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## Prescribing Hope: A Missing Vital Sign in Modern Medicine

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In the clean hallways of today's health care—where machines beep, protocols lead the way, and outcomes measures take center stage, we sometimes forget about a powerful element that significantly affects healing: hope. It's important to acknowledge that hope isn't just a gentle feeling or a poetic afterthought. It is a clinically significant force—observable in our body's responses, evident in our actions, and essential in the relationship between clinicians and patients.

Hope isn't the same as being naïve. It doesn't promise miraculous outcomes. Instead, it's a way of expressing truth that opens the door to possibilities. It empowers a patient to inquire, "What's next?" instead of "Is it over?" For those facing life-altering diagnoses, hope often becomes their most lasting source of strength.

Dr Edward Livingston Trudeau was told he was going to die from tuberculosis (TB). But instead of giving up, he moved to the mountains, felt a little better, and decided to help others like him. He built the first TB sanitarium

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in the US—not because he had all the answers, but because he believed in the power of care, fresh air, and hope. His illness became the reason he gave others a chance to live.

Years later, during the darkest days of the COVID-19 pandemic, Joseph Varon, MD, was

photographed doing something rare: hugging a patient. The man had been in isolation for days, overwhelmed with fear and loneliness. Dressed in full personal protective equipment—mask, gown, gloves, face shield—Dr Varon wrapped his arms around the man as he wept.

There was no miracle drug in that moment. No significant clinical breakthrough. Just a doctor showing up with presence and compassion. It wasn't part of a treatment protocol, but it was exactly what the patient needed. In the middle of machines, alarms, and uncertainty, that simple hug reminded everyone watching that healing is not only about medicine—it's about being seen, being comforted, being human, and being hopeful.

### The Neuroscience of Hope

Recent findings in neurobiology back up what

doctors have always sensed: hope is rooted in our biology. Functional magnetic resonance imaging studies show that people who are hopeful engage their prefrontal cortex—the area of the brain responsible for planning and problem-solving—more actively than those

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who feel hopeless. Furthermore, the excitement that hope brings triggers dopamine release in the mesolimbic system, boosting motivation and the drive to achieve goals.<sup>1,2</sup>

Hope not only brightens our mood; it also impacts the hypothalamic-pituitary-adrenal axis, resulting in lower stress-related cortisol levels and boosting immune markers. These physiological changes are essential for defending against inflammation and infection, common hurdles in chronic illness.<sup>3</sup> This shows us that hope isn't just a mental state but actively influences physical well-being.

### Hope in Chronic Illness: A Psychological Anchor

Chronic illness doesn't just damage the body—it shakes a person's sense of self, purpose, and emotional stability. For patients on dialysis,

on chemotherapy, or living with autoimmune disease, the struggle goes beyond physical symptoms. They often face deep fear, grief, and uncertainty.

In these moments, hope becomes essential. I once had a kidney transplant recipient tell me, “I need my kidney numbers to improve, but I also need to believe my life is still mine.” What motivates the patients to continue with their treatment, overcome challenges, and remain involved is not solely the lab results. It is hope.

As Viktor Frankl, an Austrian neurologist, psychologist, and Holocaust survivor, once said, “Those who have a ‘why’ to live can endure almost any ‘how.’” It is our role as clinicians to assist our patients in discovering that “why.”<sup>4</sup>

### Balancing Honesty and Possibility

One of the most sensitive roles a medical provider has is finding the right balance between honesty and hope. We have the responsibility to share information about prognosis, risks, and limitations with our patients. At the same time, we need to communicate in a way that upholds their dignity and opens up possibilities.

As Dr. Jerome Groopman, MD, beautifully expressed in *The Anatomy of Hope*, “Hope, unlike optimism, is rooted in unalloyed reality.”<sup>5</sup> Offering hope doesn’t mean giving false reassurance; it means saying, “I can see the path ahead with you—and we’ll continue this journey together.”

We should be trained to do more than just provide diagnoses; we should learn to be companions in this journey.

### Making Hope a Clinical Priority

If hope can strengthen the immune system, lower stress, improve treatment adherence, and deepen the patient-clinician relationship, then why isn’t it treated as a core part of medical care? Too often, hope is seen as a byproduct, something that “just happens” if everything else goes well. But hope isn’t incidental. It’s instrumental. And if we believe it can influence outcomes, we must start treating it like any other clinical priority.

That means making deliberate changes. We need to train clinicians in empathic communication and narrative medicine—not just to

improve bedside manner, but to help patients feel seen and heard. We should create space in every visit to ask about a patient’s fears, goals, and what gives them strength. Hope-promoting behaviors should be documented with the same seriousness as vital signs. And finally, we must treat stories—those shared by patients and clinicians alike—as a real and powerful form of healing.

Let us be the kind of clinicians who don’t just manage illness but uplift the human spirit. Hope is not the opposite of realism—it is its necessary companion. It enables our patients to face the unknown with courage, and it allows us to practice medicine not only with skill but with heart. Whether we can cure or not, we can always bring comfort in every clinical encounter. And comfort often begins with a simple, powerful question: “What still gives you hope?”

### A Heartfelt Thank You

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“Intrinsic Beauty”

### About the Artist

Miller Habib is a dedicated neuroscience aficionado, currently serving as a research intern at the Penn State College of Medicine with a focus on antibody staining and data analysis. He has received distinction as the 2025 Eastern USA Anato-Bee champion and one of four nationally recognized winners, as well as a competitor in the 2024 National USA Brain Bee. With eight years of experience in the arts, Miller has employed a variety of mediums to reflect the intrinsic beauty of medicine.

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