



# VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

## Grateful Patient Fundraising: Stories from Physicians

A Conversation Guide for Physicians\*

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You can download the stories we reference in this study guide for free. Please see the grateful patient fundraising volume of VOICES here: <https://nibjournal.org/voices/>.

The sociologist Art Frank wrote a short article on learning from narratives for NIB. Please visit <https://nibjournal.org/education/narratives/> or see the Narratives Page under the Education tab on the NIB website to download Art Frank's article.

### General Questions:

1. What conversations has your institution had with you about grateful patient fundraising? Have you received any coaching about how to approach donors effectively?
2. Have you ever participated in a grateful patient fundraising program that worked well?
3. Has your institution developed guidelines for interacting with patients who offer gifts? What are those guidelines? What do you think of these guidelines?
4. Have you ever seen a grateful patient fundraising effort that presented a win-win for the institution and the patients who donated? How so?
5. What would you like to tell the leaders at your institution about its grateful patient program? What would you like patients to know about grateful patient programs?
6. Some of the authors are uncomfortable discussing philanthropy with their patients. Others are happy to engage and work with the development office at their institutions to solicit donations from patients. What role do you believe physicians should have in philanthropy?
7. What strategies could address the ethical concerns (e.g., conflicts of interest, the inherent asymmetry of power in the physician-patient relationship, concerns

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relating to privacy and confidentiality, and equity considerations relating to differences in the services delivered to donors versus others) involved with philanthropy? What are the barriers to using these strategies?

8. Have you attended training to better understand professional standards surrounding grateful patient fundraising? If so, how did this change your thinking about fundraising? If not, does your institution have guidelines for interacting with patients who offer donations? How are these guidelines helpful? What aspects of grateful patient fundraising would you like more guidance on?
9. What duty do physicians have to facilitate giving by patients who want to express gratitude for their care, a desire to advance science, or improve the health and well-being of others?
10. In your opinion, what are some common practices in grateful patient philanthropy that need to change? What would need to be done for those practices to change? What could get in the way of change?

### **Story Questions:**

#### ***Expanding the Definition of Gifts from Grateful Patients***

Reshma Jagsi

1. In her story, Jagsi recalls a time when a patient whose treatment for cancer was going to cause a significant financial burden on her family received a document asking for her permission to be contacted for development purposes by the institution. Jagsi says at the time, she lacked a broad conception of development and failed her patient by not recognizing the nonmonetary ways grateful patients can give. What do you think about Jagsi's notion that development professionals should abandon the practice of identifying individuals with substantial financial means and instead build relationships with all patients who wish to help the institution serve its mission—including those who cannot donate money but are willing to help in other ways such as by providing patient testimonials or participating in research?
2. Jagsi says, "[...] I have come to appreciate that we must not forget that development benefits not only society as a whole but also the individual patient herself. This makes it difficult to argue that physicians must never engage with their patients on this subject." Do you agree with Jagsi? Why or why not?

#### ***Bidding for a Grateful Patient***

Joel S. Perlmutter

1. Perlmutter says, "[O]ne can see why the University Development Office wants to encourage interactions between clinician-scientists and potential patient donors. Of course, as a scientist, this aligns with my interests. Yet, as a clinician, I

am somewhat reluctant to initiate these discussions with patients or families since I do not want that to intrude on the patient-physician relationship.” How can physician-scientists balance their need for financial gifts from patients to pursue new, innovative ideas with their obligation to maintain healthy patient-physician relationships?

2. Perlmutter writes, “Pursuing donors and seeking and obtaining gifts will always raise the potential for reciprocity.” What should a physician do if a patient who donates expects preferential treatment?

### ***For Ethical Fundraising from Patients, Respect them as Partners***

Brendan D. Curti

1. According to Curti, “[T]he ease and simplicity of our relationships with grateful patient donors flow from an organizational belief that curing cancer is a community endeavor to which anyone can contribute.” Because physicians possess expert knowledge and patients are reliant on them to provide the care they need, there are inherent power imbalances in their relationships. Can grateful patient philanthropy, if done ethically, help equalize this power imbalance? If yes, how? If not, why?
2. Curti says that he has never received any grateful patient fundraising training yet, he is very comfortable and supportive of the practice. What role does the culture at his institution play in his enthusiasm? What could your institution do differently to cultivate this type of enthusiasm in its physicians for philanthropy?

### ***Grateful Patient Fundraising: Gratitude Matters***

Leslie Matthews and Leah Murray

1. Matthews writes, “As a physician, I don’t perform tasks like physical therapy, blood draws and vitals, fill medications or navigate the billing process. I rely on the experts in those areas to perform those tasks [...]. I think of the relationship with philanthropy similarly. I’m not the expert in navigating a philanthropic investment, so I refer to the philanthropy professionals who dedicate their careers to those tasks.” What kind of experience have you had working with the development office at your institution? How do you feel about referring your patients to development staff? Do you have any reservations about doing so?
2. Murray explains, “[A] gratitude culture will enhance provider well-being and patient satisfaction. The philanthropy team offers tools and resources for the care teams to express gratitude to one another through gratitude boards, journals, kudos notepads, thank you notes, and by encouraging “gratitude moments” in meetings or huddles.” How can fostering a company culture of

gratitude enhance provider well-being and consequently increase patient satisfaction? How do you express gratitude to your colleagues or staff? In what way has your institution or a colleague shown their gratitude to you in a way that was particularly meaningful?

### ***Grateful Giving in Medicine: A Personal Story***

Ahmet Hoke

1. Prior to a patient's appointment, the development staff alerts Hoke that the patient is an avid philanthropist who has not yet given to their institution but is quite capable of doing so. How do you feel about the development office notifying Hoke about this prior to the patient's appointment? Have philanthropy colleagues notified you in advance about any of your patients' ability to give? How did knowing the information ahead of time affect your encounter with the patient?
2. Hoke says, "My development officer [...] used various open-access data to generate a picture of this person, her background and interests, what she cares about, her giving history, and her possible further philanthropy." In the symposium, commentary author Stacey Tovino shares that this practice is legal and common, though most patients are likely unaware that it happens. What concerns do you have about wealth screenings?

### ***More Than Memories***

Lauren Draper

1. Draper explains, "The grateful parent of a child that has died is often the most challenging for the medical team. [...] Families that wish to donate time or money after their child dies may be trying to fill a void or grief in their own way. Often, they seek connections to people and places where their child will be remembered." Draper asks, "Is there a subtle coercion that occurs when we take money from families in remembrance of their child?" What is your opinion?
2. Draper says, "There is not a perfect algorithm for families and hospitals on how to interact after the death of a child. The treatment relationship ends, but the medical team knows the family continues to suffer." What are the unintended consequences of taking gifts from grateful parents whose children have died? How can institutions and physicians circumvent these concerns?

## **Targeting Patients for Donations: Opening a Door, or Pushing Them through It?**

Michelle A. Burack

1. When Burack thanks her patient for a donation to the department in her honor, the patient says, "Sure, no problem. Although I have to say, when I first opened the letter, it was kinda creepy. But I'm so grateful for your excellent care that I felt like I had to send something." Burack is surprised to learn that the development office contacted her patient "without her knowledge or assent." She writes, "I was distressed that the sacred space of trust that I so carefully cultivated with each patient was being breached...." Has your institution ever solicited gifts from your patients without your prior knowledge or assent? If so, how did you find out? What happened after? What do you think about Burack's suggestion to "allow providers the discretion to opt their patients out based on their knowledge of their patients' circumstances"? Has your involvement with grateful patient fundraising programs affected your job satisfaction? Has it affected your physician-patient relationships? If so, in what way?
2. Burack says, "The lack of transparency around how the donated funds were being allocated contributed to my sense of betrayal. Year after year, I begged for support that would have made me more effective clinically and academically but was told we couldn't afford it. I can only wonder how differently my career might have evolved if I had been more willing to be complicit in soliciting donations from patients." What ethical concerns are raised if physicians who participate in grateful patient programs are rewarded with seed money for their research programs or with better clinical facilities? How can these ethical concerns be avoided?

## **An Attitude of Gratitude: The Physicians' Role in Philanthropy**

James Malone

1. Malone says, "Sometimes our physicians will think getting involved with philanthropy is somehow unethical or wrong or that they are ill-equipped to do it. But we are in a unique position to hear people trying to express their gratitude." Is this the lesson that your institution provides or do you feel pressured to solicit gifts from patients who have not expressed gratitude? How would listening for expressions of gratitude and acting on those expressions, change your perspective on grateful patient fundraising?
2. "As a physician in training, you don't learn about how a hospital works financially. You don't learn that to build a treatment center or acquire a new tool at a not-for-profit hospital that there is no built-in source of revenue for that, given the very narrow operating margins that acute care hospitals experience.

Those funds come from philanthropy." If you received no education on the financials of hospitals in training as Malone says, how would learning this in training have affected you?

### ***At the Heart of the Matter: Transforming Gratitude into Giving***

Jon A. Kobashigawa

1. "To me, the key to grateful patient philanthropy is building a rapport with patients as people—especially by listening. I'm in a busy field; time isn't always a luxury. Giving attention to the "personal" and not just engaging around medical discussions is what creates connection and ultimately deepens trust." Kobashigawa hints that though he often has a busy schedule, he finds time to build and strengthen relationships with patients, which not only inspires patients to adhere with treatment plans but also to solicit donations. Aside from having the time, what other barriers to participating in grateful patient fundraising have you experienced?
2. Kobashigawa writes, "Equally important, grateful patient philanthropy requires you to be a good steward of the gift, making use of the money to its fullest, as well as maintaining a relationship with the donor." In what ways can institutions be sure that they are being good stewards of gifts? How can they be held accountable?

### ***Neuroethical Considerations in an OCD patient undergoing Deep Brain Stimulation***

Brent R. Carr

1. Carr's patient has been diagnosed with obsessive compulsive disorder and is being treated successfully with Deep Brain Stimulation (DBS), which according to Carr, can transform personalities. The patient approaches Carr with an unsolicited donation—a check made out to Carr with the intention to "enhance the field of neuromodulation" and "to foster [Carr's] personal education and conference travel." The patient is unwilling to be contacted by the Development Office. Given the circumstances, how would you proceed?
2. Carr's patient calls the clinic, pleading for an urgent visit. Carr writes, "Our conscientious clinic manager, [...] who is aware of the initial personalized check, is scouring the schedule for openings and asks if a clinic afternoon should be cleared." What should nurses, support staff, and administrators be told about grateful patient philanthropy to prevent ethical issues such as prioritizing appointments or requesting a more rapid return of results for individuals perceived as being worthy of VIP treatment? Have any donors expected favors from you (e.g., last-minute appointments, prescriptions that were not clinically

indicated, or priority for scarce treatments or vaccines)? Did your institution encourage such favors? Did you feel pressure to accommodate such requests? How did you handle this?

### **To Give is to Receive**

Kenneth R. Adler

1. Adler writes, "Over the years, we received hundreds of cards, flowers, and home-baked sweets. One gardener showed up every summer with a delivery of giant eggplants, tomatoes, and peppers from her prolific garden. An astronaut sent me a photo of New Jersey from space [...]." Patients offer gifts for many reasons. According to the AMA, gifts offered as an expression of gratitude can enhance the patient-physician relationship but accepting gifts from patients could influence a physician's judgment. What should physicians consider before deciding to accept or decline non-financial gifts from patients? Rejecting a gift can be uncomfortable. How would you respond if you needed to reject a gift from a patient?
2. Adler says that he was invited to review wealth screening reports but never did so. Have you reviewed these reports? If so, how did you engage your patients based on the information that was uncovered? Did you feel compelled or pressured to provide *different* or *VIP* care to patients with the capacity to donate? How did you overcome this? If you have not reviewed wealth screening reports, would you want to? Why or why not?

### **Grateful Patient Fundraising: Perspectives from a Development Professional and Physician**

Cheryl J. Hadaway & Kevin E. Behrns

1. Hadaway and Behrns write, "Patients may also ask questions about your position, your work-related passions, or about the team of providers that you are leading. Take note, and do not be bashful about discussing your interests and passions." What do you think about the author's advice? Would you engage in self-promotion for the sake of fundraising? Why or why not?
2. As Hadaway and Behrns warn, "physician[s] may spend many hours with a potential donor but never consummate the relationship with a gift [...] Negative feelings toward the patient or program will not lead to better outcomes in the future." How could such a scenario affect the physician-patient relationship? What steps should be taken to maintain the relationship? Have you spent time soliciting a gift from a patient who ultimately decided not to donate? How did this make you feel? How did your relationship with the patient change? How did your attitude or approach toward philanthropy change?