On Language, Hope, and Responsibility

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Dear Residents,

I have always been fascinated by the subtle shifts in the English language, especially the ones that revealed themselves as I moved from a British English–influenced Pakistan into the rhythms and idioms of American language and culture. Some were obvious - *oedema* becoming *edema*, *anaemic* turning into *anemic*. Others were cultural: biscuits became cookies, football turned into soccer, and the car boot quietly transformed into the trunk. Others were far more nuanced. "That's quite good" to me meant *good but not great* while in American English it meant *very good*. I remember reading William Safire's column, *On Language*, https://www.nytimes.com/by/william-safire, where he parsed the difference between "hopefully" (more commonly used in the US) and "I hope" (more typical of the UK). It struck me that these were not merely linguistic preferences, but subtle signals of expectation, tone, and intent.

"Hopefully" doesn't explain who is doing the hoping. It externalizes responsibility. It suggests that somehow, through circumstance, chance, or perhaps divine intervention, things will work out. "I hope," by contrast, locates responsibility within the speaker. It is an act of ownership. Hope is not outsourced; it is claimed.

I found myself thinking about this distinction when reflecting on the words we use to describe patients and communities, terms like *the underserved* or *vulnerable populations*. These phrases can subtly imply that these conditions arose independently, as if imposed by invisible forces or someone else's actions. But the truth is more uncomfortable. People are not underserved by accident. They are underserved because systems, often including our own, have failed to serve them. Vulnerability is not an inherent trait; it is produced and reinforced by economic, social, and structural decisions in which we all participate.

If language reveals where we place responsibility, then training is one of the places where we learn how to act on it.

There are small but meaningful ways we can begin to align our shared ideals with our daily work in residency. We can be more intentional about teaching the social context of disease, not as an abstract lecture, but at the bedside, during rounds, and in our notes. We can ask not only *what* brought a patient into the hospital, but *why now*, and *what barriers await them when they leave*. We can treat time spent understanding housing insecurity, access to medications, immigration status, or food scarcity as core clinical work rather than as an "extra."

We can also create space for reflection, through case discussions, quality improvement projects, and community-focused rotations, that allow residents to see how systems help or hinder healing. And we can remain open to changing our own practices when residents point out where our systems fall short.

None of this is about guilt or grand gestures. It is about choosing “I hope” over “hopefully.” About recognizing that while we did not create every inequity we encounter, we do have agency in how we respond to them. Residency, after all, is not only about learning medicine. It is about learning where and how to take responsibility.

It is also worth acknowledging the difference between **education** and **vocation**. Medical education gives us the language, the space, and the moral permission to name inequity and to examine the social determinants of health honestly. The structures that surround us once training ends often do not. Outside of Federally Qualified Health Centers, public hospitals like Parkland, the Indian Health Service, and the VA health care system (settings that are explicitly designed to absorb this work), most healthcare systems are not built to fully embrace these principles. In fact, by design, they would be financially disadvantaged if they did. This is not a failure of individual physicians, but a reflection of the systems in which they practice. Residency, then, becomes a rare and important moment: a place where we can learn not only to recognize inequity, but to deliberately decide how we will carry that awareness into a vocation shaped by constraints we do not entirely control.

I hope you realize how important your work is.

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