

Further advice for disabled patients is available from

RADAR, 25 Mortimer Street London W1N 8AB  
Telephone 071 637 5400

MAVIS, Transport Research Laboratory  
Crowthorne Berkshire RG11 6AU  
Telephone 0344 770 456

#### **Duration of certificates**

All certificates must now specify a period of validity. The period may be as long or as short as the medical practitioner considers justified.

#### **Validity of old-style certificates**

Certificates issued for an unlimited period on old-style forms will continue to be valid indefinitely. Unused stocks of these forms may be issued up to 31 December 1994, but no later.

It should be noted that they do not bear the EC symbol and will not be recognised in EC member states other than the UK. Some holders of these forms may, therefore, wish to have a new certificate issued. They should be asked to surrender their old form.

#### **Refusals**

If people are refused exemption, it is important they are given a clear reason. If they are not satisfied, they may, on payment, obtain a second opinion from another Registered Medical Practitioner.

# MEDICAL EXEMPTION FROM SEAT BELT WEARING

Prepared for the Department of Transport  
2 Marsham Street London SW1P 3EE  
by Gwynn Thomas and Associates

© Crown copyright 1993



## SUMMARY

- The law allows exemption from seat belt wearing on medical grounds.
- Exemptions granted should take due account of the evidence showing seat belt wearing reduces risk of injury and death in road accidents.
- A range of devices can be used to overcome difficulties experienced, especially by disabled people.
- Temporary certificates can be issued.
- Patients refused exemption can request a second opinion.

### Guidance for medical practitioners

The Road Traffic Act 1988, and regulations made under it, require drivers and passengers in motor vehicles to wear seat belts subject to certain exemptions.

One exemption applies to 'any person holding a valid certificate signed by a medical practitioner to the effect that it is inadvisable on medical grounds for him to wear a seat belt'.

There is overwhelming evidence that wearing front and rear seat belts substantially reduces the number of deaths and disabling injuries in accidents involving vehicle occupants.

Taking all types of injury, including fatalities, reductions of up to 50% have been recorded. Injuries to the head, face and eyes are particularly reduced.

Medical practitioners, therefore, need to balance very carefully the advantage to their patient of reducing the risk of serious injury or death against any reason a patient has for seeking exemption from wearing a seat belt.

Should a patient granted exemption be injured in a road accident as a result of not wearing a belt, the possibility of a civil law claim for negligence against a doctor cannot be ruled out.

It is important to assess patients thoroughly, whenever possible asking for a demonstration in the vehicle of the difficulty experienced.

A record should be kept of exemptions issued.

### Disabled patients

Most disabled people can and do wear belts without undue discomfort or inconvenience. A comparatively small number experience difficulties, many of which can be easily resolved by simple measures such as the following:

- 'Drop links' designed to lower the position of the belt and alter the lay of the diagonal. This is particularly useful for people of restricted growth where the conventional diagonal would otherwise cross the neck.
- 'Pulla belts', a simple sleeve addition to the belt for people who cannot reach the top anchorage point to pull the conventional belt across them.
- 'The clever clip' designed to ease belt tension across the chest and reduce any restriction of breathing. It can also reduce pressure on the abdomen, for instance for patients with a colostomy.

A survey by the Royal Association for Disability and Rehabilitation (RADAR), on behalf of the Department of Transport, showed that three quarters of the difficulties with seat belts encountered by disabled people could be resolved by these solutions.