Philanthropy is frequently viewed as an alternative way for supporting innovative research, but how to ideally approach this in Academic Medical Centers is rarely discussed. There are several ethical principles that should be adhered to, while recognizing that philanthropy should also be regarded as a partnership between donors and physician-scientists. Training of physician leaders, incorporating the institution’s development officers will allow philanthropy to fill potential funding gaps and successfully be used to support promising research in an ethical manner.

The past decade has seen a substantial fall in medical research funding from government resources and international outsourcing of clinical research, creating a difficult environment for US medical schools and Academic Medical Centers. Although some of the increased competitiveness to obtain National Institutes of Health funding was driven by a substantial growth in funding during the 1990s, it was later corrected by reduced funding and sequestration, leading to an unprecedented low funding rate for grants after the recession in 2008. It has been estimated that there has been a crippling 20% reduction in National Institutes of Health funding since 2004, with a minor recent uptick.1 This reduction has led to a risk-averse funding environment where truly innovative projects or investigators get triaged and overlooked in the review process. Therefore, it has become attractive for Academic Medical Centers to seek alternative methods of support for innovative projects.

It has been estimated that in 2009 $4.8 billion was donated through philanthropic support to US Academic Medical Centers, healthcare systems, or community hospitals, making this an attractive source for funding projects and scientists.2 However, although this process is vastly different from competitive grant writing, it requires similar rigor of attention to detail, strategic thinking and planning, infrastructure and due process, which is rarely discussed in the medical literature.

Philanthropy is therefore suitable in the setting of science and health care, as it is implicit that philanthropic investments can drive improved health. Furthermore, philanthropy can be a mutually genuine and rewarding partnership that allows the donor to express their interests, values, and desire to make an impact to improve health through discovery and to refine these through conversation with scientists. Typically, the act of giving allows the donor to be part of something bigger than him or herself and leads to a personal sense of fulfillment. Furthermore, if a gift is properly stewarded, the institution is able to form an ongoing relationship with the donor that can lead to deeper confidence in the institution’s mission and additional giving. Philanthropy is often a transformative experience for donors. The experience of supporting an institution or program allows the donor to form a partnership with a shared goal of using their gift (their investment) to make a significant and measurable impact in the area or areas that are of personal importance. There are no negative implications for philanthropic relationships; they are partnerships in common good and these partnerships strengthen an institution in its core mission.

Sources of Philanthropic Support

It has been estimated that ≈80% ($≈3.8 billion) of all philanthropic support to Academic Medical Centers comes from foundations or other designated giving vehicles.3 This significant amount of funding comes from some notably large family foundations (Table 1),4 as well as some disease-specific organizations, such as the American Heart Association who awarded close to $149 million in 2012 (National Institutes of Health funding for cardiovascular research that year was $2.2 billion). In the same year, the top 50 foundations awarded >5000 grants totaling close to $3 billion for all type of research. Many of these foundations are engaged in catalytic philanthropy as they support many seed projects, similar to venture capital funds, to eventually support one real breakthrough.5 Angel investment and venture capital funds are sometimes also positioned to bridge the funding gap between traditional basic research (largely funded by government) and clinical development (largely funded by industry and for-profit), these assets are often disconnected from the intellectual capital at the universities. Closer ties between universities and angel or venture capital investors to support early translational research are being enthusiastically pursued. However, these models are challenging because venture groups are often largely unaware

The word philanthropy is derived from Greek mythology and can be translated as for love of humankind, which, in a more modern reading, can be interpreted as voluntary action for the public good that may enable improvement in the quality of human life on a broad scale.1 Philanthropy, by definition, is therefore suitable in the setting of science and health care, as it is implicit that philanthropic investments can drive improved health. Furthermore, philanthropy can be a mutually genuine and rewarding partnership that allows the donor to express their interests, values, and desire to make an impact to improve health through discovery and to refine these through conversation with scientists. Typically, the act of giving allows the donor to be part of something bigger than him or herself and leads to a personal sense of fulfillment. Furthermore, if a gift is properly stewarded, the institution is able to form an ongoing relationship with the donor that can lead to deeper confidence in the institution’s mission and additional giving. Philanthropy is often a transformative experience for donors. The experience of supporting an institution or program allows the donor to form a partnership with a shared goal of using their gift (their investment) to make a significant and measurable impact in the area or areas that are of personal importance. There are no negative implications for philanthropic relationships; they are partnerships in common good and these partnerships strengthen an institution in its core mission.

Viewpoints

Philanthropy for Science
Is It a Viable Option?

E. Magnus Ohman, Pamela S. Douglas, L. Blue Dean, Geoffrey S. Ginsburg

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What Is Philanthropy?

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The opinions expressed in this article are not necessarily those of the editors or of the American Heart Association.

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of what technologies are being developed in the university, academic leaders, and faculty often have overinflated views of the value of their inventions and also frequently have a lack of appreciation of the path to commercialization, and whether their inventions are actually viable. However, with the proper strategy, the opportunities for researchers to engage in angel investment and venture capital funds are significant and potentially rewarding, but will require that institutions have well-developed plans and platforms for these interactions and also for the assignment of intellectual property.

**Grateful Patient Philanthropy**

It has been estimated that ≈20% (≈$1 billion) of all philanthropic support to Academic Medical Centers comes from grateful patients who seek a meaningful partnership in discovery. These patients are grateful for their care and understand the value of supporting an academic mission that is aligned with their vision and priorities. This partnership becomes particularly strong if the patient or family member is interested in furthering the science because they have had a personal experience with a specific disease. However, there are some key features to a philanthropic program and the patient–physician relationship that need to be considered. The physician scientist should clearly separate any clinical work, with institutional guidance.

<table>
<thead>
<tr>
<th>Foundation</th>
<th>State</th>
<th>No. of Grants</th>
<th>Dollar Value of Grants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>WA</td>
<td>363</td>
<td>$1094 013 128</td>
</tr>
<tr>
<td>The Robert Woods Johnson Foundation</td>
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<td>549</td>
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<td>The Susan Thompson Buffett Foundation</td>
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<tr>
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<td>183</td>
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<tr>
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</tr>
<tr>
<td>The Simons Foundation</td>
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<tr>
<td>Silicon Valley Community Foundation</td>
<td>CA</td>
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</tr>
<tr>
<td>Bloomberg Philanthropies</td>
<td>NY</td>
<td>13</td>
<td>$40 118 177</td>
</tr>
</tbody>
</table>

**Table 1. Top 11 Foundations Awards for Health Research in the United States, 2012**

**Physician Engagement**

Traditionally, physicians have mixed emotions about soliciting support from their patients, which is well grounded in physicians’ strong moral compass in providing care irrespective of any patient characteristic, including wealth and position. These issues must be recognized, but it should be acknowledged that there are 2 different ethical principles that any individual may follow. A *Consequential Ethics* approach to philanthropy emphasizes actions that have consequences that can promote an individual’s or institution’s strength (or benefit). On the contrary, *Deontologic Ethics* emphasizes the intrinsic rightness rather than the consequences of organizational benefit with philanthropic support. The latter is, therefore, willing to sacrifice organizational benefits over the intrinsic rights of the individual. Several studies have shown that most physicians fall on a spectrum of these 2 ethical and moral principles. In a study from Johns Hopkins, 20 physicians from the Department of Medicine were asked about their attitude toward philanthropy from patients. Despite having some reservations in 4 general domains (doctor–patient relationship, gift solicitation not a physician role, justice and fairness, and vulnerability of patients), 55% of physicians felt that there were no ethical concerns working with grateful patients and philanthropy. The most common rationale for accepting philanthropy can be found in articles by Rum and Wright, Taylor, and Stewart et al. 8

**Table 2. Considerations for Grateful Patient Philanthropy**

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Health Insurance Portability and Accountability Privacy rules</td>
<td>Formal training of healthcare providers that are engaged in philanthropic work, with institutional guidance</td>
</tr>
<tr>
<td>Ideally, healthcare provider obtains patient consent or approval for philanthropic discussion with Development professional</td>
<td></td>
</tr>
<tr>
<td>Solicitation should only come from Development Professional</td>
<td>Clear distinction between healthcare delivery and philanthropic discussion to maintain patient trust</td>
</tr>
<tr>
<td>Recognizing patient vulnerability when timing of solicitation is considered</td>
<td></td>
</tr>
</tbody>
</table>
this ethical position was that the ultimate decision was left with the patient/donor and that there was potential for advancing the common good. In a larger study from 40 National Cancer Institute designated US Cancer Centers of 405 physicians, 37% felt comfortable with the concept of philanthropy from grateful patients.10 Interestingly, this was much more common among male physicians (43% versus 26% women). However, this study also pointed to the fact that only 21% to 26% of all physicians had received any training or institutional guidance on ethical guidelines and privacy rules, whereas 71% had been exposed to their institution’s development staff.

The best way to engage and train physicians in philanthropic work has been the subject of a randomized trial.11 Fifty-one physicians were randomized to 1 of 3 arms (e-mail, lecture, or coaching) that shared similar information describing the process of philanthropic processes and outcomes over a 3-month period. The outcome measure was referral to a development officer. The e-mail arm generated 0 referrals, and the lecture arm generated 3. The best approach was individual coaching that generated 41 referrals. The latter arm also generated 5 gifts with a total value >$200,000. These findings suggest that individual coaching of physicians who are most likely to be able to articulate the vision of a research field or institution may offer the best opportunity. In general, the characteristics that define masterful academic clinicians12 also define the physicians who may have the best ability to connect with patients around philanthropy.8 These characteristics include excellence in patient care, meaningful connections with patients, listening to patient cues and articulation of the vision, and recognizing potential donors. In 1 study, these characteristics were more common among physicians who have been in practice for >20 years.10 The importance of the involvement of development officers in this work has also been recognized, which aligns with the already outlined ethical principles that should be followed.

Conclusion
Nontraditional sources to fund research exist and should be pursued by universities, particularly in a climate of increasing austerity and conservative philosophies from traditional government venues. Philanthropy is and can be a meaningful way to identify funding to support innovation, research, and gifted faculty members for any academic institution. It requires many key components to be successful, including appropriate institutional support and policies to ensure the highest ethical standards. Faculty leaders should recognize that the moral compass differs among their faculty and that the work of grateful patient philanthropy should be directed toward the faculty who are comfortable operating with the lens of consequential ethics. A strong development staff will help guide the appropriate steps for careful solicitation, which can be mutually rewarding for the physician-scientist and a donor who are on a common journey of discovery and innovation. Philanthropy will be increasingly important to support research and innovation and can support the academic mission in multiple meaningful ways. The key is to match engaged and prepared faculty with opportunity.

Disclosures
None.

References

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