Building Relationships—One Patient at a Time

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When I work with medical students and residents, my words of advice are like those of many other family physicians: a strong relationship with your patient is worth its weight in gold.

This is a saying that can be taken literally as well.

Through my years balancing a dual role as a family physician in academic medicine, I have realized that it is essential to secure extramural funds to support the mission of a primary care department. This mission extends to being able to invest in innovative programs, outreach initiatives, and scholarly activities. Through a focus on philanthropy, our department has received millions of dollars in donations to launch new community programs, to establish well-deserved professorships, and to support new and existing department initiatives.

Support comes from patients, families, individuals, and private or public foundations. They can be future pledges or outright cash and are either solicited or unsolicited. Most often, they are allocated to specified programs of interest and appeal to the donor. On some occasions, donations recognize an individual to honor that person’s accomplishments.

Have I just been lucky? Sure. But chance also favors a prepared and open mind.

As I reflect on the people who have given so generously to my department, I realize that their stories have taught me important lessons about development.

I would like to share these lessons with my colleagues in family medicine. We tend to be uncomfortable about telling our stories or asking for money. We are focused on the person and family and community—on their welfare, on helping them. Somehow, talking with them about doing something to support our initiatives seems crass and seems like a violation of our trusting and trustworthy relationships.

Yet, for me, it is these relationships that make it responsive and responsible to match the work that is significant to us with what gives meaning to them.

In family medicine, we are in touch with tremendous and personal needs of others and with opportunities to do good. Often, people with resources are not connected to us in this way. When we make a meaningful match, whether between a doctor and a patient or a donor and a program, we serve both our connection with human and community needs and our connection with patients and other potential donors.

Here are five basic rules that I have learned:

(1) Never ask for money. Above all, this is my number one rule. Even when a patient is a known philanthropist, I will not solicit money, act as if he owes me something, or even drop subtle hints. I leave money out of the relationship altogether.

(2) Partner with your institution’s development department. If it is not okay to ask for money, then the answer must be to get someone else to do the asking, right? Wrong. As you are successful in development, you can begin to foster relationships with individuals in your development department who will come to understand your core mission and who then can be helpful in sensitively putting programs into place. However, keep in mind, this starts with your relationships with patients and their families, not with the development office. You know your initiatives better than anyone, so it is best if potential donors hear about them directly from you.

(3) Understand your patient’s world and be available. In many ways, the wealthy are no different than you and I, but in some ways, they are different. Most expect to have their concerns and needs addressed in a prompt way, and they strive to have direct access to a professional they trust. For example, they are more likely to call from their second home to tell you that
their children all have ear infections, but there is no doctor on the island. On the other hand, they may need to schedule an appointment in a tight 4-hour window. Do what you can to make this work for patients—all patients—and, in giving a little, you ultimately may receive a lot. (And, do not forget that you are a family physician, so that means you should be available to their family as well). Treat every patient as if they are the only patient you have. (Not a bad thing to remember with all our patients!)

(4) Share personal stories. You will not be betraying any privacy if you tell your potential donor about your volunteer experience and community-based programs. A personal story is sure to capture the attention of the philanthropist without being a direct request. Similarly, do not be afraid to share your passion for a fledgling program with high impact or a difficult but important problem. For me, stories about a house calls program, a faculty member doing incredible work in global health, and my concern about waning student interest in family medicine, all led to substantial philanthropic donations.

(5) Keep in touch. That may sound odd for the doctor to initiate the contact, but it is important that the potential donor does not forget about you or your good works. If you have received a donation in the past, or if someone has expressed interest, even verbally, in one of your programs, make sure to send an annual report with a quick note highlighting what you have been doing. Celebrate and communicate about faculty awards and significant accomplishments among your staff and in your department.

The bottom line is that people who have been successful in their own lives usually like to do good in the world, and they are often just looking for the right cause or person to believe in. Family medicine is full of good and personal causes and with the potential connection to the good care they have received from you, these causes can become real to your potential giving patient.

By building good professional and personal relationships, and by telling them personal stories of your initiatives or dropping notes with updates, you can give them ideas for doing good without asking for money.

If you are passionate about your work, potential donors will see that. And if you stay in conversation and build relationships, eventually, the money will follow.

ACKNOWLEDGMENTS: Gratitude to Kurt Stange, MD, PhD, and Heide Aungst.

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