
From the Editor

The Bottom Line: Funding Arts Medicine

In the last two issues we discussed the desirable features of medical clinics for performing artists. In doing so it is difficult to avoid some idealism and lack of pragmatism. Now we will briefly "face the music" and discuss some hard facts about financing these medical facilities.

Despite efforts to keep costs low and to avoid frills, there are unavoidable expenses in any medical facility, such as space costs, salaries of medical, technical and secretarial personnel, and equipment needs, to name a few. Income from patients only partially covers the costs. In fact, although employed artists usually have medical insurance, many performers do not. The purpose for the existence of clinics for performing artists is not only to treat those who can afford care but also the less fortunate, and we must be able to write off bills where indicated. Charges other than professional fees, such as for laboratory studies, radiology services, and specialized testing, are a less flexible matter. Hospitals are rarely willing or even have the option to donate these services. Where, therefore, can financial support be found for clinical care as well as for education and research?

On the surface it would appear to be a situation in which advantage could be taken of the fact that medical clinics for performers bridge two areas of traditional funding—medicine and the arts—and benefactors of both would be likely sources of funds. However, this is 1986, a time of considerable

across-the-board economic deprivation, when sources of government funding, especially in the arts, have all but disappeared and when private sources of funding are being drained by multiple demands. And, as a further complication, we are on the threshold of the "greatest" tax-reform bill of the century with its rescinding of previous tax benefits for donors upon its implementation on January 1, 1987.

In approaching potential donors, there are additional problems. Performing arts medicine does not address life-threatening diseases. We who are dedicated to providing these services feel strongly about preserving talent and careers but fundamentally are not dealing with cancer or heart disease. Not all supporters of the arts or medicine understand the importance of our mission or when responding with sympathy for performers with afflictions may do so with qualifications such as "they did this to themselves" or "they must be doing something wrong."

Should not the organizations behind the performers—unions, management, orchestras, dance groups, operas, and conservatories take on a portion of the responsibility? Should not they realize that we share their aims, to increase the productivity of their performers? It is hoped that all of these groups will eventually understand this and come to our aid, but there a number of obstacles remain. First, there is the need in patient-physician relationships to establish mutual trust and confidence, especially in reassuring this sensitive group of the absolute confi-

dentiality of what transpires between medical personnel and themselves. It becomes especially pertinent if there is support from management, unions, and employers that no one involved in this process equate financial support with access to medical information. Ideally these clinical facilities could operate as PPO's for performers, with guaranteed third party payments for services rendered and the assurance of access to appropriate medical services.

Other traditional avenues of support discussed earlier—individual donors, corporate donors, hospital support groups, the National Endowment for the Arts, and others—must be educated. They must understand what it is that we propose to do; how the study and specialized care of medical problems of performing artists also serves the causes they support. Enhancement of performers' careers by helping to maintain their health and increase their productivity is inextricably bound to the quality of the concerts, operas and dance performances they already support.

None of these positive steps will be realized without tremendous effort on the part of those committed to the success of this new specialty. It may be necessary to have an organizational structure to give a stronger and more unified voice to Arts Medicine not only to raise funds but to help to support the many other avenues to be pursued.

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