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Family Medicine

NARRATIVE ESSAY

The Fragile Vocabulary of Hope

Vangipuram Harshil Sai

AUTHOR AFFILIATION:

Academic Section - Dept of Undergraduate Education, All India Institute of Medical Sciences, Ansari Nagar East, New Delhi, India

CORRESPONDING AUTHOR:

Vangipuram Harshil Sai, All India Institute of Medical Sciences, Ansari Nagar East, New Delhi, India, vangipuramharshilsai@gmail.com

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Mrs Lopez sat on the edge of the plastic chair, her hands folded so tightly that her knuckles had gone pale against her brown skin. Her mother sat beside her, one hand resting lightly on her forearm, anchoring her to the room amid the distant clamor of stretchers and calls echoing down the corridor. Her sister leaned in close, silent, watchful. I stood near the door of the small consultation room, my notebook forgotten in my pocket, aware that nothing in my first semesters of lectures had prepared me for this moment.

The room felt too small for what had arrived with her.

She was 36, a mother of three young children, facing her third relapse of diffuse large B-cell lymphoma. I was a medical student newly pulled from lecture halls into the living chaos of the wards—families perched on stairwells with tiffin carriers of home-cooked dal and rice, nurses slipping through crowds with quiet efficiency, patients waiting with a patience that felt learned.

Until then, I had believed that hope in medicine lived primarily in breakthroughs: penicillin on a moldy plate, ether's first breath, insulin carrying a diabetic dog through one fragile night, and more recently, immune cells reengineered to target cancer with precision. Hope, I thought, arrived with headlines and history.

That afternoon unsettled that belief.

Dr Nair, the senior attending physician I was shadowing, entered the room without opening the chart. He had known Mrs Lopez's family for years through the hospital's integrated approach, where oncology, palliative care, and primary care overlapped for complex cases in an overburdened referral center. He greeted them quietly, sat down, and prompted, "Tell me what you understand about what is going on."

Her mother answered first. "They said there is no cure anymore."

Mrs Lopez kept her eyes on her hands. I felt a familiar impulse—to fill the silence, to offer something hopeful. Every phrase that surfaced felt thin, like medication offered before understanding the disease.

Dr Nair nodded, neither rushing nor retreating. "The treatments you have received have stopped working," he said.

The silence that followed was deliberate—heavy enough to require company. It struck me that silence could function like watchful waiting: measured, intentional, protective.

After a long breath, he continued. A newer option was available: CAR-T cell therapy. He described it honestly—the intensity, the prolonged hospital stay, the risks of fever and severe side effects, and days or weeks of confusion that might require intensive care. He spoke of physiologic and emotional reserve, of thresholds that could be crossed. Then, gently, he added that for some patients whose disease resembled hers, it had led to long remissions—sometimes years.

Mrs Lopez looked up for the first time. "Years?"

"Years with your children," he replied.

The word settled into the room with weight—enough to steady her, but not enough to deceive. It did not promise cure. It recalibrated what could still be held.

In the months that followed, I returned to the ward whenever my schedule allowed. In a place like ours, where patients traveled from distant states, students occasionally followed cases longitudinally. Mrs Lopez became my quiet, effective teacher.

Each visit returned to the same hard truth, but time changed its texture. Some days it felt raw against the skin; other days it was merely tolerable. One afternoon centered on exhaustion that made it impossible for her to lift her youngest child. Another was consumed by logistics: who would cook, who would walk the children to school, how her mother would manage if hospitalization stretched on. Then came the modest, enormous hope of being home for her daughter's first communion—the white dress already stitched, the date circled on a fading calendar.

Over time, I noticed how language behaved. Some sentences had long half-lives, remaining active well beyond the encounter—replayed during sleepless nights, reshaped by new aches, and revisited in whispered doubts in the waiting area. I began to choose my words more slowly, aware that they might be carried longer than I intended.

Mrs Lopez named it herself once.

"When you said 'years,' I held it like a thread," she said. "Some days it feels strong; other days it frays. But I keep holding."

Hope, I began to see, functioned less like a promise and more like physiologic reserve —something present but finite, drawn upon during stress, and depleted or replenished over time.

Her questions evolved. Early on, they were blunt. "Is anything left?"

Later, they became more precise. "How do we prepare—for the treatment, for the waiting, for whatever comes?"

Her deepest fear surfaced quietly before leukapheresis. "What if the confusion comes," she whispered, "and I don't recognize my own children?"

My throat tightened. I wanted to promise that it would not happen. Instead, I watched Dr Nair choose words meant to endure.

"If that happens," he said, "we will stay with you. Your mother can be beside you. We will adjust medications hour by hour. You won't face it alone."

She cried, then nodded. In that moment, hope narrowed—not to cure or certainty, but to connection: to her mother's presence, to her children's faces, to the promise that she would not be alone.

Eight months later, she was in remission. By then, the work of getting through uncertain days had already been done—during the long stretch when the outcome was still unknown and stability mattered more than results.

As I rotated through infusion bays, surgical corridors, and the chaos of the emergency department, I saw that care did not end with decisions. Months later, the same questions returned, reshaped by lingering symptoms, new scans, and quiet fear.

Near the end of my rotation, while drafting a note, I typed the phrase *offering realistic hope* and paused. The words looked appropriate on paper but felt careless at the bedside. I deleted them, realizing that "offering hope" implied something transactional—when what mattered more was staying present, listening carefully, and letting patients define what hope meant for themselves.

Some words stayed with patients beyond the room. Others faded. Silence, when held with intention, often endured—creating space for fear, grief, and questions that no phrasing could safely contain.

What I learned was simple but lasting: In moments of serious illness, our words become part of the treatment. So does our restraint. Presence, honesty, and the willingness to walk alongside uncertainty can matter as much as any intervention. Hope does not always arrive as reassurance. Sometimes it arrives as accompaniment.

As Mrs Lopez once said, almost apologetically, "Some days, holding on is enough."

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