
Executive Summary

Health Council of the Netherlands. Medical fitness-to-drive of persons with diabetes mellitus. The Hague: Health Council of the Netherlands, 2002; publication no. 2002/15.

This advisory report addresses the question of what driving restrictions need to be placed on diabetes mellitus sufferers.

The biggest risk for drivers who suffer from diabetes is hypoglycaemia, which can cause impaired consciousness, resulting in complete unconsciousness if appropriate steps are not taken. Hypoglycaemia occurs mainly in individuals who take insulin, but it can also occur as a result of taking certain drugs that lower the blood glucose level. Other conditions besides hypoglycaemia that can affect fitness to drive in the long term are ocular, cardiovascular and neurological complications.

There does not appear to be any research data on hypoglycaemia and involvement in accidents, although research has been done into whether people with diabetes tend to be more frequently involved in accidents in general. The Committee found that people with diabetes do tend to be involved in accidents more often, out given the small increase in the relative risk and the small proportion of total accidents where medical causes were a contributory factor the Committee does not see this as justifying across-the-board restrictions on diabetes sufferers.

The Committee feels that responsibility for the consequences of diabetes in road traffic rests primarily with diabetes sufferers themselves, especially when it relates to hypoglycaemia. This includes the responsibility to take care of oneself. The individual concerned must be able to perceive the onset of hypoglycaemia and take appropriate steps. It is essential to inform and educate diabetes sufferers on this point. Subject to this proviso, individuals with diabetes can be allowed to drive, as a general rule. Those who are not fully aware of the onset of hypoglycaemia constitute a particular hazard on the

roads. Loss of function as a result of complications can, in some cases, be a reason for imposing restrictions on driving.

On the basis of these findings, the Committee recommends that the period of validity for Group 1 driving licences (for private cars) be extended from five to a maximum of ten years, subject to the condition that the individual in question is receiving appropriate care. This brings the period of validity for diabetes sufferers into line with that for healthy drivers. In the case of Group 2 driving licences (HGV licences) the recommended period of validity is a maximum of five years. This is because of the greater risks involved in driving heavier vehicles, the responsibility for passengers (in the case of buses) and the fact that driving is an occupational necessity.

Diabetes sufferers who are susceptible to sudden, unexpected impairment of consciousness, or to full unconsciousness, due to hypoglycaemia are automatically disqualified from driving any type of vehicle. In the case of those being treated with drugs that can cause hypoglycaemia, an examination by an independent internist is required at least every five or ten years, depending on the type of licence involved. A specialist report from an ophthalmologist is also required. In the latter case, a copy of the results of routine examinations carried out every one or two years will suffice. As regards ocular and cardiovascular complications and disorders of the limbs causing functional impairment, the relevant sections of the current regulations apply.