

Brain Club®: The Podcast - S1E12 - Masking in Healthcare

Mel Houser, M.D.: [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.

If you've been a neurodivergent patient in this healthcare system, your frustration makes complete sense. The harm is real. It's documented, and we're not gonna minimize it. But today we're doing something a little different. We're looking at what the same system does to neurodivergent clinicians, because when we understand what the system extracts from the people working inside it, the harm that lands on patients starts to make a different kind of sense.

Masking, the automatic involuntary process of suppressing or hiding parts of yourself to appear normal, competent, acceptable, doesn't stop at the exam room door. Clinicians are also patients. We're not separate groups, and the pressure to perform professionalism becomes its own obstruction to authenticity.

Ableism gets internalized until you're [00:02:00] ignoring your own needs and limits. Just to keep up.

There's constant pressure to overwork, to prove competence, to never let anything slip. And the real fear around disclosing disability neurodivergence, or any struggle at all, the system that prevents patients from getting their needs met is the same system that demands clinicians suppress themselves entirely just to function inside it.

Mel Houser, M.D.: Thank you to our panelists, Sierra Miller, Doctor of nursing practice, family nurse practitioner at All Brains Belong, Dr. Irene Kretchetoff family physician and Dr. Heater Thompson, chiropractor.

We're really talking about the ways in which the healthcare system thwarts clinicians and demands that you hide your true self and demands that you can't be who it is that you are.

Irene Kretchetoff, D.O.: What I'm struggling with, and I hoping to capture some of it because I'm figure out how to prep, is like old me and. [00:03:00] What was old me and what, what is now me after being, uh, you know, pummeled and punched by the system.

So doing a lot of that and that's could be my little, uh, intro. So went to med school in my forties after engineering in Silicon Valley, and that plays a part that you'll see. And, I stepped down from a fellowship, I did clinical work, in Maine and here, and then I just left, clinical world, Family Practice clinical world about a year ago where I was, asked to leave.

So it's, it's still a punch, but sort of knew thought, basically thought I could crawl through for another couple years. So knowing that I'm. Tiring out, wondering why, and then realizing in a huge tidal wave of how much is masking, how much is A DHD, [00:04:00] how much is personality, how much is a fit?

And that kind of thing. So. That's how I, and then, having coming to, break club and hearing some of these messages, even the whole concept of like access needs, I'm like, what the fuck is that? Maybe I could actually ask for something. Like, what the hell? I still, even in now meetings, I'm still just like, yeah, right.

So, but then you sort of see like I started bringing, headphones in, like, how will I bring things in? Like, oh, that's, I read and then I read idiosyncrasy. But when you think back. An idiosyncrasy and what was kind of like helping us work and what should just be the norm because it should be the norm.

Mel Houser, M.D.: I have chills.

I'm so glad you're here. yes. And, the way you began this around, like what's old me versus new me, like, I think that's like the quintessential tension, right? Like that's what this is.

Irene Kretchetoff, D.O.: Yeah. And did I add masking? It is [00:05:00] interesting. It was just like, okay, how much was there? Or did I have to start putting it on?

Or what did I have? So, yeah.

Mel Houser, M.D.: Yeah. And like maybe both. Maybe both of those things.

Sierra Miller APRN: I'm Sierra, she, her pronouns. I am a nurse practitioner. I work at All Brains Belong. I worked in, home care. As my first medical job and then inpatient nursing for a few years, as I was in nurse practitioner school.

And so have some experience with the, with the inpatient world. yeah, I think just with, with what you were saying, I mean like big kind of like disconnect in tension between, those two selves and i've got lots of thoughts, but I won't say them now. I'm Sierra.

"Heater" Thompson, D.C.: I suppose that leaves me. I'm Dr. Heater. I am a retired chiropractor. I had to medically retire. let's see here. Last, was that last year? No, that was the year before last. 2024. Gosh. Where has the time gone? 'cause [00:06:00] I have all the things too.

just like a lot of us autistic, A DHD, myself. And at the end of my chiropractic career, I was actually transitioning into online education anyway. and then. I just kind of got scooted on up that chiropractic door 'cause I had pots and I couldn't stand up anymore and I was riding a mobility scooter and all that stuff.

So, the transition kind of got shoved into my face, which has been great. So whenever I've been at home, like not recovering, then I'm building my business right now. I'm running a business called the Audi D HD Academy. I hope. Autistic and A DHD? either, both, either one or combined.

get a better night's sleep, a more restorative night's sleep.

Mel Houser, M.D.: That's awesome. All right, so let's, dig in to our topic. So I'd love to hear, in what ways has the healthcare system asked you to hide who you are?

Irene Kretchetoff, D.O.: Some of this, even though I like. I think you're still saying healthcare. We should state it. Our schooling started it. So in other words, like med school, residency, [00:07:00] just, I always want. My big thing was like there's a hierarchy and it was in New York because like residency in Long Island, is it New York? Is it medicine?

Especially coming from Silicon Valley and then that whole clothing thing. The fact that, the doctor comes in a tie and I'm just like, this is so ridiculous. Originally it was the splitting, the plus or minus, splitting of the, and not how. On the other hand there is, I still think that there you want so.

Language wise or dress wise? were some positives to it. It's not, it wasn't all negative when you, so the schooling started us in some masking because you're entering a profession and

some of that I don't think was necessarily bad. because you wanna be the calm person, let's, let's say for example, yeah.

You don't wanna lie to the people and dismiss things, but you do wanna [00:08:00] be confident. And this is what I think the diagnosis is. I think we've overdone that, but that's...

Mel Houser, M.D.: yeah, it is a confidence, it's a fine line, right? So like you need to feel, especially as an unrecognized neurodivergent person. I didn't feel confident in anything.

I didn't feel confident leaving the house. And so if I needed to like, put on an outfit and put on some shoes and, put on a white coat in order to feel, feel something that allowed me to do my job like that, there was a part of that. and yet looking around, it seemed like no one else felt as badly as I felt all the time in training.

Irene Kretchetoff, D.O.: Correct. Yeah, I mean, I, again, I was 30, 41, 39, 41. I had all these 20 year, 20 year olds just like Irene, like, you're getting everything right. Like your issue is just confidence. Like, so I have these 20 year olds like, tell me to get like, what the program. So it's very, [00:09:00] however I used it. To build rapport with the patient and try to break down some of the bullshit that we pretend that we know everything. And the patient's like, well, they told me I have this. I'm like, fuck. They like, we don't dunno that you have that or don't have that. That's just No, you, it's just ridiculous what we tell.

Mel Houser, M.D.: Yes. So right there, already the authenticity that is, like you're. We get these messages that you're supposed to fake it. You're supposed to pretend you're supposed to say the just right thing, because that's quote what we do in this profession when yes. That that is not a thing.

Anyway, anybody else have thoughts about ways in which the healthcare system has demanded of you?

"Heater" Thompson, D.C.: So I was thinking about this last night, and like healthcare is one of those jobs that can be like literally perfect for a neurodivergent person, right? Like the [00:10:00] pattern recognition, being able to reference across multiple systems, noticing those details that other people's miss, the dopamine thrill of solving mysteries and changing people's lives and, I mean, like, it's, it's pretty magical, right?

Especially as like a functional medicine type doctor, a holistic doctor, really anyone's trying, that's trying to connect the dots across multiple systems. Everything's connected to everything. All the things like we talk about here at All, brains belong and it's no wonder that we as autistic and A DHD people end up in jobs like this because in so many ways it's, it's pretty perfectly suited for some of us.

I know it's perfectly suited for me at least, but the problem. Is that the demand on the he that, that the healthcare system puts on us specifically, like with the amount of time that we can spend with people and the amount of time that we get to do really anything, really causes some problems. And me as a chiropractor, I have a little bit different of like an experience, maybe medical doctors do.

I've never been part of like the big, like a [00:11:00] hospital system, a big healthcare system or anything like that. I've never experienced that on the doctor end of things, but I have experienced that on the patient end of things a lot. And it's very obvious from that, that the, the system thwarts both the patient and the doctor.

it's, it's really, really obvious. and what I've dealt with on the practitioner side is working in multiple offices where I was expected to do my job in three to five minutes. Of it, see the patient, talk to the patient, touch the patient, treat the patient, send 'em out the door, not looking panicked, having to act super satisfied and confident with the care that I've just given in our very, very limited interaction.

Right? And at one particular office, if I went over time, somebody was literally tapping a pin at me at the front desk telling me to hurry up, but I had to look casual the whole time, right? Like, are you kidding me? Talk about tachycardia, right? I lasted three months at that place. And then another way that I, I think that it makes us mask, at least for [00:12:00] me and my position as a practicing chiropractor, like before I was forced to retire due to medical reasons, back whenever I was actually like doing adjustments and stuff, is that there was nobody to replace me.

So it's not like whenever I worked, like as a hostess at Caso LA where, if I didn't come to work, somebody else could just stand up there and be the hostess, right? there was nobody that, that could fully replace me. There's only one doctor heater, so it was a massive amount of pressure to put on one human to always be there for everyone else and completely ignore my own needs.

And I missed more work than most people my entire life. School, work, everything. It was really hard to show up whenever you're sick all the time. And that's been a problem since day one basically. And my family kind of has cockroach DNA and they're like, we are like tough and will push through anything.

And I worked for bosses that wouldn't let us go home. We would work until, like, lemme just put it this way. One of my friends actually like fell out from a kidney [00:13:00] infection while adjusting somebody one day because he wouldn't let her leave. Like, it was crazy. Like I spent so much time curled up in a ball, like under a desk in the, in a dark office in the back, like with a migraine.

Like just waiting for a moment where I could like crawl out from under the desk and come out and put a smile on my face and get back out there and get back to it, And it was either that. Or I got fired and those were my choices. and there were plenty of times where I would, I would excuse myself from the patient, go into the back, throw up in a toilet, wash my hands, come right back out, be like, I'm so sorry.

I had to go check on something in the back. Now where were we? and we'd get right back out to adjusting patients like nothing had ever happened and. Over and over in my head, I'd be like, don't yak on your patient. Don't yak on your patient. You just five more minutes, you can do this. and whenever I look back at all these situations, I'm like, no freaking wonder i'm chronically ill. Like, are you kidding? My gosh. Like lots and lots and lots and lots of masking.[00:14:00]

Mel Houser, M.D.: And the general public has no idea. Mm-hmm.

Sierra Miller APRN: Yeah. I, I'm just, I so much agree with both of you and I really, I'm really relating to what, what you're talking about of kind of like the managing patients while, while sick and how normalized that is.

I remember that so much working in inpatient, in the hospital and like if, if there was not enough people on the next shift, there's certain aspects where legally we're not allowed to leave and abandon patients. And I. There were definitely days of like being like, oh, I'm, just continuing to be in and outta the bathroom and I can't leave because that's, that's the only option.

And, I think like, thinking about that and thinking about with, with masking, like there's, I think was, I was very much taught to mask, but not named as such. And I think that was a really hard thing, like especially working in hospice, like. Being taught to [00:15:00] and kind of being able to put on that mask and like be a very specific type of co-regulation in a room during like hospice type care.

I think we were very much taught that and it was just like, oh, some people have this and it's, and it's great that you have this ability and good job versus like. This is a thing, this is masking and like you can be really good at this. And this is also something that can be really exhausting and we have to like take that into account.

And it's like, a reason why when coming out of a hospice patient's room, I, I wanna take a few minutes before running into another patient room. And space is just never given. And I think that makes it really hard. 'cause like you said, like. There's a reason that a lot of us go into medicine.

It can be a really amazing field. And partly that ability to mask, I think, can be part of it. That ability to like have a, a certain type of, mask on during an emergency room situation, like

that's a really, really powerful skill. And like, I think it's just so important to, to see that [00:16:00] as a skill and, and take care of it as a skill.

the other thing I was thinking about with masking was, especially working inpatient in a hospital, there was a very big push on consistent care and that somebody's gonna get consistent care no matter who their nurse is. And I think that's really important in terms of a lot of aspects of consistent care.

And that was really pushed onto other aspects of providing the care, like I. I remember being one of the first times I kind of realized that masking was pushed explicitly, was being told that it's not a good idea to talk about my queer relationship in front of patients. Because especially working in inpatient, you never really know who you're gonna see.

And the goal is taking care of the patient. The goal is making them comfortable. And again, I think like that can be an important thing sometimes. And that needs to also be acknowledged that like, that's something that's gonna be stressful for employees to try to [00:17:00] not be their true selves all day at work.

Like, even if those things are absolutely necessary for a certain type of care, like needing to acknowledge them as something that is, is a big thing for people to, to kind of push through and be pushed into.

Irene Kretchetoff, D.O.: And also like the fear that even a quick joke will slide you out of, out of something.

Sierra Miller APRN: Yes, absolutely. Absolutely.

Irene Kretchetoff, D.O.: Yeah, the whole hiding of oneself. I was trying to see the, or whatever, recategorize or something masking because I'd be proud. I think part of it was like being proud to put on a professional demeanor and being a calm person to help someone through something.

and then, and also be proud of working long hours at one time and, doing doing your best. but when it switches a, when it switches into like completely hiding yourself or purposely squishing yourself, is, when it's, when it's hurt. And then that whole, [00:18:00] like working hard and being proud of working hard when, and then all of a sudden you collapse. So for example, you can't pull through and then people look at you. Well, you're supposed to know your own limits. You're supposed to like you should and, and even when we do know our limits, a lot of times when we try to advocate for ourselves.

Mel Houser, M.D.: We're, shamed, gaslit, like, I think it's important to name that, 'cause I think patients will say all the time how they are invalidated and dismissed and gaslit. that

happens for clinicians often like the, after a year and a half of being, forced to cover the hospital 24 hours a day, seven days a week straight for a year and a half.

And I stated that that was not good for me and I was getting sick and I could not do this any longer. I was told I had a psychiatric illness. that is what was, that was the response for advocating for [00:19:00] my needs. Right? And so, this is what goes on out there.

Sierra Miller APRN: Especially how can we, like, how can we expect patients to advocate for themselves when when we know that the systems don't let us advocate as our ourselves, as providers, like, and then of course the people who are, the people who are working in healthcare. A lot of times we have, learned those, those thoughts and those stigmas and, and all of those things. And so I think that does a lot to some of the, the gatekeeping of, of certain diagnoses. I think sometimes of the like, oh yeah, well that's how I am and I'm. I'm a doctor, I can't be neurodivergent and then, and if everybody's coming to you, like relaying your own experience and you're not believing them because you haven't been like, it just keeps compounding and then compounding.

Yes. And I think, we can't talk about [00:20:00] this. No one talks about this. So you go through your day and you experience these things, you think you're the only one who can't, like suck it up and push through and do the thing like everyone else is doing. But then, as opposed to, now.

when I have a migraine, I tell the patients, Hey, I just wanna acknowledge my energy. I'm splitting headache. And they're like, oh yeah, I get it. You get, I mean, and we all try to do the thing, but I'm not gonna like have a big smile while I'm doing it.

Irene Kretchetoff, D.O.: But I mean, my patients would know what, I had a migraine, my patients would be like, yeah, that's, that's bullshit.

How are you gonna possibly get, like, write a note. Yeah, they were like on board way ahead. Yeah.

Mel Houser, M.D.: Yeah. Right. Because it's just like being in a, having authentic relationships, but the system tells you you can't have authentic relationships. Yep. And the layer of self, self judgment or self shaming or whatever of just like, I can't have the type of relationship that I've been, it's been glorified to me that this is the type of [00:21:00] relationship that I'm supposed to have.

"Heater" Thompson, D.C.: Yeah. Do like, yeah. We're supposed to be indestructible superheroes, right?

Mel Houser, M.D.: Yeah. Because this is a calling. Yes. Yes. remember the calling narrative is so bad especially for, those of us who have like done other stuff. Like I remember my first day

in medical school, somebody's like, well, if you can imagine doing anything else with your life, you shouldn't be here. I'm like, dude, I had another career. Like, I definitely can imagine doing something else.

I did, I did yesterday. so that. Yeah. I wonder, are there, I mean we've talked about a lot of the aspects of, of healthcare and healthcare training that are, really broken and problematic. are there other parts of, of the healthcare system that we haven't named that we think, are important to name for this conversation is that are especially broken?

"Heater" Thompson, D.C.: Hmm. So, yeah, I was thinking about this question again last night, and, There was one thing that wanted to come out of my [00:22:00] mouth and that was it. And I kept thinking like,

well, think about it and, and find some parts that are especially broken. And the only thing that wanted to come out of my mouth was, ALL OF IT, and I'm gonna tell you why.

So let's just go ahead and assume that a neurodivergent person makes it through the first round of gobbly gook. That is finding a doctor that will actually accept your case. And just any doctor, right? Much less a doctor that actually understands your conditions. And then once you find that doctor, let's say you get past the enormous hurdle that is all of the paperwork and the phone calls and getting there on time, and that you even accurately like portrayed your condition properly on the paperwork, right?

The odds that that practitioner even had a chance to read it all, because there's just not a ton enough time to do anything in the system are pretty low. And then, so we've got all these barriers stacking up against us, leading to one ginormous barrier. That is the reason that I say all of it. [00:23:00] And here's a ginormous barrier, because you finally make it into that room with the practitioner and there are these horrific, bright lights shining down in your, eyes, and you're put on the spot, and you've got all this pressure to say the thing to this person who's staring at you right then, or you miss, like risking, missing this opportunity to speak.

Or you're gonna be talked over in an environment where things haven't gone all that great in the past, right? And you have to do it all over again anyway. And the odds of them believing you are slim to none, and they're probably gonna look at you like you have three heads and your soul is gonna be crushed all over again because you just poured your heart out to somebody one more time, and they don't believe you, and then you get dismissed again.

One more time, and here I am, sorry, I get emotional about this, but here I am, a doctor myself. I'm going through this as a patient, and I can rattle off exactly what's [00:24:00] going on with me more than most people can, because I have the trainee and still I'm dismissed still. I'm pushed around and sometimes. I would stand in the doorway and I'd say, I'm not leaving.

I'm not leaving this place until you order these labs for me. And in fact, that's the only reason I got diagnosed with Hashimoto's thyroiditis, because I wouldn't leave until she ordered me the dang, the dang antibody test. And I had to either bully them into doing something, anything at all to try to get them to listen to me, or I had to fire them and start all over again with somebody new and start right back from the top all over again.

And I can't even. Imagine what that's like for a person who doesn't have the training like me. I mean, it's hard enough for me to do it like this, to be just somebody with no training, I can't even imagine. And so, yeah, if they don't even believe you, then all of it feels broken.

Mel Houser, M.D.: Absolutely. Absolutely. And, and like the, the, the flip side is that it's actually not that hard to be helpful to people. All you have to do is believe them. Yeah. Yes. [00:25:00] Yeah. We can shift to be talking just about like return, return to authenticity. So just if there anything you'd wanna share around how, your, your exploration of these topics and other topics through Brain Club.

Like how, does, naming or understanding, part of building a system that works for everyone, how, what's, what has that journey been like?

Irene Kretchetoff, D.O.: I just know that I, on my big block is I cannot return to clinical medicine, even though I miss it, until I get some, some sort of, answer to this. Hmm. So in other words, yeah, because, The, let's see, like the, just the simple thing of, signing. signing home care orders, they're just like, okay, we have, you have to log in and you're gonna get a list, and you just have to click the up at the right and that'll sign all of them.

I'm like, but what do they say? Like, my signature means No, [00:26:00] you can't open it, can't you? You lemme show you, this is how you do it. It's up here and you put. You click that upright box, but where's the order you how to do it? So they all think like Irene to sign off on orders and I'll, and I will say it, I don't know how to sign off on these orders, right.

right. Or the, about signing something blind.

Mel Houser, M.D.: Exactly. Like just, and, and the thing is, I don't think that fixing it means that you become someone who's comfortable signing random things, but like, that's not the, that's not how we get out of this. And yet, like, you wanna return to. What you wanna do.

so I mean, that, that's a, that's a huge barrier is like, being forced to play along with these things that are legitimately unsafe. If we have people, if we have doctors signing orders that they can't even view, let alone agree with, like, we can't have this.

Sierra Miller APRN: Work shift of [00:27:00] like., It's not that I can't do the thing and I'm bad because I can't do the thing.

It's 'cause this, this thing is not, is not working or the, or I shouldn't do this thing. I think like that, framework shift is such, it's not, it's not the end all be all. and the systems need to need to change, but at least kind of internally having that framework shift I think is such an important place to start. And been thinking, have the great, joy and pleasure of working at All Brains Belong, and, and having the experience of working in a system that very much intentionally builds itself to support. Both staff and patients as a community together. and, and think was recently asked a few times of like, advice for somebody going into medicine who's neurodivergent.

And it's hard because I did not realize I was neurodiverse when I was going through my [00:28:00] training. or I didn't realize I was neurodivergent. I think it's, so, I'm, I'm just really glad that places like AllBridge one in this community exists. 'cause I think being able to s if I had been starting to do medical training, knowing what I know about what most of the traditional system looks like, and knowing what I know now about what my brain needs there does not feel like there would be a way to make that fit.

And so having places like this and having. Just showing that like it is possible I think is so important because it's, it, it makes it so we're able to do this type of work. And like you're saying, I mean like we're, we're able to do the, these things that like we love doing and often we're really good at doing and brings us a lot of joy and we can really help people and like, it feels like it shouldn't be that hard to do the thing that you really love doing that helps people.

and it's. It's really important to see that that is possible even though there are so many barriers in the [00:29:00] way and it is really difficult in big systems to do like it is possible when everything works together.

Mel Houser, M.D.: And when you have autonomy or agency to. Tweak the way you do a thing. So for example, like when I started, all Brains Belong and it was just like just me in a room by myself with no staff.

And like the first time I got a prior authorization to do through some like terrible website, I was like, hell no, I'm not doing this ever again. And so the next time I got one, I called up the pharmacy and I said, I'm not using your system. How else can we do this? They're like, well, this is how you do it.

Everybody just does the thing through the system was like. Can you fax it to me and I'll like print it and sign it? And they're like, no, we can't do that. Why not? and so, it, it took like an hour of, asking for someone's supervisor and, but like, I did prior authorizations on paper and that's how I did them.

And, but like when you are working for a big system where you don't, you don't get any say at all how you do the thing.[00:30:00]

Irene Kretchetoff, D.O.: You start seeing that this glitch, like all of a sudden none of those referrals went through. You're like, okay, where is this going? And then two weeks later, everything was going to like the fax machine on the third floor that no one was checking.

Mel Houser, M.D.: Classic. Anyone else wanna share about, how has, learning about access needs and the kinda this framework of, there are other ways to think about the alternative to what we've just been talking about, has that gone for you?

"Heater" Thompson, D.C.: So, I've said this before and I'll say it again, and I keep saying it till, I don't know, I'm blue in the face or I die I suppose. But owe everything to All Brains belong. And I mean that, Not only did All Brains kickstart my new career as an online educator, All Brains belong, also gave me the courage to step into this space as an educator, particularly through the clinician guide.[00:31:00]

The Clinician Guide also gave me a blueprint of how my own body works at the same time. so not only has All Brains belong helped me on my own personal journey, but it's also defined the trajectory of my business, where I can help other autistic and ADHD adults of a happier, healthier life. And all the systems that I'm building here to deliver that, i'm modeling exactly what I see right here at All brains Belong. I'm working towards making sure that everybody's access needs are met. I'm brainstorming, constantly working toward it, even. Though, I'm still very much in the beginning process, the beginning stages of everything, but I model my Zoom meetings after what I see in Brain Club, the structure, the rules at the beginning, because all that stuff matters and it freaking works, like, you might as well.

And I'm working towards, multiple ways to do intake with whether it's, text or email a form verbally, because not everybody can do it the same way. And that should never be the thing that keeps somebody. Out from doing what they need. So everything I've created so [00:32:00] far, is choose your own adventure because the pathological demand avoidance is definitely a thing and auto matters, and your brain needs to be able to move through a system in a way that it actually accepts instead of just throwing up a giant wall of waffle that you can't ever get around.

and so much of knowing how to do all of that came from right here.

Mel Houser, M.D.: That's amazing. Thank you so much for sharing. That means so much to me to hear.

"Heater" Thompson, D.C.: Yeah, me too.

Mel Houser, M.D.: Anything else that anyone would like to share before we wrap up today?

Sierra Miller APRN: I would just wanna add on to what you just said. I think you're making me think of the the, like we talk a lot about how one size fits all doesn't fit anybody, and that

you need to do things like universal design because people have different ways that they need to access things and that.

When we do those things, that it's not just helping patients, it's helping providers too. And it's, it's not like you have to like recreate the whole world to [00:33:00] be a more neuro inclusive provider or more neuro inclusive practice. You can do the same things, because we're part of one community.

Mel Houser, M.D.: Both patients and clinicians are being thwarted by the same system, one that was never designed to meet the needs of neurodivergent people on either side of the exam room. This is not an individual problem with an individual solution. It's a structural one. We're grateful to our clinicians on our panel for speaking honestly about what the system extracts from them and for helping us to see more clearly what needs to change.

If this conversation resonates, we'd love for you to subscribe and leave a rating wherever you listen to podcasts. It takes about 30 seconds and helps more people find these conversations.

Sierra Miller APRN: 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.