


Bojana Radovanović<sup>1</sup>  
Institut za filozofiju i društvenu teoriju,  
Univerzitet u Beogradu  
Jelena Kupsjak<sup>2</sup>,  
Odjel za etnologiju i antropologiju,  
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Ljiljana Pantović<sup>3</sup>,  
Institut za filozofiju i društvenu teoriju,  
Univerzitet u Beogradu

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## CROWDFUNDING FOR HEALTH CARE EXPENSES: CONCERNS AND IMPLICATIONS<sup>4</sup>

### Grupno finansiranje troškova zdravstvene zaštite putem donacija: dileme i posledice

**ABSTRACT:** *The emergence of crowdfunding as a means to gather financial support for medical expenses has become a global phenomenon. As the prevalence of medical crowdfunding increases within regional contexts, including in Serbia, this article aims to offer a framework for understanding this phenomenon and its ramifications. Drawing upon a review of literature and research mostly pertaining to Anglo-Saxon crowdfunding practices, we contend that the proliferation of medical crowdfunding, which is facilitated by technological advancements, signifies inherent deficiencies within healthcare systems, exacerbated by the erosion of the welfare state. While addressing immediate financial exigencies for some individuals, this practice engenders substantial social, political, and ethical dilemmas. Structured into three sections, the article contextualizes the catalysts propelling the emergence of medical crowdfunding, notably the transformations in welfare regimes. Subsequently, it delves into the opportunities and challenges presented by crowdfunding for medical expenses, while the third section delineates the implications for healthcare systems and policies, underscoring the necessity for research elucidating medical crowdfunding within the contexts of post-socialist countries.*

**KEY WORDS:** *medical crowdfunding, health care, health policies.*

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1 bojana.radovanovic@ifdt.bg.ac.rs, ORCID: 0000-0002-9186-0326

2 jkupsjak@unizd.hr, ORCID: 0000-0001-7875-4281

3 ljiljana.pantovic@ifdt.bg.ac.rs, ORCID: 0000-0002-2018-9643

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**APSTRAKT:** *Pojava grupnog finansiranja putem donacija kao sredstva za prikupljanje finansijskih sredstava za medicinske troškove postala je globalni fenomen. Kako se rasprostranjenost ovih praksi povećava u regionalnim kontekstima, uključujući i Srbiju, članak ima za cilj da ponudi okvir za razumevanje fenomena grupnog finansiranja lečenja putem donacija i njegovih posledica. Oslanjajući se na pregled literature i istraživanja koja se uglavnom odnose na anglosaksonske prakse, tvrdimo da proliferacija grupnog finansiranja u medicinske svrhe, omogućena tehnološkim napretkom, označava inherentne nedostatke u zdravstvenim sistemima, pogoršane erozijom države blagostanja. Usredsređujući se na neposredne finansijske potrebe pojedinaca, ova praksa otvara značajne društvene, političke i etičke dileme. Strukturiran u tri odeljka, članak kontekstualizuje katalizatore koji pokreću pojavu grupnog finansiranja u medicinske svrhe, posebno transformaciju režima socijalne zaštite. Rad se zatim bavi mogućnostima i izazovima u vezi sa ovim fenomenom, dok treći odeljak ocrtava implikacije na zdravstvene sisteme i politike, naglašavajući neophodnost istraživanja koje bi razjasnilo ulogu grupnog finansiranja u medicinske svrhe u kontekstu postsocijalističkih zemalja.*

**KLJUČNE REČI:** *grupno finansiranje lečenja, zdravstvena zaštita, zdravstvene politike.*

## Introduction

Medical crowdfunding, a practice whereby individuals or their caregivers initiate online campaigns on platforms like GoFundMe, GivingForward, Kickstarter, FundRazr, etc. to fundraise sources to cover healthcare expenses, is rapidly expanding globally (Đurđenić 2017, Kenworthy 2019, Lublóy 2020, Renwick & Mossialos 2017, Šimić Šarić 2021). The campaigns entail sharing personal medical diagnosis, treatment expenses, and financial requirements with the aim of receiving donations from both local and international donors. Campaigners present a compelling narrative about why the potential donor should give, provide images and videos that may be emotionally engaging to potential donors, and update the donors on the user's medical situation to encourage giving (Snyder 2016). Advanced search tools enable potential donors to navigate campaigns based on specific medical conditions or patients' backgrounds. Medical crowdfunding initiatives encompass a wide range of healthcare needs and methods, spanning from routine treatments to experimental methods and life-saving interventions.<sup>5</sup>

5 Discussing medical crowdfunding, Renwick and Mossialos (2017) offer a useful categorisation of this phenomenon: 1) health expenses – fundraising to cover out-of-pocket expenses for patients who cannot afford specific medical services or products, 2) not-for-profit health initiatives – raising funds for medical institutions, disease awareness campaigns, patient education programs, and global health missions 3) supporting health research and 4) financing commercial health innovations. In this paper, we are concerned with crowdfunding for health expenses of individuals, and we use the term medical crowdfunding in this meaning.

The phenomenon of crowdfunding for medical expenses has extended its reach into the Southeast European region, with an increasing prevalence observed in Serbia and neighbouring countries, necessitating a deeper examination of its implications. In fact, donating for medical expenses is the most prevalent form of philanthropy in Serbia. More than half (57%) of the total registered donated sum of money in 2021, in the absolute amount of 24.3 million euro, was for medical treatments (Catalyst 2022). Individuals lacking the financial means to afford costly medical treatments, particularly those sought abroad, resort to soliciting support from their compatriots. Thought operating in Serbia, crowdfunding platforms are not utilised for fundraising to cover the costs of individuals' medical treatments. This process involves intermediary foundations (such as "Budi human", "Podrži život" and "Pokreni život") facilitating financial transfers, while social and media platforms, both formal and informal networks, serve as channels for publicizing these fundraising campaigns. The foundations offer a centralized way for individuals to solicit funds for medical treatments, connecting donors and recipients. Through personalized profile pages, individuals can narrate their stories, outline their medical needs, and provide account details, facilitating a streamlined approach to fundraising through various mechanisms. Beyond the online appeals at the foundations' websites and through social media, a myriad of fundraising initiatives are underway, with narratives of personal adversity pervading public spaces through billboards, donation boxes, television programs, and diverse events.

Despite the increasing prevalence of medical crowdfunding practices in Serbia and the broader region, scholarly attention to this topic remains scarce.<sup>6</sup> This article seeks to address this gap by conducting a literature review of existing research and proposing a conceptual framework for comprehending the phenomenon, its origins and potential repercussions. Drawing predominantly from the Anglo-Saxon literature, which represents the most extensively studied domain (Kenworthy, 2019; Snyder, 2016; Snyder & Cohen, 2019; Snyder et al., 2021; Snyder et al., 2020; Young & Scheinberg, 2017; Lublóy, Á. 2020), we argue that the surge in medical crowdfunding reflects systemic flaws within healthcare systems, precipitated by the erosion of the welfare state, particularly due to neoliberal healthcare policies. This practice is undoubtedly facilitated by technological advancements. The pivotal question revolves around whether this practice serves as a remedial measure to mitigate healthcare access disparities and address systemic deficiencies or is exacerbating the underlying issues. While acknowledging its limited benefits for select individuals, we assert that medical crowdfunding engenders significant social, political, and ethical dilemmas, necessitating nuanced understanding within specific regional contexts and the formulation of evidence-based policies to counter its potential adverse effects.

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6 The only available studies in regional contexts are from Bosnia by Čarna Brković under the vernacular term "*humanitarne akcije*" (Brković, 2014, 2016, 2023). Like in Serbian case, these initiatives involve the mobilization of both formal and informal networks to raise funds for medical treatments, reflecting a grassroots approach to addressing healthcare costs. *Humanitarne akcije* can thus be seen as a form of region-specific initiatives to address the financial burdens associated with healthcare.

The article will start with a section that examines the factors that have contributed to the emergence of medical crowdfunding globally, with particular emphasis on the implementation of neoliberal policies, both in general and within the welfare and healthcare sector. Subsequently, the second section deliberates on the potential opportunities, challenges and concerns associated with crowdfunding for medical expenses. Finally, the third section elucidates the implications and apprehensions pertaining to healthcare systems and health policies arising from the proliferation of medical crowdfunding practices and makes a call for more research on the topic in regional contexts.

### **Paradigm change – Neoliberalism in health care**

While the practice of aggregating large number of small donations for diverse causes is not novel, its widespread adoption in online platforms, particularly within the realm of healthcare, represents a contemporary phenomenon (Berliner and Kenworthy, 2017; Renwick and Mossialos, 2017; Lubloy, 2020). In addition to the digital accessibility facilitated by technological progress, scholars such as Kenworthy (2019) and Snyder et al. (2020) have posited that deficiencies in healthcare coverage and accessibility have propelled the surge in crowdfunding for medical expenses, especially after the economic crisis of 2008. To comprehend the social and economic milieu conducive to the global emergence of medical crowdfunding, it is important to understand the evolution of various welfare regimes over recent years and decades. While acknowledging the idiosyncrasies inherent to each country's context, we provide a broad overview of these changes, as they delineate discernible global trends.

Each welfare regime is grounded in a distinct set of values that delineate the criteria for allocating support and assistance to individuals within society (Dixon and Kim, 2016). Central to the structure of any welfare system is the deliberation over the extent to which reliance should be placed on market mechanisms, civil society organizations, and governmental intervention in providing public assistance and services. Historically, the emphasis on each of these components has undergone fluctuations (Edwards, 2014). Prior to industrialization, mutual aid networks played a vital role in ensuring survival (Butcher and Einolf, 2017; Einolf et al., 2016). However, the advent of industrialization and urbanization in the 19th century, particularly in Western Europe and North America, led to the partial erosion of traditional mutual support structures, supplanted by formal voluntary associations (*ibid.*). Recognizing the limitations of these formal networks, welfare states began to emerge (Einolf et al., 2016). The welfare states that materialized in the 1950s and 1960s responded to the repercussions of laissez-faire market dynamics in three primary ways: firstly, by guaranteeing individuals and families a minimum income irrespective of the market value of their labour or assets; secondly, by mitigating insecurity through provisions for social contingencies such as illness, aging, and unemployment; and thirdly, by furnishing agreed-upon social services to society at large (Briggs, 1961). This framework is operationalized through mechanisms like social insurance,

including healthcare coverage, and other forms of assistance (Orloff, 2009). Essentially, the state assumes the responsibility of ensuring a basic level of welfare for its citizens, although the prioritization of competing goals, such as welfare provisions, law enforcement, and business promotion, varies considerably among advanced capitalist nations (Esping-Andersen, 1990). The concept of the welfare state is closely intertwined with capitalist democracies. Conversely, in socialist countries like the former Yugoslavia, the welfare system was predicated on the principle of meeting citizens' needs (Dixon and Kim, 2015). From a socialist standpoint, the state bears the obligation of guaranteeing social security for all its citizens.

The late 1970s heralded the onset of neoliberalism, characterized by a shift towards market-driven solutions. This paradigm, often described as an "extreme form of capitalism" (Mooney, 2012), advocates for individual entrepreneurial freedoms within a framework of robust private property rights, unrestricted markets, and minimal state intervention. It espouses confidence in the efficiency of market mechanisms across all domains, advocating for a downsized government (*ibid.*). Following the collapse of the Berlin Wall, worldwide trends towards state retrenchment and privatization gained momentum. Some theorists of neoliberalism, exemplified by Wacquant (2012), contend that the eventual adoption of the neoliberal welfare model is inevitable for most, if not all, nation-states. Wacquant conceptualizes neoliberalism not solely as an economic doctrine but as a political endeavour aimed at reshaping the state to conform to market principles. This entails the commodification of previously non-market spheres and the exaltation of "individual responsibility". Wacquant argues that as the state withdraws from welfare provisions and reduces its involvement in critical domains such as healthcare, public education, and social services, larger segments of the populace become increasingly vulnerable to impoverishment.

Following the series of transitional reforms initiated in Serbia as well as in other ex-Yugoslav countries, since the 1990s, and especially 2000s, the socialist welfare model has also shifted towards privatization and diversification of service providers, placing greater responsibility on individuals and their families (Pantović, 2018; 2022). Consequently, these concurrent processes have led to the emergence of a mixed welfare system where both the state and private sectors (both for-profit and non-profit) contribute to social welfare provision. On paper, Serbia, like most European countries, has a publicly funded universal basic health care system. Health insurance is compulsory, primarily linked to employment rights, with provisions for the unemployed. In principle, basic healthcare is publicly funded and universally accessible. However, the quality of public health services has deteriorated over time, evidenced by lengthy waiting times for appointments and treatments, the introduction of additional payments in recent decades, and widespread instances of corruption (Arsenijević et al., 2013, 2015). All of this makes it harder for citizens to access health care services. Household budgets survey shows that spending on health services of households amounts to 5% of GDP (Žarković et al., 2017) and demonstrates that access to health care is not free of charges at the point of services in the way that it used to be in the recent past.

The reliance on the market has heightened the vulnerability and insecurity of most of the world's population (Edwards, 2014), albeit differently. Neoliberalism prioritizes individual freedom over societal well-being, exacerbating poverty and inequality, which are key determinants of health (Mooney 2012). The 2008 economic crisis and subsequent austerity measures further negatively impacted social welfare including in Europe, leading to inequalities in health services utilization (Córdoba-Doña et al., 2018), affecting the access to healthcare (Torfs et al., 2021) and increasing the unmet healthcare needs, particularly due to patients' difficulty in covering the costs of medical care (Doblytė & Guillén, 2020, Zavras et al., 2016).

Mass medical crowdfunding originated in the US, following the 2008 economic crisis, converging with the spread of social networks that facilitated fast sharing among larger groups of people. This development is explained as an expected progression considering the economic and social particularities of the neoliberal society where health care relies on a privatised, market-driven financing models and where financial instability and social inequality drives high numbers of uninsured as well as rising numbers of bankruptcies do to medical costs (Berliner and Kenworthy 2017., Kenworthy 2018, Himmelstein et al 2009). However, medical crowdfunding has quickly spread around the world and the industry is becoming a significant healthcare player even in countries with universal health care coverage and proverbially strong and well-organized healthcare systems like the ones in Europe (Lublóy, 2020, Coutrot IP, Smith R, Cornelsen L.2020, Dressler and Kelly, 2018.).

As the financial responsibility for healthcare expenditures increasingly shifts onto individuals, seeking aid from fellow citizens has emerged as a viable means of funding medical care on a global scale. The proliferation of crowdfunding for medical expenses thus stems from profound transformations within the global, regional, and local social and economic contexts, facilitated by the integration of technological advancements into everyday life.

Given the absence of empirical research on crowdfunding practices in Serbia and the broader region, the subsequent discussion provides an overview of the observed effects in the Anglo-Saxon contexts. Drawing from these insights, we can begin to contemplate how such practices might impact post-socialist countries.

## **Opportunities for some and challenges for many**

Undoubtedly, crowdfunding serves as a conduit for certain patients to access treatments or pursue medical care that would otherwise be financially unattainable, concurrently affording donors the opportunity to demonstrate their benevolence and altruistic inclinations (DeLuca et al., 2019). By enabling individuals and families to solicit financial assistance for medical expenses, surgeries, treatments, or other healthcare necessities not fully covered by their insurance or otherwise inaccessible, crowdfunding facilitates the mobilization of resources. Furthermore, crowdfunding campaigns can sustain prolonged

fundraising efforts, providing ongoing financial support for chronic conditions or recurring medical costs. The process of initiating a crowdfunding campaign is relatively straightforward and expeditious, facilitating rapid fundraising, particularly in emergency situations. With crowdfunding platforms boasting a global reach, individuals can garner support from contributors worldwide, which can be invaluable for those seeking specialized medical care abroad.

Campaigners and donors can easily share information and links to their crowdfunding campaign through social media, meaning that a compelling story about medical need can reach potential donors outside of the user's existing social networks (Snyder 2016). These regular updates also create a sense of connection with the user, giving donors a sense that they understand where their money is going and how it is having an impact on another's life. An individual's medical crowdfunding initiative can feel much more personal and compelling, particularly compared to the experience donors have when giving or considering donations to a large charitable organization (*ibid*). Moreover, compared to traditional fundraising methods, crowdfunding often has lower overhead costs, meaning a larger portion of the funds raised can go directly toward medical expenses.

Crowdfunding campaigns often garner support from friends, family, and even strangers who are willing to contribute to a person's healthcare needs, while the sense of community support can provide emotional comfort during challenging times. Thus, crowdfunding is a resource for both instrumental and emotional social support (Gonzales et al. 2016).

However, numerous ethical issues related to medical crowdfunding are found, which we argue outweigh the outlined opportunities. These include: donor bias favouring some types of medical conditions over others (Snyder 2016); perpetuation of socioeconomic inequality (Davis et al. 2023, Kenworthy et al. 2020, Igra et al. 2021, Snyder et al. 2017); threat to the privacy of the users of funds (Gonzales et al. 2018); the issue of the access to treatments that have not undergone rigorous empirical testing and those that are in the experimental phases (Moor 2018, Snyder and Cohen 2019, Snyder 2016); as well as the deteriorating position of health care professionals (Dressler and Kelly, 2018).

The research shows that donors are biased towards certain patients and specific medical conditions and needs. According to Berliner and Kenworthy (2017), American donors often hold pre-existing social norms about deservingness and social assistance, which lead donors to perceive campaigns by marginalized groups as less deserving of financial aid, despite individuals from these groups often having the greatest need for assistance. Moreover, accidents and unexpected healthcare crises tend to attract donors' attention more than other medical conditions (Kenworthy et al. 2020, Snyder et al. 2016). The success of crowdfunding appeals for medical needs is significantly influenced by press coverage, which can be particularly impactful when linked to well-known traumatic events. In some cases, media attention includes direct links to the crowdfunding page, simplifying fundraising for victims.

Biased donations are not the sole way donors contribute to perpetuating socioeconomic and health disparities. Merely donating to medical crowdfunding campaigns can also sustain existing socioeconomic and health disparities (Davis et al. 2023, Kenworthy et al. 2020, Igra 2021, Snyder et al. 2017b). While all individuals resorting to crowdfunding are inherently vulnerable, the practice tends to favour those who possess relatively privileged social positions within their communities. Wealthier and more educated individuals often demonstrate greater efficacy in promoting themselves and articulating their narratives to potential donors. Those adept at crafting compelling narratives, possessing media literacy, and boasting extensive social networks are more likely to garner media exposure and fundraising success. Conversely, individuals with limited social capital encounter obstacles in achieving crowdfunding success. This disparity is particularly concerning for socially marginalized groups, such as immigrants or individuals grappling with mental health issues, who may confront additional hurdles in addressing their healthcare needs through crowdfunding channels.

Managing crowdfunding campaigns itself necessitates significant labour, involving continuous updates, active engagement with donors across various platforms and social media channels, which can pose challenges or be unfeasible for individuals with certain medical conditions. In cases involving children, this responsibility often falls on their parents or guardians. Kenworthy and all. (2020) have found that even tough campaigns are set up for a gender balanced demographic that follows the population at large, there is a strong gendered competent to the labour used to manage the campaigns. Although female labour is disproportionately represented in campaign leadership, women recipients tend to receive fewer donations. The burdens of caregiving disproportionately fall on women, both within the formal healthcare economy—where women are predominantly represented in low-paying caregiving roles—and within the domestic sphere, where women are disproportionately responsible for unpaid caregiving duties (Tronto, 2020). This gendered dynamic extends to the unregulated realm of crowdfunding for medical expenses (Kenworthy et al., 2020).

Furthermore, within the competitive landscape of medical crowdfunding, users are incentivized to sensationalize their experiences, raising concerns about the privacy of fund recipients (Gonzales et al., 2018). To elicit donations, campaigners are prompted to divulge extensive details about their medical conditions, often sacrificing personal privacy for the sake of garnering support. This may entail sharing photographs and videos depicting their medical needs, including images of injuries and hospital scenes, along with providing regular updates on their medical status to sustain donor engagement and attract new contributors. Platforms actively encourage users to use their real names when setting up campaigns as a means to address concerns regarding fraudulent activities. Despite the voluntary nature of participation in crowdfunding, privacy concerns are heightened due to the visibility of campaign websites not only within crowdfunding platforms but also in search engine results such as Google. The competitive dynamics of crowdfunding constrain campaigners' ability to control the disclosure of identifying information and medical details. This poses particular ethical dilemmas in cases involving children or individuals lacking the



capacity to consent to the public disclosure of their medical information, as well as when campaigns are initiated by friends and family on behalf of others.

Additionally, misinformation regarding medical treatments and the proliferation of unsafe medical interventions are prevalent within the crowdfunding market (Snyder and Cohen, 2019; Snyder, 2016). The case of Charlie Gard in the UK illustrates how the exploitation of sensationalism and empathy inherent in illness narratives can incite public discord against healthcare systems, medical professionals, and their institutions (Dressler and Kelly, 2018). Afflicted by a rare genetic disorder devoid of any known cure, Charlie's parents endeavoured to secure crowdfunding to finance experimental treatment, despite the reservations of the doctor who was prepared to administer the intervention, acknowledging its likely ineffectiveness in Charlie's particular case. Despite medical consensus advocating withdrawal of care was in Charlie's best interest, the extensive publicity and fundraising efforts undermined medical recommendations. Consequently, Charlie's family and healthcare providers faced harassment and even death threats. This case garnered significant attention not only in the UK but also across the US and Europe, often being exploited in political discourse to discredit the UK's publicly funded National Health Service (NHS), which allocates resources based on need.

The issues opened in this section compel us to consider the implications of crowdfunding for healthcare systems on a broader spectrum. In addition to its impacts on vulnerable individuals seeking treatment and its implications for donors and medical professionals, what trends are emerging for the healthcare system, and how does this phenomenon shape policy decisions?

## Implications for healthcare systems and policies

As crowdfunding becomes increasingly integrated into healthcare, leading to a heightened reliance on donations for securing access to essential healthcare services and treatments, it is imperative for policymakers to comprehend and acknowledge the burgeoning economic and social impact of crowdfunding within the healthcare sector (Renwick and Mossialos, 2017). Available studies reveal the profound implications of these practices on healthcare systems and health outcomes of citizens (Kenworthy et al. 2020, Renwick and Mossialos, 2017, Snyder et al. 2016).

Crowdfunding for medical expenses benefits the individuals (and their kin) who are successful in their campaigns as well as intermediary organizations, usually platforms who charge for service depending on their policy, but also banks and other providers of transactions (Snyder, Mathers and Crooks, 2016). It is breathtaking to learn that only less than 10% of crowdfunding campaigns for medical expenses in the US reach their goals. (Kenworthy and all., 2020). Interestingly, Bassani, Arinelli and Vismara (2019) study of global medical crowdfunding found that US is also the country with most successful crowdfunding campaigns. This discrepancy prompts contemplation on the majority of campaigners—over 90%—who fall short of attaining their funding targets.

Crowdfunding operates within a market framework, whereby an emphasis on financial capacity and sentimentalized medical needs introduces market-oriented norms that reshape perceptions of healthcare and diminish protections for patients, healthcare providers, and the public (Dressler and Kelly, 2018). The unmet medical needs serve as business opportunities for companies that develop crowdfunding platforms, generating substantial profits through the goodwill of their users (Snyder et al., 2016). While this aspect has not yet become a defining characteristic of regional crowdfunding practices, other beneficiaries of these medical tragedies emerge, including media monetization of suffering and the accumulation of political and social capital for individuals engaged in promoting fundraising for specific individuals' medical expenses.

Medical crowdfunding has been described as an “entrepreneurial safety net”, where protection is not universally afforded but rather based on one's ability to appeal to the audience and out-compete rivaling needs (Lee & Lehdonvirta, 2020). The successful campaigns are those that “appeal to the crowd” (Snyder et al. 2017a), more often the ones that attribute their medical needs not to systemic issues, but to unexpected events and accidents, as well as ones that are able to offer a more sentimental language to their hardships (Snyder et al. 2016, Snyder et al. 2017b), and ones whose identities are more privileged (Kenworthy and all., 2020, Kenworthy and Berliner, 2017, Dressler and Kelly, 2018). Given the public's inclination to fund accidents and unexpected healthcare crises, a wide range of medical conditions remain unaddressed by crowdfunding (Kenworthy et al. 2020, Snyder et al. 2016). The commodification of healthcare, viewing it as a commodity subject to buying and selling rather than an entitlement or public good, diverts funding priorities and resource allocation away from genuine needs (Snyder et al. 2016). Instead of facilitating access to otherwise unaffordable medical treatments, crowdfunding for medical expenses perpetuates the denial of healthcare for many individuals.

Furthermore, crowdfunding significantly contributes to the deterioration of healthcare systems by undermining efforts toward systemic reforms (Snyder et al., 2017). As Kenworthy and Berliner (2017) elucidate, crowdfunding emerges as a direct extension of crowdsourcing, a pervasive phenomenon within contemporary information societies, encompassing established practices in labour and service industries such as Uber, Glovo, and Craigslist. Its primary characteristic is outsourcing. In this context, medical crowdfunding can be perceived as a mechanism for states to delegate responsibilities, such as healthcare provision, and to mitigate pressures to invest in public healthcare and preventative programs and services. Crowdsourcing mobilizes citizens and media landscapes to effectively engage with individuals in need, yet it also circumvents efforts to address underlying structural issues. Rather than advocating for systemic changes that would guarantee the right to health, citizens converge to resolve issues on an individual level, focusing on those who successfully capture their attention. In the absence of pressure from citizens to enhance the healthcare system and social and health security, states may persist with austerity measures that undermine the health advancements of previous centuries (Reeves, McKee, & Stuckler, 2015). Moreover, given that crowdfunding predominantly benefits

more privileged segments of society, there is a risk that these groups may opt to rely on crowdfunding rather than actively supporting systemic reforms (Snyder et al., 2017b). This concern stems from research findings suggesting that the promotion of crowdfunding often overlooks or fails to critique systemic failures (Snyder et al., 2017a).

While crowdfunding flourishes in context of gaps in healthcare policy and insurance, Bassani, Arinelli, and Vismara (2019) indicate that the relationship between healthcare allocation and crowdfunding is not straightforward. Their research suggests that crowdfunding in healthcare tends to be more successful in countries with better overall healthcare systems (both public and private), but where insurance coverage for citizens is lower — countries characterized by higher levels of inequality between the rich and poor. This is compounded by the observation that wealthier countries tend to have more successful campaigns, and at the individual level, success often correlates with the privilege of the recipients themselves. These findings underscore the widening and normalization of disparities, leaving the most vulnerable individuals without protection or support from either the state or crowdfunding initiatives.

Proliferation of crowdfunding also perpetuates a daily exposure of individuals to the distress experienced by their fellow citizens, fostering a normalization of this suffering that ultimately engenders a sense of indifference<sup>7</sup> or emotional exhaustion. The transient gratification derived from altruistic contributions to a limited number of recipients fails to assuage this burnout effectively. Concurrently, the public's compassion is primarily acknowledged through a minority of triumphant narratives that garner media acclaim, leaving the majority of individuals devoid of adequate, accessible, and affordable healthcare services.

The ongoing degradation of public healthcare systems, preceding the emergence of crowdfunding markets, exacerbates existing inequalities. Affluent individuals, capable of affording private healthcare, increasingly gravitate towards this sector. Consequently, persistent disparities in access result in the eroded public healthcare systems that predominantly serves the most marginalized and vulnerable segments of society. This demographic, lacking the financial means to pursue private healthcare options and often facing life circumstances, illnesses, and specific needs less conducive to successful crowdfunding campaigns, comprises poor, women, the elderly, migrants, people with mental health issues, and individuals with limited educational attainment and awareness necessary to access lifesaving or life-enhancing treatments and therapies.

7 Empathic fatigue or compassion fatigue is a concept used in caring professions like nursing, social work and humanitarian aid and other people who regularly witness other people's suffering due to traumatic events, illness, death, disasters, or chronic deprivation etc. The concept refers to psychological burden of witnessing suffering of others and can result in burnout, secondary PTSD and other mental health issues including anger, dissociation, and reduced empathy. When transferred to a large-scale event and witnessing it can be connected to diffusion of responsibility where people are less likely to take responsibility because they are aware of others who are also witnessing and can or should take responsibility and to a phenomenon of "donor fatigue" where people stop donating to any forms of charities, including through crowdfunding.

Countries with robust historical public healthcare frameworks, exemplified by Serbia and former Yugoslavian countries, wherein healthcare infrastructure, insurance, medical provisions, pharmaceuticals, and healthcare professional training are sustained via citizen taxation, should express particular apprehension regarding the surge in crowdfunding for medical expenditures. Such a trend has the potential to exacerbate the misallocation of services, deviating from the citizens' needs and preferences towards the competitive dynamics inherent in crowdfunding markets, influenced by the political inclinations of policymakers. There is a need for further research in contexts that differ from the ones current literature covers, as at this time we can only speculate to the possible effects crowdfunding may have in post-socialist contexts. Insufficient research impedes policymakers' ability to comprehensively grasp these effects and formulate policies that address resultant healthcare disparities. Consequently, citizens may find themselves burdened with excessive financial outlays, funding both public healthcare systems and private medical care, including the individual requirements of strangers resorting to crowdfunding for essentials that, ideally, should be accessible through universal insurance coverage.

Despite the endeavours of certain governments and international entities, the crowdfunding market concerning medical expenses persists largely unregulated. Regulatory attention in Europe and elsewhere has predominantly cantered on crowdfunding as an investment and business strategy (Gajda, O. 2017), with donation-based crowdfunding subject to regulations pertaining to non-profit and charitable organizations. The global reach of crowdfunding campaigns further complicates regulatory endeavours, as they often transcend national borders, making the establishment and enforcement of uniform rules difficult.

## Conclusion

This article delved into the surge of crowdfunding for medical expenses that has become a widespread practice in the last decade both globally and locally. Reflecting profound shifts in global, regional, and local socio-economic landscapes, crowdfunding has major ethical implications and potentially significant impacts on healthcare systems, societies, and individual wellbeing.

Based on the literature overview, crowdfunding for healthcare expenses entails and follows the commodification of healthcare, strengthening market norms introduced through earlier policies in a realm traditionally perceived (at least in Europe) as founded on citizens' needs. Its persistent growth and expansion signify not only symptoms of deeply weakened social security systems and gaps in healthcare provision but also catalysts for further entrenching and normalizing of social and health disparities, undercutting rights-based health approaches premised on equitable access to affordable care.

Funding medical expenses through crowdfunding is rarely successful for vast majority of people in need, yet crowdfunding for medical expenses is expected to continue to grow in global and regional scales. Particularly insidious side of crowdfunding emerges when we look at the ways in which charitable

donations are usually valued as morally desirable behaviour and are socially encouraged as acts of altruism and kindness playing into citizens needs to help alleviate another's suffering.

There is a compelling imperative to regulate the crowdfunding market, with a particular emphasis on crowdfunding for medical expenses. Future policies must not only consider the economic impacts and the expanding market but also the implications of these practices concerning individuals who are unable to successfully finance their needs through this avenue. Additionally, policymakers should be mindful of the pressures exerted on medical and care professionals and the public health system as a result of crowdfunding practices.

Nonetheless, effective regulation and appropriate policy formulation are hindered by the lack of empirical evidence. The majority of literature and research on crowdfunding for medical expenses originates from Anglo-Saxon contexts and predates the additional strain imposed by the COVID-19 pandemic on healthcare systems. Therefore, there is a pressing need for researchers to address the issue of crowdfunding for medical needs at national, regional, and international levels, taking into account the intricate interplay between specific national differences in healthcare systems and the needs of citizens in relation to crowdfunding.

Any comprehensive examination of crowdfunding within the Serbian context necessitates addressing several key inquiries: How many healthcare crowdfunding initiatives are established annually in Serbia? Which conditions, diseases, and disorders are most frequently cited as reasons for launching campaigns? What types of medical procedures, medications, therapies, and equipment are predominantly sought and specified? What is the typical magnitude of health-related expenses individuals aim to cover through donations? What proportion of the total national healthcare expenses is financed through crowdfunding? What factors contribute to the success of crowdfunding initiatives? What aspects appeal to donors, and how long do crowdfunding campaigns typically last? Moreover, an understanding of how the digital landscape influences crowdfunding in Serbia is imperative. Specifically, what role does the diaspora play in initiating digital crowdfunding efforts? Additionally, considering that Serbian residents are prohibited from initiating actions on global crowdfunding platforms like GoFundMe, how does the segregation of financial infrastructures between the EU and Serbia impact donation possibilities?

Larger inquiries arise from this scenario, prompting consideration of what unfolds when healthcare becomes a competitive arena susceptible to sentimentalized publics inclined to donate to the already privileged, educated, and social media-savvy individuals, whose predicaments are perceived as stemming from unexpected circumstances rather than structural issues? How does this focus on curative treatments overshadow preventive medicine and public health strategies?

Ultimately, future research must delve into the gaps within healthcare systems and reconsider the type of care states should offer their citizens. The anticipated expansion of crowdfunding markets prompts us to contemplate its

role within local healthcare systems. What form would an ethically and socially sensible crowdfunding for medical expenses take? What policies would be imperative to safeguard vulnerable individuals seeking financial aid for medical necessities, along with the donors, healthcare providers, and caregivers, all while upholding the foundational principles of healthcare systems? Conversely, does the need arise to reevaluate the fundamental tenets of healthcare systems? These pressing questions remain unanswered, awaiting empirical research to inform future decision-making and deliberations.

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