

Embracing neurodiversity in medicine

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| *The world needs all kinds of minds.*

– Dr Temple Grandin¹

Neurodiversity refers to variations between human minds occurring naturally within a population, and includes conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyspraxia and dyslexia. This model recognises strengths alongside challenges and is often positioned in contrast to traditional medical models in which diagnostic criteria are based on perceived deficits and presumption of pathology. Language changes with time to reflect updated thinking. The current *Diagnostic and statistical manual of mental disorders*, fifth edition, describes ‘autism spectrum disorder’,² but terminology that removes the use of ‘disorder’ is increasingly favoured, such as ‘autism spectrum condition’ or simply ‘autism’.^{3,4}

Neurodevelopmental conditions such as autism and ADHD are present across the lifespan but may look different at each stage of life. Efforts to improve early diagnosis are important and can maximise the support available,⁵ but presentations missed in early childhood may be detected later. Commonly, this might occur when demands exceed coping strategies or when a diagnosis made in a family member sparks recognition. Bradshaw et al discuss adult diagnosis of autism,⁶ and Poulton highlights differing presentations of ADHD across the lifespan.⁷

The period following a diagnosis may be a time of particular need for support, as the life experience of the individual is re-evaluated through this new lens.

General practitioners are well placed to support their neurodivergent patients once recognised, with or without a formal diagnosis. Improving the experience of seeking healthcare for autistic patients requires consideration of the healthcare journey from making an appointment through to the clinic environment itself, which can be experienced as bright, loud and overwhelming.⁶

In addition to detecting neurodivergence among our patients, we may well recognise this in our own ranks. Autistic doctors are found in many areas of medicine,^{8,9} including general practice,^{3,10} as well as the next generation of doctors in training.¹¹ Lived experience brings an understanding and empathy for autistic patients, and autistic doctors’ particular strengths may include focus, attention to detail and pattern recognition⁸ – all traits that are valuable in medicine and recognised as such in many other work environments.¹² Reasonable adjustments may be required to support the doctor in their workplace, and autism can be covered by the Disability Discrimination Act.¹³ Of course, it is important to keep in mind that ‘if you’ve met one autistic person, you’ve met one autistic person’³ – the same is true if you have met an autistic doctor.

The medical profession is rightly working to increase representation for many aspects of diversity within the profession, including race, gender and socioeconomic circumstances. The same should be true of diverse minds.

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