

Log H-488B



National Transportation Safety Board

Washington, D.C. 20594

Safety Recommendation

Date: March 17, 1987

In reply refer to: H-87-8 and -9

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On the afternoon of August 25, 1985, a westbound intercity bus with 17 occupants was traveling on Interstate 70, a four-lane divided highway near Frederick, Maryland. It was cloudy with light rain and the pavement was wet. About 12:40 p.m., as the bus descended a hill with a slight curve to the right, the rear tires of the bus lost traction. The bus moved side to side out of control, crossing both travel lanes and the right paved shoulder, and struck the left side of a reinforced concrete bridge rail over the Monocacy River before coming to rest. Of the 17 occupants onboard, 14 were ejected from the bus during the collision sequence. The busdriver and 5 passengers were fatally injured; 11 other passengers sustained minor to serious injuries. 1/

At the time of the accident, the busdriver was an outpatient at the University of Maryland Hospital (UMH). To prevent the rejection of the kidney transplant, he was being treated with immunosuppressors. This exacerbated his existing diabetes condition, and the resulting elevated blood sugar levels could only be controlled by daily insulin injections. In addition, the busdriver was using prescribed medication to treat hypertension and a urinary tract infection.

The busdriver's primary physician stated that the busdriver was experiencing no ill effects from the multiple medications and that these levels of prescription drugs would not have impaired his ability to drive. The busdriver's medical record did not reflect any episodes of dizziness or mental confusion which would have indicated a tendency toward hypoglycemic events.

Safety Board investigators also discussed the potential effects of the busdriver's medication with physicians from the Federal Aviation Administration's (FAA) Office of Aviation Medicine. They stated that the FAA has certified many pilots with transplanted kidneys who were taking antirejection medications similar to those used by the busdriver involved in this accident. However, insulin use is specifically prohibited by the FAA because of the unpredictability of the occurrence of a hypoglycemic event.

The toxicologist who performed blood tests for the Safety Board in this accident stated that immunosuppressive, diuretic, and antibiotic drugs are not psychoactive and that he did not consider them to be a threat to the busdriver's ability to perform his duties. However, he agreed that the use of insulin posed the most serious threat to the driver's performance.

1/ For more detailed information, read Highway Accident Report—"Intercity Bus Loss of Control and Collision with Bridge Rail on Interstate 70 Near Frederick, Maryland, August 25, 1985" (NTSB/HAR-86/1).

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The Safety Board is concerned about the thoroughness of the busdriver's Department of Transportation (DOT) physical examination. The examination failed to detect that the busdriver was suffering from end stage renal disease and that he was being treated for hypertension, diabetes, and a urinary tract infection even though the examining physician knew that the busdriver had undergone a kidney transplant operation. In addition, the examination also failed to detect that the busdriver was injecting insulin daily and taking medication for his other ailments.

Also, the Safety Board is concerned that the examining physician accepted the busdriver's note concerning his recovery from the kidney transplant operation and that he did not make any attempt to contact the busdriver's primary physician at the University of Maryland Hospital to further satisfy himself that the patient was medically fit to drive commercial vehicles. When commercial drivers make voluntary declarations about their medical histories, it is incumbent on the examining physician to ensure that any previous or existing medical problems do not adversely influence the performance of the driver. Examinations performed to meet the minimum medical requirements of the Federal Motor Carrier Safety Regulations should be expanded to be commensurate with the seriousness of the identified medical ailments.

The busdriver's primary physician at the UMH was aware that his patient had previously worked as a bus and truck driver, but he was not aware that his patient, while employed in these occupations, was subject to certain State and Federal medical requirements. Generally, physicians want to help impaired persons participate fully in occupational activities and do not recommend depriving any impaired patient of the privilege to drive without good reason. Although his primary physician did not specifically address the issue of the busdriver returning to his position of operating commercial vehicles, it is possible that the driver could have misinterpreted this as an approval to return to any line of work. The Safety Board believes that physicians must be careful not to recommend the return of patients, whose medical impairments are such that they cannot function properly if they fail to take prescribed medication, to occupations such as driving commercial vehicles which could endanger themselves or others.

In a recent publication entitled "Medical Conditions Affecting Drivers," ^{2/} the American Medical Association (AMA) suggests that practicing physicians, who examine or provide care for drivers of commercial vehicles, should become familiar with those medical regulations applicable to these drivers. The AMA states:

The physician should become familiar with the driver license classifications of the states where his or her patient resides, as well as with special regulations concerning individuals with certain conditions or undergoing certain treatments because the regulations may affect various aspects of patients' lives, including their occupations. Also, the physician's recommendations and actions should be consistent with those regulations.

The Safety Board believes that this is a worthy objective. However, according to the AMA, there is no plan for widespread distribution of this publication. Dissemination by the AMA of pertinent information on medical qualifications applicable to commercial vehicle drivers to practicing physicians within each State would help to achieve this objective.

^{2/} Doege, T.C. and Engelberg, A.C. Eds., "Medical Conditions Affecting Drivers," American Medical Association.

Therefore, as a result of its investigation, the National Transportation Safety Board recommends that the American Medical Association:

Urge local chapters in each State and the District of Columbia to disseminate information on State and Federal medical qualifications for commercial vehicle drivers to practicing physicians who examine or provide care for commercial vehicle operators. (Class II, Priority Action) (H-87-8)

Encourage practicing physicians to use Federal and State medical qualification information when counseling patients on their medical fitness to drive. (Class II, Priority Action) (H-87-9)

Also, the Safety Board issued Safety Recommendation H-87-6 to the States of California, Hawaii, Idaho, Indiana, Kentucky, Massachusetts, Minnesota, Mississippi, New York, North Dakota, Ohio, Oregon, Pennsylvania, Tennessee, Virginia, and Wyoming, and the District of Columbia, and Safety Recommendation H-87-7 to the National Highway Traffic Safety Administration.

The National Transportation Safety Board is an independent Federal agency with the statutory responsibility ". . . to promote transportation safety by conducting independent accident investigations and by formulating safety improvement recommendations" (Public Law 93-633). The Safety Board is vitally interested in any actions taken as a result of its safety recommendations and would appreciate a response from you regarding action taken or contemplated with respect to the recommendations in this letter. Please refer to Safety Recommendations H-87-8 and -9 in your reply.

BURNETT, Chairman, GOLDMAN, Vice Chairman, and LAUBER and NALL, Members, concurred in these recommendations.


By: Jim Burnett
Chairman

