

How should hospitals ask patients for donations?

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Credit: Michigan Medicine

As many hospitals and health centers face dramatic drops in revenue from ramping down services during the coronavirus pandemic, donations

from grateful patients and philanthropists become more important than ever.

A new study looks for the first time at patients' views of hospital fundraising, including legally allowable practices that encourage physicians to work with their hospital's fundraising professionals.

"Fundraising is essential. We cannot abandon philanthropy for hospitals and health systems, especially in the current environment. But we need to learn how best to do this both effectively and ethically," says Reshma Jagsi, M.D., D.Phil., director of the Center for Bioethics and Social Sciences in Medicine at the University of Michigan and lead author of a new paper published in *JAMA*.

The paper is the first to ask groups of patients about their attitudes toward hospital fundraising.

Researchers surveyed 513 members of a U.S. national survey panel, reflective of the general population. Participants were asked how they felt about common strategies hospitals use to identify, solicit and thank donors. These practices are all legally allowed.

Just under half of the responses endorsed doctors giving patient names to hospital fundraising staff after asking a patient's permission, and 9% said it was OK without asking permission. While 80% said doctors could talk to patients about donating if the patient brought it up, 14% said it was acceptable if the patient had not brought it up.

Wealth screening, in which fundraising staff use publicly available data to identify patients who might be capable of large donations, was endorsed by 10% of respondents.

"These policies were made with the best intent to facilitate fundraising

for hospitals and health care institutions. We don't want to hamstring this as the money is used to the benefit of society as a whole," Jagsi says. "But I think it's also important to understand public perspectives toward these practices. We found that certain specific practices cause a lot of people concerns, and maybe those should be avoided."

The survey also assessed how hospitals could show thanks to those who make large donations. Half said it was acceptable to provide nicer hospital rooms, a quarter endorsed expedited appointments and 20% said it was OK to provide doctors' cell phone numbers.

"As a practicing physician asked to engage my patients around philanthropy, it's occurred to me that this could be a potential conflict of interest," Jagsi says. "I want guidance to navigate this, to understand what I should do to encourage philanthropy but also to protect my patients and maintain their trust."

The authors suggest additional research is needed to further understand the attitudes and preferences of patients and the general public. Jagsi says she hopes this work helps inform future conversations about policy so that [hospital](#) fundraising efforts can continue in ways that are both effective and ethical.

"Especially in the midst of a pandemic, we've discovered how vulnerable health systems are. Now perhaps more than ever it's incredibly important for development and philanthropy to thrive. We want to help development professionals continue doing their important work in ways that the public views as ethically appropriate," Jagsi says.

More information: *JAMA* (2020). [DOI: 10.1001/jama.2020.9442](https://doi.org/10.1001/jama.2020.9442)

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