

Brain Club®: The Podcast - Neurodivergent Healthcare Experiences

S1E14 Bridging the Double Empathy Problem in Healthcare

Mel Houser, MD: [00:00:00] Hello! Welcome to Brain Club: The Podcast, a space for learning, unlearning, and reimagining new ways of being together in neuro inclusive community. I'm Dr. Mel Houser, Executive Director of All Brains Belong Vermont. Welcome to our brand new podcast.

Brain Club is All Brains Belong's weekly community education program where we demonstrate our approach to neuro inclusive culture through community panels, guest speakers, and book chats. It's a place where we shift broader community awareness about the issues of concern and importance to neurodivergent people in our community and promote new ways of thinking and being in community together.

It's a place where we transform culture by modeling what's possible, with the idea that then you go out into the rest of your lives and carry it forward.

You can already access all the recordings from our website, allbrainsbelong.org, but our community asked us to turn it into a podcast. So here we are. These conversations are not medical advice and they're not support groups.

They're an invitation to [00:01:00] think differently about health, connection and how we build systems that include everyone. Each episode features community panelists, sharing perspectives and lived experiences. We hope you'll listen with curiosity and reflect on what it brings up for your own life.

In this episode, we hear from three primary care clinicians about what often goes unsaid in healthcare, that the healthcare system is failing both patients and doctors from time, pressure, and burnout, and conflicting access needs. We talk about how misunderstandings between clinicians and patients are often symptoms of deeper structural breakdown.

This conversation's about what it means to stay human inside a system that makes that hard for everyone. I am joined by my colleagues, Dr. Gabe Worzella, family physician and Sierra Miller, family nurse practitioner.

When we launched All Brains Belong, not only was it really clear to us that we needed to do anything for the neuro divergent community, we have to do everything, that it's [00:02:00] not just medical care, we're also looking at employment and education and social connection. But even within the medical care bucket, there is a lot of unlearning and reimagining that has had to go into this.

And, what we have learned the most from is our patients in building this community village of learning and healing together, that is where, the most, successful reimagining has come from that. What we're about to do before I launch into this conversation between me and my colleagues Sierra Miller and Gabe Worzella we recorded an interview about our experiences navigating this, doing the unlearning and reimagining. What I'm gonna just put forth is that we're intending this conversation to be addressing the Double Empathy Problem . If you've not heard that expression before, that's a term coined by Dr. Damian Milton, who is an autistic social scientist in the UK, who found through research [00:03:00] that. It is not that there is one set of normal social

Copyright © 2026 All Brains Belong VT, Inc. All rights reserved

skills. It is that when there is a mismatch between neurotype, between autistic versus not autistic, that mismatch of worldview, mismatch of communication style, that is where communication breakdowns happen.

So there, you know, the double empathy problem can be thought of in so many different ways, and I think as it relates to the healthcare system. We're trying to bridge the double empathy problem between, you know, what we know about neurodivergent health and what we know about being trained, and having practiced for a long time in the traditional healthcare system because I think that it's a mismatch, it's miscommunication between healthcare providers and patients so often because of the mismatch in communication styles and content. Alright, here we [00:04:00] go.

I think we, we should share with our audience that, you know, not all our patients are neurodivergent. and certainly not all our patients I would identify as being a neurodivergent. and they come 'cause their needs were not met by the traditional healthcare system.

Sierra Miller, DNP APRN: That's what they have in common. That's what they all have in common. and amongst that group, The overwhelming majority of our patients have this pattern, right, of neuro immune conditions. I think they most often talk about not feeling listened to or heard. and I know that's kind of a vague thing, but,

Gabe Worzella, DO: I think being, feeling like they're having their symptoms dismissed, whether that's because, oh, you're young and no, you shouldn't. You can't be in that much pain. You can't have this thing or, oh, this disorder is so rare you couldn't have it. I was talking to another provider about, you know, neurodivergent healthcare and how some medical conditions tend to coexist and that [00:05:00] there's like actual literature and papers out there about it. And this is someone who's probably like five to 10 years, my senior, like they've been in practice that much longer than me and they had no idea, right? They're like, I didn't know that, you know, these things happened together.

and so I think the issue is that these things are not on people's radar because it's not being taught in school.

Mel Houser, MD: Right. So let's start there. So what do, what do you remember, if anything, about what you were taught about autism and ADHD?

Gabe Worzella, DO: Nothing. I had no idea they could coexist.

Mel Houser, MD: Yeah. I was never taught that they could co coexist. Yeah. Despite, yeah. They almost like, they, coexist more often than they don't.

Gabe Worzella, DO: Right.

Sierra Miller, DNP APRN: Yeah. I feel like for me, autism education was [00:06:00] like developmental milestones and MCHAT and that type of stuff for kids. And then ADHD was, this happens in kids and we use stimulants to treat it.

Gabe Worzella, DO: Yeah, they were very, they were separate.

Mel Houser, MD: I was not taught that autistic physiology was different than non-autistic people's physiology. Like I was taught, you know, the deficit based paradigm of like here are the things that are wrong and, and we call this autism, in kids. There was never a discussion about autistic adults. I don't know. I don't think that I had any ideas about autistic adults despite being one and not knowing. but like I, like, like it was just never on the radar that like there were autistic adults, let alone the medical conditions that people have.

So like when the list of all the co-occurring conditions, these are all things the kids [00:07:00] had. It was very strongly implied, if not explicitly taught to me that there was, it was like patient blaming, you know, like you have gastrointestinal things because you only eat chicken nuggets and pasta and you don't exercise, so that's why you're constipated. Like, not that you have stretchy colons that get all, all stretched out.

Sierra Miller, DNP APRN: Right. Increased periodontal disease because of not doing oral hygiene.

Mel Houser, MD: Right, right,

Gabe Worzella, DO: and this is, this is more systemic, right?

In the, in the healthcare system, but the, the zoomed in style of teaching. Like, you know, there's psychiatry, and there's gastroenterology, and there are all these things that are separated and, but mm-hmm. In reality there are so many things that are interconnected that it's silly that we are not taught [00:08:00] more of a, like, zoomed out picture.

This is like a, an entire being that has multiple systems that actually work together and rely on each other and are influenced by like how your DNA is being transcribed. And, it's, it's just, it's unfortunate that that zoomed out more of that zoomed out approach to. Teaching medicine isn't taught because it results in the, in the zoomed in, like looking at these two things that you already know, coexist and not seeing the, the bigger connections with some of these other things and how, you know, how that impacts people in the healthcare system impacts patients in particular.

Yes. And I think that what you said is really interesting because I, I think that. I would describe my medical education as being very top down. An autistic patient [00:09:00] is more likely to have X, Y, and Z list of conditions. Top down, you memorize the associations and they're tested on board exams, but that's not how the patient comes in.

The patient comes in bottom up. And in a healthcare system that is still fragmented, like you said.

The opportunity, the pattern is not created in a zoomed out enough approach. The pattern is created with way too, and even even people with the type of brains that are really good at pattern matching. The, the pa, the whole picture of the pattern was not taught 'cause it's not known. And one of the reasons - these patients are thought to be rare, right? So, so if, if what's described is that 2% of adults are autistic, I mean, there's zero chance that that's true. It would need to be more than that. Um, but anyway, it's thought to be, [00:10:00] it's thought to be rare. So why would we make, why would medical education be structured on this entity that is rare because there, because what's missed is that the neuro immune conditions that are more common in autistic and ADHD people. Are connected to the things that are known to be very common. So, you know, when we think about, like in our practice, right? How we see a lot of mast cell dysfunction, and guess what? That's connected to diabetes and hypertension and like all the things, right? So, so, right. And IBS and mood, anxiety, migraine, I mean, migraines. It's connected to everything, but yet, yeah, not zoom out enough.

Sierra Miller, DNP APRN: I think that's what primes primary care providers for doing this type of work is because theoretically they're the ones who are already doing that kind of like look at the full body and the full patient and they're the ones who are seeing all the [00:11:00] different things that are going on and know the patient longitudinally enough, to theoretically be able to see the connection between everything.

Mel Houser, MD: What I would say is that, even though we have a, population of clinicians who are ideally poised to spot the pattern, we have a medical system, a healthcare system that is thwarting primary care

clinicians to have full access to their cortex, right? Like, so we have this this healthcare system that is forcing primary care clinicians to see, you know, a patient every 10 minutes, you know, 10- 15 minutes.

Gabe Worzella, DO: Most practices are 15 minute visits for follow ups, 30 minute visits for new patients, or, you know, wellness exams or whatever. And on top of that you're managing an [00:12:00] electronic medical record system and paperwork and interpersonal work stuff. It's like you, you have, you have five or 10 jobs within one job already.

And so not, not, I don't wanna, there's no there. The blame is the system. I don't think that people go into medicine intentionally wanting to dismiss people at all, but it's just, it's something that ends up happening. You know, you're exhausted, you're tired. You didn't eat breakfast, you didn't have time to eat lunch, and then you're, and then you just, you lose, what's it called? You get dysregulated.

There's a line that happens and you're like backed up against a wall and feel like you, you know, in some some ways it may be the provider kind of, advocating for their own access needs by saying, okay, we don't have time to talk about this today. But not knowing that's how that makes someone feel.

Mel Houser, MD: You don't have the cognitive resources to do what needs doing in that moment because the system is supporting you and so [00:13:00] you. Anyway, you don't have the ability in that moment to zoom out. 'cause that's an executive function. It's like a higher order brain skill to zoom out to self-monitor, to know like what you're saying, how you're saying your tone, your body language, all of this stuff.

Right. And I think that there's a lot of, you know, really inadvertent, communication breakdowns that,

Gabe Worzella, DO: yeah. Unintentional dismissiveness.

Mel Houser, MD: Yeah. I think like what we, what I hear a lot, like when we have new patients, you know, the overwhelming majority of our patients have this pattern, right, of neuro immune conditions.

that, that there is physiology that explains these multi-organ system symptoms. People show up and they have like this laundry list of diagnoses. and like, why would it make sense that a human being would have like 40 things wrong with 'em? you know, turns out, you know, they're connective tissue is different.

It's just [00:14:00] a different way of being wired. And it just so happens that these physical health conditions, which you know, are. Are, are exacerbated by dysregulation. And when your access needs are thwarted by like, you know, all of the systems, this actually drives like a worsening of neuro immune conditions, but people don't know that.

Yeah. Nobody knows that. Yeah. They just like feel broken and they're told that they are broken and then they're like shamed for seeking help. So like, anyway, shamed for seeking help, shamed for seeking help in the way that you authentically communicate when you seek help and shamed for not complying with recommendations that don't work for your brain.

Gabe Worzella, DO: Right.

Mel Houser, MD: When, [00:15:00] we hear their story, they can trace this back for like decades. Right? Like decades, yeah. and it's about having the, the opportunity to share your story in the way that works for you. So some people need to info dump their story with mouth words. Some people need to write

Gabe Worzella, DO: right, write the list!

Mel Houser, MD: They're the patient with the list. Right? The one that's like shamed and othered by the healthcare system. They, they wrote that list and that list is incredibly important because, because it has all the information in it. Like, anyway, there's some people like I, you know, we have a patient who I'll never forget, new patient visit, you know, brought a mind map that showed me like, you know, all the things that like, this makes it worse, this makes it better.

And I'm like, I know that pattern, right? So like if you get the patient's information in, like their, so say like in their native tongue, like in their, in the way that, in the way that they best communicate, you get a ton more information, [00:16:00] but the system thwarts patients from communicating.

Sierra Miller, DNP APRN: I think the other thing that. I often see, especially with kids coming in with narrative kids especially, is just that they have not been able to, access care in other settings, just due to the like sensory overload of the specific setting. and so yeah, whether it's like providers not, knowing their sensory needs beforehand, before actually coming into the visit or like just before walking into the room.

Mm-hmm. whether it's, like the fluorescent lights, whether it's thinking that they're gonna need a vaccine the entire visit and being anxious and not interacting the entire visit until they know they don't need one at the end. and that's why I like having the like. Information before a visit of what somebody needs, what their sensory needs are.

'cause starting [00:17:00] off the visit that way makes such a huge difference. And if we didn't have that, I wouldn't know necessarily.

Mel Houser, MD: Well, you left something out. How do we have that information we asked? Right? Like, like that's, that's the thing, right? So if you ask people what makes 'em comfortable, and you ask, and you, and like you try to do those things, they usually have a better healthcare experience.

Gabe Worzella, DO: Right. Yeah. I mean it's just, it's just the systems within the systems already have like their right, their standard expectation, like this is how you communicate, this is how you take information. You know, people, people teach you how to, how to take notes, like when you're in, when you're in school, here's how, here's how you study something without ever knowing how your brain works.

Like, and, and then you try to fit yourself and mold your brain and your way, your whole way of [00:18:00] being into the box that, who knows who designed it, but the box that has become like these, the standard expectation of how, how to communicate, how to interact, how to socialize, how to just exist, how to be within the workplace.

and it's suffocating.

Mel Houser, MD: I mean, I remember even like as a pre-med student, like, you know, my volunteer gigs or like some of my jobs after college, before medical school, like it was just so clear that there was judgment going on and that that what you just said, like, you know that there's one right way to do the thing. It was just so clear that it was not okay to show up as. As one's true self, not, not just as, as a professional, like as a patient. Like, I remember being like a young 20 something and I remember being like, you know, oh, I hope like I, I have to do something. I have to do something to make sure they don't think I'm [00:19:00] weird or that I'm like melodramatic or that, you know, anyway, I have All the Things

I have All the Things. I've always had All the Things and I, I, as a patient, I've never, you know, I've never had care for my All the Things because I never tell anyone my All the Things because that's a surefire where to get judged.

Gabe Worzella, DO: Yes. Not because it's funny. It's just, it's one of those, it's just act in this way, communicate in this way, or you will go unheard.

Yes. Like you have to, you have to communicate a certain way, or, or you, you won't be heard. And not everybody can make that adjustment. And so those are the people that are. Staying away from healthcare because it's overwhelming or confusing or un comfortable or unsafe to, yeah

Sierra Miller, DNP APRN: I feel like I see that so commonly, like if, if I'm talking to somebody about like being in a pre-diabetic range and before I even say anything, they start with, but [00:20:00] I eat well and I've been struggling with my weight in my entire life and like preface it with like, I'm doing all the things. Please don't blame it on me being at fault or, or blame it on my weight. and it's just so ingrained in patients to kind of preface a visit with, these are all the things that I'm doing.

'cause otherwise it's so common for it to, because that's how we learn, that's we learn that diabetes is lifestyle factor related and that's the only thing versus inflammation and genetics and all the other things and mast cells to it. Right. Right. And that like weight isn't always totally changeable.

Mel Houser, MD: Well, it's also that like, I mean, I mean this is such a bigger picture. Like, so not only is there a right way to be a person, but but like the message that there's a right way to be healthy too. And like, so, you know, when you think about like [00:21:00] all of the anti-fat bias and shaming that goes on in the healthcare system, I mean, it starts in childhood.

I mean, it's just, it's, it's so bad.

Gabe Worzella, DO: Yeah. I think shame. Shame is unfortunately one of those, one of those things that is, I, I, I don't even know why either taught from the very beginning, you know, as children.

Mel Houser, MD: I wish that it were normalized to say when you don't know instead. What is modeled or what was modeled for me as a trainee is that you fake it till you make it.

And that when someone says a thing that doesn't match your worldview, you quackify them. Well, that's not a thing.

Gabe Worzella, DO: I remember [00:22:00] hearing in medical school. and thankfully I had a nutritional biochemistry background. They said that taking vitamins is just paying for really expensive p and I was like, they were like, well why would they say that? 'Cause they stopped taking the vitamins 'cause they felt guilty and shame. And I was like, because they don't know biochemistry, they don't understand that nutritional needs of different humans are, are just as different as the brains operating. So instead of saying, I don't really understand how the human cell and mitochondria and all of these different vitamins and minerals interact, so I'm gonna say that, taking vitamins is stupid. You can get enough from what you eat. And, and then, and then I'm gonna teach that to people that are training under me who are then gonna say these things to patients and we all just don't know what we're talking about.

Mel Houser, MD: Yep. I remember being taught. That people outgrow ADHD kids [00:23:00] outgrow ADHD. And you know, I believe that I was taught it despite being an, you know, an undiagnosed ADHD or like, anyway, that kind of mythology is just so widely held.

It's the same way, like I remember as a trainee, you know, the patient with the list. and like I thought that was awesome. I'm a visual processor and I wanted to read the list and, but, but anyway, that person gets shamed. But also like the patient that comes in and says, you know, I read about this on, you know, WebMD or some other website and like, I read this article and I want you to like, you know, how does this fit into my, like, I, how don't know.

I just always thought that was awesome because they like, they were engaged in their health and anyway, it's not that hard to be like, I don't know about this. Thanks for the article. I'll read it and we can talk about it again next time. It's not that hard, but that's not modeled.

The opposite of that is modeled.

Gabe Worzella, DO: Right.

Mel Houser, MD: But like in the context of what we talked about before, where the system [00:24:00] is like, you know, you must see the patient every 10 to 15 minutes. Like, so now I have something else to do.

Gabe Worzella, DO: Right. So it's, it's, it's unfortunately, I think within the medical community, it's learned behavior and learned behavior from maybe, you know, someone else's teachings that the list is bad, and those, those patients are comp complicated and, you know, the eye rolling and, and all that kind of stuff.

It's all, it's, it's learned. We weren't taught how to, how to really manage that, you know, as a, you know, Well just see them more often.

Mel Houser, MD: Right.

Gabe Worzella, DO: Wow. Okay.

Mel Houser, MD: Right, right.

Gabe Worzella, DO: It's that easy.

Mel Houser, MD: It's that easy.

Sierra Miller, DNP APRN: And I think like coming back to the, like, not feeling comfortable saying you don't know things.

Like there's this expectation that a healthcare provider knows everything about every single body system, and that's not feasible for anybody I think, I mean. Right. I certainly don't know everything about every body system.

Mel Houser, MD: Like [00:25:00] primary care is really hard and

Gabe Worzella, DO: Right. Yeah.

Mel Houser, MD: Primary care is really hard. There's so much to know. There's so much to spot. You're on the front lines and then you have the system thwarting you your ability to do what you are trying to do for your patients. you don't have full access to your cortex and you're trying to survive and like, it, it feels a lot like treading water and like trying, trying to survive and trying to do everything you can for your patients. there's just, it's so much.

Gabe Worzella, DO: Yeah. And I think for those in traditional primary care practices, whether you're hospital owned or private, I mean, what's normalized is the dysfunction of the system.

It's like, yep, this is just the way it is. So. You know, so that's what we have to do. So we're just gonna keep doing it. And, just felt like there has to be a better way to do this, but like, everyone's stuck.

Mel Houser, MD: It's a failure of imagination, [00:26:00] right? So like what we do all day. I mean, the only reason we're really able to do it is because we don't have a bureaucracy.

Like the patients need a thing and we kind of like try to figure out how to do that thing. And like a system, systems get dysfunctional. I mean, like, I think individual providers are most frequently operating in systems where they don't have autonomy or agency to do all things. Like when I do trainings, in services, for healthcare practices, or even like at, you know, conferences.

Like people are like, oh yeah, that's really great that you can do that thing in your special setting. but like, you know, us people in the trenches. you know what, about us? It'd be good to, to, to wrap up maybe talking about like, what are some things, not just like, you know, what are the medical conditions we manage and how do we manage them, but like, what are some, like what are some things we do that are free to do [00:27:00] that are different than, in, other settings. Because I think that one of the things that we do is I think we teach patients that they're the experts in their own bodies. Many of them don't know that this is like new information that they're getting. That lens is really a requirement for trusting your intuition, for connecting all the dots, for learning about your access needs and naming it when they're not met.

If you don't think that you're the expert in your own self, because. You got messages to the contrary your whole life. It's huge.

Gabe Worzella, DO: Yeah. Yeah. That's definitely, definitely makes a big difference. I think as a practice, us, you know, before patients even come in, we're asking them before they even come our patient, [00:28:00] they know that we care about how they learn information, how they would like visits to go,

Sierra Miller, DNP APRN: giving people, choices of sensory needs and ways to access care. And a lot of those are free, like turning off the fluorescent lights in an office, or letting people bring fidgets and whatever they want with them and making that explicit that like you can bring whatever you want with you having things in the office of people to be able to write their own notes so they don't have to bring their own things.

Mel Houser, MD: I think we often get feedback, right, that patients have never been asked for what they need.

Gabe Worzella, DO: But the fact that we asked means that we care. And that makes that patient that much more [00:29:00] comfortable to share things in their like authentic, unique way.

Mel Houser, MD: Right. And the fact that, you know, like, like you said before Gabe, about how, you know, we were trained to ask questions a certain way. Like guess what? There are some brains who can't answer questions in the way that they're being asked in that default way. And so like just the idea of. Open-ended questions do not work for all brains. And the idea of providing people with a menu for examples of like, these are things we offer all people with all types of brains, and you can let us know if any of these things would be helpful to you.

And it's not because you have, you know, an "issue", you don't have a sensory issue or a communication issue. It's that you would just find these things helpful to have available to you. That's all.

The other thing that I think that I've learned in this past year and a half is that like about just the idea of healthcare as community.[00:30:00]

Gabe Worzella, DO: Mm, yeah.

Mel Houser, MD: And I think that has really, really stayed with me because I think that's one of the, one of the key things that we're doing. I mean, it's not for everybody that's like, we try to be really transparent about the model here and you know, have people not join, not come when they're not looking for this model.

But I remember at my, my old practice in a traditional setting, I remember meeting with people back to back who were, had no friends, totally socially isolated. And it was like they actually like loved the same things and the healthcare system says that you, you know, HIPAA, you know, you can't do anyway, but like turns out like they can introduce themselves to one another if you build a forum that they would both come to, like, think about how much we have learned from patients like coming as this village. Like when we think about [00:31:00] all these really complicated. Medical conditions that most of the healthcare system doesn't understand. When you bring patients together and you give people an opportunity to describe in their own ways what their experience is like and what helps and does not help people feel alone, they feel just alone in their lives.

And once they know that they're not, there's so much healing in that.

[00:32:00] So that concludes our panel. Let's take some questions and comments from the audience.

I would love to hear any responses or reactions or thoughts that anyone would like to share. Amy.

Amy Noyes: Well, I just wanna say thank you to the three of you because, you know, obviously, as a, I am a medical patient of ABB and you know, I'm always on the other side of just get receiving the information from the three of you and.

I just thought it was incredibly generous of, of all of you to kind of share the vulnerabilities of, you know, having this education, having this training, and then sort of [00:33:00] moving outside of that model and the, the risk, you know, even professionally that you're taking to, to be, to like care for all of us.

and that really, it's like been such a huge result for me having, you know, basically I haven't had healthcare until now. and so I just felt like it was incredibly generous of the three of you to share your experience. And, yeah, I just, I really honor all three of you for what you, who you are, what you're doing, and if the medical system is willing to like even come in and see what you're offering, I think that they would be really blown away, for the results that you're getting. So thanks so much.

Mel Houser, MD: Thank you, Amy. Thank you so much. You know, I don't, I wouldn't have had language to describe this when I was in my old life. It was not until like, it's like the ability to zoom out. And, you know, understand [00:34:00] nervous system regulation. Like when you're, when we say like the rest of the healthcare system, it's like the difference between the healthcare system and the people in it.

I think the people in it are for the most part, like really well intentioned and often really quite dysregulated by the healthcare system. I think until, I mean, it's like, it's, it's like when you think about all, I mean, medicine's not the only profession where, you know, burnout, you know, the epidemic of burnout. It's when the system thwarts you, thwarts your access needs from being met, and you don't even know that you, you don't even know what an access need is, let alone what yours are. and that it's like what you do for a living that thwarts you like, that sucks. That sucks a lot. And so it, you know, I, I can only speak for myself in that, you know, as an autistic person belonging to autistic community.

and like [00:35:00] trying to do it differently within this community village model. Like I just, I really can't imagine any other way to practice medicine now that I've lived it. because , I think it's like when you think about, you know, just even having transparent conversations about access needs.

Like it's, and I'm not gonna put, I'm not gonna put you on the spot. I mean, I'm not gonna put anybody on the spot, but like, you know, sometimes it kind of sucks to be a patient here, you know, we don't answer the phone. you know, and you know, it's, it's because we don't have the kind of brains that can answer the phone and see patients at the same time.

And we tell you that. And like, we're just kind of modeling, like what would it be like to be in, in a community, in relationship with other people where you transparently showed up the best you can and made it okay for everyone to show up the best they can. And that's, there's a lot of unlearning that would have to happen for a lot of people [00:36:00] because specifically how medical education teaches not that.

Amy Noyes: I don't wanna say what other people's experiences are, but my experience is like if I text, it's like somebody in the team, whether it's like Lizzie or Olivia, like it's just like the way that you created this, I feel cared by, you know, by everybody. And so if I am to text, I do feel like I get an answer, whether that's like a prescription med or an upcoming appointment. And it's like, it does feel like the team of people know me and or are getting to know me more. And so it feels better 'cause I don't actually wanna make a call. I'd rather have send a text.

Mel Houser, MD: That's awesome. Sarah.

Sarah Knutson: You know, one of the things you're making me think of is this is kind of the cost of this emphasis on professionalism and because, because the, the emphasis on professionalism seems like what you're getting people to [00:37:00] do is to identify first with a profession and first with other professionals.

And with the profession that employs you and, and that's in contrast. And so now you can't show up as you, you have to show up as this expert. And that's very different than healthcare as community. And, and so it really prevents you from showing up as a person.

It's really about reflecting on what goes into a healthcare relationship and like maybe, maybe rethinking a lot of the things That medical education truly explicitly teaches, that often interferes with relationships. Sierra?

Yeah, I think just on that point, Sarah, I think that it's, there's, it's so common in that like zone of professionalism to [00:38:00] teach people to hide certain things about themselves. I mean, I. I was definitely taught in school specifically to like not tell patients and I think that's why a lot of healthcare providers who are neurodivergent aren't disclosing that to their employers, not disclosing that to their coworkers, and definitely not disclosing that to patients because it's viewed as such a liability. And that means we have less representation. That means we can't connect with people as much.

Like if you are explicitly taught, hide your true self, like how often does some form of disclosure or just like some sort of sharing of something about one's authentic self is what cues safety for a lot of our patients.

The healthcare system sets patients and clinicians up for breakdown. It creates pressure, erases difference, and [00:39:00] leaves little room for anyone to be fully human. But when clinicians name what's not working and stay curious, something shifts. We are so grateful to Gabe and Sierra for joining us in this important essential conversation for speaking from inside the system and offering a glimpse of what care can feel like when the relationship between clinician and patient is centered.

If you wanna keep exploring with us, you can join our Live Brain Club events most Tuesdays at 6:00 PM Eastern. You can also dig into our free digital resource library with all the recordings from the past four years at allbrainsbelong.org.

You're not alone, and we're glad you're here. See you next time.