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## The Equity of Hope



Geeta Maker-Clark, MD · Apr 12, 2020 · 5 min read ★

*I wrote this piece a few weeks before the COVID 19 outbreak transformed my life as a physician. Now that I am seeing my patients via telemedicine, managing their fear and worry in addition to their medical concerns, prescribing hope feels even more relevant.*

“Is there any reason to believe that I will get better?” “Any idea what might be going on with me?” “Have you ever seen anything like this before?”

I sit and listen to the stories and intimate details of my patients’ lives, taking this privileged front row, center seat to truths and darkness and pain that they have rarely shared with others, or ever. I am a family physician specializing in integrative medicine, so everything is in my lane. With 20 years of experience in treating patients, in settings as diverse as clinics for migrant farmworkers, public health departments, county hospitals, academic health centers, the makeshift clinic for activists at Standing Rock, I have seen people who are on the lowest end of the hope continuum. People come to me with mysteries and ailments that no one has been able to assist them with, that no pharmaceutical or intervention has helped. I am usually the last stop out the door of a health care system that they feel has failed them.

The stories are so jarring they seem like science fiction- the black mold behind the bedroom wall that once uncovered destroyed his health overnight, an elective surgery

resulting in a post-surgical daze that after 7 years has not lifted and forces her to quit her work as a music teacher, the promising athletic career stulted by a sudden fatigue that keeps her bedridden. They come with a tired desperation mixed with a slim sliver of hope, that maybe I will be the one to find the missing piece, connect all the disparate dots and offer a solution that no one has yet thought of.

I take that trust and that hope very seriously. In fact, hope is one of the strongest medicines I have ever come across. I use it often and liberally, because it works.

Though in these politically dark times, hope is now regarded as shallow and short sighted. An overused sentiment by politicians and public figures, hope, along with “thoughts and prayers” are considered insulting gestures that signal a lack of purposeful action. In an article on entrepreneurship in TIME, hope was defined as an “expectation based on desire”, that “implies a lack of control”, that budding entrepreneurs should not only avoid saying, they shouldn’t even think about. Physicians are taught to be careful in how we discuss being hopeful in the face of serious illness, lest we give false hope. And medical education does not emphasize or teach the skills that can help patients manage their hope, like the ability to reframe their setbacks, compassion and patience in the face of profound suffering, and the mental clarity to see past and ahead of the anguish.

In the face of chronic disease, and illnesses that no one else has been able to cure, do I have any right at all to be giving patients hope?

There are very real reasons to stay hopeful about hope. The study of hope and optimism has grown in recent decades with the emergence of positive psychology. And while entrepreneurs and physicians may be advised to avoid it, there is no reason to consider it fantastical thinking. Charles Snyder, a pioneer in the psychological study of hope, defines hope as a state of positive motivation based on three components: objectives (goals to be achieved), routes (planning to achieve these goals), and agency (motivation directed toward these objectives). Medically focused research in more recent years shows that hope represents a patient’s sense of determination to achieve his/her objectives. Unlike wishing, which is more of a reality escape, hope is about facing and managing reality.

This is what my patients need and deserve, a physician who will work beside them to achieve reachable and reasonable health goals and support the belief that they can feel

better.



People can have mysterious diseases that don't fit neatly into a diagnosis box. Many of my patients face poverty and lack of access to health care and quality nutrition, sometimes plagued with chronic pain, disability and addiction. Economic and racial inequities lead to worsening of once manageable health problems. Fear, isolation, loneliness are close bedfellows, predictors of poor health and risk factors for depression, anxiety and suicide and death.

To be sure, these elements make for a dark place for hope to thrive and survive. Yet hope can be rooted in this reality, and can even flourish around known obstacles and potholes. It is a potent medicine available to all, accessible, equitable and free. I can guide patients to small achievements that can recover some optimism and hope, and make space to allow for hope to exist beside the negative feelings, rather than naively replacing them. When chronic disease is correlated more tightly to where you live than how you live, hope is truly an equalizing force towards a better, healthful and more meaningful life.

Certainly, most of the time, I am able to offer a lot more than hope to my sick patients. They walk out with a virtual toolbox of detailed instructions, guidance on nutrition, supplements, new health practices, and referrals. But I will tell you that time and time again I hear, “I feel better already just sitting here. Thank you for giving me hope.” And that is what keeps me coming back with love and passion for this soulful work. This is the true medicine.

Hope is our human birthright, a great force of change, a loving reminder to ourselves that things can and do change for the better. Part of the work of a healer is to listen carefully for these tender asks of us to be hopeful, so that our patients can do the hard work of getting back to health.

Maybe the most important moment is when we lead with, “What are your hopes for this visit?” And then to hear with an open heart, the words that follow.

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