RE: IMPAIRED DRIVING CHARGES IN INJURED IMPAIRED DRIVERS REQUIRING EMERGENCY DEPARTMENT TREATMENT

To the editor: I read with interest the article by Fieldus and Cain concerning the paucity of impaired driving charges in a cohort of injured and impaired car drivers brought to a tertiary care emergency department; 77% of such drivers were not charged by police.1 This suggests that the emergency department acts as a place of refuge from the law in these circumstances and that law enforcement is complicit in failing to act in that environment. In other words, the police failed in their duty to press charges in this particular cohort, where such charges were clearly indicated.

This is important information and supports other such work in this area by other authors as noted. This failure of enforcement is deemed to be significant and potentially contributory to future misdemeanours, injuries, and deaths, all of which could be preventable.

I would caution, however, that physicians have collaborative respon-

sibilities when such (and other similar) patients present to the emergency department.² I would like to know how many of these patients in the authors' study cohort had a CAGE questionnaire³ performed by the attending physician. Of those who scored positively, how many were subsequently referred to their provincial drivers licensing authority for review or to appropriate primary care services for intervention for alcohol dependency or abuse?⁴

Although the emphasis in the article is on the failure of the police to lay charges, I would strongly suggest that the onus for therapeutic and interventional strategies by the attending health care team is equally important. It could significantly decrease recidivism and needs to be fully appreciated as a clinical intervention whether in a province with mandatory reporting of fitness to drive (i.e., Ontario) or discretionary reporting (i.e., Nova Scotia).5 As noted by Redelmeier and colleagues in their study of reportable conditions for fitness to drive assessments. "alcohol abuse was the most common underlying reportable condition, prevalent in 72% of trauma

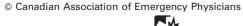
patients with a reportable condition."

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