few weeks), and my mother had her 83rd birthday last week. Both have played tennis all their lives, in fact several times a week until just a few years ago. My parents together operated an insurance

[3] *MacArthur Foundation Study of Successful Aging*, J Am Geriatric Soc. 1993 Jul; 41(7):715–21.
[4] *Beyond 50.05*, AARP, p.42. Findings based on a survey conducted for this report.)

business for 50 years, retiring only a few years ago. They golf, entertain, and paint their own walls. And they frequently drive from "here" to "there."

But living longer and healthier lives does create a different environment for us as a society. One need only consider the Social Security issue to understand this. (Even IHop has acknowledged the pushing back of the "senior" age bracket by increasing the lower threshold of their Senior Menu from 55 to 60.) And it's not simply people living longer—it's also the numbers of people just now entering the "senior" category: that phenomenon known as the "Baby Boomers." As a group, the Baby Boomers are different than their predecessors. They are more active and in better health. They treasure their independence. They are accustomed to mobility. And, there are *LOTS* of them:

Between 1960 and 2003, the number of individuals 65 and older has more than doubled (a 116% increase); by 2029, when the last boomers reach age 65, this segment of the population will nearly double again, and by 2030 one in five Americans will be 65 or older.[5]

In 1990	3 million
In 2000	3.8 million
In 2010	4.3 million
In 2020	5.2 million
In 2030	9 million
In 2040	10.1 million

Consistent with the health and longevity of our older population, 80% of Americans aged 65 and older have drivers' licenses – and that is based on 2003 data.[6] The number of licensed drivers aged 65 and older continues to increase: In California alone there were 2 million licensed drivers in this age group in 1990; the number grew only to 2.5 million in 2000. By 2020, it is projected that 4 million seniors aged 65 and older will hold drivers' licenses, and by 2040, nearly 7 million.[7]

[5] *Safe Mobility for a Maturing Society: Challenges and Opportunities*, US Department of Transportation (2003).
[6] Art N. Houser, *Community Mobility Options: The Older Person's Interest*, AARP Public Policy Institute (August 2005).
[7] California Highway Patrol, *Facts and Figures*, Older Californian Traffic Safety.

I see all of this in a context of ethics. Because I've no training in philosophy, I did a bit of research into what exactly *IS* ethics. Using Wikipedia as a source, I found two branches of ethics that could be applied to my topic. The first is *normative ethics* [8]—a study of right and wrong, of obligation, and duty (among other things). Given the potential risk of my father's driving to himself and others, what are my obligations as a daughter in the context of his own need for mobility and independence?

The second branch of ethics is *applied ethics*, which relates normative ethical theories to specific controversial issues; these issues often have a bearing on public policy. This interests me as a framework for addressing the risks posed by older drivers in a way that can benefit society. A friend of mine, Dr. Raymond Hoche-Mong, who DOES have a degree in philosophy, posed the definition of ethics as, *a social lubricant that allows all facets to cooperate smoothly*. "Social lubricant." That's pretty straight-forward. And it also acknowledges the "softer" side of ethics, allowing both reason and gracefulness to be applied.

Notwithstanding these definitions, I prefer to think about the question before us tonight as "What's love got to do with it?"

The Facts I: *Older Drivers*

The facts are that older drivers *are* different. A workshop series focusing on the use of technology to meet the needs of an aging population was sponsored by the National Research Council through the National Institute of Aging (Office of Behavioral and Social Research). The workshops produced a series of papers published in 2004 as *Technology for Adaptive Aging*. Older drivers *are* different, the workshops found, in three broad areas: [9]

[8] Wikipedia.com
[9] Joaquin Meyer, "Personal Vehicle Transportation," *Technology for Adaptive Aging,* pp.255-263, (2004).

1. The present cohort of older senior citizens was learning to drive as automobile usage was becoming more widespread throughout the 1920s and 1930s.
2. Disease (e.g., Alzheimer's) and medication (such as those that increase drowsiness) compromise driving ability.
3. Age-related changes may affect sensory reception (affecting vision[10] and hearing), neural processing and transmission (affecting attention, memory, information processing and decision-making) and motor response (affecting muscular strength, muscular reflex speed and neck flexibility).

But do these differences translate to poorer drivers? Well, yes, says the US Department of Transportation, referring to the issue as a "public health and wellness problem."[11] It should be noted that the impact of accidents by older drivers on other road users is about the same as other age groupings: older drivers are, in fact, more likely to be their own accident victims.[12]

The graph of accident rates across age groups roughly approximates a deep *U*: rates for the youngest drivers, aged 15 through 19, are highest at 2.40 times the *norm*; as drivers age rates drop and flatten until age 80 when they begin to increase. By the 85 through 90 age group, they are high again at 1.69 times the norm, not quite as high as rates for the youngest drivers. [13]

"Collision fault" follows a similar pattern, with the rate for the youngest drivers at nearly three times the average (2.97), with rates dropping again until the 85 to 90 age bracket when they are exactly the same as the youngest group (2.97). It may also be significant that while traffic fatalities for younger Americans have

[10] There are six major categories of visual ability, each affects driving ability differently. DMV screening tests only ONE of these. (Meyers)
[11] *Safe Mobility*, DOT, p.6.
[12] *Facts and Figures from the Older Californian Traffic Safety.*
[13] Ibid.

decreased significantly over the last 20 years, those for older adults have not.[14] Moreover, the Department of Transportation points out that because many older people "self-limit" their driving and avoid the highest risk situations, their accident rates are lower than one might expect. [15]

The third set of relevant data is the rate of fatalities. In terms of being a danger to themselves, the fatality rate for drivers is also U-shaped: roughly seven times the average fatality rate (the average rate expected set at "1") per vehicle mile traveled for 16 year-olds, dropping steadily to less than 1 for the 40 – 55 age group, and climbing to 8 for 85-year-olds.[16] There is much debate that this may be partially explained by increased fragility of older people: traffic crash injuries are the third leading cause of fatal injuries to Californians 65 and older. As the number of seniors swells, these statistics paint a compelling need to study the issue and develop creative responses.

As might be expected, older drivers are involved in different types of accidents than younger drivers. For drivers 80 years and older, more than half of fatal accidents occur at intersections, compared with 24% or less for drivers up to 50 years of age.[17] According to the US Department of Transportation, citing a 1977 study by Waller, House, and Stewart, "these findings reinforce a long-standing recognition that driving situations involving complex speed-distance judgments under time constraints—the typical scenario for intersection operations—are more problematic for older drivers.[18]

Older drivers themselves report changes in types of driving difficulties as they age. Focus group studies of ages 66 – 68, compared to 77 and older found the following driving tasks most problematic: following pavement markings, finding

[14] *Safe Mobility*, DOT, p.2
[15] *Safe Mobility*, DOT, p.2.
[16] *Safe Mobility*, DOT, p.3.
[17] Insurance Institute for Highway Safety, 1993.
[18] *Older Driver Highway Design Handbook*, US Department of Transportation (January 1998).

the beginnings of left-turn lanes, reading street signs, and making left turns, especially at intersections.[19]

The Facts II: *The Need for Independence*

Well, fine, you say. Let's find a way to at least keep seniors (like my father?) off the road, where they won't be a danger to themselves and others. Friends of mine, one a physician, Dr. Roger Mortimer, and the other a psychologist, Dr. Amanda Mortimer, together had this comment when I related my topic to them: "Ethics? The ethical response, of course, is to report your father to the DMV for re-testing. You have a responsibility to society to take keys away from those who are poor drivers." Similarly, friends don't let friends drive drunk.

But things aren't really so simple. First, how *often* is he a poor driver, a threat to self and others (such as my mother), and in comparison to what? We've all seen risky driving committed by people of all ages—especially those 19-year olds who have been driving just long enough to *know* they can beat the odds.

Secondly … I cannot even fathom the deflation this would cause my father. I'd like to quote the statement of Dr. Byron Thames, a member of the AARP Board of Directors:

> "As a family doctor, I can tell you first hand what happens when seniors lose their independence and are stranded without adequate transportation options. It's not just a matter of a little inconvenience. They become sedentary and isolated, and it sucks the life right out of them—literally and figuratively. It cuts them off from family, social opportunities and civic activities. …It too often leads to depression, obesity, even alcoholism, and

[19] *Older Driver Highway Design Handbook*, citing a study by Benekohal, et al. (1992).

declining health in general….There can be no dignity or purpose without the ability to get from here to there." [20]

I noted earlier that AARP conducted a survey and published a report in May 2005 regarding senior citizens and transportation. The "Beyond 50.05" survey showed a strong connection between driving and successful aging. "Individuals 50 and older, like persons of all ages, see driving as assuring independence and freedom." [21]

And there are other considerations. Driving plays a large role in enabling older persons to socialize and to engage in activities that support their communities.[22] This support of communities includes more than the stereotype of the older volunteer, giving two or three hours a week at the soup kitchen: older people have contributions to make in every area of society—as grandparents, in the workforce, to the economy as both consumers and workers, as entrepreneurs, scientists, philosophers, poets, artists, theologians—the list goes on. Can we as a society afford an immobile older population?

Choices we have today

Back to my father. What are my choices today? Well, he and my mother *did* move from Corona, a bustling city with freeways connecting here and there, to San Clemente, a smaller community. Presumably the need for freeway driving would be limited. Well, except that having lived in Corona all of their lives, they continue to drive back to Corona, 50 miles through Southern California freeway madness, on a regular basis. Or public transportation—except for the fact that our nation, or

[20] Dr. Byron Thames, AARP Board of Directors, *Keeping our eyes on the Road: How an Aging Population will get from Here to There,"* address given to the Florida Council on Aging Mobility Challenges, Orlando, FL (August, 2005).
[21] *Beyond 50:05*, AARP, p.76.
[22] *Beyond 50:05*, AARP, p 83.

at least all but a few cities in our nation, has just not developed a public transportation system that is a viable option for most people. So driving is the transport mode of choice. What then?

The Department of Motor Vehicles has been very interested in this issue, actually even before the Santa Monica incident in 2003 drew so much attention to older drivers. It should first be noted that any physician, family member, or law enforcement officer can request a re-examination of someone whose driving abilities they question. The California DMV conducted a pilot study in early 2000 of a three-tiered licensing test that includes vision test and observation of physical conditions, computer test of driver response, and driving test.

Depending on test results, the driver would be re-issued a full license, or one with restrictions that might include prohibitions against freeway driving and/or driving at night, requiring that only certain routes could be taken, or adaptive aids used. Although the system was developed in response to the need for improving safety of older drivers, it was implemented for all drivers in 2001.

The Ethical Response

For the moment, I chose *not* to report my father's driving to the Department of Motor Vehicles. Instead, I will continue to be aware of his driving errors, as will my siblings who both live close to my parents. I do not, however, wish my own daughters to ride with him, nor do I wish to ride with him. I will look for opportunities to discuss issues of driving, with the goal of encouraging him to "self-regulate" his driving to minimize risks. And, I will continue to encourage him to use public transportation options at every opportunity. At my suggestion, my parents took the train on their last visit to Fresno, and thoroughly enjoyed the experience.

Public discussion has already begun, and some interesting options are beginning to emerge. At the forefront of the debate, not surprisingly, is AARP, who has the following recommendations:

1. Improve the driving environment, including the travel environment, supporting driver education and promoting safe driving throughout the life span.[23]
2. Encourage "livable communities" that include public transportation, walking and bicycling, and specialized transportation.[24] There is an increasing amount of interest in creating integrated communities or villages that contain diverse housing types, shops, work places, schools, parks and civic facilities within easy walking or public transit distance.
3. Improve public transportation to become "so prevalent and accessible … [that] people of all ages use it throughout their lives."[25]

AARP also has an obligation, I believe, to encourage its members to honestly assess their own abilities. Indeed, AARP is quick to point out that they do, of course, believe that unsafe drivers should not be driving! Their advice to older drivers:

- Self-assess one's capacity to drive, and attend driver-refresher courses;
- Recognize and address age-related changes in vision;
- Maintain good reflexes and flexibility through physical fitness and activity;
- If warranted, engage in cognitive training by a Certified Driving Rehabilitation Specialist (CDRS).

[23] *Beyond 50:05*, AARP, p 93.
[24] *Beyond 50:05*, AARP, p 93.
[25] Chris Hansen, *No Place Like Home.*

Creative approaches

There are indeed some creative approaches germinating:

1. Transportation programs

The Independent Transportation Network in Portland, Oregon, provides door-to-door rides to non-drivers. It works like this: when a person decides to give up driving, he/she donates his/her car to the organization, which either keeps the car for use in transporting or sells it. The value of the car is deposited into an "account" created in the name of the car's donor, who can then "draw down" from that account to receive rides provided by the organization. Friends and family can add to the account by donating cars, cash, or volunteering. (This model is also being piloted in Santa Monica.) [26]

In another transportation program, PasRide (in Pasadena), older adults recruit their own drivers. The PasRide provides the rider with funds used to pay the driver. A third community transportation program is Readi-Wheels in San Mateo County.

2. Improvements to public roadways

The Department of Transportation has adopted a vision for the future of "a transportation system that allows older persons to remain independent and to age in place. Investments in highway and pedestrian infrastructure and public transportation services support independence."[27] Their approach has seven strategies, the first of which is "safer, easier-to-use roadways and walkways."[28]

Because, as noted, the most challenging driving component for older drivers involves negotiating intersections, the Department of Transportation supports the

[26] Associated Press, January 17, 2006.
[27] *Safe Mobility for a Maturing Society: Challenges and Opportunities*, US Department of Transportation (2003).
[28] Other strategies are 2) safer, easier to use automobiles, 3) improved systems of assessing competency of older drivers and pedestrians, 4) better, easier-to-use public transportation services, 5) targeted state and local safe mobility action plans, 6) better public information, and 7) basic and social policy research.

recommendations of the 1998 *Highway Design Handbook for Older Drivers and Pedestrians*. Recommendations are designed to enhance the performance of diminished-capacity drivers as they approach and travel through intersections (wider turning lanes, clearer signage, restrictions on red-light right turns, and clearer delineation of lanes through "channelization").[29] Highway improvements recommended by other sources include improved highway lighting and longer merge and exit lanes. [30]

3. Improvements to public transit

Much debate is underway regarding the role of public transit. Challenges to public transit solutions include the cost of developing the infrastructure with appropriate adaptations for senior citizens and disabled people, and our national reluctance to use public transportation. Some adaptations could be made rather inexpensively, such as providing fare change on the bus, improvements to schedules and routes, and use of smaller buses on less-traveled routes. With investments in public transit, public use should increase.

4. Technological improvements to vehicles

Over the years, new technologies have emerged that could improve automobile safety. Examples are fog lights and halogen headlights, collision alerts, and rear-backing cameras. However, new devices do not always constitute an improvement: devices may not be used correctly, may create a false sense of safety, and may not be designed to help older drivers. In addition, long-practiced behaviors are difficult to change and may be complex to learn. Nonetheless, technological improvements to vehicles do hold promise for safety among all

[29] *Highway Design*, DOT.
[30] Joaquin Meyer, "Personal Vehicle Transportation." *Technology for Adaptive Aging*, National Academy of Sciences (2004), p. 267.

drivers, and the automotive industry needs to consider its expanding older consumer base. [31]

5. Older driver improvement

Older drivers themselves can assess and improve their driving. This solution does, of course, imply that an older drive *recognize* the need for improvement in his or her driving abilities! The American Automobile Association has a simple driver rating quiz that is available in print and on the internet, and the American Medical Association has published guidelines describing possible impacts of physical and cognitive impairments on driving capability.

Many organizations, including AARP, the National Safety Council, and the American Automobile Association, offer programs specifically designed for older drivers. The American Society on Aging offers a course promoting the relationship between good health and driving ability.

Many older drivers do indeed restrict their own driving and thereby minimize the risks. In a survey of drivers 70 years of age or older, eight in ten avoided night driving, and nearly as many avoided driving during rush hour or on high-speed highways. [32]

[31] Joaquin Meyer, "Personal Vehicle Transportation." *Technology for Adaptive Aging*, National Academy of Sciences (2004), p. 267.

[32] Ball, et al. 1998 survey cited by Meyers. Full results: 80% avoid driving at night; 70% avoid driving during rush hour; almost 70% avoid driving on high-speed interstates; 20% avoid driving alone; 20% avoid turning left across traffic; <20% avoid driving in the rain.

Conclusion

I asked earlier, “What’s love got to do with it?” My simple answer is, “plenty.” Each of us are touched by aging (it is, after all, a privilege for us to age!), and each of us has benefited enormously from our parents, grandparents, and the generations that have gone before us. Those of you who have raised, or are raising, children will recognize the important role grandparents can play in transporting your children from here to there.

Have I changed my perspective since researching this topic? Absolutely. As I mentioned, I am certainly less eager to battle my father for his car keys. Life is never as black and white as we’d like it, is it? But perhaps more importantly, I believe that we, as a community and as a society, have a compelling and urgent obligation to move forward in providing ways for seniors to enjoy the sort of mobility that will enhance their health and well-being, and allow them to continue to contribute to society.

I believe that we must press on with the work in facilitating this mobility for reasons that are both personal (my dad, active, thriving, and independent) and societal (safety and older people as valuable resources). Who is to do this work? It will most certainly require teams of individuals, policymakers, governments, private industry and community-based organizations to arrive at effective solutions.

If ethics are a social lubricant, surely the empowerment of individuals that allows their contributions to society must be fostered. It will take all of our commitment and all of our creativity. And it will be worth it.