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GUEST EDITORIAL

Equitable philanthropy

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Philanthropy is usually described as "the private initiative of donating money or other means for public good, motivated by desire to help people through contributions to various causes and institutions." We all agree that philanthropy is wonderful and has helped mankind to improve quality of life. Philanthropy—in contrast to charity, which is supposed to provide relief from the pain of social problems—focuses on the roots of social problems. The United States has a great tradition of philanthropy. The prototypical philanthropist of the past was Andrew Carnegie, who, in addition to financing institutions bearing his name (Carnegie Trust for the Universities of Scotland, Carnegie Institute of Technology [now part of Carnegie Mellon University]) also funded building 2,509 libraries around the world. The best-known modern philanthropist is Bill Gates, who through the Bill & Melinda Gates Foundation supports numerous causes, eg, fighting against infectious diseases.

Philanthropy now plays an important role in financing medicine, especially research and clinical care, and lately also medical education. While walking through some large hospitals, one is amazed by the names of donors on the walls and doors of various wings and units. Some hospitals, and even some prestigious medical schools, bear names of their large philanthropic donors. As Anthony DeMaria[1] pointed out 15 years ago, financial support of medical programs comes from 4 main resources: state or institutional sources, collections for clinical care, research grants and/or industrial contracts, and philanthropy. He noted that "… as state funds remain stagnant, reimbursement for clinical care decreases, and research support is ratcheted down, philanthropy has received more attention and effort."[1] I would argue that philanthropy's role in the financial support of clinical care and research has significantly increased since DeMaria's[1] writing, and that seeking philanthropy has become a big business.

Developmental offices are now part of university campuses, and developmental personnel search for possible donors among patients, university employees, and institution alumni. Chairs, Deans, and Presidents

spend significant time cultivating relationships with potential donors. At times, as DeMaria wrote, "the concept that seeking medical care may automatically trigger a request for a donation does seem to straddle the fine line between appropriate and unseemly."[1]

Philanthropy has been useful to many medical institutions and is responsible for many initiatives that are inspirational to the entire field, such as the introduction of tuition-free medical schools (eg, New York University Grossman School of Medicine). However, philanthropy has had its share of criticisms. Karl Zinsmeister[2] lists and rebukes (more or less successfully) 12 of them: 1) charitable aid should focus on the poor, too much is given to other causes; 2) charity is an artifact no longer necessary in a modern welfare state; 3) charitable donations are just a drop in the bucket; 4) there are too many amateur efforts in philanthropy; 5) philanthropic aid lacks standardization; 6) charity may work for individuals, but we need solutions for entire groups; 7) philanthropy is undemocratic; 8) only government can lead important social changes in a fair way; 9) some donors are mean, and vainly seek their name on buildings, rooms, or programs; 10) philanthropy distracts people who ought to focus on business; 11) philanthropy encourages collective thinking, responsibility and action, ultimately leading to more government; and 12) donating money is sometimes too much about the giver's needs. Note that Zinsmeister mixes the terms "charity" and "philanthropy," so not all of his arguments pertain to philanthropy.

Though DeMaria[1] sees philanthropy as 1 of the 4 sources of financing in medicine, and Zinsmeister[2] argues against the notion that philanthropy should focus only on the poor, these 2 arguments raise some issues. First, how sustainable is this model of financing part of our health care, especially with the ever-increasing price tag on health care? Isn't the increased need for philanthropy a sign of dysfunctional financing of health care? In truth, there is a difference in financing a basic need of society, such as health care, through philanthropy and using philanthropy for supporting cultural institutions, though some will disagree. However, health care and medical education financing is complex, and always awaiting a magic solution.

Second, philanthropy brings a certain inequality into medicine. One does not see many (if any) names of donors on the walls of county hospitals or state psychiatric institutions. It seems that, in medicine, the rich get richer through philanthropy. Venerable institutions build lavish hospitals and units, while our jails remain the largest psychiatric hospitals. I am not clear how psychiatry compares to highly technical and dazzling specialties, but my guess is that it is not a very favorable comparison. Yet the recent pandemic has illustrated the importance of mental health and our field, and the serious lack of resources in this area.

It is given that we cannot regulate philanthropy. That would be counterproductive and possibly harmful. Nevertheless, this is an issue we can do something about. We can recommend that possible donors look around for other targets for their donations, and we can instruct developmental personnel to promote equality in philanthropy and support of, for instance, building specialized psychiatric care units/hospitals in every state.

Philanthropy is a great American tradition that is here to stay. Hopefully, it can find new focuses in health care. We need new Andrew Carnegies and Bill Gates Foundations for some areas of medicine such as psychiatry. ■

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