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Challenging the exclusion of autistic medical students

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Challenging the exclusion of autistic medical students

The Medical Schools Council recently urged medical schools to ‘challenge exclusion’ in their Active Inclusion framework (1). They acknowledged a lingering inequity problem regarding disability, and challenged UK medical schools to “strive to make their environments inclusive” (1). As experts by experience and/or training in autism and medical practice we welcome this. It provides great opportunity to challenge common myths surrounding autism, ensuring that autistic students continue to qualify and thrive, bringing a wide variety of associated strengths to the profession.

Autistic doctors can receive highly positive multi-source feedback, including professionalism and teamwork. This is certainly true of our autistic authors. Having experienced being different, we are more likely to accept others without judgement. A heightened sense of ethics and justice can promote high levels of professionalism (2). This may seem at odds with the deficit-based view of autism in medicine, reflected in the wording of current diagnostic guidelines. However, these criteria stem from and are reinforced by healthcare research fields, which often operate independently from other disciplines. This discourse is dominated by researchers trained under the predominant, deficit-focused praxis of our time, and thus outcomes often seek to validate deficit-based assumptions. The autism literature, however, provides an additional wealth of knowledge – often adopting a more neurodiversity-affirmative approach. For example, considerable debate supports the fact that autistic people do show empathy, just in unconventional ways (3).

Autistic students may have communication differences, as may non-autistic students. Having communication difficulties, however, is not synonymous with being autistic. Autistic people can embody strong communication skills. The ability to adapt to treat everyone with respect and dignity – to listen and communicate effectively regardless of differences – is critical to good medical practice. As a minority group who tend to place active focus on communication, many autistic people have learned the ability to adapt communication styles for different settings/people from a young age. Autistic people also tend to use more precise language, which is more easily understood across all communities.

Being autistic tells us nothing of someone’s ability to practice medicine safely and expertly. Mirroring non-autistic people, some will be highly able, and others may not. There is no robust evidence to support assumptions that being autistic increases the likelihood of poor consultation skills or professionalism. An autism diagnosis alone provides no reason to bypass equality legislation, nor to question a previously able student’s ability to study or practice medicine. At postgraduate level, the value of autistic doctors is beginning to draw recognition (2, 4, 5). Autistic strengths can benefit patient care and autistic doctors can meet high standards. As a matter of social justice, we should nurture such neurodivergence within the medical profession. We call for medical schools to adopt a neurodiversity-affirmative approach, in line with the new Active Inclusion framework, to the recruitment, support, and training of autistic students.

References:

Declaration of interest

SS, MD, and SM are autistic doctors and are all leading members of Autistic Doctors International (ADI). SM represents ADI in the Royal College of Psychiatrists autism group. SS and MD are also part of the steering group for a project concerning healthcare for autistic adults and autism training for general practitioners at London South Bank University, funded by the John and Lorna Wing Foundation. MD is a member of AIMS-2-Trials Autism Representatives Steering Committee. ID is not autistic but was the inaugural autism champion for the Royal College of Psychiatrists, is co-lead for the Cheshire and Wirral Partnership NHS Foundation Trust Adult Autism Service, and is chair of the steering committee (but not an applicant) for the 3Di Assessing Adult Autism research. ID was also involved in the NIHR funded, ‘autism spectrum disorder: a systematic review and network meta-analysis’.

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