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PHILANTHROPIE ET SANTÉ PHILANTHROPY AND HEALTHCARE

Avant l'avènement d'un État québécois providentiel intervenant dans la sphère sociale, on reconnaît un rôle historique important à la philanthropie quant à la structuration du réseau de santé. Des Fondations philanthropiques furent à l'origine de grandes institutions modernes de santé. Qu'on pense par exemple à la Fondation Rockefeller qui contribua grandement à la création de l'Institut Neurologique de Montréal en 1934. Bien que les organisations philanthropiques n'opèrent plus vraiment dans une telle logique de mise sur pied d'institutions *ex nihilo*, celles-ci jouent toujours un rôle fondamental pour soutenir et dynamiser celles déjà existantes. En 2014, on comptait [230 Fondations d'établissement de santé](#) au Québec, sans compter tous les autres organismes de bienfaisance subventionnaires dédiés à des causes liées à la santé. Ainsi, nonobstant un budget étatique colossal octroyé en santé, ces organisations stimulent et canalisent grandement les générosités privées et détiennent un pouvoir d'intervention non négligeable. Bonne lecture !

*Before the creation of a Quebec welfare state intervening in the social sphere, we can recognize the important historical role of philanthropy in the structuring of the healthcare system. Philanthropic foundations were at the origin of large modern healthcare institutions. We can think of the Rockefeller Foundation for example, which contributed greatly to the creation of the Montreal Neurological Institute in 1934. Although philanthropic organizations no longer really operate in the logic of setting up institutions *ex nihilo*, they still play a fundamental role in supporting and boosting existing ones. In 2014, there were 230 Health Establishment Foundations in Quebec, in addition to all other grantmaking organizations dedicated to health-related causes. Thus, notwithstanding a colossal state budget allocated to healthcare, these organizations stimulate and channel private generosity and have a significant power of intervention. Good reading !*

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L'APPORT PHILANTHROPIQUE DANS LE
DEVELOPPEMENT DES RESEAUX DE SANTE
*PHILANTHROPIC CONTRIBUTION IN THE
DEVELOPMENT OF HEALTH NETWORKS*

- Alain Demers (2017). « Les fondations. Un rôle-clé dans le réseau. Ces incontournables pour le développement du réseau de la santé », *Le Spécialiste*, Volume 19, Numéro 4, p. 25-27

Lien Web – *Web link* :

https://www.afesaq.qc.ca/userfiles/files/Primeurs/AFESAQ_Decembre2017_fra.pdf

Extrait – *Excerpt* :

La philanthropie au Québec s'est développée de façon très importante au cours des 20 dernières années. Au fil des ans, l'État a fait face à plusieurs contraintes budgétaires et s'est désengagé de nombreux programmes qu'il soutenait jusque-là. Dans ce contexte, plusieurs fondations et organismes sans but lucratif (OSBL) sont nés, afin de pallier les différents besoins de financement qui n'étaient plus pris en charge par l'État. Nos fondations du réseau de la santé ont ainsi pris une importance grandissante, voire capitale. À l'origine, leur mission était directement liée au développement du réseau, les dépenses de fonctionnement étant, elles, assurées par le budget de l'État.

- Jane Haderlein (2006). « Unleashing the Untapped Potential of Hospital Philanthropy », *Health Affairs*, Volume 25, Numéro 2, p. 541-545.

Lien Web – *Web link* :

<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.25.2.541>

Résumé – *Abstract* :

Across the country, hospitals face the challenge of finding new strategies to address capital needs in an era of shrinking operating margins. Particularly for nonprofit community hospitals, the solution is being found in philanthropy. Philanthropy was once simply “nice to have,” but discussions regarding its role and strategic imperative can now be heard regularly at hospitals. More institutions are incorporating explicit expectations of fundraising into their financial planning and now consider fundraising a “must” for survival. This paper explores why philanthropy is needed, the challenges hospitals face, and what institutions must do to build an internal culture supporting this new imperative.

- **Frank Adloff (2014). « Foundations and the Charisma of Giving: A Historical Sociology of Philanthropy in Germany and the United States », *Voluntas*, Volume 26, Numéro 5, p. 2002-2022.**

Lien Web – *Web link* :

<https://link.springer.com/article/10.1007/s11266-014-9508-4>

Abstract :

Looking at foundations in the United States and in Germany from around 1800 to the present from a historical-sociological perspective, the article focuses on the social significance of foundations over the course of time—which social relationships and exchanges they promote, which guiding principles they institutionalize, how they accrue charisma, how they relate to the public good, and which social groups use these instruments to which ends. In both societies, foundations embody the principle of charismatically charged exclusivity. Foundations try to harmonize individual objectives with an idea of the common good that is considered sacrosanct. Large sums of money dedicated to the common good possess a charisma, making them rather immune to criticism and causing them to be perceived positively. In this sense, they occupy a central position within both societies and contribute to their stratification.

Résumé :

Examinant les fondations aux États-Unis et en Allemagne des années 1800 à nos jours, dans une perspective historique et sociologique, cet article porte sur l'importance sociale des fondations au cours du temps : les rapports sociaux et les échanges qu'elles favorisent, les principes directeurs qu'elles institutionnalisent, comment elles acquièrent leur charisme, leurs rapports avec l'intérêt public, et les groupes sociaux qui utilisent ces organisations et à quelles fins. Dans les deux sociétés, les fondations incarnent le principe d'exclusivité chargée d'un point de vue charismatique. Les fondations s'efforcent d'harmoniser les objectifs individuels avec l'idée de l'intérêt commun, considéré comme sacro-saint. Les importantes sommes d'argent destinées au bien commun ont du charisme, les protégeant ainsi des critiques et les amenant à être perçues de manière positive. En ce sens, elles occupent une position centrale au sein de ces deux sociétés et participent à leur stratification.

- **John G. Reid (1984).** « **Health, Education, Economy: Philanthropic Foundations in the Atlantic Region in the 1920s and 1930s** », *Acadiensis*, Volume 14, Numéro 1, p. 64-83

Lien Web – *Web link* :

http://www.jstor.org/stable/30303384?seq=1#page_scan_tab_contents

Extrait – *Excerpt* :

Yet if in some respects the interventions of the two philanthropic foundations in the Maritime provinces and Newfoundland were perceived as excursions into underdeveloped areas, in other ways these regions were treated as part of the North American mainstream. Both foundations made substantial grants to higher education institutions for purposes of endowment. In the field of medical education, for example — and notably in the case of the \$500,000 granted in 1920 to the Dalhousie University medical school — the Maritimes and New-foundland were expressly put in a North American context by the Rockefeller Foundation.

ORGANISATIONS PHILANTHROPIQUES EN SANTÉ :
ENJEUX POLITIQUES ET DE GOUVERNANCE
PHILANTHROPIC ORGANIZATIONS FOR HEALTH:
POLICY AND GOVERNANCE ISSUES

- **Anne-Emanuelle Birn (2014).** « **Philanthrocapitalism, past and present : The Rockefeller Foundation, the Gates Foundation, and the setting(s) of the international / global health agenda** », *Hypothesis*, Volume 12, Numéro 1.

Lien Web – *Web link* :

<http://www.hypothesisjournal.com/?p=2503>

Résumé – *Abstract* :

In recent years the Bill and Melinda Gates Foundation has emerged as this era's most renowned, and arguably its most influential, global health player. A century ago, the Rockefeller Foundation—likewise founded by the richest, most ruthless and innovative capitalist of his day—was an even more powerful international health actor. This article reflects critically on the roots, exigencies, and reach of global health philanthropy, comparing the goals, paradigms, principles, modus operandi, and agenda-setting roles of the Rockefeller and Gates Foundations in their historical contexts. It proposes that the Rockefeller Foundation's early 20th century initiatives had a greater bearing on

international health when the field was wide open—in a world order characterized by forceful European and ascendant U.S. imperialism—than do the Gates Foundation's current global health efforts amidst neoliberal globalization and fading U.S. hegemony. It concludes that the Gates Foundation's pervasive influence is nonetheless of grave concern both to democratic global health governance and to scientific independence—and urges scientists to play a role in contesting and identifying alternatives to global health philanthrocapitalism.

- **Bertrand Livinec et Dominique Kerouedan (2016).** « **Philanthrocapitalisme en santé, une générosité au service de la géopolitique néolibérale ?** », *Les Convivialistes*.

Lien Web – *Web link* :

<http://www.journaldumauss.net/?Philanthrocapitalisme-en-sante-une>

Extrait – *Excerpt* :

Le terme de philanthrocapitalisme désigne la proximité entre les fondations philanthropiques et les multinationales. D'une part, les fondations (peu fiscalisées) placent leurs fonds au sein de multinationales cotées en bourse et d'autre part développent des programmes conjointement avec celles-ci sur des programmes spécifiques. La fondation Gates a été largement critiquée ces dernières années par des activistes pour les placements de sa fondation sur des secteurs peu compatibles avec la santé, que ce soit dans des sociétés d'extraction d'énergies polluantes ou des firmes alimentaires proposant une alimentation peu saine. Son récent plaidoyer à la COP21 pour des énergies propres est donc à considérer comme un changement de cap par rapport à des investissements passés. Elle fait par ailleurs largement la promotion des entreprises produisant des OGM à travers le monde en particulier pour les pays en développement, ce qui là aussi est sujet à polémiques.

- **Michael Moran et Michael Stevenson (2013).** « **Illumination and Innovation: What Philanthropic Foundations Bring to Global Health Governance** », *Global Society*, Volume 27, Numéro 2, p. 117-137.

Lien Web – *Web link* :

<https://www.tandfonline.com/doi/abs/10.1080/13600826.2012.762343>

Résumé – *Abstract* :

This article argues that because much of the scholarship examining the influence of private foundations in global health governance is either neo-Gramscian or reflexively critical in orientation, undue attention has been paid to foundations' origins, affiliations and perceived biases towards bringing technological solutions to bear on problems with deep socio-political determinants, obscuring their chief functions as global governors while downplaying their agency. Such concerns are by no means new as private

philanthropic influence in the governance of global health is not a new phenomenon. Drawing on examples from the Ford, Rockefeller and Bill and Melinda Gates Foundations' efforts to strengthen public health across the Global South, we argue that for over a century private foundations have been instrumental in the governance of collective action problems for two important reasons. Firstly, their stark illumination of state and market failures disproportionately affecting the world's marginalised and the potential of science-enabled innovation to address longstanding challenges has repeatedly generated the requisite political will to address, however imperfectly, global disparities. Secondly, foundations have ensured that functional governance mechanisms exist to provide public goods to the poor when changes to the structural fabric of the world order constrain the ability of other institutions mandated to perform this function.

- **David Stuckler, Sanjay Basu et Martin McKee (2011).** « **Global Health Philanthropy and Institutional Relationships: How Should Conflicts of Interest Be Addressed?** », *PLoS Medecine*, Volume 8, Numéro 4.

Lien Web – *Web link* :

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001020>

Extrait – *Excerpt* :

The institutional relationships that exist in global health are a growing area of inquiry. This has been most evident in work examining corporate involvement in health, because tensions can arise between the profit motives of corporations and the promotion of public health. Whereas corporations make products that can improve health (such as pharmaceuticals and vaccines) and relationships between public health institutions and for-profit corporations can be seen as positive opportunities for corporations to improve public health, corporations also make products that damage health (such as tobacco or unhealthy foods). And because some corporations have a vested interest in the activities of public health bodies, there have been documented attempts to influence the public health agenda by establishing associations with health care institutions.

- **Lynette Reid (2017).** « **Les questions éthiques dans la philanthropie en santé** », *Forum Gestion des soins de santé*, Volume 30, Numéro 6, p. 302-305.

Lien Web – *Web link* :

<http://journals.sagepub.com/doi/abs/10.1177/0840470417741696?journalCode=hmfa>

Résumé – *Abstract* :

Les leaders en santé du Canada affrontent une foule de défis dans le secteur de la philanthropie en santé. Ces défis ne se limitent pas à l'aspect pratique des mesures à prendre pour réussir, mais également à des questions éthiques. Est-ce que la collecte de fonds est acceptable si elle donne lieu à des partenariats avec des entreprises qui participent à l'apparition de maladies causées par le mode de vie ? Quand la reconnaissance méritée envers les donateurs ou les bénévoles dépasse-t-elle les bornes et favorise-t-elle un accès privilégié aux soins ? Les décisions éthiques de la philanthropie en santé doivent opposer les témoignages de reconnaissance ou les partenariats avec les donateurs au bien public, qui s'inscrit dans le mandat des établissements de santé et qui fait partie et des obligations fiduciaires des hôpitaux et des cliniciens envers les patients.

- **Tiffany Burch, Nathaniel Wander et Jeff Collin (2010).** « **Uneasy money: the Instituto Carlos Slim de la Salud, tobacco philanthropy and conflict of interest in global health** », *Tobacco Control*, Volume 19, Numéro 6, p. 1-9.

Lien Web – *Web link* :

https://pdfs.semanticscholar.org/f694/a7f563c8fbffac21bd18ff3aaa24beb477b8.pdf?_ga=2.191222122.1914363382.1527519005-700975650.1527519005

Résumé – *Abstract* :

In May 2007, the Instituto Carso de la Salud – now Instituto Carlos Slim de la Salud (ICSS) – was endowed with US\$500 million to focus on priority health issues in Latin America, notably issues of 'globalisation and non- communicable diseases'. ICSS was soon criticised, however, on the grounds that its funding was derived from tobacco industry profits and that its founder Carlos Slim Hélu remained an active industry principal. Collaboration with ICSS was said to run counter to the WHO Framework Convention on Tobacco Control. The Institute's then Executive President Julio Frenk disputed these charges. This research employs an archive of tobacco industry documents triangulated with materials from commercial, media, regulatory and NGO sources to examine the financial relations between Slim and the tobacco industry. The paper analyses Slim's continuing service to the industry and role in ICSS. It demonstrates a prima facie conflict of interest between ICSS's health mission and its founder's involvement in cigarette manufacturing and marketing, reflected on ICSS's website as a resounding silence on issues of tobacco and health. It is concluded that the reliance of international health agencies upon the commercial sector requires more robust institutional policies to effectively regulate conflicts of interest.

LEVER DES FONDS POUR LA SANTE
FUNDRAISING FOR HEALTH

- **Dan Marlin, Scott W. Geiger, William J. Ritchie (2013).** « **The Hospital Foundation Strategy and Performance Relationship** », *Nonprofit Management & Leadership*, vol. 23, no. 4, p. 427-441.

Lien Web – *Web link* :

<https://onlinelibrary.wiley.com/doi/full/10.1002/nml.21073>

Résumé – *Abstract* :

Attracting philanthropic donations is a strategic imperative for many hospitals. A hospital can manage the giving process most effectively by developing a well-managed hospital foundation. This study examines the hospital foundation strategy and performance relationship. Using a sample of 258 hospital foundations we identified different strategies and significant performance differences among them.

- **Ruth Brousseau and Sophia Chang (2013).** « **Reflections On A Decade Of Funding Public Hospital Systems** », *Health Affairs*, Volume 32, Numéro 7, p. 1330-1333.

Lien Web – *Web link* :

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2013.0066>

Résumé – *Abstract* :

As the nation embarks upon health reform, many questions remain unanswered. Important among them is the fate of public hospitals, which have historically cared for the uninsured. Under health reform, public hospitals will face marketplace competition to serve newly insured people. Can public hospitals change, so that they can survive and thrive in a competitive environment? This article describes lessons learned from a decade of funding by the California HealthCare Foundation to improve clinical care in California's public hospitals. It also identifies factors that will influence California's public hospitals in the coming months and years.

- **Mary K. Totten (2015).** « **Rediscovering Philanthropy: a Fresh Look at a Traditional Revenue Source** », *Trustee*, (68):1, p. 17-20.

Lien Web – *Web link* :

https://www.trustemag.com/ext/resources/inc-tru/pdfs/2015PDFs/1_15TRUwkbk.pdf?1522855200

Résumé – *Abstract* :

As stewards of their hospital or health care system's advancement, board members should be both highly invested in the organization's work as well as invested in its mission. Trustees not only should contribute financially to their institution, they also should set the tone for an organization wide culture to support philanthropy, says Betsy Chapin Taylor, president of health care philanthropy consulting firm Accordant Philanthropy.

- **Julie Robert (2013).** « **Individualistic philanthropy: the paradox of embodied participation for health - related fund-raising campaigns** », *International Journal of Nonprofit and Voluntary Sector Marketing*, Volume 18, p. 261–274.

Lien Web – *Web link* :

<https://onlinelibrary.wiley.com/doi/full/10.1002/nvsm.1471>

Résumé – *Abstract* :

Movember and Julyna have emerged as examples of health-related fund-raising and awareness campaigns that require embodied participation in the form of temporary body modification. Reaching a younger demographic not traditionally motivated by appeals to altruism, these campaigns have capitalized on the signifying power of the body to reflect and construct identities and self-perceptions to motivate participation. Taking a cultural studies approach and employing visual, textual, and discursive analyses of the campaigns' websites, a primary vector for information dissemination and recruitment, this study highlights how philanthropic activity has been successfully coded as making participants more physically, sexually, and socially desirable. In promoting such individualistic motives for philanthropy, however, these campaigns further a mentality that philanthropy is foremost about personal gain. The challenge these initiatives pose is how to convert participants from individualistic to altruistic models of philanthropy.

- **Samantha King (2004).** « **Pink Ribbons Inc: breast cancer activism and the politics of philanthropy** », *International Journal of Qualitative Studies in Education*, Volume 17, Numéro 4, p. 473-492.

Compte-rendu par Fannie Valois-Nadeau, PhiLab –
book review by Fannie Valois-Nadeau, PhiLab :

https://philab.uqam.ca/wp-content/uploads/2018/03/fannie_ruban_rose.pdf

Résumé – *Abstract* :

This essay explores the cultural reconfiguration of breast cancer in the United States since the 1970s. It traces how breast cancer has been transformed in public discourse from a stigmatized disease best dealt with privately and in isolation, to a neglected epidemic worthy of public debate and political organizing, to an enriching and affirming experience during which women with the disease are rarely ‘patients’ and mostly ‘survivors.’ In the latter of these configurations, survivors emerge as symbols of hope who through their courage and vitality have elicited an outpouring of philanthropy, a continued supply of which will apparently ensure that the fight against breast cancer remains an unqualified success. By examining three key sites in this shift—federal policy, breast cancer marketing and the Susan G. Komen Foundation's Race for the Cure—the essay seeks to understand how, and with what effects, this transformation has occurred.

- **Dominique Cardon et Jean-Philippe Heurtin.** *Chorégrapheur la générosité : Le Téléthon, le don, la critique*, Paris, Economica, 2016, 232 p.

Présentation de l'ouvrage par Diane Alalouf-Hall (recension à venir sur le site du PhiLab) – *Presentation of the book by Diane Alalouf-Hall* (review of the book to come on the PhiLab's website) :

<https://philab.uqam.ca/wp-content/uploads/2018/05/PhiLab-PPDianeAlalouf.pdf>

Résumé – *Abstract* :

Organisé depuis 1987 par une association de malades, l'Association française de lutte contre les myopathies (AFM), et un média, France Télévisions, le Téléthon est une immense machinerie destinée à chorégrapheur la générosité collective. De façon extrêmement calculée, il réunit chaque année pendant plus de trente heures des chercheurs, des malades, des chanteurs et le grand public dans un immense mouvement de solidarité. Le Téléthon constitue sans doute l'une des plus imposantes collectes populaires au monde. Le caractère instrumental de ce programme de sollicitation a, dès le début de son histoire, suscité de virulentes dénonciations. Celles-ci n'ont, pourtant, que rarement affecté la collecte des dons. Mais si la distance critique n'occulte pas l'engagement sensible, c'est que la conception du don qui est sous-jacente à la critique ne

coïncide pas avec ce que réalise effectivement le Téléthon. Cette non coïncidence constitue le point de départ de l'enquête. On y fait en effet l'hypothèse que les pratiques d'engagement, les gestes de générosité, les manières de se solidariser, *lorsqu'ils sont bien observés*, ne ressemblent guère à la représentation éthérée, discrète et sublime du don oblatif qui nourrit l'imaginaire contemporain. Le succès persistant du Téléthon méritait une enquête méthodique et la plus exhaustive possible dans la machinerie très complexe qu'il constitue.

LES FONDATIONS PHILANTHROPIQUES ET LA SANTÉ PUBLIQUE

PHILANTHROPIC FOUNDATIONS AND PUBLIC HEALTH

- **Lion Murard et Patrick Zylberman (2002).** « Les fondations indestructibles : la santé publique en France et la Fondation Rockefeller », *Medecine / Science*, Volume 18, Numéro 5, p. 625-632.

Lien Web – *Web link* :

http://www.ipubli.inserm.fr/bitstream/handle/10608/4977/MS_2002_5_625.pdf?sequence=10&isAllowed=y

Résumé – *Abstract* :

Créée en 1913, la Fondation Rockefeller se voulait le garant du « bien-être de l'humanité ». L'envoi d'une commission pour la prévention de la tuberculose en France en 1917 marque un tournant dans l'action humanitaire des États-Unis pendant la guerre. En cinq ans, plus de 400 dispensaires seront créés, 79 départements dotés d'un comité antituberculeux. La moitié des dispensaires en service en 1940 fonctionnait en 1922 au moment où la commission cessait ses activités. Phare des nations latines, la France constituait une parfaite tête de pont pour diffuser les méthodes américaines en Europe centrale et dans les Balkans. Vingt ans après, la Fondation regardera la lutte antituberculeuse comme ayant joué pour la santé publique en France un rôle important. Important, mais non décisif. Au total, l'aventure française, jugée trop ambitieuse, restera une exception dans l'histoire de la Fondation.

- **Darren Powell (2014).** « Childhood obesity, corporate philanthropy and the creeping privatization of health education », *Critical Public Health*, Volume 24, Numéro 2, p. 226-238.

Lien Web – *Web link* :

<https://www.tandfonline.com/doi/full/10.1080/09581596.2013.846465>

Résumé – *Abstract* :

Concerns about a global childhood obesity crisis have led to a proliferation of primary school-based health education policies and practices. What is surprising, however, is the recent explosion of ‘obesity prevention’ programmes and resources that are devised, funded and implemented by multinational corporations and marketed to schools as ‘health education’. In this article, I draw on two corporate anti-obesity/health education programmes that are promoted to primary schools in the United Kingdom and Canada. Drawing on Foucault’s notion of governmentality, I examine how the ‘problem’ of childhood obesity has become an opportunity for corporations and other institutions to govern children. In particular, I interrogate how specific technologies of government – privatisation, corporate philanthropy and multi-sector partnerships – align with the neoliberal political rationality. I also argue that even though the explicit aim of corporate ‘anti-obesity’ programmes is to help ‘educate’ children to make healthy lifestyle choices, they actually work to position children as self-governing citizen-consumers and attempt to transfer the responsibility of children’s bodies and health onto children themselves. I suggest further research is necessary to understand how children and teachers experience these various programmes and how corporate anti-obesity curricula play out in primary school contexts.

DON DE SANG ET D’ORGANES

BLOOD AND ORGANS DONATION

- **Richard Titmuss (1998).** « **The Gift of Blood** », *Society*, Volume 35, Numéro 2, p. 88 – 97.

Lien Web – *Web link* :

<https://link.springer.com/article/10.1007%2FBF02804100>

Résumé – *Abstract* :

This article discusses the social, economic, and ethical consequences of scientific and technical developments in blood transfusion. American and British writers are making an economic case against a monopoly of altruism in blood and other human tissues. They wish to set people free from the conscience of obligation. Although their arguments are couched in the language of price elasticity and profit maximization, they have far-reaching implications for human values and all social service institutions. They legitimate, for instance, the great increase since 1967 in the number of commercial hospitals in the United States. The moral issues that are raised extend far beyond theories of pricing and operations of the marketplace. Moreover, they involve the foundations of professional freedom in medical care and other service relationships with people, the concept of the hospital and the university as non-profit-making institutions and the legal doctrine in the United States of charitable immunity.

- **Steiner Philippe (2001).** « Don de sang et don d'organes : le marché et les marchandises « fictives » », *Revue française de sociologie*, Volume 42, Numéro 2. p. 357-374.

Lien Web – *Web link* :

https://www.persee.fr/doc/rfsoc_0035-2969_2001_num_42_2_5358

Résumé :

L'étude consacrée par Richard M. Titmuss au don de sang reste aujourd'hui encore une référence dès lors qu'il s'agit de réfléchir au don dans le domaine médical. Cet article rappelle d'abord les thèses centrales de Titmuss et les réactions des économistes face à l'affirmation de la supériorité d'un système fondé sur le don et l'altruisme comparativement à celui organisé autour du marché et de l'action intéressée. L'article montre ensuite que l'opposition don/marché est réductrice, dans la mesure où elle laisse de côté la dimension industrielle dont l'importance est cruciale dans le cas du don médical. Finalement, à partir des informations concernant le don d'organes, l'article met en évidence la construction sociale sans laquelle, ainsi que l'avait compris Titmuss, le don moderne ne peut se mettre en place.

Abstract :

The study by Richard M. Titmuss devoted to blood donation is still used today as a reference when concerned with donations in the medical field. This article gives the central theses of Titmuss and the reactions of economists faced with the affirmation of the superiority of a system based on donation and altruism compared with a system organized around a market and specific action. The article then illustrates that market/donation opposition reduces reality, as it omits the industrial dimension which plays a crucial role in the case of medical donation. Finally, based on informations regarding organ donation, the article explains the social structure without which, as Titmuss understood well, modern donation cannot be developed.

- **Eric M. Meslin, Patrick M. Rooney et James G. Wolf (2008).** « Health-Related Philanthropy: Toward Understanding the Relationship Between the Donation of the Body (and Its Parts) and Traditional Forms of Philanthropic Giving », *Nonprofit and Voluntary Sector Quarterly*, Volume 37, no. 1, p. 44-62.

Lien Web – *Web link* :

<http://journals.sagepub.com/doi/abs/10.1177/0899764007310531>

Résumé – *Abstract* :

The academic study of philanthropy has focused on the public good from private action and includes the study of the public good of improving health and studies of the various determinants of giving. Yet one very obvious act of giving in the health field has been largely neglected in philanthropic studies: the donation of the body, such as blood and tissue donation, organ donation, and the donation of one's body for medical research or education. In August 2003, a research team at the Indiana University Center for Bioethics conducted a study of these two aspects of philanthropy as part of a project titled Health Related Philanthropy: The Donation of the Body (and Parts Thereof). This article describes the project and summarizes the results of a national survey conducted as part of that project.

- René Bekkers (2006). « Traditional and Health-Related Philanthropy: The Role of Resources and Personality », *Social Psychology Quarterly*, Volume 69, Numéro 4, p. 349–366.

Lien Web – *Web link* :

https://www.jstor.org/stable/20141755?seq=1#page_scan_tab_contents

Résumé – *Abstract* :

I study the relationships of resources and personality characteristics to charitable giving, postmortem organ donation, and blood donation in a nationwide sample of persons in households in the Netherlands. I find that specific personality characteristics are related to specific types of giving: agreeableness to blood donation, empathic concern to charitable giving, and prosocial value orientation to postmortem organ donation. I find that giving has a consistently stronger relation to human and social capital than to personality. Human capital increases giving; social capital increases giving only when it is approved by others. Effects of prosocial personality characteristics decline at higher levels of these characteristics. Effects of empathic concern, helpfulness, and social value orientations on generosity are mediated by verbal proficiency and church attendance.

- René Bekkers et Ingrid Veldhuizen (2008). « Geographical differences in blood donation and philanthropy in the Netherlands – What role for social capital ? », *Tijdschrift voor Economische en Sociale Geografie*, Volume 99, Numéro 4, p. 483–496.

Lien Web – *Web link* :

<https://www.rug.nl/research/portal/files/2737459/BekkersR-Geographical-2008.pdf>

Résumé – *Abstract* :

The key question addressed in this paper is whether geographical differences in blood donation and philanthropy reflect differences in social capital. We do find considerable spatial variation in blood donation and philanthropy between municipalities in the Netherlands. But we do not find that blood donation and philanthropy have strong or even moderately positive relations with each other or with indicators of prosocial norms and engagement in voluntary associations. However, voter turnout is strongly related to both blood donation and philanthropy. We conclude that the spatial variation in blood donation and philanthropy is not due to differences in social capital.



PhiLab

LABORATOIRE MONTRÉALAIS
DE RECHERCHE SUR LA
PHILANTHROPIE CANADIENNE

Produit par David Grant-Poitras
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