



# Principles of safe driving on insulin: the message is still not getting across

Given its singular importance and relatively high media coverage in recent years, one would have thought that the principles of safe driving for those treated with insulin would be well understood both by people with diabetes as well as by the health care professionals who advise them. Yet that is still clearly not the case as reported by Bodansky & Bodansky (p xxx of this issue of *Practical Diabetes International*) following their questionnaire enquiry of 50 consecutive insulin treated patients attending the diabetes clinic at The General Infirmary in Leeds. Twenty percent of patients on insulin indicated that they did not regularly test blood glucose before driving and 38% never did so. Although most patients probably do understand the serious and potentially tragic consequences of hypoglycaemia whilst driving, it is evident that many did not fully appreciate the degree to which even moderate hypoglycaemia can significantly impair ability to drive, and just how long it takes to recover after a severe episode has occurred. Furthermore, a worrying number appeared to challenge current DVLA advice<sup>1</sup> as being inappropriate, inconvenient and thereby unacceptable.

The Diabetes UK 2006 Annual Professional Conference included a well attended symposium on the subject of Diabetes and Driving, when many of these issues were highlighted. Professor Brian Frier, present Chair of the DVLA Hon Medical Advisory Panel for diabetes, presented<sup>2</sup> very similar data, resulting in media headlines that 'Doctors are failing to tell diabetic people about UK driving rules'.<sup>3</sup> The findings are therefore not new, but evidently the educational message is still not getting across. This is reinforced by the observations of Bodansky & Bodansky, finding that up to 60% of patients on insulin felt that they had not been fully advised by their health care professionals and

that they were unaware of the issues concerned. A further side observation from this study identified that nine of the 50 respondents had an unrestricted licence – suggesting that the DVLA had not been informed of insulin treatment, which is of course a legal requirement.

Much of diabetes care concerns matters of health and well being, and rightly so, but equally there are other issues which may impact on society and these must be addressed. Responsibilities in respect of safe driving on insulin must be recognised both by people treated with insulin themselves but also by their health care advisors – it is a shared responsibility.<sup>4</sup> Education must be part of the initial educational and ongoing annual review. Such should be clearly included in the checklist of items that must be done. However, education alone does not guarantee advice is followed. Responsible attitudes need to be sympathetically developed and encouraged on a sound knowledge base of information. Bodansky & Bodansky have drawn attention to this persistent knowledge gap which still falls far short of expectation and requirement. Please would all colleagues who look after and advise people with diabetes ensure that the essential principles of safe driving on insulin are well understood, appreciated and duly implemented.

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## References

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2. Frier B. Driving & Diabetes. Annual Professional Conference, Diabetes UK, Birmingham, March 2006.
3. Hitchen L. Doctors are failing to tell diabetic people about UK driving rules. *BMJ* 2006; **332**: 812.
4. Shaw KM. Safe driving with diabetes: risks, reality and responsibilities. *Pract Diabetes Int* 2008; **25**(7): 262.