ment *Needs and Abilities* (Review Group on Mental Handicap Services, 1990), in proposing national policy, asked that the term mental handicap be replaced. The document recommended that those covered by the term Mild Mental Handicap should be classified as having general learning difficulties and that those functioning at a lesser level of cognitive ability should be classified as having moderate, severe or profound degree of intellectual disability. Currently we await new mental health legislation and the White Paper (Irish Department of Health, 1995) which anticipates this uses the term mental handicap.

No existing terminology satisfies the needs of both clinician and patient group. I suggest that as clinicians our main requirement of terminology is that it has clarity when used. The term learning disability does not fulfil this requirement. Perhaps we should continue with a broadly understood, though old-fashioned, term such as mental handicap until a more useful one is accepted by colleagues and patients internationally.

IRISH DEPARTMENT OF HEALTH (1995) *White Paper on Mental Health*. Dublin: Government Publications Office.

REVIEW GROUP ON MENTAL HANDICAP SERVICES (1990) *Needs and Abilities: A Policy for the Intellectually Disabled*. Dublin: Government Publications Office.

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Fitness to drive

Sir: Humphreys & Roy (*Psychiatric Bulletin*, 1995, **19**, 747–749) recently surveyed psychiatrists to determine their knowledge of the Driver and Vehicle Licensing Authority (DVLA) guidelines in relation to psychiatric illness and/or medication.

Three references given by the authors are now obsolete and published revisions are available. Firstly, the General Medical Council (1995) has greatly clarified the guidance about disclosing information about a patient who may be unfit to drive. Secondly, the major source of information about medical standards for driving has been updated (Medical Commission for Accident Prevention, 1995). This new edition mentions forthcoming United Kingdom legislation prior to the European Union Driving Licence Directive that came into being on 1 July 1996. Eight disabilities receive more specific regulations about not issuing or renewing driving licences to the patient. Seven of these disabilities have direct importance to the psychiatrist, for example (i) severe mental disorder, (ii) severe behaviour problems and (iii) psychoactive medicines taken in quantities likely to impair fitness to drive. Thirdly, the DVLA "At a Glance . . ." booklet (DVLA, 1996) modifies the categories about alcohol and drug misuse. A specialist report is suggested in addition to the standard independent medical assessment when a drug abuser wishes to have his/her licence back. Unfortunately, the opportunity to use revised diagnostic terminology for all the psychiatric disorders has been missed and will only confuse some practitioners.

DRIVER AND VEHICLE LICENSING AUTHORITY (1996) *At a Glance Guide to the Current Medical Standards of Fitness to Drive*. Swansea: DVLA.

GENERAL MEDICAL COUNCIL (1995) *Duties of a Doctor: Confidentiality*. London: GMC.

MEDICAL COMMISSION ON ACCIDENT PREVENTION (1995) *Medical Aspects of fitness to Drive. A Guide for Medical Practitioners*.

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