Public Policy Statement on Reporting of Patient Information Related to Fitness for Driving or Other Potentially Dangerous Activities

BACKGROUND

Physicians are aware of the toll of death, injury, and damage caused by alcohol and other drug-related highway accidents. An important part of prevention of these accidents is the early identification and successful treatment of persons with substance-related disorders.

Physicians are also aware that because of societal stigma, patients suffering from substance-related disorders are reluctant to disclose information relating to their illness and are subject to feelings of suspicion, fear, and distrust. The confidentiality of the doctor-patient relationship is critical to the establishment of the trust necessary for the patient to reveal information essential for both diagnosis and treatment. Routine mandated release of information about substance use to a public entity, particularly when use of that substance is illegal per se as when a patient is underage or when using illicit substances, or when disclosure may result in the withdrawal of an important privilege, such as driving, will lead to a situation in which patients avoid disclosing any information about substance use that might be reportable.

There are emergency situations involving imminent harm in which a physician may have a duty to take action to prevent that harm, as in dealing with acutely suicidal or homicidal patients, child abuse, or persons acutely incapacitated by substances. However, the physician should not be required to report patients who might at some future time cause harm because of the nature of their illness. Physicians taking action to prevent imminent harm should do so in a way that follows federal and state law and regulation.

Therefore, the American Society of Addiction Medicine recommends that:

1) Physicians, in treating all patients, including those with addictive disease, should make an assessment of patient activities, including driving, that are likely to lead to increased risk to the patient or to the public due to the patient's medical condition.
2) Physicians should discuss with patients who use alcohol or other drugs that may interfere with functioning, the risks of certain activities, including driving while intoxicated.

3) In those situations where clear evidence of substantial and acute impairment exists secondary to alcohol or other substance use, and in which the physician is aware the patient plans to engage in activities which could represent a significant risk to others (e.g. driving, operating heavy machinery, providing medical care), physicians have an ethical duty to protect the patient and the public within provisions of the law. Voluntary hospitalization or emergency room observation in such cases affords protection without a breach of confidentiality.

4) ASAM supports the development of state laws providing a mechanism for involuntary acute treatment in the event the patient is incapacitated by acute intoxication and he/she represents an imminent danger to self or others.

5) Physicians should not be required to report all of their patients who suffer from substance-related disorders to the state Motor Vehicle Licensing Agency or to other state or federal agencies.

6) Any reporting to authorities should be reserved only for those unusual situations in which the substance-dependent patient is considered by the physician to pose an immediate threat to public safety. In these cases, in accordance with Federal confidentiality regulations, the fact that the individual is receiving treatment for a substance use disorder should not be revealed to the agency to whom the report is made without patient consent or an appropriately worded court order.

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