LIVING WELL

How to Ask a Parent to Stop Driving

A safer conversation starts with specific concerns, respects what driving preserves and arrives with a realistic plan for getting around.

The keys are not just keys

You have noticed the hesitation at a junction, the unexplained scrape or the way your parent now avoids certain roads. You want to say something before something worse happens. But "You need to stop driving" can sound less like concern than a verdict: you are old, incapable and no longer in charge.

That is why this conversation so often stalls before it starts. Driving helps older adults remain mobile and independent. Giving it up is not simply changing how you reach the shops; it can mean depending on other people for ordinary journeys that previously required no permission, negotiation or explanation.

The stakes are real. In the United States in 2022, about 9,100 adults aged 65 and older were killed in traffic crashes, while more than 270,000 were treated in emergency departments for crash injuries. Drivers aged 70 and older also have higher death rates per 1,000 crashes than drivers aged 35 to 54, primarily because they are more vulnerable to injury in a collision.

Yet age is not, by itself, proof that somebody is unsafe. Older adults are more likely than other age groups to use safer driving behaviours. A 2025 review involving 3,330 participants even found that younger drivers had more accidents than older drivers, although the results varied enormously between studies. "You are too old" is not an evidence-based opening. It is a shortcut.

Talk about the drive, not the birthday

Begin with what you have actually observed. That might be difficulty seeing at night, confusion about a familiar route, a close following distance, distraction by a phone or a recent incident. Keep the conversation anchored to the behaviour or condition that worries you, rather than assembling a general case against your parent's age.

Age-related changes in vision, physical functioning, reasoning and memory can affect some older adults' driving. Diseases and medicines can matter too. So can alcohol, sleepiness and distraction. These are reasons to look more closely, not permission to assume that every older

driver has the same abilities or risks.

Try language that leaves room for an answer: "I was worried when the car drifted across the lane yesterday. Did you notice it?" Or: "You have said night driving is getting harder. Can we talk about what would make journeys safer?" One event may have an explanation; a pattern deserves attention. Either way, specifics give you something both of you can discuss.

Do not bury the point beneath a dozen old grievances. Your aim is not to win a prosecution. It is to find out whether your parent can drive safely now, whether some circumstances have become unsafe, and whether a health condition or medicine needs professional attention.

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Stopping is not the only first answer

The conversation does not always have to leap from unrestricted driving to surrendering the keys. Depending on the concern, your parent may be able to reduce risk by driving only during daylight and good weather. Night driving and poor weather increase the likelihood of crash injuries and deaths.

Other sensible limits include planning the route in advance, choosing well-lit streets and intersections with left-turn signals, leaving more distance from the vehicle ahead and avoiding distractions such as phone use, eating or a loud radio. Seat belts remain one of the most effective ways to reduce injuries and save lives in crashes.

An eye examination can identify whether corrective lenses are required. A doctor or pharmacist can review prescription and over-the-counter medicines for side effects and interactions. This matters because impairment is not limited to alcohol: drugs, sleepiness, distractions and medical conditions can all make driving dangerous.

Some medicines warrant particular attention. A 2025 review of 16 studies found that zopiclone, a hypnotic drug, significantly impaired driving performance the following day compared with a placebo. That does not tell you whether any individual taking it is fit to drive, but it supports asking a clinician or pharmacist about next-day effects rather than guessing.

If your parent has had a stroke, fitness to drive becomes a clinical question rather than a family vote. A 2026 systematic review found two screening tests were the best predictors of fitness to drive after stroke, though women, people under 55 and people from low-income countries were underrepresented in the research. The limits of the evidence matter when results are interpreted.

Make independence part of the plan

If you ask somebody to stop driving without discussing what happens next, you have presented a loss and called it a solution. Before the conversation, consider the journeys your parent actually makes: food shopping, appointments, visits and the trips that keep daily life moving. The practical question is not only whether they stop. It is how they still get there.

Supported alternatives include travelling with a friend, using a ride service or taking public transport. Not every option will work for every journey. A vague promise that "we will sort something out" asks your parent to surrender something dependable for something imaginary.

Invite them to build the alternative with you. Ask which journeys matter most, which could be combined and who they would feel comfortable asking for a lift. If you can provide transport, be precise about what you can reliably do. An honest limit is more useful than a generous promise that quietly disappears.

If your parent can still drive safely in restricted conditions, alternatives can cover the journeys that no longer feel manageable. Someone might drive in daylight and good weather but accept a lift at night. If impairment is present, however, the line is firmer: they should not drive, and another driver or public transport is needed.

Monday takes one sentence and a journey plan

Do not wait for a family gathering, then raise the subject in front of an audience. Choose a private moment and open with one observed event, one expression of care and one invitation: "I was frightened by what happened at the junction, and I want us to work out how you can get around safely." That is enough to begin.

Listen for what your parent believes they would lose. Then move from the abstract argument about "driving" to the next necessary journey. Ask: "Where do you need to go this week, and how else could you get there?" Write down the journeys, the available alternatives and who will arrange each one.

If vision, memory, physical ability, stroke or medicines are part of the concern, agree on the question to take to an eye doctor, doctor or pharmacist. Make it direct: "Could this condition or medicine affect safe driving?" A professional review should not be used as a threat; it is a way to replace family suspicion with an assessment relevant to the concern.

Your practical step for Monday is one calm conversation and one workable journey plan. It takes a specific example, a clear safety concern and an agreed way for your parent to make their next essential trip without driving. Do not demand the whole future in one sitting. Secure

the next safe journey first.

Where this comes from

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  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/motorvehiclesafety.html
- Impaired Driving

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/impaireddriving.html
- Older Adult Drivers

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