

EPILEPSY UNMASKED

SOCIAL IMPACT OF CURRENT DRIVING  
REGULATIONS/GUIDELINES ON  
INDIVIDUALS AND THEIR FAMILIES



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The information in this publication is meant as a guide only and individuals should always seek current advice from medical specialists and licensing authorities regarding their individual circumstances.

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# ATTACHMENTS

**ATTACHMENT 1** – Contact for Epilepsy Associations and support groups

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## INTRODUCTION

The purpose of this publication is to give individuals who are experiencing epilepsy, their families, carers and the community some insight into what it is like to live with epilepsy and when and how it may affect them and people around them. Firstly it will examine what epilepsy is and discuss the impact on different types of seizures. It will then present a brief history and describe the impact of epilepsy on driving outcomes.

The publication draws from previous research to discuss common social impacts of epilepsy and driving restrictions and a survey was undertaken to investigate the current local situation. From the knowledge and data gained from the survey accompanying this publication, findings of the social impacts from a local perspective are presented. This information identifies where needs of this group of people are not being supported to achieve the best possible outcomes.

Finally it will consider how individuals with epilepsy and their families and carers could be better supported and highlights some issues that need further consideration and research. Useful contact information and additional resources are listed in the attachments, as well as the unique information about each State's and Territories' requirements regarding current driving regulations and obligations.

## EPILEPSY AROUND THE WORLD

Epilepsy is recognised as the second most prevalent neurological condition. Worldwide there are approximately 50 million individuals and their families living with a diagnosis of epilepsy. In Australia approximately 20 000 Australians are affected by Epilepsy. In the Australian Capital Territory alone over 5000 individuals and their families are living with epilepsy. Epilepsy impacts all areas of an individual's life. There are significant social, economic, educational and employment ramifications and these place additional burdens on the family.

## SEIZURES AND DRIVING

Each individual's experience of epilepsy is unique and personal. No two people will experience epilepsy in exactly the same way. The type, frequency and predictability of seizures will vary from person to person. Appropriate medication, learning to recognise personal triggers and developing healthy ways to avoid them, and maintaining good health and rest will all help to reduce the impact epilepsy may have on an individual and their family (Epilepsy Australia, 2002). Epilepsy impacts on people's ability to be considered safe to drive. After the initial diagnosis, the type, frequency and predictability of seizures directly affect the chances of someone suffering epilepsy to obtain or maintain a driver's licence or permit.

Driving is a very important part of most individuals' lives. Being directed to surrender a licence after diagnosis of epilepsy or a seizure can disrupt someone's entire life, especially if you require transport to maintain employment or to transport children. This can be an extremely stressful time for people with epilepsy and their families as many. While this paper summarises many of the issues, it is useful to contact the local Epilepsy Association in each State or Territory who can provide more personalised information. Contact details are listed in the attachments at the back of this publication. It can also be helpful to consult the "Assessing Fitness to Drive" document published by Austroads. Copies of this document can be obtained from [www.austroads.com.au](http://www.austroads.com.au).

A diagnosis of epilepsy will require individuals and families to make some lifestyle adjustments. The suspension and subsequent re-application to return to full licence conditions will require time, patience and good medical and self-care management. With accurate information and support, from a medical practitioner, either a General Practitioner or Neurologist, individuals and families can aim to minimise the impact during these difficult times (Epilepsy Australia, 2002). It is important to note that not all people with epilepsy will be able to drive because medication does not always control all seizures.

As a general guide the table below may assist in identifying the different types of seizures experienced and the impact they may have on applying for assessment to regain a driver's licence or learner's permit.

<b>SEIZURE HISTORY AND MEDICAL CONDITION FOR APPLICATION TO DRIVE</b>	
<b>Condition</b>	<b>Drivers of cars, light trucks, motorcycle riders</b>
Chronic epilepsy (History of previously uncontrolled seizures)	Drivers licence suspended for 1 year. A shorter suspension time can be applied for, if supported by a recommended medical specialist, when there is clear evidence of seizure control from adjustment and stabilisation of antiepileptic drugs. Final decision lies with the licencing authority.
Isolated seizure	3-6 month suspension. Medical specialist opinion is recommended.
Recently diagnosed epilepsy	3-6 months suspension from the start of anti-epileptic drugs and treatment. Medical opinion is recommended.
Recurrent seizure due to identifiable provocations in a person previously seizure free	3 months suspension from last seizure. These occurrences may occur as a result of illness, drug interaction or sleep deprivation.
Recurrent seizures on withdrawal of medication on medical advice	1 month if resuming a previously effective medication or 2 years if refusing to resume medication.
Seizure causing accident	1 year. Medical specialist opinion is essential.
Seizure only in sleep	1 year suspension from the last seizure whilst awake.
Surgery for epilepsy	1 year suspension after successful seizure control. Medical specialist opinion is essential.
Withdrawal of anti-epileptic drug therapy where there is significant risk of recurrent seizure	Drivers licence suspended from beginning of medication withdrawal until seizure free for 3 months. Medical specialist opinion is recommended.
<b>EPILEPSY AUSTRALIA</b>	

The information in the above table is meant as a guide only and individuals should always seek current advice from their particular medical specialists and licencing authority in their state or territory regarding their individual circumstances.

## EPILEPSY AND DRIVING

It is very important for most adults in Australia to have to have a driver's licence. Transportation is highly valued for getting to and from work, study and accessing everyday needs and commodities. Retaining independence is crucial in maintaining interaction with family, friends



and the community and maintaining parental responsibilities. Driving is the most common way to achieve all of these objectives.

Driving and epilepsy is a very sensitive combination of words in the community today. A lack of knowledge and understanding may be a contributing factor for those in the community who have an anxiety about individuals with epilepsy being allowed to drive. Their concern is about the potential impact on road safety (Epilepsy Australia,

2012).

National Guidelines have been developed to direct the process and assessment of driving applications for individuals with epilepsy and other medical conditions. Governments are constantly challenged to develop safe and equitable regulations and guidelines that ensure individual and public safety, while balancing the rights of people living with medical conditions such as epilepsy that can interfere with driving (Epilepsy Australia, 2012). With each application needing to be individually reviewed, it is important that individuals with Epilepsy have the correct information before they submit their application.

If a person with epilepsy has their seizures under control they will usually be able to hold a learner's license or drivers licence. The length of time that they must be seizure free and the circumstances surrounding each seizure varies between the States and Territories. It is important that each individual contacts the relevant state or territory licensing authority to get the most up to date regulations. Further details are supplied in the attachments at the back of

## HISTORY OF DRIVING ISSUES WITH EPILEPSY

Driving and Epilepsy have always been a difficult combination. Historically fear, poor knowledge and lack of understanding about epilepsy have led to decisions being made banning individuals with seizure history or epilepsy from driving under any circumstances. When developments in law required a driver's licence to become compulsory, individuals with a history of seizure or epilepsy were initially excluded from obtaining a driver's licence.



By the 1940's it became obvious that, over time, some individuals who suffered seizures could gain seizure control and that the increasing use of new and positive medications could offer good seizure control to people with epilepsy. This then allowed for a gradual shift in community and government thinking. Perhaps it was possible for those individuals to be considered for a driver's licence, and so, the debate began about what factors needed to be in place before it would be considered safe for both the individual and the community to have individuals with seizure history licenced on the road. It was also a time when it was acknowledged that other medical conditions could also interfere with driving (Krumholz, 2009).

Early studies concluded that with a demonstrated period of seizure free living, individuals could safely return to the road with their driver's licence. Legislation addressing specific legal requirements has been enacted, and national guidelines have been developed to give reasonable opportunities to individuals with epilepsy to drive. There continues to remain considerable conflict and debate about widening driving legislation and standards and the discussion regarding individual and public safety over the individual's right to drive continues (Krumholz, 2005).

## WHO CAN DRIVE, WHO CAN'T AND WHO DECIDES?

Several studies were undertaken and the results showed that, although epilepsy did pose some risk, this risk was relatively small especially when considered against other understood risks such as driving when under the influence of alcohol. One study into accidents that had occurred involving drivers with epilepsy showed that, although there was a higher risk of accident for individuals with epilepsy, only 11% of these accidents occurred due to the epilepsy itself. The rest resulted from driver error at the same rate as seen in the general driving population.

Studies of large populations confirmed that the risk of people with Epilepsy having an accident is not substantially higher than for other licenced individuals who experience medical conditions such as heart disease or diabetes. Yet, to date, there are few additional restrictions for individuals with these other conditions. Overall the studies showed that, as with all potential drivers, people with epilepsy require additional regulation and may not always be well informed by doctor. Guidelines and restrictions are justified to safely permit individuals with controlled seizures to drive (Krumholz, 2009).

In deciding it was permissible for individuals with epilepsy to gain a driver's licence, if they had seizure control, this resulted in ongoing debate about what control meant. The legal rules and regulations that appeared were often confusing and complex and differed between states and territories. For many years the required period that individuals needed to be seizure free before obtaining or retaining their driver's licence varied from between three months and ten years.

Further confusion exists about the process and requirements to determine who is medically suitable and acceptable as being fit to drive. Discrepancies between State and Territory regulations add additional stress and difficulty for people with epilepsy. It is difficult to know how or where to start the process of accessing their suitability to drive (Krumholz, 2009).

While medical practitioners are required to supply a professional opinion generated from medical facts, ultimately any decision regarding driver licence eligibility lies with the relevant licencing authority. Motor vehicle licencing authorities use a variety of benchmarks, indicators and statistics in developing the standards for and limitations of individuals with epilepsy and other medical conditions. This includes consideration of what constitutes acceptable risk and

judging the likelihood of any individual being able to safely conform to the requirements of driving and driving regulations. Austroad guidelines, in conjunction with the doctor's report, assist the assessing medical officer of the licencing authority in the decision regarding an individual's ability to drive with safety. Decisions are made on a case by case basis and in each case individual circumstances apply (Beran, 2005, Krumholz, 2009).



Unfortunately many of the issues regarding fear, lack of knowledge and a lack of understanding about the experience of people with epilepsy still continue today. Individuals denied access a driver's licences experience many additional problems and challenges that can further exacerbate the existing seizure condition. The ability to drive and hold a licence is generally assumed right in Australia today, and many aspects of life are very difficult to engage in without being able to drive.

Every driver on the road has a risk of accident. Although approximately 15% of drivers claim against insurance policies for motor vehicle accidents, in states that do not have mandatory reporting of accidents to police, only 15% of accidents are serious enough to require police involvement. Licencing authorities regard some drivers as having a higher relative risk of accident than others. This not only includes individuals with Epilepsy but those potential drivers with other medical conditions,



such as diabetes, heart disease, and blood pressure, as well as young drivers under the aged of 25.

seizures leading to an accident, and the type of seizures experienced. Only those with the diagnosis of epilepsy are automatically suspended from onset of seizure and must meet certain criteria to have their driver licence reassessed. Statistics show that the number of fatal accidents related to young drivers is 120 times higher than those of epilepsy related accidents. Research has shown that when comparing the accident ratio rate for drivers with epilepsy, the rate is far lower than for young drivers, older drivers and drivers who drive while deprived of sleep or having consumed alcohol within the legal limit (Epilepsy Society, 2012). It is interesting to consider that the community and the licencing authorities accept the accident ratio rates for all the other groups except for those individuals with Epilepsy.



A number of factors are considered when weighing up the issues of awarding a drivers licence or learners permit to an individual with epilepsy. These include the expected amount of driving time for a private driver, the likelihood of potential seizures leading to an accident, and the type of seizures experienced.

## WHO SHOULD NOTIFY THE DRIVING LICENCE AUTHORITY ON DIAGNOSIS?

In most cases it is the driver who has the legal responsibility to notify the appropriate transport authority. This is an area of confusion and concern as there is often a lack of clear clarity in the guidelines around this issue. Contrary to general community expectation the treating medical practitioner does not always inform the patient about the responsibilities of disclosure.

The line between the doctor's role as treating physician and as law enforcer can be very problematic. Often medical practitioners prefer not to risk introducing any potential barriers or objections that may risk the doctor/patient relationship which could lead to doctor/patient breakdown.

If a medical practitioner feels that the patient is likely to be a risk to themselves or others and suspects that the patient will not reveal relevant medical information to the appropriate authorities, the medical practitioner is obligated to issue a report to the licencing authorities (Beran, 2008).



Doctor patient confidentiality is able to be overruled in regard to epilepsy if the consulting physician believes the patient is likely to drive and put himself and the community at risk (Epilepsy Action, 2012).

## YOUR LICENCE

In the ACT if a licence is suspended or cancelled the individual is required to hand it in to the Roads Transport Authority. This can be done at any ACT Government Shopfront. Each State and Territory requirement may be different and in some cases it may be possible to retain a driver's licence to use for identification purposes or to use when clearance has been given to drive again. Always consult your relevant state or territory authority.

## TRANSPORTATION OPTIONS

For individuals with epilepsy who have had their licence suspended or cancelled getting round can be very challenging. Using public transport, having family or friends give you a lift or car-pooling are some options available. For those individuals with severe conditions there are currently two schemes available that may assist with transportation and costs. They are the Mobility Allowance and ACT Taxi Subsidy Scheme. People may also be eligible for a Carer's Allowance.

The Australian Government Mobility Allowance is available through Centrelink. This allowance helps people who have a disability, illness or injury to participate in approved activities. The allowance is for individuals who cannot use public transportation without substantial assistance, either permanently or for an extended period of time, or where there is no public transport available. The approved activities include looking for work, participating in a Disability Employment Service Program or involvement in a combination of paid employment, voluntary work, vocational training and/or independent living or life skills training. Income limits, eligibility criteria and application forms are available from Centrelink Offices (Department of Human Services, 2012).

The ACT Taxi Subsidy Scheme assists people who have a severe disability that prevents them from using public transport for a minimum of six months. The scheme provides a subsidy towards the cost of taxi transportation and ACT residents who have severe and uncontrolled epilepsy may be eligible. Income limits, eligibility criteria and application forms are available from ACT Government Shopfronts and from [http://www.dhcs.act.gov.au/disability\\_act](http://www.dhcs.act.gov.au/disability_act) (Canberra Connect, 2012).



## EPILEPSY, DRIVING AND THE LAW

Epilepsy, driving and the law is a controversial and contentious area. Although nationally all states and territories draw from the same Austroad guidelines, each has its own local requirements and procedures around the assessment process for driving with epilepsy.

As guidelines are open to interpretation it is important to look directly at the relevant legislation to be best protected from legal prosecution. The ACT Legislation that is relevant for direction is available at [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

There has been much controversy about matters brought before the courts relating to accidents involving people with epilepsy. Judges have declared differing interpretations as to what is admissible and relevant to the court proceedings.

One example is the case of Regina v Gillett in relation to an accident resulting in a triple fatality. Here the driver had not disclosed his epilepsy diagnoses prior to the accident. The accident itself was not a result of the epilepsy but of a previously undiagnosed condition (sleep apnoea). The judge initially found that the Austroad guidelines were not relevant to the case. This decision was later overturned on appeal.

The findings by the judge was that, although Mr Gillett would have satisfied the requirements of the Austroads guidelines been approved for driving, he had a responsibility to monitor his own health, levels of stress and fatigue. In this case the Judge felt fatigue had contributed to the new condition (sleep apnoea) and therefore Mr Gillett should have known he was not safe to drive. (Beran, Gerber & Devereux, 2009)

This case highlighted the need for uniform national legislation and regulation for people with epilepsy who are able to drive safely. It also points to the high level of personal responsibility expected of a person with epilepsy. A clear outline of driver responsibilities to appearing on a drivers licence could be one improvement.

## LEGAL RESPONSIBILITIES

Driving regulations were developed to protect public safety. In Australia, a diagnosis of epilepsy must be considered when assessing a driver's fitness to drive. The primary requirement is an extended seizure free period, usually somewhere between six and twelve months. Additional stricter standards are applied to commercial licences for trucks, cars and taxis (Austroads, 2012). Across all States and Territories in Australia an individual is required to inform the Driver Licensing Authority about any permanent or long term illness or condition that is likely to affect their ability to drive. This includes epilepsy and seizures.

***Reporting diagnosis may not necessarily lead to loss of licence.***

People with epilepsy often express concerns about being able to obtain a driver's licence and most states and territories in Australia specifically ask about epilepsy in the licencing application process. (Beran, 1998)

Medical practitioners may also be obligated to report a diagnosis of Epilepsy if they believe that there is a danger of an individual driving. Studies show that the majority of medical practitioners supported patient confidentiality and the importance of the doctor/patient relationship; however, several indicated that they feel obligated to inform family/friends and/or the driving licence authority if they believe that their patient would drive contrary to their advice (Beran, 1998). Licencing authorities, general practitioners, neurologists and local epilepsy organisations will all be able to help people with epilepsy access the specific information that they need to have their individual circumstances assessed (Epilepsy Society, 2012).

Specific legal repercussions and penalties vary from each state and territory. The Guidelines on fitness to drive are flawed and do not contain enough information for some medical practitioners to base a decision on (Beran, R, 2005). What is nationally agreed is that an individual is required to truthfully answer questions on the driver's licence application. Failure to disclose will attract severe penalties. If an individual chooses to drive after a seizure and they have an accident they could be sued under common law, and could be charged with driving offences including careless and dangerous driving.



Many medical professionals fully support heavy penalties, for crimes such as murder, manslaughter and other serious driving charges, where a patient had caused death and injury by driving against medical advice (Beran, 1998). Conversely, many doctors supported individuals to return to driving once they achieve seizure control (Krumholz, 2009). A lack of Australian standards and legislation presents a challenge to correctly and safely determining whether an individual with epilepsy is safe to drive (Beran, 2005).

National guidelines have been developed to assist in the assessment process and are intended to protect the individual and community safety. They are used by all state and territories in the assessment stage. It is important that although they direct the assessment process they are only guidelines, and only the relevant legislation regarding driving is recognised by the courts. (Beran, 2005).

It is not enough to address the requirement in the guidelines if you are cleared to drive. Individuals also have a legal responsibility to continue appropriate medical care, take prescribed medication as directed, monitor own health, level of fatigue and sleep. If health is found to be a contributing factor you may be prosecuted and your insurance may be invalid.



<b>STEP BY STEP CHECK LIST OF EPLIESPY AND DRIVING REQUIREMENTS IN THE ACT</b>	
<b>1</b>	After experiencing a seizure or a diagnosis of Epilepsy check with your doctor whether you are able to drive. It is the doctor ' s role to inform you that you if you are unable to drive and to direct you to your local licensing authority.
<b>2</b>	You can contact the licence authority either by phone or in person . They will supply you with information regarding driving and Epilepsy. You are legally required to report your situation to the licencing authority. Advise them of your diagnosis. You will receive a medical form to provide information regarding your fitness to drive.
<b>3</b>	Take this form to your medical physician and to be completed and for comments on your fitness to drive. This form will need to be returned within <u>7 days of your diagnosis</u> .
<b>4</b>	Return this form via the post or in person to the licencing authority.
<b>5</b>	Do not drive until you have received your assessment letter from the licence authority ' s Medical Assessment Officer. This letter will let you know the outcome of the assessment and direct you to what you need to do next.
<b>6</b>	The letter will advise you of how long and what circumstances must occur before you can be considered for reassessment for the return of your licence.
<b>7</b>	If you have been deemed unsafe to drive you will need to personally hand in your licence to a Government shopfront.

The information in the above table is meant as a guide only and individuals should always seek current advice from their particular medical specialists and licencing authority in their state or territory regarding their individual circumstances.

## THE SOCIAL IMPACTS OF EPILEPSY AND DRIVING

For most people a diagnosis of epilepsy brings with it a wide range of difficult and challenging experiences. Many individuals have difficulty in accepting the diagnosis itself and may have multiple questions or fears about their future. Anxiety, stigma and isolation from their workplace, friends and family and community engagement all add to their burden (Shorvon, 2005).

To fully understand the impact of a diagnosis of epilepsy it is important to look at the situation from a whole-person approach. Controlling seizures is a critically important part of living with epilepsy. Access to professionals and services is essential to assist people with epilepsy, and their families, to maintain good physical and mental health, good social support, productive employment and community integration (Elliott & Lu, 2011).

People with epilepsy may also be challenged by health and community services that are often fragmented, uncoordinated and sometimes difficult to obtain (England, Liverman, Schultz & Strawbridge, 2012). The denial of a drivers' licence and personal transport can have an enormous negative impact on the lives of people with epilepsy and those who care for them.

Elliott & Lu, 2011, demonstrated, through small scale clinical studies, that individuals with epilepsy experience a loss of independence and increased isolation from normal activities including school, work, socialising with friends and family and community engagement, which was further negatively impacted by driving restrictions.

There is a strong desire amongst individuals with epilepsy to be able to acquire and maintain a driver's licence (Fisher et al, 2000a; Rajna et al., 2003) The lack of a driver's licence can be socially isolating and the lack of personal transport can lead to restricted opportunities in education, employment, community participation and residency (Cook, 2004, Hart, 2004). These effects can be particularly detrimental for young people with epilepsy, as they will have less time than adults, diagnosed in later life, to develop social and work related networks. This is of particular concern in rural and regional areas where alternative transport options may be very limited or even non-existent.

A further difficulty for people with epilepsy can be the many different ways the general community misinterpret and misunderstand the illness. People with epilepsy may feel stigmatised from the community at large and by family members or friends.



Lack of independence and isolation due to transport restriction are also often made worse from pressures such as embarrassment and frustration. The ability to engage with others in regular life activities and avoid possible discrimination can result in positive health outcomes.

Additionally, parents may experience feelings of guilt at not being able to readily transport their children to medical, social or school appointments and commitments (England, Liverman, Schultz and Strawbridge, 2012).

A diagnosis of epilepsy may place a huge financial burden on people with epilepsy and their family, carers, and the wider community. Limitations on driving, reduced independence, reduced and compromised employment options combined with the rising costs of epilepsy treatment and care and medication may place considerable strain on personal and family resources.

In addition the difficulties experienced by some using public transport and the exorbitant costs of taxis often further burdens very limited family funds. The eligibility criteria for assistance or subsidy from Centrelink Mobility Allowance or Taxi Subsidy Scheme may exclude many.

## THE FUTURE FOR DRIVING WITH EPILEPSY

Where do we go from here? There are a number of areas and issues regarding epilepsy and driving that require further research in order to continue to improve the quality of life for individuals and their families.

Public education and community awareness programs which clearly define what epilepsy is and explains the impact of this diagnosis on individuals in our community is essential to improve community understanding and reduce stigma and shame.

Opportunities for ongoing research need to be created both from within the private and public sector.

Increased funding to be allocated to epilepsy organisations so as to improve and increase the number of individuals and family members that can assisted and supported by existing service providers.

Stronger community advocacy for inclusion and provision of epilepsy in the Governmental social inclusion, training, employment, education, health and disabilities policies and legislative development.

Workplace awareness programs which support individuals with epilepsy to safely remain in the workforce.

(Joint Epilepsy Council of Australia, 2009)

## CONCLUSION

Living with a diagnosis of Epilepsy is not easy but with appropriate medical direction and care, good seizure control, community support and understanding, social inclusion, access to employment opportunities and a 'fair go', good overall health outcomes are possible. Individuals with Epilepsy and their families are productive members of our community and equality and inclusion for all Australians should always remain the number one priority.

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## ATTACHMENT 1

# EPILEPSY AUSTRALIA Helpline **1300 852 853**

## EPILEPSY AUSTRALIA AFFILIATES

Epilepsy ACT  
Tel: +61 2 6287 4555  
[www.epilepsyact.org.au](http://www.epilepsyact.org.au)

Epilepsy Australia (NSW)  
Tel: +61 2 9686 8162

Epilepsy Tasmania  
Tel: +61 3 6344 6881

Epilepsy Association of WA  
Tel: +61 8 9346 7699

Epilepsy Foundation of Victoria  
Tel: +61 3 9805 9111

Epilepsy Queensland  
Tel: +61 7 3435 5000

The Epilepsy Centre [SA &NT]  
Tel: 1300 850 081

Independent Epilepsy Associations  
Epilepsy Action Australia

**Epilepsy Society of Australia**

<http://www.epilepsy-society.org.au/pages/index.php>

**International Bureau for Epilepsy**

<http://www.ibe-epilepsy.org/>

## ATTACHMENT 2

### CONTACTS FOR STATE AND TERRITORY TRANSPORT AUTHORITIES

ACT Road Users Services, Department of Urban Services. Telephone: 02 62077000

[www.tams.act.gov.au](http://www.tams.act.gov.au)

NSW Roads and Traffic Authority. Telephone: 13 11 13

## ATTACHMENT 3

### FURTHER ON LINE RESOURCES

#### **Austroads**

Australian guidelines on assessing fitness to drive

[www.austroads.com.au/aftd/index.html](http://www.austroads.com.au/aftd/index.html)

#### **National Transport Commission**

“ Assessing Fitness to Drive ”

[www.ntc.gov.au](http://www.ntc.gov.au)

#### **American Academy of Physicians**

Jan 1999 American Family Physician “ Epilepsy Driving and the Law ”

[www.aafp.org](http://www.aafp.org)