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Should doctors speak of their concerns about the mental health of a president?

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Heads of state have a right to confidentiality about their personal health affairs. But decisions made by a head of state sometimes have life or death consequences for millions of people. Professional standards prohibit doctors from commenting on the health of a public figure. But recent events around the world raise the question: should that prohibition be absolute?

In 2017, a group of mental health clinicians, led by John Gartner, a clinical psychologist, accused Donald Trump, president of the United States, of being “paranoid and delusional” and having “malignant narcissism.”¹ They requested that the 25th Amendment to the US Constitution be invoked to remove him from office, adding: “We have an ethical responsibility to warn the public about Donald Trump’s dangerous mental illness.”

At the time, one of us (TG) commented that the ethical questions were complex,² not least because psychiatrists’ use of mental incapacity arguments to block political opponents has a long and shameful history.³ As a psychiatrist pointed out, it is possible to be mentally ill and still fit to hold public office and also to be not mentally ill and unfit to do so.⁴

Nine years later, concerns about Trump’s health continue, but have come to focus more on his alleged cognitive decline. In the build-up to the presidential election in 2024, for example, the *New York Times* noted a progressive tendency to “tangentiality—shifting from topic to topic, with few connections,” disinhibition, linguistic errors (such as “Leon” Musk rather than “Elon”), and distractibility.⁵ StatNews offered data to show that the linguistic complexity of Trump’s speech had reduced substantially since the 1980s, with shorter sentences and more repetition.⁶ Another *New York Times* article last week flagged “disjointed, hard to follow, and sometimes profane statements capped by his ‘a whole civilisation will die tonight’ threat to wipe Iran off the map.”⁷

The apparent escalation of such behaviour recently led Gartner to conclude that Trump shows signs of dementia, probably frontotemporal dementia (FTD).⁸ A “possible” diagnosis of the behavioural variant of FTD (bvFTD) can be considered if at least three of the following are present⁹:

- Behavioural disinhibition early in the illness:
 - Socially inappropriate behaviour
 - Loss of manners or decorum
 - Impulsive, rash, or careless actions
- Early apathy or inertia

- Early loss of sympathy or empathy:
 - Diminished response to other people’s needs and feelings
 - Diminished social interest, interrelatedness, or personal warmth
- Early perseverative, stereotyped, or compulsive/ritualistic behaviour
- Hyperorality and dietary changes
- A formal neuropsychological profile

Gartner has illustrated all these diagnostic criteria but one (a formal neuropsychological profile) with quotes and video clips. But matching a set of qualitative criteria to publicly available material falls far short of rigorous clinical assessment. The diagnosis of any neurodegenerative disorder, especially bvFTD, is difficult, even in expert hands. Criteria such as “loss of manners” or “diminished personal warmth” are highly subjective and culturally variable. bvFTD is known to be mistaken for primary psychiatric disorders.⁹ The typical age of onset of this condition is between 45 and 65, although it can present in the eighth decade.¹⁰

In our view, making a diagnosis of probable bvFTD would be impossible without full clinical assessment and appropriate imaging. Although Trump stated in December 2025 that he had “aced his third cognitive assessment,”¹¹ the tests he reportedly had performed would not meet the requirement of “a full neuropsychological profile” in the criteria above. A formal profile would require a detailed cognitive instrument such as an Addenbrooke’s Cognitive Examination, and more detailed neuropsychological evaluation would be expected, along with, for example, three dimensional T1 weighted MRI of the head.⁹ There is no evidence that Trump has had an MRI head scan (it is possible that he mistook a cardiac CT scan for an MRI head scan).¹²

We caution strongly against making the diagnosis of a defined cognitive condition on the basis of media clips, and we offer no clinical comment on statements made by doctors who have attempted to do so. But we think it is time to distinguish more clearly between “clinical commentary” and “clinically informed concerns.”

Back in 2016, three academic psychiatrists wrote to Barack Obama, then US president, raising concerns about president elect Donald Trump’s mental fitness for public office. They said: “Professional standards do not permit us to venture a diagnosis for a public figure whom we have not personally evaluated” but that widely reported features of his personality (such as “apparent inability to distinguish fantasy from

reality”) indicated that an “impartial” medical assessment was an urgent priority.¹³ We fully concur, both with these doctors’ hesitation in commenting clinically themselves and with their professional advice that urgent clinical assessment is needed—now more than ever.

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