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MEDICINE AND THE MEDIA

Donald Trump's mental health: are health professionals' media speculations ethical or dangerous?

Donald Trump is rarely out of the headlines. But amid war, tariffs, and internet memes, is it right for medical professionals to wade into the debate about the US president's mental health and fitness for office? **Tom Moberly** reports

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As the oldest person to be elected president of the United States, Donald Trump has faced questions about his health throughout his presidential career. But in addition to general concerns about the health risks that rise with age, some doctors have been asking broader questions about Trump's mental health.

Such questions have only escalated in the rollercoaster 15 months of his second term,¹ including a full scale war in the Middle East that, at the time of writing, was still having political and economic consequences.

Concerns about Trump's mental health were raised during his first presidency (2017-2021). In April 2017, a conference was held at Yale University at which a group of psychiatrists discussed Trump's mental health and the "duty to warn" others about the risks his health posed.²

The following month Bandy Lee, then assistant clinical professor at the Yale School of Medicine and conference organiser, declared: "We have an obligation to speak about Donald Trump's mental health issues because many lives and our survival as a species may be at stake."³

She said that Trump displayed symptoms of mental issues. "He has a great need for adulation. He is angry if reality does not meet his needs. People have been expecting him to settle into his role and become normal or more 'presidential,' but that does not ordinarily happen among those with such personality traits. In fact, what we're seeing is a creation of his own reality, a reality that will meet Trump's own emotional needs and the need to impose that reality on others. It is his imperviousness to facts and reality that could place us all at great risk."

Lee went on to edit *The Dangerous Case of Donald Trump*, a book published in October 2017, in which 27 psychiatrists and mental health experts warned about the dangers posed by Trump's mental health and psychological instability.⁴

Around that time Lance Dodes, a former assistant professor of clinical psychiatry at Harvard Medical School and a contributor to the book, said that Trump's public actions and behaviour were suggestive of mental illness and described examples of him being "close to psychosis" when stressed.⁵

He said that when Trump says things that go against reality, acting in ways that seem incomprehensible to others, he reveals aspects of his own mental health. "The simple explanation for it, which people don't want to hear, is that he's not in control of himself," he said. "This is what we mean when we say that somebody is becoming psychotic or is briefly psychotic. All of his delusional ideas come up when he is stressed in some way, and then he loses track of reality because it doesn't fit what he needs to believe."⁶

Donald Trump's own niece Mary Trump—herself a clinical psychologist—discussed her uncle's mental health in a book published in July 2020.⁷ The *New York Times* review said, "She has no problem calling Donald Trump a narcissist, and she also identifies additional signs of antisocial personality disorder (the vaingloriousness), dependent personality disorder (the neediness) and a substance induced sleep disorder (the dozen daily Diet Cokes)."⁸

Such explosive quotes drive clicks and sell newspapers. But they again raise the question of how much medical professionals can and should speak about a person's health when they are not the person's physician nor have access to personal health data on the person in question (box 1).

Box 1: The Goldwater rule

When it comes to the mental health of public figures, US psychiatrists do not normally speculate on the health of people they have not examined, and patient confidentiality stops them from sharing details of those they have. Beyond personal ethics, one of the reasons for this is the American Psychiatric Association (APA)'s "Goldwater rule," an ethical guideline introduced in 1973.¹³ The name comes from an incident during the 1964 presidential election involving Barry Goldwater, the senator who ran as the Republican candidate against the Democrat Lyndon Johnson.

Ahead of the election, *Fact* magazine published the results of a survey it had conducted in which 12 356 psychiatrists were asked, "Do you believe Barry Goldwater is psychologically fit to serve as President of the United States?" Just under half of those who responded said that they thought he was not (1189 of 2417).¹⁴

After the survey was published, Goldwater sued *Fact* for defamation and won, and the magazine was found liable for damages. The APA had objected to the survey's questions before the results were even released and subsequently established the Goldwater rule in section

7.3 of its principles of medical ethics, stating that “it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.”¹³

One of the original authors of the Goldwater rule has said that the original guideline has become misconstrued and been interpreted as a “gagging order.” It was intended as a principle and a matter of professional judgment, rather than an absolute prohibition, Allen Dyer, professor of psychiatry and behavioural sciences at George Washington University School of Medicine and Health Services, wrote in September 2020.¹⁵

“With regard to Goldwater and Trump, way down deep there is general agreement that public statements should be made carefully and cautiously, but also way down deep there is concern and alarm about Trump’s instincts, desires, behavior, and mental status,” Dyer wrote. “Professionals, for good reason, try to remain above politics, to hold principle above expediency. I hope at the end of the day, in the face of a president who respects none of that, we will not regret saying too little.” Bandy Lee, then assistant clinical professor at the Yale School of Medicine and conference organiser, published a book about Trump’s health in 2017. She argued in 2018 that, in discussing the risks posed by Trump’s mental health, she was not diagnosing the president and so not breaking the Goldwater rule. Instead, she was discussing Trump’s “dangerousness,” which she said could be evaluated remotely based on the situation.

She said that his behaviour showed that he may be a danger to the American public. “Under stress he has shown that he goes into attack mode and seems to resort to violence at times of feeling threatened or feeling powerless in some way,” she said. “He uses violence to burnish his sense of power, and that is [mental health professionals’] great concern.” She argued that, in the interest of public health, she and other psychiatrists discussing the issue were “ethically charged” with speaking out.¹⁶

Duty in a “media blackout”

In January 2018, Trump reportedly took the Montreal Cognitive Assessment as part of a medical assessment, scoring 30 out of 30.⁹ Speaking about the results of the test, Ronny Jackson, White House physician at the time, said that Trump’s overall health was “excellent,” adding: “I have no concerns about his cognitive ability or neurological functions.”¹⁰

Commenting to *The BMJ* in April 2026, Lee says that psychiatrists and other health professionals now “more than ever” have a duty to speak out about Donald Trump. She thinks that overzealous interpretation of the Goldwater rule has led to a “media blackout” around psychiatrists discussing concerns around Trump’s mental health. “We are at this critical point of danger, precisely because the public has been unable to hear from mental health experts in unprecedented ways, over the past eight years or so,” she says.

Lee maintains that a distinction needs to be made between what is done for the patient and what is done for society. “Diagnosing, through a personal examination with confidential information, is done for the patient, while detecting signs of danger, based on publicly available data, is done for society,” she says. “The first should not be done, since Donald Trump is not a patient, while the second should be done, as it is one of our primary responsibilities and can be legally binding in some cases.”

Dodes tells *The BMJ* that health professionals have a responsibility to speak out and that he would like to see professional psychological organisations stating their position on these issues, and supporting others to do so. “Sadly, the major psychological organisations have been swayed by self-interest, much as other institutions in society,” he says. “Fear of antagonising those in power, losing tax exempt status, or losing favour with those in the general public who favour

Trump, have stood ahead of their duty to warn. It would help if even one of the major psychological organisations in the US spoke up clearly, since it might encourage others to take a moral stand.”

And Donald Trump himself has exploited worries about the mental health of his opponents—perhaps most notoriously Joe Biden in the run-up to and during the 2024 election campaign. “He must be insane, or suffering from late stage dementia!” Trump posted on Truth Social in September 2022.¹¹

This, in a sense, paved the way for future clashes, first with Biden, then Kamala Harris, to be framed in such a fashion.

Commenting in September 2024 on a debate between Trump and Kamala Harris, Richard Friedman, professor of clinical psychiatry and the director of the psychopharmacology clinic at Weill Cornell Medical College, wrote, “Tuesday’s presidential debate was, among other things, an excellent real world test of the candidates’ cognitive fitness—and any fair minded mental health expert would be very worried about Donald Trump’s performance.”¹²

Trump “displayed some striking, if familiar, patterns that are commonly seen among people in cognitive decline,” Friedman said. “If a patient presented to me with the verbal incoherence, tangential thinking, and repetitive speech that Trump now regularly demonstrates, I would almost certainly refer them for a rigorous neuropsychiatric evaluation to rule out a cognitive illness.”

Professional obligations

Sarah Townley, deputy medical director at Medical Protection, tells *The BMJ* that UK doctors need to keep their professional obligations in mind before sharing their views of a politician’s health. “The life of a doctor means rarely switching off that part of the brain that is looking at things medically,” she said. “As a result, it can be very tempting to comment on social media about a public figure’s health, especially politicians who are rarely far from the headlines.

“But doctors have professional obligations to uphold regarding their use of social media and may face significant reputational risks as a result of any inappropriate post. The General Medical Council’s *Good Medical Practice* outlines the responsibility to uphold public trust in the profession.”

She adds, “It could be deemed inappropriate for a doctor to provide a professional opinion or comment on the health of someone they have never met or assessed. The GMC is clear that in order to provide clinical care, which could include a clinical diagnosis, a physician needs to be in a position to adequately assess a patients’ condition, symptoms, and undertake a physical examination where needed.”

A spokesperson for the British Psychological Society tells *The BMJ* that all its members adhere to its code of ethics and should not publicly comment on any person they haven’t personally assessed. “Members might be approached directly by the media to make specific comments about the health of individuals in the public eye,” they said. “It is the BPS’s expectation that any commentary provided is framed in general terms, and clearly caveated that the person has not been formally assessed.”

President Trump’s health

During his serving presidencies, Donald Trump and his doctors have always maintained that he is in excellent health. “My health is perfect,” the president told the *Wall Street Journal* in an article published in January 2026.¹⁷ But as a man of 79 years, his health has been questioned in the public ever since he first announced his intention to stand for the US presidency in the 2016 election.

Alongside his stated aversion to any exercise beyond golf, concerns have often been based on observations of his public appearances, as well as the fact he is known to sleep little and to favour a diet centred on fatty fast food. Since the start of Trump's second presidency in January 2025, questions have resurfaced about his physical and mental health, including about swelling in his lower legs.

In July 2025, to dispel speculation about the president's health, White House press secretary Karoline Leavitt said that tests by the White House medical unit showed that he had chronic venous insufficiency. Bruising that had been observed on Trump's hands was "consistent" with irritation from his "frequent handshaking and the use of aspirin," she said.¹⁸ Discussion about bruising to his hands has nevertheless persisted, most recently in January 2026, when Trump attributed bruises to having hit a table corner.^{19 20}

In January, the *Wall Street Journal* reported that Trump was taking 325 mg of aspirin a day for, what his doctor described as, "cardiac prevention."¹⁷ Donald Lloyd-Jones, chief of preventive medicine at Boston University, told FactCheck.Org, that, as it had previously been reported that Trump had plaque build-up in his coronary arteries, a low dose of aspirin "may be reasonable" for prevention but that a high dose such as this was "certainly not needed or indicated."²¹

Trump said that his doctors had suggested he lower his dose, but that, after 25 years of taking it, he did not want to. "They'd rather have me take the smaller one," he said. "I take the larger one, but I've done it for years, and what it does do is it causes bruising." He was "a little superstitious," he said. "They say aspirin is good for thinning out the blood, and I don't want thick blood pouring through my heart. I want nice, thin blood pouring through my heart. Does that make sense?"

Jonathan Reiner, a cardiologist who teaches at George Washington University School of Medicine and Health Sciences, said that Trump's explanation about aspirin "thinning" the blood made "no sense." Reiner told CNN: "When we use any kind of anticoagulant medications to prevent clotting, those don't thin the blood. It's not like changing something from gumbo to chicken soup. It doesn't make it thinner. It makes you less likely to clot."²²

He added that the quoted dose Trump takes is far higher than would normally be recommended. "The dosage that we use for patients, even with documented coronary artery disease, is a quarter of that. It's 81 mg a day . . . It makes no sense to me," he said.

The January 2026 *Wall Street Journal* interview also confirmed that the imaging that Trump underwent in October 2025 was computed tomography. Trump's doctor said that the scan had been undertaken "to definitively rule out any cardiovascular issues," and Trump said that he regretted having the scan done.

"In retrospect, it's too bad I took it because it gave them a little ammunition," Trump said. "I would have been a lot better off if they didn't, because the fact that I took it said, 'Oh gee, is something wrong?' Well, nothing's wrong."

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