

Fitness to drive of people with haemophilia and other coagulation disorders

executive summary



People with a congenital coagulation disorder have a shortage of functional coagulation proteins. This makes them more susceptible to bleedings, e.g. following an accident or surgery. Mild coagulation disorders are relatively common, with limited symptoms or the disorder even going unnoticed. Haemophilia is much rarer and presents in various degrees of severity. Until a few decades ago, the most severe degree of haemophilia was a debilitating disease leading to joint damage and a reduced life expectancy. For this reason, the Health Council of the Netherlands advised in 1994 to have people with haemophilia and other coagulation disorders undergo a medical examination before a driving licence could be issued. This examination was to be repeated every five to ten years. Since that time, treatments for haemophilia and other coagulation disorders have improved significantly. The fitness to drive requirements currently in force may therefore no longer be justified. Consequently, the Minister of Infrastructure and Water Management asked the Health Council to review its advice on the basis of the latest scientific insights.



The Health Council's Fitness to Drive Committee recommends that section 5.6.2 of the Fitness Criteria Regulations 2000 (*Regeling eisen geschiktheid 2000*, REG2000) be deleted.

The Committee believes it is no longer justified to treat people with haemophilia and other coagulation disorders as a separate group when assessing their medical fitness to drive. Improved preventive treatment options for haemophilia and other coagulation disorders have normalised life expectancy and strongly reduced incidences of joint impairments. Moreover, the nature, severity and prognosis of these impairments are comparable to those for people with other joint conditions, e.g. primary osteoarthritis or rheumatoid arthritis. People with those conditions only need to undergo a medical examination in case of actual functional impairment. The improved treatment options have also strongly reduced incidences of internal bleeding in vital organs. As a result, the risk of developing an acute and life-threatening medical condition while taking part in traffic has normalised. There are no other factors that might negatively affect the fitness to drive of people with a coagulation disorder.

Due to improved treatment options, a medical examination or periodic re-examinations for people with haemophilia and other coagulation disorders on the basis of these conditions alone are no longer required when they apply for a driving licence. That said, if a coagulation disorder has impaired a person's fitness to drive, e.g. due to joint damage, that person may be required to undergo medical examination pursuant to Chapter 9 (Physical disabilities) or Chapter 12 (Other conditions that affect fitness) of the REG2000.

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