(98/C 310/26)

WRITTEN OUESTION E-0539/98

by James Nicholson (I-EDN) to the Commission

(4 March 1998)

Subject: Driving licence restrictions on insulin dependent diabetics

On 1 January the United Kingdom government introduced legislation which prohibits insulin dependent diabetics from the entitlement to drive vehicles in category C1 (lorries up to 7.5 tonnes) and category D1 (minibuses) obtained through passing a test to drive cars. The relevant EC Directive is 91/439/EEC (¹). The UK Government has stated that insulin treatment leads to a significant risk of hypoglycaemia which can result in loss of consciousness or diminished judgment.

What research has the Commission undertaken to establish the number of traffic accidents involving these categories in which an occurrence of hypoglycaemia has been shown to be a contributory factor?

Which Member States have introduced legislation similar to that which now applies in the United Kingdom?

(1) OJ L 237, 24.08.1991, p.1.

Joint answer to Written Questions E-0113/98 and E-0539/98 given by Mr Kinnock on behalf of the Commission

(27 March 1998)

In 1991 the Council adopted Directive 91/439/EEC on driving licences which entered into force on 24 August 1991 and which Member States had to apply as from 1 July 1996. The Directive introduces the principle of mutual recognition of driving licences and harmonises the driving licence categories, the minimum age and the conditions for issuing and renewing driving licences, including the 'Minimum standards of physical and mental fitness for driving a power-driven vehicle' (Annex III).

Point 1.1 of Annex III defines group 1 as drivers of vehicles of categories A, B and B+E and subcategories A1 and B1 (cars and motorcycles), whereas point 1.2 defines group 2 as drivers of vehicles of categories C, C+E, D, D+E (lorries and buses) and of subcategories C1, C1+E, D1 and D1+E (small lorries and minibuses).

Point 10 of Annex III deals with diabetes and stipulates that 'Group 2, 10.1. Only in very exceptional cases may driving licences be issued to, or renewed for, applicants or drivers suffering from diabetes mellitus and requiring insulin treatment, and then only where duly justified by authorized medical opinion and subject to regular medical check-ups'.

Finally, Annex III of Directive 91/439/EEC states that due consideration shall be given to the additional risks and dangers involved in the driving of vehicles of group 2 (point 17.2).

These provisions were based on advice from medical experts from across the Community, rather than statistical evidence relating to traffic accidents, since no such specific data was, or is, available.

The United Kingdom transposed Directive 91/439/EEC into national law on 1 January 1997, and delayed the entry into force of the provisions concerning diabetes mellitus until 1 January 1998.

The issue is to a large extent specific to the United Kingdom situation because the Directive is necessarily drafted in a way which enables Member States to decide on the extent of 'very exceptional cases'. Until 1 January 1997, the United Kingdom automatically issued a category C1 and D1 licence to every person who obtained a category B licence. Therefore, the vast majority of licence holders in the United Kingdom fall within group 2. If, when renewing a driving licence (once every three years for people suffering from insulin treated diabetes), the holder wishes to keep his or her group 2 entitlements, then the stricter medical standards for this group are to be applied. It is up to the British authorities and not the Commission to decide on possible 'exceptional' individual cases.