BRIEF REPORT

Philanthropic Endowments in General Internal Medicine

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We performed two surveys to uncover the status of philanthropic endowments in general internal medicine divisions. The initial survey of U.S. medical school departments of medicine found that only 14.1% of general internal medicine divisions hold endowments versus 21.9% of all other divisions, and that endowment sources for general medicine are atypical. The second survey of successfully endowed divisions found that sympathetic administrators and active pursuit of endowments were associated with endowment success. Aggressive pursuit of endowments, publicizing successes of general medicine, and consideration of endowment sources noted in this study are recommended to improve philanthropic contributions to general internal medicine.

KEY WORDS: endowment; funding; philanthropy.

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This is a time of upheaval in the financing of academic medicine. General internal medicine may be particularly at risk of inadequate financing by not having the capacity to generate large reserves of clinical dollars. Previous publications have examined research funding,^{1,2} ambulatory and graduate education funding,³⁻⁵ and general financial support and survival,⁶⁻⁹ but with little mention of endowments as a funding source. In fact, endowments receive little attention in the medical literature. A MEDLINE search for "endowment" and "endowed chair" located only 46 articles since 1975, of which 37 were from the nursing literature, and only 5 of the articles^{1,3-6} addressed endowment contribution to funding academic medicine. The Association of American Medical Colleges' *AAMC Data Book* reports endowment funds as a percentage of medical school operating revenues,¹⁰ and the Web page it references reports departmental, but not divisional, endowments.

To further explore this issue, we sought to obtain specific information concerning the status of endowments in all divisions of internal medicine departments, particularly focusing on general internal medicine divisions.

METHODS

An initial survey instrument was sent to chairs of internal medicine departments at the 123 mainland U.S. and Hawaii medical schools. Data on institutional type (public vs private), specific divisions represented in the department of medicine, and details of each major endowment (arbitrarily defined as \$100,000 or more) were collected. For each endowed position, the division holding it, the amount, and the funding source were recorded. The initial survey was followed by a reminder to improve response. For consistency, in those departments without combined divisions, responses for hematology and oncology divisions were combined, and those for allergy, immunology, and rheumatology divisions were combined. For endowment amount, some institutions noted market value and some noted original book value.

In order to learn more about the strategies involved in those general internal medicine divisions that were successful in obtaining endowments, a second survey was sent to general internal medicine division directors at all medical schools. This survey asked only those with endowments to respond by providing as much detail as was available concerning the circumstances under which the endowments were obtained.

RESULTS

The initial survey netted usable responses from 92 institutions for a response rate of 75%. Of these, 62 were from public institutions and 30 from private institutions. Table 1 summarizes the responses. Among all responding public institutions, the median departmental endowment total is \$1,500,000, the mean is \$3,034,856, and the mean among only those institutions holding endowments is \$4,276,388, with 29% of public departments of medicine reporting no endowments at all. Among private institutions, the median departmental endowment is \$3,844,000, the mean is \$9,470,762, and the mean among those holding endowments is \$11,838,453, with 20% reporting no endowments. The mean number of endowed positions per department is 2.82 in public institutions and 5.53 in private institutions, with a range of 0 to 17. The 9% difference between the percentage of private institutions (80%) and public institutions (71%) holding endowments is identical to the difference reported by the AAMC.¹⁰

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Table 1. Endowments in Departments of Medicine

Division	n	Public Institutions		n	Private Institutions	
		With Endowments, %	Mean \$ per Endowed Division		With Endowments, %	Mean \$ per Endowed Division
Hematology/oncology	61	38	1,576,918	30	40	2,032,341
Cardiology	62	37	1,789,423	29	55	1,590,321
AIR*	57	25	1,777,967	29	31	1,607,369
Geriatrics	37	22	1,138,835	15	13	3,237,647
Endocrinology	62	18	924,049	30	17	1,440,435
Gastroenterology	61	16	990,054	30	37	2,121,423
Pulmonary	62	15	1,027,427	29	21	1,552,320
Infectious diseases	59	14	650,000	29	10	1,103,094
Nephrology	60	12	1,333,367	28	21	903,342
General medicine	62	10	492,000	30	23	4,816,787
Dermatology	36	3	151,502	14	14	1,060,879
Chairman	62	15	1,001,278	30	30	1,157,088
All other divisions	73	11	1,536,341	36	25	1,297,279
Unspecified	62	8	1,796,360	30	13	2,151,844†
Total	62	71	1,310,143	30	80	2,814,698†

*AIR indicates allergy, immunology, and rheumatology.

† One large endowment omitted to avoid skewed results.

In both public and private institutions, endowments from living individuals provide one third of endowed funds, and posthumous donations account for one fourth. Charitable trusts provide between 3% (private institutions) and 13% (public institutions) of endowments, whereas multiple group gifts (alumni, patients, etc.) supply 15% of all private institution endowments but only 2% in public institutions. Family donations and miscellaneous sources account for the remainder. Some state institutions also receive legislative matching funds.

Only 9.7% of public and 23% of private general internal medicine divisions have major endowments. Two private institutions hold nine individual endowed positions between them. Among all other general internal medicine divisions reporting (90 divisions), only 11 (12%) hold endowments, with 15 individual positions endowed for a total of 10.8 million dollars. This is one fourth of the positions and one sixth of the monetary amount of endowments in cardiology divisions. Although geriatrics is often a part of general internal medicine divisions, all reported endowments that were assigned specifically to geriatrics were at institutions in which geriatrics is a separate division in the department of medicine. Sources of the funding in general medicine are atypical compared with other divisions, with only 23% from living donors and only 3% from charitable trusts, while 25% are from posthumous donations and 43% from multiple group gifts, all at private institutions.

On the second survey, responses were obtained from 13 general internal medicine divisions holding 24 individual endowments. This is identical to the numbers obtained in the first survey, although the anonymous nature of the surveys makes it impossible to know if these were exactly the same divisions responding. Of the 24 reported endowments, 13 were given directly to general internal medicine,

and 11 were described as unrestricted endowments assigned to general internal medicine, usually by deans. Ten of the 24 were independently initiated by donors, eight were directly solicited by faculty or development offices (including one with matching foundation funding), and six came from donors who had been regularly reminded that such a donation would benefit the division's educational efforts.

DISCUSSION

These results demonstrate that although endowments vary greatly among institutions and among divisions, endowments for general internal medicine lag far behind those for most other areas of internal medicine. Potential explanations include lack of exposure to potential donors, donors' or medical school deans' perception that general medicine is less deserving, and lack of aggressive pursuit of endowments. All of these are potentially somewhat correctable, and given the financial climate in academic medicine, efforts in that direction may be worthwhile.

First, it is imperative to publicize the research and training accomplishments of general internal medicine, both nationally and locally. For instance, a grateful cardiology patient may be aware of the new cardiac technology, but not of the general internal medicine contribution to the outcome studies that define the proper use of the technology. Furthermore, as sympathetic deans have apparently been an important factor for divisions holding endowments, convincing medical school deans of the needs and successes of general internal medicine, and of the current uneven status of endowments, is recommended.

Second, when seeking funds, consider effective strategies utilized by successful divisions. These are to provide donation opportunities for grateful patients and to

regularly inform other potential donors of the need and opportunity, to actively seek multiple donor endowments from current and former patients, faculty, trainees, and alumni (though the bulk of endowed funds come from large individual donations), to work with development personnel, to seek legislation aimed at creating governmental matching funds, and to seek charitable trust donations, particularly with the current atmosphere promoting primary care. Aggressive pursuit of endowments is often successful, and if properly done it does not compromise the doctor-patient relationship. There is a significant body of literature on effective fund-raising strategies, which emphasizes many of these points.¹¹ A previous brief communication, based on the research reported in this manuscript, addresses some of these strategies.¹²

The extent of endowment funds reported in this study and in the *AAMC Data Book*¹⁰ supports only 2% of the annual budget for internal medicine departments and 1% for general internal medicine divisions. Endowed funds are available in perpetuity, however, and often are at the discretion of the division director. Furthermore, as increasing clinical productivity is being required to support medical education and overall faculty salaries, endowment funds can be targeted for specific areas (e.g., research) that patient care dollars can no longer support. The current endowment inequality between general internal medicine and most other medical divisions is a barrier to educational de-

velopment that should be made apparent to deans and potential donors.

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