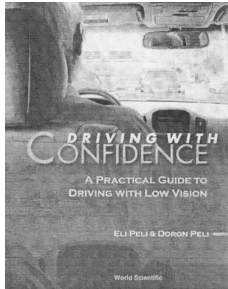


BOOK REVIEW

Driving with Confidence: a Practical Guide to Driving with Low Vision.

Eli Peli and Doron Peli. Pine Brook, NJ: World Scientific Publishing, 2002. Pages: 192. Price: \$18.00. ISBN 981-02-4705-2 (paperback).

F1 Failing the vision screening for a driver's license would rate as a very negative life event for most people. Such failure is perplexing and infuriating for people who think that they have sufficient vision to drive safely. What to do next is the main focus of this book—a complicated subject not addressed in any other publication to date.

Other information sources on driving with low vision have been “hit-or-miss,” until now. The “failed screenee” faces state vision standards that are confusing, arcane, and not standardized from state to state. Eye doctors visited may or may not know enough or make the effort to provide complete and appropriate guidance. Or worse, they may provide the easy, conservative, and ultimately self-protective sweeping advice to all visually impaired persons simply not to drive. Family and friends may vilify the low-vision driver, or, conversely, aid and abet dangerous practices. And the individual may question his or her own judgment about capacity to drive. Hence, the need for this book.

The overall tone of this book is that of “pep talk”—although a carefully modulated one—directed at people who have moderate visual impairments and who have reasonable odds of succeeding as low-vision drivers. In the first chapter, readers are encouraged “never to accept the initial determination of the person at the DMV counter as the last and final word. . .” (page 3). Later in the book, they are reminded that “If you were a careful, consid-

erate, defensive and thinking driver, you probably remain so despite losing some of your eyesight.” (page 30). The book later closes with “[s]o with open eyes and a clear mind, go ahead—dare to succeed!” (page 81).

But, wait, the clinician might say. Isn't the bigger problem people who are overly confident about driving despite their vision loss? Or are we selectively remembering those who “do, but shouldn't,” forgetting about all those who “could, but don't”? The latter are the focus of this book.

So, this is definitely *not* the book for your 20/300 patient with macular degeneration or your retinitis pigmentosa patient with 20° visual fields who lacks the judgment or fortitude to stop driving. No stern words are offered for drivers whose vision is well outside the bounds of state laws. They are reminded to obey the law, to know fully about their visual condition, and to “consider the eventuality that [their] vision loss might be of such magnitude or nature so as to prevent. . . driving safely.” (page 3). If they were to honestly answer the “self-testing questionnaire” in Chapter 4, they would fail. But they might be unduly emboldened by the excellent description of how little basis there is for current vision standards for driving (Chapter 2). Additionally, although the preface promises “specific information on how to organize and finance your transportation needs without a car” (page ix), only minimal guidance is offered on what to do if licensure is not an option. In the 3 _ pages of text on this subject, there are several useful practical tips, but the psychosocial support is limited to “[s]ure, it's unpleasant, but it's not the end of the world.”

There is, however, a large and needy audience for this book. With a median visual acuity of about 20/100 in many low-vision clinics, there are plenty of patients in that “gray zone” in which driving may or may not be a safe option. This large-print book offers many of them, as well as their close family and friends, great help in under-

standing their situation and making suitable plans.

Early on, the authors offer background information on vision and driving. In doing so, the authors have undertaken the daunting task of making clear what is actually vague, nuanced, controversial, and, ultimately, dangerous. And they do it well, without oversimplifying. Unsophisticated readers, however, may have some difficulties because this chapter on vision and driving, and nearly all other chapters, are written at the 11th- or 12th-grade level.

The following chapter on causes of visual impairments gives good descriptions, but it is not directed at congenitally visually impaired prospective first time drivers. In particular, it omits discussion of albinism or congenital nystagmus, two of the leading diagnoses among bioptic drivers.

Subsequent chapters guide the reader in a comprehensive process of self-questioning, obtaining appropriate vision assessments, exploring low-vision devices and other adaptations, and receiving training and testing. The suggestions on learning to drive and continuing to drive safely seem to make good sense. Indeed, the readability level is better here, and I find myself wishing that I could legitimately photocopy sections to use as handouts for patients. I also find myself wishing I knew more about the sources of the information on driving training and about the authors' experience with such training or trainers. (Indeed, there is no “About the Authors” section, and one is left wondering “Who is Doron Peli?”)

The state-by-state listing of vision standards (Appendix E) is of particular value. In about 60 pages, these authors report critical details of state vision standards, including restricted licensing and bioptic telescope options. (Survey methods are described elsewhere in unpublished writings by the first author.) This listing is especially appreciated because the last by-state listing of vision standards was published more than a decade ago,¹ and no suitable on-line listings seem to be available. The chief value of these listings is for low-vision

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drivers who are contemplating an interstate move and for their eye doctors who end up fielding their questions.

The listing of state vision standards, along with the chapter on vision and driving, can serve as a call to action in examining the validity and utility of these standards and in seeking "proper visual screening [methods], as well as procedures to further evaluate drivers who fail these screening tests." (page 29). Accordingly, this book may also be of interest to low-vision advocates, motor vehicle department administrators, and policymakers.

I will be enthusiastically recommending

this book to my more astute patients (and their families) if they have a reasonable chance of being able to drive safely and legally and are trying to gain greater perspective than I can offer in a clinic visit. I will also recommend this book as a reference for any eye doctors, rehabilitation specialists, and driving instructors who work with a lot of partially sighted patients. Additionally, I hope that this book gains a broader audience, including low-vision advocates, motor vehicle department administrators, policymakers, and the many people who don't yet know that they have the potential to drive safely and

legally despite a moderate degree of vision impairment.

REFERENCES

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