Spectrum on the screen:

Lessons learned from neurodivergent physicians in medical dramas



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The portrayal of neurodivergence across American medical dramas is strikingly variable, yet important for exploring very real concerns felt by all clinicians in the practice of medicine. These include anxieties such as the tension between clinical mastery and emotional connection; the question of how physicians should navigate the intense feelings that accompany their work; and the deeper uncertainty of what it truly means to "understand" a patient when their communication or sensory world does not align with neurotypical norms. While diagnosing fictional characters with contemporary clinical frameworks has inherent limitations, assessing their portrayal still has merit as they reflect and shape public expectations of physicians and neurodivergent individuals. With that, three fictional physicians who are either canonically or otherwise suggested to be neurodivergent—Dr. Gregory House (*House, M.D.,* 2004),[1] Dr. Shaun Murphy (*The Good Doctor,* 2017),[2] and Dr. Melissa King (*The Pitt,* 2025)[3]—illustrate how differently these tensions can be portrayed, and how profoundly they shape our understanding of what it means to be a "good" physician. Intentionally or not, these characters reveal the distance between the physician we imagine, and perhaps exhibit on television, and the physician who actually exists.

At the time *House, M.D.* aired (2004–2012), the cultural and diagnostic landscape for autism diagnoses looked markedly different from today. Surveillance data from 2006 estimated the average prevalence at roughly one in 110 eight-year-olds, a far cry from the estimate of one out of 31 reported in 2022 as diagnostic criteria broadened and awareness increased.[4,5] Meanwhile, autism in the DSM-4 remained fragmented into three distinct diagnoses: Autism, Asperger syndrome, and Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). It was only years later that definitions would be consolidated under the umbrella of "autism spectrum disorder" in 2013's DSM-5.[6]

It was within this earlier framework of understanding that Dr. Gregory House entered American television: an emotionally abrasive yet brilliant double-boarded nephrologist and infectious disease specialist, leading the fictional Department of Diagnostic Medicine at Princeton-Plainsboro Teaching Hospital. House is famously modeled on Sherlock Holmes, with oncologist Dr. James Wilson as his Watson. Like Holmes, House is written as a figure whose brilliance appears inseparable from his eccentricity, and whose social aloofness is treated as both a narrative obstacle and an advantage. Scholars have argued that Arthur Conan Doyle intentionally wrote his detective with traits that today read as autism-coded, including intense, focused interests, difficulty with social conventions, and repetitive or self-soothing behaviors such as incessant pacing.[7] House's characterization parallels these features closely: he selects cases based on the intellectual challenge they offer, avoids small talk and patient interviews, and routinely unsettles colleagues and families with his bluntness and refusal to engage in conventional social cues. Additionally, both House and Holmes exemplify the long-standing "autistic savant" media archetype: individuals portrayed as incredibly intelligent yet emotionally detached, equal parts idolized and infantilized.[8]

This dynamic, and the question of just how intertwined House's brilliance and emotional detachment truly are, is examined in an episode involving a nonverbal autistic child. In "Lines in the Sand,"[9] a ten-year-old boy with nonverbal autism is brought to Princeton-Plainsboro screaming, coughing, and unable to tolerate touch. When the team meets him, he grows increasingly agitated as they attempt to take away his toys to conduct tests. House is ultimately the only clinician able to win the child's cooperation, recklessly but effectively demonstrating the safety of anesthesia by taking it himself, reassuring the patient enough to take it. This episode openly considers the question of House's own neurodivergence, as his colleagues speculate whether his obsessive focus on retrieving a particular blood-stained carpet and general disdain for social norms might suggest Asperger syndrome. The possibility is dismissed by the end as House's colleagues decide that his unusual behaviors are deliberate, rather than based on neurological differences.

A turning point in the episode comes when House finally recognizes that the boy's frantic drawings of squiggly lines in the sand are not meaningless agitation, but an attempt at communication, as the child has been drawing what he's literally seeing: parasitic worms drifting across his visual field. House's ability to

connect with the patient, in a way that even his parents could not, comes from a willingness to understand the patient's sensory and communicative world on his own terms—not emotional warmth or conventional bedside manner. The episode closes with the patient offering House one of his precious toys, a gesture framed as a show of reciprocity and gratitude within the child's own mode of communication.[9]

Notwithstanding the clinical inaccuracies that may accompany this and other medical dramas, House's behavior carries important lessons for clinicians. At first glance, House's brusque manner seems to be aligned with an older model of the physician-patient relationship, which is paternalistic, technically focused, and dismissive of communication as a teachable skill. But, since the early 2000s, medical education has begun to focus explicitly on structured communication training, equating the importance of these skills to clinical reasoning[10]—and perhaps unexpectedly, House's behavior in fact highlights this importance. "Lines in the Sand" exposes that even House, a character defined by his aversion to small talk and emotional expression, must rely on communication in its many forms to provide care. However, his success emphasizes that communication does not necessarily mean friendliness or neurotypical social ease; it may instead mean close observation, deliberate interpretation of nonverbal cues, and, above all, a refusal to dismiss behaviors that fall outside clinical norms. These values are critical for understanding not only neurodivergent patients but also for providing effective care of patients with other causes of limited verbal proficiency, patients from underrepresented backgrounds, or really, anybody whose lived experiences do not fit neatly within the confines of a medical textbook.

Under current DSM-5 criteria, released in 2013 and reaffirmed with clarifications in the 2022 update, autism spectrum disorder (ASD) is defined by persistent differences in social communication and interaction, along with restricted or repetitive patterns of behavior, interests, or sensory processing. These traits must be present from an early stage of development and can manifest across a wide range of strengths and support needs, reflecting a broad spectrum rather than distinct subtypes.[11] *The Good Doctor* debuts Dr. Shaun Murphy in this context, a surgical resident explicitly identified as autistic with savant-level memory and neurodivergent traits since childhood. He displays the hallmark features of reduced eye contact, difficulty navigating relationships, and rigid patterns of thinking, juxtaposed against his computer-like ability to visualize in three dimensions, encyclopedic memory, and heroic medical saves.[12]

Much has been written about the positive and negative attributes of Murphy's portrayal. At the forefront of Murphy's storyline are the challenges from his moments of socially inappropriate behavior or lapses in bedside manner, such as smiling while delivering diagnosis of cancer to a patient.[12] The episode "She" highlights these issues further, as Murphy's rigid reliance on "scientific fact" leads him to dismiss the gender identity of a transgender patient.[13] Critics have noted how clips from this episode have been weaponized online to undermine LGBTQIA+ narratives,[14] which underscores how media depictions of rigidity can reinforce the stereotype that autistic individuals lack empathy. In fact, advocates and researchers push back against the notion of an empathy "deficit" in neurodivergence; rather, these individuals may experience and express empathy in ways that parallel their divergence in communication style and sensory processing.[15] At the same time, throughout the show, Murphy's creative diagnostic maneuvers and moments of "thinking outside the box" are praised by superiors; moreover, by highlighting both these aforementioned strengths and challenges faced by individuals with autism, the show overall has a net positive effect by increasing representation of neurodivergence in a mainstream medical narrative.[16]

As Zuger observes, Murphy evolves over the series from a hesitantly-accepted hire at San Jose St. Bonaventure Hospital to a resident whose diagnostic creativity and leadership skills are held up as examples to other trainees.[14] Given Murphy's success, on the surface, the show may appear to suggest that extraordinary medical acumen can compensate for differences in communication style, as Murphy's brilliance seemingly outweighs his social gaffes; from examination of his progress over the course of the show, though, it's clear that Murphy's professional growth depends not on compensation for or diminishment of his autistic traits, but rather on developing the ability to communicate more effectively in ways that align with his own strengths. Over time, he learns to articulate his reasoning more clearly to patients and colleagues, to collaborate more easily, and to modulate how he delivers emotionally charged information. Rather than portraying neurotypical communication as the only acceptable standard, these story arcs highlight the broader theme

shared by that of *House, M.D.:* Communication, however it is achieved, is fundamental to good medical care.

This emphasis on communication aligns with findings from real-world studies of patient preferences. A qualitative US study of nearly 3,000 patients identified access, communication, and provider personality as key reasons for preferring one physician over another.[17] Similarly, in a systematic review, patients rated communication style and technical expertise roughly equivalently when prioritizing provider qualities.[18] Murphy's trajectory reflects these principles not because he abandons his neurodivergent communication style, but because he finds ways to allow others access into his unique thought processes and thus makes his clinical insight comprehensible to colleagues and patients. In this way, the show emphasizes once more the lesson that effective communication is a core component of healing, on par with a clinician's knowledge base. In the most recently created and currently airing medical drama discussed here, *The Pitt,* this theme is extended even further: the series illustrates several ways in which neurodivergent communication styles and cognitive strengths can function as assets within a conventional medical setting. Dr. Melissa ("Mel") King enters *The Pitt* as one of several physicians and students navigating an unusually hectic 15-hour shift in the Pittsburgh Trauma Medical Center. A second-year emergency medicine resident, she is also the primary caregiver for her sister, who is autistic and stays at a care facility during King's shifts. Her familiarity with care for neurodivergent patients becomes clear in episode "1:00 PM" when she steps in to help a senior resident struggling to connect with a patient with autism, who presents with an ankle injury and an extensive list of technical questions.[19] King effortlessly adapts her approach to the patient by lowering sensory stimuli in the room and reframing questions and medical explanations into forms the patient can better process. Though without a stated diagnosis, King herself is hinted to be on the autism spectrum, as throughout the show she steps away to use self-soothing techniques, such as a lava lamp app or white noise, and finds joy in repetitive, detail-focused tasks such as removing "a thousand" gravel fragments from a patient's road rash.[20] These cues are reinforced by commentary from the actress herself, who has a diagnosis of ADHD and has spoken about consciously portraying neurodivergent traits on-screen.[21]

Like House and Murphy, King's story centers on the importance of communication. What sets her apart, though, is the form it takes: her effectiveness as a physician is based not on dramatic diagnostic leaps or savant-level deductions, but rather from her willingness to carve out time amid the compressed tempo of the emergency department to create moments of genuine understanding. While Murphy excels with encyclopedic memory and House relies on pattern recognition and intuition, King's strengths lie in sensory awareness, patience, and flexibility. In fact, these aspects of her personality may stem from another classic aspect of neurodivergence: emotional sensitivity. While emotionality is not itself a diagnostic marker and indeed may or may not be related to King's own suggested diagnosis, it is a trait many neurodivergent individuals describe as shaping how they move through demanding sensory or interpersonal environments.[15] In one scene, King tells her attending, "My frustration manifests itself emotionally, and then I get upset. And then it looks like I can't handle things."[20] Though she herself is concerned about her sensitivity functioning as an obstacle, her emotional openness may in fact be a source of strength: colleagues praise her compassion as an asset in the fast-paced environment of the ED, and viewers similarly have embraced her as a character whose empathy is grounded in her neurodivergent experience rather than in spite of it.[22]

Interestingly, this framing differs significantly from the way emotionality is treated in *House, M.D.* or *The Good Doctor.* In those series, various storylines suggest that heightened emotion has the potential to derail clinical judgment, rather than add to it. For example, in later seasons, House believes that newly found domestic bliss is blunting his diagnostic edge, and as a result shuts out friends and intentionally sabotages relationships in order to return to what he believes is a more optimal, unemotional clinical state.[9] In a similar example, the one time Murphy becomes emotionally "distracted" by a patient who looks like a younger version of his brother, the scenario ultimately ends in tragedy as the boy turns out not to have the recoverable diagnosis Murphy initially thought, but rather a terminal condition.[12] King's storyline, by contrast, suggests that emotional sensitivity can coexist with and even enhance clinical competence. The fact that King is a woman, while House and Murphy are written within a long tradition of brilliant, emotionally detached male physicians, may add another layer to this distinction. Her portrayal in this way provides a counterpoint both to the gendered expectations of emotional labor in

medicine, and the cultural stereotype that pairs neurodivergence with a need for coldness and distance.

King's emergence as a contemporary example of neurodivergent strength also reflects the changing landscape of diagnosis and identity. As prevalence estimates for ASD continue to rise, and approximately 15 to 20 percent of Americans may self-identify as neurodivergent (including diagnoses such as ADHD, OCD, and dyspraxia),[23] many patients and providers alike may see parts of themselves on screen with *The Pitt's* portrayal. The exact proportion of neurodivergent physicians remains unknown, in part due to persistent structural barriers clinicians report facing; in one study of 200 autistic physicians, more than 75 percent had contemplated suicide, reflecting the immense pressure of navigating medicine without the proper support.[24] Yet, as some physician advocates point out, people with neurodivergent traits may matriculate into STEM fields such as medicine, given the need for hyperfocus on interests, pattern recognition, and the advantages of outside-the-box creativity[25]—elements all seen in the medical dramas discussed here. As another resident of *The Pitt,* Dr. Langdon, quips to someone asking why they've all chosen a career in emergency medicine: "Because we all have ADHD, and anything else would be boring."[18]

Though his remark may be delivered in jest, it exemplifies the series' fresh, expansive view of the different types of minds and communication styles that can thrive in clinical care.

Acknowledging the inevitable simplification of the human experience that may arise from media depictions of medical conditions, the physicians we follow on screen reveal meaningful truths about the traits patients, providers, and viewers hope to find in their physicians. Drs. House, Murphy, and King all succeed where their colleagues falter not because they transcend neurodivergence, but because they demonstrate a willingness to relate to patients in ways that depart from standard scripts via strategies like unconventional communication tactics, such as sensory attunement and emotional acuity, or demonstrate creative clinical reasoning. Their stories confront questions in medicine that apply to all providers, such as whether technical brilliance can compensate for differences in social communication, whether emotional intensity is a liability or a strength, and highlight how physicians across the neurodiversity spectrum navigate the heavy expectations placed upon them. For many neurodivergent clinicians, these stories may resonate even more fully as representations of the real-life struggle to meet the expectations of the medical profession. For all clinicians, neurodivergent or not, there is also the reassurance that growth and learning new ways to connect with the people they care for is always possible.

Perhaps most importantly, *House, M.D., The Good Doctor,* and *The Pitt* all harness one of the most powerful capacities of storytelling and media: the ability to live the experiences of people and characters very different from ourselves. For young trainees in particular, these portrayals offer an incredibly reassuring reminder that there is no single way to be a physician; that medicine is shaped by people of all personalities, communication styles, and ways of thinking, and it is within that bounty that the field finds new ways to adapt and be seen.

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