

Driving with Diabetes: Precaution, Not Prohibition, Is the Proper Approach

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Abstract

Safety issues posed by driving with diabetes are primarily related to severe hypoglycemia, yet some public authorities rely on categorical restrictions on drivers with diabetes. This approach is misguided. Regulation of all drivers with diabetes, or all drivers using insulin, ignores the diversity of people with diabetes and fails to focus on the subpopulation posing the greatest risk. Advances in diabetes care technology and understanding of safety consequences of diabetes have expanded techniques available to limit risks of driving with diabetes. New means of insulin administration and blood glucose monitoring offer greater ease of anticipating and preventing hypoglycemia, and thus, limit driving risk for persons with diabetes. So too do less sophisticated steps taken by people with diabetes and the health care professionals they consult. These include adoption and endorsement of safety-sensitive behaviors, such as testing before a drive and periodic testing on longer trips. Overall, and in most individual cases, driving risks for persons with diabetes are less than those routinely tolerated by our society. Examples include freedom to drive in dangerous conditions and lax regulation of drivers in age and medical cohorts with elevated overall rates of driving mishaps. Data linking specific diabetes symptoms or features with driving risk are quite uncertain. Hence, there is much to recommend: a focus on technological advances, human precautions, and identifying individuals with diabetes with a specific history of driving difficulty. By contrast, available evidence does not support unfocused regulation of all or most drivers with diabetes.

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Abbreviations: (ADA) American Diabetes Association, (CGM) continuous glucose monitoring

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