

**REPORT TO THE ATTORNEY GENERAL
PUBLIC INQUIRY
THE FATALITY INQUIRIES ACT**

CANADA
PROVINCE OF ALBERTA

WHEREAS a Public Inquiry was held at The Provincial Court House
in the Town of Hinton
(City, Town, etc.) (Name of City, Town, etc.)
on the 6th day of April, 1990 (and by adjournment
on the --- day of ---, 19---), before
His Honour Michael H. Porter, a Provincial Court Judge.

A jury was was not summoned and an Inquiry was held into the death of
Kevin Gordon Lawrence 32
(Name in Full) (Age)
of Hinton, Alberta and the following findings were made:
(Residence)

Date and Time of Death 13 July 1989 - 8:30 p.m.
Place Highway 16, 5 to 6 miles west of Hinton

Medical Cause of Death ("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization — The Fatality Inquiries Act, Section 1(d))

Traumatic Injuries

Manner of Death ("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental or undeterminable — The Fatality Inquiries Act, Section 1(g))

Accidental

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CIRCUMSTANCES UNDER WHICH DEATH OCCURRED

See attached pages for circumstances

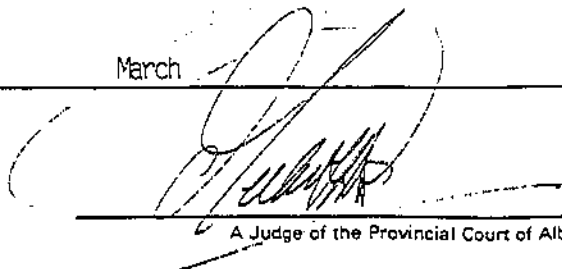
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RECOMMENDATIONS FOR THE PREVENTION OF SIMILAR DEATHS

See attached pages for recommendations

No. of additional pages attached 3

DATED this 7th day of March 1991



A Judge of the Provincial Court of Alberta

CIRCUMSTANCES

The deceased was the driver and lone occupant of his 1/2 ton Chevrolet truck proceeding in a westerly direction approximately 5 to 6 miles west of Hinton, Alberta on the 13th of July 1989 when for unknown reasons his vehicle crossed the centre line into the path of an on-coming transport semi-trailer with which it collided. Death resulted instantaneously from the traumatic injuries suffered.

The deceased was a 32 year old insulin dependent diabetic. Cocaine and its breakdown product Benzoyllecgonine was found in the body during the ensuing autopsy.

It is not known whether or not the cocaine may have contributed to the accident nor is it known whether a hypoglycemic or hyperglycemic reaction may have caused it. The deceased was seen by the on-coming truck driver to have his head down as if looking at his dash momentarily before the collision and he may have been unconscious.

The deceased had developed insulin dependent diabetes 19 years prior to his death. His medical condition was in a deteriorating state. He was referred to a specialist, Dr. R. N. Eiden in June 1988, who reported in part as follows:

"In summary, he has advanced microvascular disease involving his eyes and his kidneys. On top of this he has significant hypertension which is not easily controlled. Because he has had at least one episode of unrecognized hypoglycemia, one cannot use a Beta-Blocker, and therefore one should consider the use of either Aldomet, or Minipress. Because he has a tendency towards tachycardia, Apresoline (which is an

effective drug, but has the side effect of tachycardia) should not be used.

This afternoon I obtained the following lab results: A spot blood glucose of 2.1mmols. the urea was elevated at 13.3 and the creatinine elevated at 312 in keeping with chronic renal failure. His hemoglobin A1C was 0.107 which is elevated (normal 0.80) and would indicate that his over all diabetic control is only fair.

In summary, this unfortunate young man has unstable insulin dependent diabetes with microvascular disease involving his eyes and his kidneys. He also has hypertension which at present is not too well controlled and I would suggest using additional drugs as recommended above. I suggested to him that he might be admitted to the Edmonton General Hospital for further assessment, but he was not anxious to do this at this time. I do however feel that every effort should be made to try to get his diabetes under a little better control and his blood pressure should be controlled as he is headed towards progressive renal failure."

As a result of his microvascular disease he had lost the use of one eye and faced the prospect of losing the use of his kidneys in the future. It was considered that the diabetes should be brought under control. This examination was done at the instigation of the Motor Vehicles Division who required further information from a specialist following the submission of the report of the annual medical examination carried out by the deceased's personal physician, Dr. W.E. Schneider of Hinton.

Although the report from Dr. Eiden to Dr. Schneider indicated that the diabetic condition should be brought under control, the brief report to the Motor Vehicles Division indicated "fair diabetic control". On this basis the annual licence was issued. It is noteworthy that there had been a

hypoglycemic episode in April 1988. However, it is apparent that the full report of the specialist was not provided to the Motor Vehicles Division. Dr. Schneider, assumed it had been sent by Dr. Eiden directly, and he took no steps to inform them himself. The Motor Vehicles Division did not request the full report before issuing the licence.

The deceased saw Dr. Schneider again on May 3rd, 1989, for his annual examination. The doctor was surprised he was still driving. However he, still under the impression that the whole report had been sent directly to the Motor Vehicles Division and felt that if the specialist considered the patient was safe to drive, he himself could not say otherwise.

He completed the annual medical report to the Motor Vehicles Division. He brought to their attention in the standard way the fact that the patient was having significant hypoglycemic reactions, the last one being in January 1989. He empathized with his patient as he felt that driving a motor vehicle was one of the few things left to him in his life and the doctor did not want to be the person to take that away from his patient. He was of the view however that the Motor Vehicles Division, given this information which he thought they had received, would not renew the licence. Thus he did not comment directly on the inadvisability of the deceased holding a licence but felt the information provided would lead to this result. Unfortunately it did not and the licence was issued by the Motor Vehicles Division. It was felt there, that the doctor would say so directly if he considered the person in question should not be the holder of a driver's licence. Thus it can be seen that as a result of the physician's misunderstanding of the information received by the Motor Vehicles Division, accompanied by his readily understood empathy for the plight of his patient, the licence continued to be issued by the Motor Vehicles Division

which did not have and did not seek to obtain all of the information. Had they so received such information, no doubt they would not have re-issued the licence.

Compounding all of this is the fact that serious concerns held by the Royal Canadian Mounted Police about the driving ability of the accused were brought to the attention of the Motor Vehicles Division in writing in 1986 and 1988. This appears to have led to the medical examination by Dr. Eiden in June 1988 but no real follow-up seems to have been done by the Division after that examination. Their view was that there were no significant findings which would preclude licensing.

There was a real falling between the cracks in this situation which could easily have led to deaths other than that of the deceased. It is a matter, which in my view needs to be addressed as it could and may be happening in other situations. At my request the Alberta Medical Association was invited to submit a written brief on the issues arising and in particular, the possible ethical dilemma in which a doctor finds himself in when carrying out an annual medical examination on one of his own patients and wherein the issue or non-issue of a driver's licence may be in the balance. Their reply, a copy of which is attached to this report, indicated their reliance on the Canadian Medical Association's Physicians Guide to Driver Examination. They were of the view that a physician has an ethical responsibility to inform the authorities at the Motor Vehicles Division of any medical condition which may be a hazard to an individual or the public when a patient is operating a motor vehicle. It is clear from a review of the Guide and the A.M.A.'s letter that they do not accept the judgmental responsibility to decide whether or not the patient is fit to be issued a licence. Thus, as in this case the basic information can be provided which may not be sufficient for officials in the Motor Vehicles

Division to make a proper decision nor indeed may they be qualified to do so as that decision may require some medical expertise.

I have therefore to make the following recommendations:

1. A medically qualified person should assess the complete medical evidence available in any situation where a medical examination is called for and state in his opinion whether or not a licence should issue. That might be done by including the question directly in the medical examination report completed by the examining physician. If, however, the medical profession should consider that responsibility to not be acceptable, the alternative would be to have such medically qualified personnel engaged directly by the Motor Vehicles Division to consider and assess ALL of the medical history and reports available and thereafter state their opinion. This would bring a greater degree of objectivity into these situations than exists presently. I stress however that ALL of the information would have to be made available so that a proper and informed decision might be reached.
2. I have wrestled for a long time with the dilemma faced by Dr. Schneider in this matter. On the one hand he felt the patient should not be driving but as his doctor did not wish to be the one to cause the removal of a substantial and desirable part of the daily occupational life of his patient. He resolved the situation by providing the factual information which apparently met his professional ethical obligation but

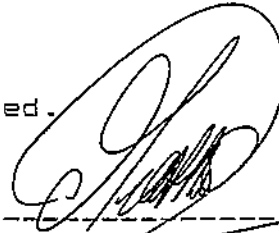
which did not convey the information that the Motor Vehicles Division needed to properly make their decision.

I believe it is unfair to put a physician in such a situation and I therefore recommend that no medical examination which leads to the issue of a driver's licence be carried out by a physician on his own patient. It should be a requirement of the Motor Vehicles Division that a third party physician carry out all such examinations. Such a course would ensure the fullest degree of objectivity and would prevent the same kind of professional dilemma which arose in this case, from arising again.

3. Particular attention needs to be given to reports from the R.C.M.P. or other police forces relative to instances of erratic driving by persons holding medically restricted licences. Such instances and the medical condition of the drivers in question should be reviewed thoroughly and appropriate action taken. Such reports should not be treated lightly or routinely.
4. There was comment made during the course of the Inquiry that physicians carrying out medical examinations relative to the issue of a driver's licence receive very little training if any in the area of "fitness to drive". On the other hand, physicians engaged in carrying out medical examinations leading to the issue of aircraft pilots licences do receive initial and on-going training in the form of seminars, etc. That has apparently never been the case with regard to motor vehicles. It's my recommendation that physicians involved in these matters should undergo both initial

and on-going training to ensure that their practices and methodologies are up to date and in order to give them the fullest opportunity to share their experiences.

The above is respectfully submitted.



M. H. PORTER

Judge of the Provincial Court

1 March 1970