

# HEALTHCARE philanthropy

## A Surgeon's Journey to Help Create a Culture of Gratitude

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# Gratitude: A Surgeon's Journey

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There are few experiences in life that are as rewarding or fulfilling as a career in healthcare. I practiced orthopedic surgery and sports medicine for over 35 years and now find myself in a unique role as a health system's Medical Director of Philanthropy. During my time as a surgeon, I had the privilege to care for countless patients and perform over 30,000 surgical procedures. In addition to my surgical career, I was an administrator, a Department Chair, and a researcher. I also served as President of the Arthroscopy Association of North America.

As age and arthritis made the conclusion of my career inevitable, I found myself seeking another opportunity and challenge. I still had the desire to interact with patients, help others, and experience the same reward that I had as a surgeon. Retirement was not of great interest to me. Of the many potential paths I thought

I might follow, I will admit that healthcare philanthropy was not the option that came to mind first.

Similar to many of my clinical colleagues, I was hesitant and uncomfortable with the idea of "asking any of my patients for money." However, once I discovered the impact of gratitude on a patient's life, an approach to a philanthropy model where gratitude is facilitated, and the foundational role it can play within a healthcare system, my perspective changed.

## Why Gratitude?

The long-standing playbook for philanthropy in healthcare is unfortunately transactional. Philanthropy officers strive to identify and "tag" patients of means, then too often engage

their treating physicians in an attempt to pry philanthropic dollars from them. Physicians may be asked, or even expected, to help identify “patients of means,” as well as to broker meetings and even participate in the “ask” for a gift.

For much of my time in clinical practice, this approach to philanthropy was extremely uncomfortable to me and was to most other physicians as well. It can often feel as though it violates the doctor-patient relationship or like a HIPAA violation. To many physicians, it seemed to create two classes of patients—the “haves” and “the have nots.” This concept did not align with the way I practiced because my goal as a physician was to treat all patients equally with the same level of care, attention, and excellence. My perceptions about healthcare philanthropy and operating in a way that is wealth-centric was definitely not comfortable nor acceptable to me, and I would guess the same is true for almost all of my colleagues as well.

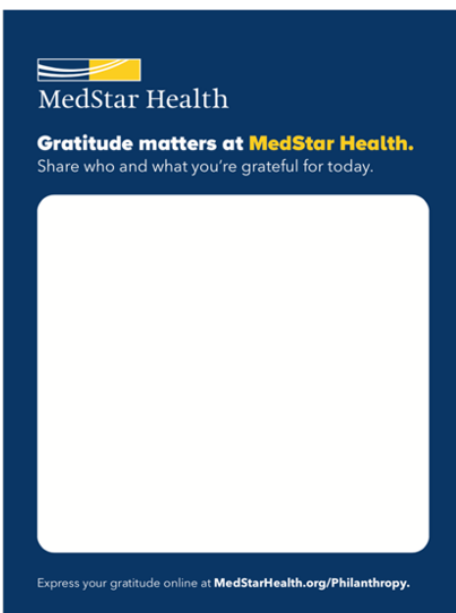
## My Transformation

As I engaged with our philanthropy team at MedStar Health, I quickly learned the real definition and meaning of the Greek word

“philanthropy”—the love of humankind. Unfortunately, such a wonderful word strikes fear in the minds of many of my clinician colleagues. Now, as a professional on the philanthropy team, I realize that it is the execution of philanthropy programs that varies across healthcare organizations. If not executed well, with a focus on being invitational, a fear of philanthropy will exist with most physicians.

Fortunately, and thankfully, there is another way. I believe through my own experience that an innovative approach is truly a better way to build a successful philanthropy program. For us in the Philanthropy Group at MedStar Health, it is our Innovative Philanthropy program, powered by gratitude, which we are bringing to life in significant ways across our health system.

Gratitude is a powerful human emotion that is engendered by unexpected and unearned acts of kindness and compassion. Gratitude is deep-seated and has longevity. Gratitude is much more than a “feeling.” We can feel hungry, eat, and the feeling goes away. We can feel tired, rest, and the feeling goes away. On the other hand, when we feel grateful, it is a deeply-rooted emotion that yearns for a meaningful response



and remains long after the act that prompted our feelings of gratitude.

The power of gratitude is indisputable. My own inquiry, both inside and outside of our health system, confirms this to be true. When gratitude becomes a focal point of a culture within an entity, only good things follow. Research has clearly shown that not only does philanthropic engagement benefit, but so do patients and providers as well. When gratitude is expressed, appropriately acknowledged, and received, data shows patient satisfaction increases and provider well-being is enhanced, all while caregiver burnout is reduced.

The ultimate goal of this gratitude model is to operationalize our work in a way that honors the true Greek definition of philanthropy. We're asking physicians and their teams to identify expressions of gratitude instead of identifying wealth. When gratitude is identified by the provider and referred to the philanthropy team, then the philanthropy professionals are able to facilitate the expression.

## How to measure success?

The utopian goal of successfully creating a culture of gratitude and recognizing all of the benefits associated with this goal must be supported with data. We are attempting to establish baselines in all areas of impact. As we know, some variables are easier to measure and collect than others. For example, patient satisfaction is routinely measured. With a robust gratitude model in place, we expect it to soar.

Employee satisfaction surveys also take place regularly within our environment in Maryland and the national capital area. We also expect gratitude to positively impact those results as well.

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We know how successful our philanthropic development efforts have been in the past and expect results to continue improving through our Innovative Philanthropy program, powered by gratitude.

## A Final Thought

To succeed, the creation and maintenance of a gratitude culture within an organization cannot occur without the support and strong endorsement of organizational leadership. In our case, this includes the system CEO and CMO, the board of directors, hospital presidents, and, of course, philanthropy leadership.

It is the support from that level that led to the creation of my full-time position with our team as Medical Director of Philanthropy. Not all organizations may be willing to commit the resources needed to bring a physician into a key philanthropy role. But a physician can relate to physicians and other providers in a way that is unique to philanthropy. By participating in our education, messaging, and culture-building methods, a “bridge” is created between the two that has clearly proven to be invaluable.

It is a role that I have embraced, found very rewarding, and am looking forward to expanding in the coming years! ■