Practical Approaches to Managing Gift-Giving

Tony Peregrin

Appreciative customers sometimes offer nutrition and dietetics practitioners gifts, but these expressions of gratitude may pose an ethical dilemma for the practitioner, particularly for gifts that are more costly or personal in nature.

One study published in the British Medical Journal revealed that 20% of physicians in the United Kingdom had received a gift from a patient during a 2-month period from May to July—a time frame that did not include holiday months.1 Despite these seemingly routine exchanges, ethical standards and codes typically provide only cursory guidance on the appropriateness of accepting such gifts. In general, ethics experts suggest two primary guiding factors to consider when a provider is presented with a gift: What are the motives for the customer who is offering the gift? And what are the potential implications for the provider’s future relationship with the customer and their family?

Nutrition and dietetics practitioners’ perspectives on receiving gifts and how this behavior relates to the true value of care and services provided vary and may be linked to practice setting, institutional policies and culture, and even geographic location.1 This article identifies factors for determining whether a gift falls within acceptable provider customer boundaries, including potential motives for offering gifts, and provides strategies for declining a gift or redirecting the customer’s appreciation into more appropriate channels.

The Nature of the Gift

Arguably, most gifts presented to nutrition and dietetics practitioners are offered with the best of intentions—but does that mean you should accept them? Is a tin of homemade brownies the same type of an expression of gratitude as a gift certificate to a wellness spa?

The recently revised Code of Ethics for the Nutrition and Dietetics Profession, developed by the Academy of Nutrition and Dietetics (Academy) and its credentialing agency, the Commission on Dietetic Registration (CDR), recommends practitioners “refrain from accepting gifts or services which potentially influence or may give the appearance of influencing professional judgement.”2 Similarly, the American College of Physicians Ethics Manual suggests the physician “consider the nature of the gift and its value to the patient, the potential implications for the patient—physician relationship of accepting or refusing it, and the patient’s probable intention and expectations.”

“Tokens of appreciation are generally not meant to influence behavior—they’re meant as gratitude for the services rendered,” said Catherine Christie, PhD, RDN, LD/N, FAND, “Whereas a gift, especially those of great value, may be intended to try to influence behavior. It’s important to be able to understand the difference. If an offered item gives you pause, if it makes you question whether this is a good idea or not, if it rings any ethical bells for you, it’s important to refuse the gift. If nothing triggers those feelings, then you’re probably okay. Anything that’s large or more than a token should trigger those uncomfortable feelings.”

In an effort to aid professionals in determining whether or not to accept a gift, some organizations provide a dollar amount as a guide. The Entrepreneurial Nutritionist, 4th edition, suggests a $25 dollar limit for gifts, while US federal employees, including physicians who work within the US Department of Veterans Affairs, the Department of Defense, and other federal agencies, are advised to only accept gifts from patients between $20 and $50 dollars.4-6 Beginning in 2017, the federal regulations were updated by the US Office of Government Ethics to require federal employees to consider whether they should ethically accept a gift from a patient, even if the gift was permitted under the law.5

“... the Academy’s Code of Ethics is intended to be open-ended in this matter to provide flexibility,” said Susan Laramee, MS, RDN, FADA, FAND. “In this country, a $25 gift given in Asheville, NC, for example, may not be the same as a $25 gift that is given in New York City or Chicago... the same gift can have a different value in different parts of the country.”

“Rather than establishing a set dollar amount, I think determining whether to accept a gift should be done on a case-by-case basis because the other thing that enters into this is the timing of the gift,” said Jody Vogelzang, PhD, MAT, MHS, RDN, CHES, FADA, FAND. “As an educator, if I was going to get a gift from the student before the final grades were put in, I think that would be influential. Even though I would attempt not to have a bias in the grade, it could possibly exist. But if something was given to me at a time after graduation and it was a token, I would say thank you. Even more than that, I would appreciate just a written thank-you note, which has no value monetarily, but certainly does have some sentimental value.”

“The timing of the gift is very important,” said Christie. “If it’s at the end of a relationship, a small token of appreciation is perfectly appropriate. If it’s at the very beginning of a...
professional relationship, and your client starts showing up every week with some manner of gift, that’s completely inappropriate . . . it’s not within the boundaries of the relationship.”

In addition to the timing of a gift, ethics experts suggest practitioners be aware of patterns of gift-giving that may disclose a customer’s hidden intent, particularly frequent gifts, expensive gifts, and excessively personal gift items.2

**MOTIVATION BEHIND GIVING A GIFT**

Assessing the customer’s motivation for bestowing a gift is key in determining whether to accept the item. According to the organization Advancing the Business of Healthcare, “If a patient provides gifts with the expectation of receiving something in return, such as medically unnecessary care, this creates the impression that the physician is making medical decisions, including utilization of and using medical services, based on gifts provided by the patient.”7 Accepting gifts under these conditions undermines the nutrition and dietetics practitioner’s reputation for “providing objective, medically necessary care.”

The American Medical Association has a similar view on the potentially corrosive effect accepting gifts can have on the provider—patient relationship. “Some gifts are offered as an expression of gratitude or a reflection of the patient’s cultural tradition. Accepting gifts offered for these reasons can enhance the patient—physician relationship. Other gifts may signal psychological needs that require the physician’s attention. Some patients may offer gifts or cash to secure or influence care or to secure preferential treatment. Such gifts can undermine physicians’ obligation to provide services fairly to all patients; accepting them is likely to damage the patient—physician relationship.”8

Customer motivations for offering gifts may include the following:3

- to obtain preferential treatment or additional services not typically provided; and
- to relieve guilt for burdening the health care provider.

“...We exist in an environment where we are very comfortable with reciprocal gift giving,” said Vogelzang. “So, if I give something to you, then you give me something back, and that’s just how it works. And when you are gifted but don’t give anything in return, you’re kind of left feeling empty. And maybe now there’s a power difference because someone gifted you and you just didn’t have anything to give back to that person. So, instead of having an equal amount of gift, you get asked to do other things that kind of make you repay the patient/client in a different way . . . such as going out of your way for a certain client. I think we need to be self-aware of the way we give and receive gifts, because what may be normal to us on a personal level may be something that could get us in trouble professionally.”

“A client relationship is an impersonal relationship,” said Christie. “The gift, if one is given, should be impersonal. If the gift becomes personal, like bouquets of flowers or things that you would see in a romantic relationship, for example, then that’s definitely crossing the line; those things should be refused.”

Considering customer motivation is fundamental for practitioners who are conflicted about receiving presents from patients, as is a reflection of the potential reaction from colleagues and other patients, according to the American Medical Association, which suggests health care providers decline gifts “when the physician would be uncomfortable to have colleagues know the gift had been accepted.”8

“The line in the Academy/CDR Code of Ethics that states you should not accept gifts that ‘potentially give the appearance of influencing professional judgment’ underscores this guideline,” said Vogelzang. “If anyone else might question whether the gift that you accepted influenced your professional judgment it has the potential of causing harm to your reputation.”

**ACCEPTING THE GRATITUDE, BUT DECLINING THE GIFT**

There are no absolute guidelines for when it is appropriate to accept a gift from a customer, and quite often the practitioner is bound by policies established by hospitals, clinics, businesses, and other organizations. In addition to considering workplace policies, customer motivations, the timing and nature of the gift—ethics experts suggest determining whether the gift would present an emotional or financial hardship to the customer or the family.8

When a practitioner has determined that not accepting the gift is the correct ethical course of action, no matter the reason, protecting the customer’s feelings is critical to maintaining the provider—customer relationship. Acknowledge the thought and kindness behind the gift and explain why you cannot accept it (personal, practice, or hospital policy). If it is a personal decision, explain why you do not feel comfortable accepting it.9

“Patients’ gratitude flows up and down depending on certain times of the year and certain situations,” said Laramee. “Not every patient’s family is going to offer gifts of gratitude, and generally we discourage them, but nutrition and dietetics practitioners need to find the balance of not offending the patient, supporting the patient, and conveying an acknowledgment that the patient is grateful for what you’re doing for them.” In a customer is persistent in their intention to offer a gift, and the practitioner feels uneasy accepting it, Laramee suggests sharing the gift with staff or donating the item to a charitable organization.

“I think that we definitely need to acknowledge the kindness that’s represented by the offering of a gift, and then fall back on the fact that we really are limited in what we are able to accept and ethically what we should accept,” said Vogelzang. “And then we should be able to divert them and give them a few ideas about some other places where, if it was a cash gift, the gesture could do a lot of good for several people. Most hospital organizations have foundations and universities have a development office and a gift could be made that way, which wouldn’t just thank me, [but provide resources] for future patients and students.”
CONCLUSIONS
The practitioner—customer relationship is a fiduciary one in which the nutrition and dietetics practitioner cannot profit from the treatment of a customer other than through established reimbursement systems. Practitioners should always be cognizant of a customer’s motivations for offering a gift, and should be aware of how other customers and colleagues may perceive it. If a practitioner is uncertain about how to proceed when presented with a gift, the pragmatic solution is to refuse the offering, while maintaining the dignity and respect of the gift giver. However, small tokens of a truly altruistic nature, specifically gifts that are not overtly personal or expensive, are generally acceptable and may help preserve the provider—customer relationship.

References

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