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Cheryl J. Hadaway, Kevin E. Behrns

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My patients felt good about supporting the hospital where they and their family members had received care. I felt good about giving them a way to express their gratitude and honor their loved ones. What's more, the health and wellbeing of our entire close-knit community—a community where I'd been fortunate to practice for many years—would benefit from that support.

So when patients or family members called and asked to “help,” I knew what to do. I'd reach out to our hospital's foundation staff and let them take it from there. I never reviewed wealth-screening reports (though I was invited to do so) and never experienced any pressure to exploit the trusting relationships that both my patients and I held sacred. Whether the projects funded by our “grateful patients” were relatively modest, as with our patient-education and arts programs, or monumental—we added both a comprehensive cancer center and a children's hospital over the years—was inconsequential. It was the programs that mattered. I'm proud of the far-ranging impact my “grateful patients” have had. Their generosity has enabled—to name just a few: an early integrative medicine initiative, a national pioneering music therapy program, and a partnership with the American Cancer Society that brought an oncology nurse navigator to help support our patients. The benefits bestowed by the privileged few accrued to all, improving the range of services and the level of care available to the community at large.

As a lifelong volunteer in many local, state, and national hospice and patient-services organizations, I always considered the time and effort spent on fundraising work as one more way I could contribute to improving cancer care for all.

For me, it was always about the community.

Needless to say, COVID has changed everything. Some weeks I have more conversations with patients about vaccination than I do about chemotherapy. I find myself extending as much support to colleagues as I do my patients as we work to sustain each other through the mounting stress and burnout that arrives with each pandemic surge. As I approach the end of my clinical career, I have much to be grateful for. I derive great personal satisfaction from the contributions I have made,

and I am grateful to my patients—to my “grateful patients”—for the part they've played in making them possible.



Grateful Patient Fundraising: Perspectives from a Development Professional and Physician

Cheryl J. Hadaway & Kevin E. Behrns

Introduction

The ethical engagement of physicians in a grateful patient's philanthropic journey has long been debated. With this narrative, we will lend guidance on physician collaboration with the development team. As a physician and development professional, we promote a path that leads to an ethical and successful patient engagement and provides a deeply meaningful experience for the patient. Whether the physician actively engages in the philanthropic process or assumes a diminished role, the physician plays the most trusted and vital role in creating the grateful patient experience. Importantly, this text demonstrates the mutual fulfillment experienced by the physician and grateful patient during philanthropic engagement. For the grateful patient, the journey may profoundly affect healing and emotional well-being.

How to Engage the Grateful Patient

In caring for patients, clinicians develop a unique relationship that is based on trust. Patients trust physicians will use their medical knowledge and judgment to provide high-quality care delivered with an empathetic bedside manner. The key to the development of trust is building a relationship in which the physician understands the patient's needs, and the patient understands the treatment options and associated risks. Clearly, building a relationship with a patient is based on good communication between the parties. A critical element in good communication is the physician's listening

skills. Only if the physician listens intently to the patient's needs will the relationship develop, and the patient have a satisfactory experience. As a pancreatobiliary surgeon performing high-risk operations for patients with pancreatic cancer, direct communication that clearly describes the benefits and risks of an operation is paramount to a trusting relationship. Up to 50% of all patients undergoing a major operation for pancreatic cancer will have a complication that you will need to discuss with the patient. This conversation is meaningful to the patient who received a forewarning in the preoperative discussion, and the patient will respect the surgeon that speaks directly to them and is open and honest. This direct conversation, however painful, builds trust. This interaction also shows the patient that you will be there for them when times are good or bad.

Engaging the grateful patient differs little from rendering outstanding clinical care in that interacting with a grateful patient requires a relationship built on trust. When a patient has an exemplary experience, they may express interest in supporting physician- or institution-led endeavors. The physician should listen intently to the patient's cues that may suggest a desire to support initiatives. These clues, though sometimes subtle, may open the door for philanthropic discussions. For example, the patient may say, "If there is anything I can do to help you, please let me know." One patient, who never had an operation, was grateful for the immediate clinic visit that was offered, and he wished to give back. He was interested in supporting our trainees, and he enjoyed interacting with them. As a result, he regularly funded education events, and we would invite him to interact with the team and develop a relationship. He was truly grateful to have a connection with the next generation of surgeons.

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. Let the patients know your professional interests, but do not proceed further without the development professional. Let the patient ponder your discussion and approach them later if they do not express immediate interest. The discussion about

giving may be initiated in the hospital or clinic, but it is best if it is continued in a social setting. For those patients that express interest, follow up is important. Most often, we try to meet patients in an environment comfortable for them. We prefer follow-up meetings in the patients home, but would meet them at other social venues or restaurants if desired. When the patient expresses sincere interest, further discussions should be led by the development professional. To reiterate, the crux of philanthropic engagement between a physician and patient is an emotional and caring bond based on trust.

Who Should Engage the Grateful Patient?

Physicians play a significant role in identifying and introducing the development professional as a member of their team. At the onset of involvement, the development professional should discuss with the physician their desired level of engagement—do they wish to be informed of philanthropic activity with their patient, do they wish to engage and to what degree, or do they wish to not be involved? Once the degree of engagement is confirmed, the development professional has the responsibility to communicate accordingly with the physician. If the physician wishes to be engaged, communication includes keeping the physician informed of relationship advancement, the commitment of a gift, physician acknowledgment of the donation, allocation of a gift, etc. Since most grateful patients anticipate their physician is informed of their philanthropic activity, it is important for the physician to share with the patient their preference for engagement in the philanthropic relationship. No matter the physician's engagement, grateful patients recognize outstanding collaboration between their physician and the development professional furthering their trusting relationship.

Preparation and Training for Grateful Patient Engagement

Physicians are among the most highly trained professionals, yet their training does not address the special attributes needed to interact effectively with potential donors. Like all professional duties,

embarking on philanthropic pursuits without training is not likely to be successful or enjoyable. Development professionals spend their careers learning how to cultivate patients as donors. As providers, we should learn from their years of training and experience.

The training and preparation necessary to engage patients may occur through many mechanisms. Many institutions provide onsite courses in which development professionals spend hours or days with physicians eager to learn about approaches and techniques to patient engagement. Not all institutions, however, provide such support. Most often, the instruction is for physicians who are engaged and wish to learn more about philanthropic efforts. It is not uncommon for physicians to have limited interest in philanthropy. If physicians lack interest, required training is futile. Philanthropic education should be directed at the physicians who are desirous of further knowledge.

An alternative mechanism is to work closely with a development professional to understand how they evaluate prospective donors and begin conversations about philanthropy. Regardless of whether training and preparation comes through a group experience or from an individual mentor, the training is not a one-time crash course on how to solicit funds from a patient. The clinician should anticipate studying the discipline through reading pertinent material, watching instructive videos, and by carefully observing development professionals exercise their craft. Finally, practicing behaviors that thoroughly prepare the physician for an encounter with a potential donor is important. The clinician should anticipate questions from the donor and know their ask of the donor. A carefully prepared and rehearsed script that does not contain medical jargon is a good start to show the donor the seriousness with which you take philanthropy. Preparation and practice are paramount to demonstrating your ability to engage the patient in a meaningful discussion and relationship.

Benefits for the Grateful Patient

From a grateful patient perspective, philanthropy provides an opportunity for the patient to express

their gratitude to the physician, the physician's team, and the healthcare organization. In addition, patients may express interest in patient care, research, and/or education programs or campaigns. Grateful patients take pride in having a close relationship with their physician, and philanthropic engagement will even further augment their relationship.

Importantly, when grateful patients experience broader and deeper engagement with an organization, they are more likely to engage philanthropically and to a greater degree of significance. Their physician plays a key role in encouraging and expanding the sphere of engagement. Engagement experiences can include introduction to a development professional, offering behind-the-scenes tours of research labs of interest, introduction to key organizational leaders, etc. An open and trusting partnership between a development professional and a grateful patient will establish a philanthropic experience that can be developed strategically in a respectful and meaningful manner and result in long-term philanthropic engagement.

For many grateful patients, philanthropic engagement is therapeutic—they wish to give back in gratitude for their care, despite their healthcare outcomes. Grateful patients frequently contemplate the impact of their philanthropy for other patients—those for whom they will never know. A memorable philanthropic experience often enables the grateful patient to experience the highest degree with self-actualization; many grateful patients describe their philanthropic experience as a pinnacle in their lives. Patients with life-threatening illness like cardiac disease may be introspective and want to fund services or facilities that will enhance the care of future patients. One such patient made a substantial donation to create an operating room suite in a new hospital. The patient was thrilled to see the finished product that would deliver state-of-the-art care to future patients with heart disease.

Benefits for the Engaged Physician

The process of engaging a patient in philanthropic endeavors is educational and enjoyable. Securing a gift from a patient is even more gratifying

primarily because it leads to further development of the relationship. A patient's gift for research or educational programs should be accompanied by at least an annual interaction with the benefactor to demonstrate the progress of the project. Regular meetings with the donors promote the relationship and may lead to further gifts.

Aside from a gift from an individual patient, the process of gaining proficiency in philanthropic activities allows the physician to gain knowledge and confidence with the discipline. Once significant experience is obtained, the knowledge and skill set attained can be shared with other physicians. Creating an environment that realizes the benefits of philanthropy establishes an ever-evolving environment that creates a culture of philanthropy. Once established, this culture perpetuates philanthropy as an integral function of the medical center. Healthcare environments that create an atmosphere of giving often function at the highest level and have resources to invest in innovative programs in education and research that propel the organization as a top performer.

While the benefits to the physician may be great, a word of caution is necessary since not all engagements with grateful patients will flourish. First, it is important that the physician be completely transparent in the relationship and not make promises that are unrealistic, or grant favors that other patients will not receive. Second, the physician may spend many hours with a potential donor but never consummate the relationship with a gift. The physician should view this outcome as just part of the process and their education in philanthropy. Negative feelings toward the patient or program will not lead to better outcomes in the future. Like all experiences in medicine, philanthropic endeavors may have humbling results, but the physician should take the lessons learned and continue to engage potential grateful patients. One patient, a retired surgeon, was interested in funding an endowed chair that held his name. We met with him countless times and provided several proposals, but in the end, he did not wish to support the endowed chair. Though disappointing, we had several insightful meetings and developed a friendship, which itself is valuable.

Definition of the Roles of the Physician and Development Professional

Providing the grateful patient with a meaningful philanthropic experience is best accomplished when the physician and development professional have clear roles and responsibilities in managing and advancing the patient's philanthropic relationship.

Physicians play important roles in identifying prospective donors, cultivating the relationship, enhancing engagement with the organization, and fostering stewardship of the patient's philanthropy. Direct involvement in the solicitation requires careful consideration. Ideally, the physician is not actively involved in the solicitation in order to protect the sacrosanct patient-physician relationship. The development professional should serve as the solicitor working collaboratively with the physician to gain their knowledge and recommendations that may be crucial to a successful outcome.

Physicians who actively engage in the philanthropic process also play a vital role in the best practice fundraising education of their peers. Sharing with peers their fundraising success stories and collaborative relationship with the development professional will further build trust and confidence in the philanthropic process. Engaged physicians can convey to their peers with far more success than the development professional the importance and impact of philanthropy on patient care. Conversely, the physician serves to educate the development professional on the physician's perspective. Such mutual exchange serves to further refine the physician and development professional relationship and, importantly, offer the grateful patient an even more rewarding and joyful philanthropic experience.

Creating a meaningful and trusting relationship resulting in a philanthropic gift takes time, especially when gifts of significance are being sought. Physician demands often make such investments of time challenging. The development professional plays a key role in strategically engaging the physician at the right time for the right purpose. The development professional serves as the philanthropic relationship manager and, as such, is responsible for advancing the philanthropic relationship and engaging the physician according

to their wishes. Importantly, the development professional plays a key role in managing expectations with the grateful patient and removing the physician from difficult situations in order to preserve the patient-physician relationship. As an example, a grateful patient wished to donate a substantial gift and the involved surgeon wanted the gift to be directed toward his interests. The size of the gift, however, was large and not appropriate for the surgeon's narrower interest. In this case, the development professional managed the gift such that it was directed at an institutional project that was appropriate for the size of the gift and also provided benefit to the surgeon.

The development professional and their team hold the responsibility to develop a culture of philanthropy within the organization. Foundational to a culture of philanthropy is educating the physician and allied health staff on philanthropy—its purpose, importance, and impact on patient care, research, and education.

Advancing a culture of philanthropy requires each staff member's understanding of their role in creating a grateful patient environment. Within health care organizations, the philanthropic team is often recognized for their successful philanthropic outcomes. Such success is only possible when every member of the organization takes responsibility and is recognized for their contribution. When a culture of philanthropy is practiced in an organization, the philanthropic impact will be realized, and the satisfaction of the grateful patient, their physician, and the entire health care team will reside in perpetuity.

Conclusion

The grateful patient is too often forgotten as an indispensable resource in the medical center. Thoughtful cultivation and careful preparation of a program that engages the grateful patient will yield dividends far greater than dollars. The relationships developed will create positive feelings toward the physician, development officer, and institution. Furthermore, grateful patients often interact with other grateful patients or donors of means, and a network of philanthropists who praise

the individuals with whom they interact, and the healthcare center, expands.

The foundation of a development program is the department of development, its leaders, and professionals. While physicians may be integral to the process of securing a gift, the development professionals have the time, talent, and expertise to establish the culture of giving and the program. Physicians should partner closely with development professionals if a grateful patient is viewed as a prospect, and, jointly, they can engage the patient and bring all their talents to the partnership.

A grateful patient program may result in rewards far greater than monetary gifts. The overwhelming positive culture created by the program will establish momentum for future giving and lead to investments that may catalyze the development of top-tier programs.