



Owner-Operator's Business
Association of Canada

Association professionnelle des
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*...from the
director's chair*

Depressed and Drowsy Is it the driver's fault, or is the job to blame?

What's next, smelly feet? Bad breath? There appears to be an assault underway on our persons under the guise of human factors in truck accident causation that may leave no stone – or ingrown hair – unturned. Last fall, FMCSA got American tongues wagging when word got out that the agency is considering screening overweight drivers for obstructive sleep apnea (OSA). Truckers with the disorder are at greater risk of daytime sleepiness, the agency says, and are therefore at greater risk of having a crash. A panel of sleep experts recommended mandatory sleep apnea screening during DoT medical check-ups for drivers meeting a certain physical profile.

Overweight drivers who have a body mass index of 30 or higher (this could change to 33, we've heard) and/or a neck size of 17 inches or larger would be the prime targets. That profile captures about one-third of the US commercial driver population – and about the same here in Canada.

And then just the other day, I read that the Australian Trucking Association wants drivers down under screened for depression during their "DoT" medicals. The association claims to have research showing that drivers suffering from severe depression are up to six times more likely to have accidents.

Stuart St. Clair, chief executive of the Australian Trucking Association, has asked the National Transport Commission (the Australian version of Transport Canada or FMCSA) to include "psychological distress" testing as part of routine driver medical check-ups. The Australian Transport Workers Union, among others, is outraged by the proposal. Union leader Tony Sheldon says rather than banning drivers with health problems and preventing them from earning a living, the Australian Trucking Association

should be looking at why truck drivers suffer from depression.

An author of the Australian study into truck drivers' mental health, professor Harvey Whiteford of the University of Queensland, says that pressure to meet deadlines is a considerable factor in on-the-job stress; heavy vehicle operators drive for long hours and often must try to be at a certain point within a certain timeframe. "It seems to be an occupation which carries a significant amount of inherent psychological stress in it," concludes Whiteford.

Exactly. Driving is a stressful occupation with limited opportunity for even temporary relief. When you're cooped up in a truck sleeper for days on end, even a 36-hour reset doesn't provide adequate relief from the environment. In much the same way that professor Whiteford suggests depression can be linked to job stresses, I'd argue that the frequency of OSA in truck drivers is no coincidence either. Many drivers don't eat well, they get little meaningful physical activity, and they often don't get proper rest.

Simply screening drivers for sleep apnea and depression isn't enough. If these disorders can be linked to a higher propensity for crashes among sufferers, then trucking has to come to the table and address the root causes of the problem.

Take carpal tunnel syndrome for example. It's common in workers who perform repetitive tasks such as typing or grasping. While there is still some debate linking that disorder with specific work-related causes, in many jurisdictions, workers diagnosed with carpal tunnel syndrome are entitled to time off and some compensation. Those workers aren't simply screened out of a job; they're given paid time off to recover, and workplaces are



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often modified to accommodate workers' needs. That's something this industry would no doubt strongly resist, but I don't think North American truck drivers should settle for anything less.

I don't want to downplay the significance of carpal tunnel syndrome. It's uncomfortable and inconvenient to be sure, but it's not life-threatening. If there is in fact a link between OSA, depression (and who knows how many other disorders), and crash propensity, then their prevalence in this industry has to be examined not only in light of limiting liability and reducing the risk of crashes, but in the worker health and safety context too.

If the work, the work environment, or the cumulative effects of the difficult lifestyle can be linked to elevated crash risk, then they become occupational health and safety issues. Period.

If industry and regulators are considering screening as a means of limiting liability, then there had better be programs in place to support disabled workers, or those sidelined while undergoing treatment. I've seen too many drivers pushed out the door with back and leg problems, and left to fight endlessly with various workers' comp agencies for something more than a subsistence allowance to live on. Truckers deserve better.

Presently, only OSA is on the radar screen in the US (and undoubtedly in Canada before long), but if depression screening catches on in Australia, it won't take long to migrate here. And what might be next after that?