

VIEWPOINT

# Autistic psychiatrists are an asset to medicine — but we need to better support them

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Many of us likely have autistic colleagues. Research in this area is scarce, but the evidence so far suggests autism is at least as common in the medical profession as in the general population: **1 percent of general practitioners** and roughly the **same fraction of psychiatrists** in the United Kingdom have reported being autistic, according to two surveys from the past five years. Indeed, medical training may even **inadvertently select for certain autism traits** that are prized in clinicians, such as attention to detail, precision, honesty and diligence.

There is great value in having a diverse workforce, including a neurodiverse one. Many industries, including Silicon Valley technology companies, actively recruit neurodivergent employees. In medicine, however, attitudes toward neurodiversity remain old-fashioned. At least until recently, it was not unusual for me to hear senior doctors confidently make statements such as: “People with autism don’t have enough empathy to be psychiatrists.”

The persistence of such views in the field may relate to the prominence of the medical model of disability and disorder when it comes to autism. Autistic colleagues have told me that psychiatric training dissuaded them from seeking a diagnostic assessment, given their training’s strong emphasis on autism causing disability and deficit.

I must confess, on being appointed the Royal College of Psychiatrists’ “Autism Champion” last year, I expected to focus mainly on developing training routes for aspiring neurodevelopmental specialists. (One of the college’s main functions is to help structure and deliver psychiatric training.) However, I have been saddened to hear from a number of autistic psychiatrists who report experiencing prejudice, stigmatization and career barriers during their training and day-to-day practice — to the extent that some have been reluctant to “come out” as autistic at work.

It has become evident to me that the field must acknowledge, recognize and support autistic and neurodivergent psychiatrists and trainees. Indeed, an **editorial** published last year in the *British Journal of Psychiatry* challenged the college to fully include autism in its new plan to achieve equality among its members, staff, patients and caregivers.

In a response to the editorial, my colleagues and I **outlined three key areas** in which the college now strives to better support autistic doctors. Our aims, which we created in consultation with neurodivergent colleagues and organizations, such as **Autistic Doctors International**, focus on adjustments to working conditions, public statements of equality, and efforts to enhance inclusivity. I hope that other medical institutions will adopt these initiatives, too, for a more progressive and inclusive environment for autistic doctors in their workplaces, where employers are complying with equality law and meeting their employees' needs, thereby ensuring the best possible patient care.

When someone declares that they are autistic and requests workplace accommodations, they are not making excuses or hiding behind a disability. Accommodations (known as “reasonable adjustments” in the U.K.) are required by law in many countries and also reflect an opportunity to build a capable, diverse and resilient workforce that **represents the patients it serves**. Given the high prevalence of autism in psychiatric outpatient clinic populations — at least 18.9 percent, according to a 2022 **study** in Sweden — it makes sense to develop a psychiatric workforce that includes people with lived experiences of neurodevelopmental conditions.

The types of accommodations that some autistic doctors request usually concern nonclinical aspects of work and are easy to implement with little to no cost. For example, some may need supervisors and managers to clearly communicate the job role and expectations, whereas others may have sensory needs — for example, using earplugs or headphones if the office or ward is particularly busy and noisy. Most accommodations don't require a formal neurodevelopmental label or diagnosis, and they can often benefit everyone. They should be personalized to the individual doctor, although there are common themes. It is vital that managers, supervisors and colleagues have a solid understanding of autism and neurodiversity.

Changes must be made to certain elements of medical training programs. For example, the frequent changing of job roles and working environments during clinical rotations can be particularly challenging for autistic people. A common type of exam called the objective structured clinical examination, which involves multiple stations manned by actors in a large exam hall, can be so busy and noisy that it contributes to sensory overload.

Workplaces must also be visible and active as organizations, welcoming equal participation of people with disabilities, including neurodevelopmental conditions. The college aims to do this by issuing clear statements in support of disability equality.

And workplaces should strive to be inclusive for all their members — for example, ensuring that all online content, including learning material and publications, conferences and events, is accessible

to people with disabilities.

Through these and other efforts, it is my hope that the Royal College of Psychiatrists becomes the most neurodiversity-friendly medical royal college in the U.K. and inspires other organizations to do the same. We want to play our part in ensuring better understanding and acceptance of autism and neurodivergence across the medical profession going forward.

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