Medico?Legal Expert Applauds Long-Awaited, Sensible Guidance Update on Seizure?Related Driving

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GREENSBORO, NC?Jeffrey Segal, MD, JD, the founder of Medical Justice and a nationally recognized medico?legal authority, supports a newly issued Position Statement from the American Academy of Neurology, American Epilepsy Society, and Epilepsy Foundation of America that revisits when?and under what circumstances?people who experience seizures may safely resume driving. The Statement, ?Seizures, Driver Licensure, and Medical Reporting Update,? replaces a 2007 version and urges states to anchor their licensing rules in clinical evidence while preserving the physician?patient relationship.

Dr. Segal dissects the Position Statement?s findings in his blog post ?How Soon Can Patients Who Experience a Seizure Resume Driving, If at All??, noting that the societies? research confirms a ?modest but real? increase in motor?vehicle accidents (MVAs) associated with epileptic seizures, yet also shows that fatal?crash risk is LOWER than that posed by alcohol use disorder and by young, inexperienced drivers.

?The data overturn the notion that every person with a seizure disorder represents an outsized menace on the road,? Dr. Segal explained. ?Risk clearly decreases the longer a patient remains seizure?free, and that decline becomes meaningful at about three months. A universal requirement that people wait six, nine, or

twelve months after a seizure looks more punitive than protective.?

Dr. Segal endorses the Position Statement?s central recommendation: a minimum three?month seizure?free interval, with flexibility for state medical?review boards to shorten or lengthen that period based on individualized factors such as medication adherence, nocturnal?only seizure patterns, or a history of treatment?resistant epilepsy.

?Blanket prohibitions do little to enhance public safety if they push patients into unlicensed driving or discourage them from being honest with their doctors,? he said. ?A tailored, evidence?driven approach respects patient autonomy and still allows regulators to intervene when red flags appear, like recurrent seizures despite aggressive therapy or clear non?compliance with medication.?

Equally significant, according to Dr. Segal, is the Position Statement?s stance on reporting. The societies conclude that mandatory physician reporting of every seizure does not reduce crash rates, yet does increase unlicensed driving and patient reluctance to disclose essential information. The Statement therefore recommends placing primary responsibility on patients to self?report seizure activity to their departments of motor vehicles (DMVs) and recommends granting clinicians legal authority?but not an obligation?to notify authorities when a patient poses a clear hazard.

?Imposing a mandate to report every seizure creates an adversarial dynamic,? Dr. Segal commented. ?Physicians become reluctant enforcers, patients clam up, and genuine public?safety threats go underground. Authorizing, but not compelling, reporting, coupled with robust immunity for clinicians who in good faith choose to report or not report, strikes the right balance.?

The Position Statement also urges states to keep licensing criteria in regulations or guidelines rather than hard?coding them into statutes. ?That?s an important procedural safeguard,? Dr. Segal observed. ?Evidence evolves, and regulators need agility to adjust rules as new data emerge without waiting for a legislature to reconvene.?

He added that DMVs should retain ultimate decision?making authority, even when they consult treating practitioners. ?Physicians supply the facts; medical advisory boards weigh those facts against risk?tolerance thresholds set by the public and its elected representatives.?

Commercial and professional drivers warrant more stringent scrutiny, the societies acknowledge, because of greater road exposure and larger vehicles. Dr. Segal agrees but cautions against overgeneralization. ?A long?haul trucker who has been seizure?free for years under stable therapy should not be lumped with someone who had a breakthrough tonic?clonic episode last month,? he said. ?Regulations must reflect real?world risk, not fear.?

Functional (psychogenic non?epileptic) seizures, which lack the electrical abnormalities of epilepsy yet still impair consciousness and motor control, also fall under the new guidance. The statement recommends that drivers experiencing these events receive counseling and restrictions comparable to those for epileptic seizures until more data emerge. Dr. Segal supports this inclusion: ?Ignoring functional seizures would create a dangerous loophole. The societies wisely err on the side of safety while signaling the need for further study.?

Ultimately, Dr. Segal views the Position Statement as a timely nudge for states whose rules still rely on decades?old assumptions. ?It is long overdue,? he said. ?States should update their regulations to adopt a three?month minimum seizure?free interval, allow nuanced adjustments, and place reporting responsibility primarily on drivers. We cannot legislate perfect safety, but we can remove arbitrary barriers that penalize well?controlled patients and undermine candid doctor?patient dialogue.?

About Medical Justice: Founded by Jeffrey Segal, MD, JD, Medical Justice has guided physicians through the complex intersection of medicine, law, and public policy for nearly two decades. Healthcare professionals seeking advice on medico?legal risk management are invited to schedule a complimentary 15?minute consultation online and explore Medical Justice?s protection plans for doctors, which provide wide-ranging strategies from in-office risk management protocols to online reputation management.

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