

With and for the community

By Stephen P. Spielberg, M.D., Ph.D.

I am often asked “Why is philanthropy necessary to run a medical school?” It’s clear—including from the presence of news elsewhere in this issue about the launch of a campaign to support DMS and DHMC—that we seek philanthropic support. But why?

Our mission at DMS is to improve the health and well-being of our patients, our communities, our country, our world. We recognize that we have at best an imperfect understanding of the causes and treatment of many illnesses and that funding for the discovery of new knowledge is often insufficient. We need research—at the laboratory bench and at the bedside—to improve the diagnosis and treatment of disease. We also recognize that our health-care system frequently does not provide timely, equitable access to care and that it presents patients with sometimes insurmountable financial challenges.

Those who say we now know enough about health and disease—all we need to do is to optimize its delivery—would be denying help to those with illnesses we do not yet understand. And those who say all we need is full knowledge of the human genome—that technology is the answer to our health-care problems—would be denying help to those who do not have access to care. It is thus clear that the future of medicine depends on applying the best science in an optimized system. So how does philanthropy fit into that goal?

Key: Consider the fact that Dartmouth Medical School (that last word is key) is in the business of educating the next generation of physicians and scientists—young men and women who will lead the transformation of medicine into the future. Philanthropic dollars are vital to our students and our teachers. We admit students on a need-blind basis, so we need scholarship funding to enable us to cover their demonstrated financial need. Our educational programs must also constantly evolve to meet students’ and society’s changing needs. For example, we now have M.D.-Ph.D., M.D.-M.B.A., and M.D.-M.P.H. programs and are planning a new Ph.D. program in experimental and molecular medicine. Each of these programs requires endowment to support students on their long learning paths (often eight post-college years) as well as to underwrite faculty time to develop curriculum, to teach, to innovate. We want our students exposed to top-notch scholars and teachers, leaders in their fields, for the best learning takes place in an atmosphere of discovery. And it’s vital that medical education be a true partnership among students, faculty, and patients.

It is also essential that we expand the number of endowed professorships—funds set aside to support the salaries and scholarly activities of our most senior, most distinguished faculty members. Attracting and retaining the best and brightest faculty depends on having en-



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dowed chairs. Equally important is establishing endowments for younger faculty, to support their early development as teachers and investigators.

A special feature of DMS is our Center for the Evaluative Clinical Sciences (CECS), dedicated to the improvement of health-care delivery. Dartmouth is thus in a

unique position to integrate investigational thinking all along the continuum—from basic research to translational and clinical work to evaluative and policy studies—in order to transform medicine in the service of our community and the world.

Goal: Achieving this goal calls for facilities improvements in addition to endowment funding. We need to upgrade DMS’s educational and research space in Hanover. DHMC depends on philanthropic support to sustain and expand facilities for Norris Cotton Cancer Center, the Children’s Hospital at Dartmouth, and many other programs. And a key element of our effort to facilitate cross-disciplinary collaboration will involve new DMS facilities on the DHMC campus, attached to the Borwell Research Building. This will include a new home for CECS, to enhance its educational programs and its effort to improve health-care delivery in the Upper Valley and nationwide. It will also include a new Translational Research Building (TRB) to house labs dedicated to interdisciplinary research in neuroscience, cardiovascular disease, immunology, infectious disease, and pulmonary disease. And Borwell will be joined to the new CECS and TRB by the LeBaron Commons, a meeting place where scientists and physicians with different perspectives can mingle and share ideas.

These are ambitious goals. But whether focused on educational, research, patient-care, or building needs, they are united under a common mission—how we can best advance health care. And we seek not just dollars (although they are, of course, vital), but partnerships with our community—defining “community” in the broadest sense, from Upper Valley neighbors to patients to far-flung alumni. For ultimately that is how we will improve the health of us all.

Power: I recently had a chance to participate in two events that represent the power of partnership. The first was a memorial service of gratitude and remembrance for those who willed their bodies to our Anatomic Donation Program—people who became our students’ first patients, first teachers about anatomy, medicine, life, and community. The second was a luncheon recognizing medical students for their community service activities; nearly 100% of our first- and second-year students, despite their huge academic loads, give generously of their time to important community activities throughout the Upper Valley and beyond. These two events speak to the mutual interdependence of an institution like DMS with the community.

With such a community at our side as we launch our capital campaign, we are confident of our ability to achieve success. ■

“For the Record” offers timely commentary from the dean of Dartmouth Medical School. Spielberg, a pediatrician and a pharmacologist, just finished his second year as dean.