Whose bedside manner?

Autism spectrum disorder in physicians

Shane Neilson MD FCFP MFA PhD

Autism spectrum disorder (ASD) in physicians is a reality that should come out of the closet.

As the most cursory search of medical databases will show, an extensive and expanding literature concerns the incidence of suicide, mood disorders, and addiction in physicians. Yet there is not an adequate body of knowledge concerning ASD in physicians.[1] A search of the medical literature using the terms *autism, autism spectrum disorder,* and *physicians* returns 5 relevant papers, only 1 of which is an actual qualitative study. The possible reasons for this lack of investigation are numerous. Many map to the understudied and underaddressed matter of ASD identification in society generally: unless the disorder is severe, many people progress to adulthood without it being recognized,[2] or are possibly misdiagnosed, due either to the heavy comorbidity of autism with other psychiatric conditions, or to ASD not being seen as an important comorbidity alongside those other more familiar (to medicine) conditions.[3]

The valid resistance within the ASD community to the medicalization of their neurodivergence* (which, in the most egregious instances, is a search for a "cure") results in a relative lack of biomedical research into the disorder. Chronology is important here too: although identification has mildly improved over the decades, there is still a huge cohort of working adults—autism's so-called "lost generation"[4]—who progressed through the education system when ASD had a lower profile than it does now. Some of the reasons for underidentification in physicians are specific to the profession: selecting high-functioning, intelligent, and conscientious science students is preferential, and an unknown number of these individuals will be on the spectrum; also, intense internalized stigma due to professionalism norms discourages anyone from seeking help or accommodation.[5] The incidence of ASD in the general population has been estimated at 1 in 66, but because of the aforementioned factors, it might well be higher in physicians.[6]

Until recently, the medical literature featured only a handful of papers that contained the lived experience testimony of physicians, mainly the compelling testimony of physicians practising despite intense stigmatization, or of physicians who ceased practising because of it. This fragile literature, albeit not "scientific," suggests that physicians on the spectrum have a lot to offer the profession in terms of conscientiousness, intelligence, and creative problem-solving.[1,7,8]

In 2020, the first qualitative paper appeared trying to prospectively capture the experiences of physicians with ASD, specifically, those who had accessed a physician support program in the United Kingdom.[9] As could be expected, the testimony is that of intense stigmatization. The 10 doctors in this small cohort endorse the idea that physicians must be competent and effective but strongly countermand traditional professionalism dogma with a call for workplace accommodation for their neurodivergence. This is a kind of work not typically done by physician support programs, which usually have identified individuals working with assigned professionals on their issues, although a representative of the Ontario Medical Association's Physician Health Program informed me that they continue "to evolve by learning from and working with physicians, trainees and service providers such as The Redpath Centre on how best to support and advocate for those with autism—ongoing work" (T. Bober, e-mail communication, May 4, 2020). There seems to be a poor fit between what the classical physician health program would do for physicians with depression or addiction—arrange assessment by psychiatrists and addiction specialists, conduct urine testing, monitor the workplace for "altered" behaviour—and what physicians with autism might require and benefit from, namely, a destigmatized workplace that does not monitor pathologized behaviour but accepts it.

The norm enforcing the norm

The need to improve this fit is fairly obvious when looking at medical regulators' policies concerning "disruptive" physicians. For example, the College of Physicians and Surgeons of Ontario's Physician Behaviour in the Professional Environment policy, updated in May 2016, states the following as its first provision:

> Physicians **must** take responsibility for their behaviour and meet the obligations and expectations set out in this policy, other College policies, the Practice Guide, and applicable legislation, along with the expectations set out in institutional Codes of Conduct, policies, or by-laws. Specifically:
>
> a. Physicians **must** uphold the standards of medical professionalism, conduct themselves in a professional manner, and not engage in disruptive behaviours.

*The terms *neurodivergence, neurotypical, neuroatypical,* and the like are a definitional bid to suggest to the norm that there are alternate and valid ways of being—that humanity is not, wisely, constructed according to ideal forms. I use these words with pride because, until I encountered them about a decade ago, I was without the rhetorical tools to understand how the norm was oppressing me simply by deciding what was "same" and what was "different." Unlike many medical practitioners who research and write about my communities, I self-identify as neurodivergent.

b. Physicians **must** act in a respectful, courteous, and civil manner towards their patients, colleagues, and others involved in the provision of health care.[10]

It is easy to see how physicians with ASD struggling in medicine's compulsory sociality environment might run afoul of normative edicts like this one, simply because it is the norm enforcing the norm. (The bold type in this extract is in the original policy and not added emphasis; later on in the document, one finds an example of disruption as "failure to work collaboratively or cooperatively with others."[10]) What is a poor physician with ASD to do? This is not to say that disruptive behaviour should not be called such, for abuse is abuse; indeed, physicians with autism in the aforementioned qualitative study were quick to offer that behavioural standards must be met, but that these should be met in a culture of mutual respect and accommodation.[9] The problem in the autistic physician's case is not one of professionalism, but of *normativity,* of the norm reproducing itself according to a disciplinary function—and the power differential is huge.

Destigmatize, support, recalibrate

In the United Kingdom, there are peer support networks for physicians with autism. Canada does not have such a functionality. Ontario, Canada's most populous province, has only one centre, The Redpath Centre in the capital of Toronto, that supports physicians and medical students with diagnosed or suspected autism. It is currently staffed by a handful of clinicians who accept referrals from the Physician Health Program.[†] Their experience is most commonly that of identifying adults who were pathologized because of their different learning styles and who experienced considerable distress from falling under the disciplinary practices of medical schools or facilities. Commonly, these individuals' identities are misattributed to some fundamental unsuitability or badness, when it is actually their nature that is not understood by the disciplinarian—and, often, not by the individuals themselves, who have yet to be diagnosed (personal communication, K. Stoddart, May 4, 2020).

As a first step, then, the simple fact of ASD among physicians needs to be admitted and acknowledged. We need to move beyond familiar stereotypes—of the student referred to as "destined for a career in pathology" or "best not for clinical care" but also of the savant, as vended by popular culture, such as in the television program *The Good Doctor*—and encourage a climate of self-referral, of identification and accommodation, and of having physicians on the spectrum contributing in all branches of medicine.

With the threshold of mere acknowledgment met, the next step would be to actively study ASD in Canadian physicians. Basic demography is important to understand the scope and scale of neurodivergence in physicians. A further and expanding quantification can occur in which stigma is resisted and those who would have otherwise been pathologized come forward, perhaps in advance of tripping disciplinary radar. Physician health programs in Canada might increase their infrastructure regarding ASD and create crucial peer networks—similar to those that have been so important in the caduceus group model for health professionals with addictions—to catch up with other jurisdictions in the United States and the United Kingdom. Finally, professionalism regimes—albeit useful for the norm—might be productively contested as oppressively normalizing, and their one-size-fits-all, uniform application could, at long last, become calibrated and contingent when they are brought to bear on the neurodivergent.

Dr Shane Neilson is Assistant Clinical Professor of Family Medicine at the Waterloo Regional Campus of McMaster University in Ontario.

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Correspondence
Dr Shane Neilson; e-mail **neilss@mcmaster.ca**

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[†]To consider the relative scale deficit for a moment: acknowledging first the relative underfunding of "mental" health as compared to "physical" health in the Canadian system, consider the developed specialized infrastructure in the system for mood disorders (psychiatrists) and addiction (addiction physicians). What diagnostic capacity exists on the medical side for autism in adults?

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