

White Paper — CareTrust Framework

| A Trust Framework for Verified Medical Support Donations

Draft white paper

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Audience: Doctors, clinics, hospitals, charity workers, donors, healthcare professionals, social-impact partners, legal/accounting advisors, and technical collaborators

Disclaimer

This white paper is for discussion and feedback only. It is not medical advice, legal advice, financial advice, fundraising advice, or regulatory guidance. Any real-world pilot or public launch must be reviewed with qualified healthcare professionals, legal advisors, accounting advisors, compliance professionals, and relevant local authorities where required.

Executive Summary

Many patients lose access to medical treatment not because treatment does not exist, but because they cannot afford it. At the same time, many donors want to help but hesitate because medical donation cases often lack enough trustworthy information.

Common donor concerns include:

- Is the patient real?
- Is the treatment really needed?

- Is the clinic or hospital actually treating the patient?
- Is the requested amount accurate?
- Has the treatment already been completed?
- Will the money actually be used for treatment?
- Is the patient or family truly unable to afford payment?

This white paper proposes a verification-first medical support framework where donation decisions are supported by structured evidence:

- Clinic or hospital confirmation of treatment and cost
- Online doctor review of submitted medical documents
- Patient consent before public publishing
- Financial hardship evidence
- Transparent donation and treatment/payment updates
- Direct payment to clinic or hospital whenever possible

The goal is not to pressure donors emotionally. The goal is to help donors make informed decisions while protecting patient dignity and reducing fraud risk.

1. Problem Statement

Medical donation requests are common in many communities. Patients and families often share public appeals to raise funds for surgery, dialysis, cancer treatment, emergency care, medicine, or long-term disease treatment.

However, public donation systems often depend on trust without enough structure. Donors may see a patient story, some photos, and a payment account, but they may not know whether the case has been reviewed by a medical professional or confirmed by the clinic or hospital.

This creates problems for patients, donors, clinics, and hospitals.

Problems for patients

- Real patients may not receive support because donors fear scams.

- Patients may need to expose private medical details publicly to prove their situation.
- Families may not know how to prepare proper documents.
- Urgent cases may be delayed by lack of trust.

Problems for donors

- Donors may not know whether the case is real.
- Donors may not know whether the cost is accurate.
- Donors may not know whether the donation reaches treatment.
- Donors may not receive updates after donating.
- Donors may become less willing to help after seeing fake or unclear cases.

Problems for clinics and hospitals

- Clinics may see patients who genuinely cannot pay.
- Clinics may want to help but cannot handle public fundraising manually.
- Clinics should not be forced to count hundreds of donor payment slips.
- Clinics may worry about patient privacy and extra administrative burden.

2. Core Principle

The core principle of this framework is:

Donors should not be asked to blindly trust emotional stories. They should be given clear verification status, supporting evidence, and treatment/payment updates so they can decide whether to donate or skip.

The platform should not claim that every case is guaranteed to be risk-free. Instead, it should clearly show what has been verified and what has not.

Example verification indicators:

- Clinic cost confirmed
- Online doctor reviewed

- Patient consent confirmed
- Financial hardship evidence submitted
- Payment proof pending
- Treatment update pending

This approach makes the verification level transparent instead of using one vague verified label.

3. Proposed Trust Model

The proposed trust model uses multiple actors to reduce dependence on any single source.

Patient or family

Provides:

- Patient information
- Story and struggle description
- Medical documents
- Financial hardship evidence
- Consent to publish the case
- Consent for the platform to contact clinic or hospital

Clinic or hospital

Confirms:

- Patient is attending treatment there
- Treatment or medical service is real
- Estimated treatment cost or unpaid balance
- Payment received from platform or donor
- Treatment status or completion

Volunteer doctor

Reviews online:

- Submitted medical documents
- Diagnosis and treatment relationship
- Whether the treatment request appears medically reasonable
- Urgency level
- Whether more documents are needed
- Whether field checking is required

Important scope:

The doctor review is based on submitted documents and available information. It is not a full medical diagnosis, legal guarantee, or personal treatment relationship.

Platform admin

Responsible for:

- Case review
- Document completeness check
- Verification status management
- Public publishing decision
- Donation proof verification
- Clinic or hospital settlement tracking
- Public updates
- Fraud report handling

Case coordinator or field checker, if needed

A field checker may be used only when additional real-world confirmation is needed.

Their role is not to medically diagnose. Their role is to follow doctor/admin instructions, such as:

- Check whether clinic documents match the clinic record

- Confirm patient consent
- Confirm patient identity against submitted information
- Confirm whether the patient is connected to the clinic
- Collect missing documents or photos with consent

4. Verification Workflow

Step 1 — Case submission

A case can be submitted by:

- Patient or family
- Clinic or hospital
- Charity or community organization
- Platform admin or case coordinator

Submitted information may include:

- Patient basic information
- Disease or treatment summary
- Clinic or hospital name
- Treatment cost or remaining balance
- Medical documents
- Income or hardship proof
- Patient or family struggle letter
- Consent form

Step 2 — Admin pre-review

The platform admin checks whether required information is complete.

Admin checks:

- Are documents readable?

- Is consent included?
- Is the clinic or hospital information provided?
- Is the requested amount stated clearly?
- Is the story public-safe and respectful?

Step 3 — Clinic or hospital confirmation

The clinic or hospital confirms treatment-related information.

Confirmation may include:

- Patient is registered or treated there
- Treatment or service is planned, ongoing, or completed
- Estimated treatment cost
- Current unpaid balance
- Whether direct payment to clinic or hospital is possible
- Whether the case should be closed after payment

Step 4 — Online doctor review

A volunteer doctor reviews submitted medical documents online.

Doctor may mark:

- Reasonable
- Need more information
- Unclear
- Suspicious
- Reject

Doctor may also add:

- Urgency level
- Pricing concern
- Required missing documents

- Suggested validity period for the medical review
- Recheck timing based on next appointment or treatment milestone
- Instructions for field check if needed

The doctor review should not be treated as permanently valid. Medical conditions, treatment plans, costs, and urgency can change. When reviewing a case, the doctor may recommend how long the review should remain valid or when updated records should be required.

Examples:

- Valid until the next appointment date
- Valid for a short period such as 7, 14, or 30 days depending on the case
- Recheck required after a new test result, treatment session, surgery date, or medicine change
- Recheck required if the requested amount increases or treatment plan changes

If the medical review expires, the case may require updated clinic records and another doctor review before fundraising continues.

Step 5 — Field check, if needed

Field check is optional and risk-based.

It may be required when:

- Case amount is high
- Documents are suspicious
- Clinic confirmation is weak
- The doctor requests specific real-world confirmation
- Patient has no formal documents
- Admin identifies risk

Step 6 — Final platform approval

The admin reviews all evidence and decides:

- Approve for public fundraising
- Request more information
- Reject
- Suspend for investigation

Step 7 — Public case page

The public case page shows:

- Patient story in respectful public-safe language
- Treatment needed
- Approved fundraising amount
- Amount raised
- Amount paid to clinic or hospital
- Verification status
- Clinic or hospital confirmation summary
- Doctor review summary
- Donation instructions
- Updates timeline

Step 8 — Donation and proof

For the MVP, donations may be handled manually:

- Donor sends payment using an approved channel
- Donor uploads payment proof
- Admin verifies payment proof
- Donation ledger updates the case total

Step 9 — Payment to clinic or hospital

To reduce misuse, the preferred model is:

Donor funds are paid to the clinic or hospital whenever possible, not directly to the patient.

The platform may collect multiple small donations and make one or milestone payments to the clinic or hospital.

This prevents the clinic from counting hundreds of donor slips.

Step 10 — Treatment/payment update

After payment:

- Clinic or hospital confirms receipt
- Receipt or proof is uploaded
- Public update is posted
- Case is closed when payment or treatment target is completed

5. Verification Levels

The platform should show verification levels clearly.

Level 0 — Submitted

The case has been submitted but not reviewed.

Level 1 — Documents Reviewed

Admin reviewed submitted documents for completeness.

Level 2 — Clinic or Hospital Confirmed

Clinic or hospital confirmed patient treatment and cost or remaining balance.

Level 3 — Online Doctor Reviewed

A volunteer doctor reviewed submitted medical documents and treatment request.

This verification should include a review date and, when appropriate, an expiry or recheck condition. A case should not continue to rely on an old doctor review if the patient condition, treatment plan, clinic record, or required amount has changed.

Level 4 — Field Checked

A case coordinator checked requested real-world evidence based on doctor/admin instructions.

Level 5 — Fundraising Approved

The platform approved the case for public fundraising.

Level 6 — Payment Usage Verified

Donation payment was sent to clinic, hospital, or treatment-related expense and proof was confirmed.

6. Public Verification Indicators

Instead of showing only one broad verified label, the public page should show specific indicators:

- Medical documents submitted
- Clinic or hospital cost confirmed
- Online doctor reviewed
- Patient consent confirmed
- Financial hardship evidence reviewed
- Payment paid to clinic or hospital
- Receipt confirmed
- Treatment update posted

This lets donors understand exactly what is known and what is still pending.

7. Donation Flow

Recommended MVP flow:

1. Donor views case.
2. Donor sees verification status.
3. Donor sends payment manually.

4. Donor uploads payment proof.
5. Admin verifies payment.
6. Donation total is updated.
7. Platform pays clinic or hospital by target or milestone.
8. Clinic or hospital confirms receipt.
9. Public case update is posted.
10. Case closes when bill or treatment goal is completed.

8. Clinic and Hospital Partnership Model

Clinics and hospitals can be important partners because they can confirm treatment reality, cost, payment receipt, and completion status.

Clinic or hospital benefits

- Patients who cannot pay may receive support
- Clinic receives payment more reliably
- Clinic does not need to manage donor communication
- Clinic confirms one settlement instead of hundreds of slips
- Clinic can participate in social impact with transparency

Clinic or hospital responsibilities

- Confirm patient treatment status
- Confirm cost or unpaid balance
- Provide receipt/payment confirmation
- Update treatment completion status
- Respect patient privacy and consent

Important protection

The platform should not automatically trust every clinic. For high-risk cases, the platform may require doctor review, second opinion, price comparison, or field

check.

9. Doctor Review Model

The doctor review should be lightweight, online, and clearly scoped.

Doctors should not be asked to guarantee everything.

Doctor responsibilities may include:

- Review submitted medical documents
- Check whether the treatment request appears medically related
- Mark urgency level
- Request more documents if needed
- Flag suspicious or unclear cases
- Suggest how long the review should remain valid
- Recommend when updated records or re-review should be required
- Provide public-safe summary
- Provide private admin note
- Suggest field-check instructions if needed

A doctor review should be time-sensitive. The platform should record the review date and, where applicable, the expiry date or recheck trigger. This helps prevent old medical records from being reused after treatment is completed, the patient improves, the condition worsens, or the treatment plan changes.

Safer wording:

Reviewed by volunteer doctor based on submitted medical documents and available case information.

Avoid wording:

Doctor guarantees this patient and treatment.

10. Privacy and Patient Dignity

Medical donation platforms must protect patient dignity.

Public information may include

- Public-safe patient name or anonymized name
- Age or age range
- General location
- Disease or treatment summary
- Approved fundraising amount
- Verification status
- Donation progress
- Treatment/payment updates

Private information should include

- Full name
- Full address
- Phone number
- Identity documents
- Full medical documents
- Full income documents
- Raw donation slips
- Sensitive family details

Consent requirements

Patient or family should consent to:

- Public case publishing
- Sharing treatment summary
- Platform contacting clinic or hospital
- Showing verification status

- Posting donation/treatment updates

If consent is withdrawn, the platform should have a clear policy for unpublishing or limiting public visibility.

11. Anti-Fraud Considerations

The system should not fully trust any single actor.

Patient-side risks

- Fake documents
- Reused documents from another patient
- Asking for more money after treatment is completed
- Exaggerated hardship story

Clinic-side risks

- Inflated treatment cost
- Unnecessary treatment recommendation
- Weak payment confirmation
- Internal staff misuse

Donor and payment risks

- Fake payment slips
- Duplicate slip submissions
- Disputes or refund requests

Platform-side risks

- Privacy leaks
- Poor verification process
- Weak audit trail
- Admin mistake or abuse

Mitigation methods

- Clinic or hospital confirmation
- Online doctor review
- Time-limited medical review validity
- Updated records after appointment or treatment milestones
- Consent tracking
- Donation ledger
- Platform-to-clinic payment proof
- Case closure after completion
- Risk-based field check
- Audit logs
- Fraud report button
- Second review for high-cost cases

Medical review expiration is important because a valid case can become outdated. A patient may complete treatment, improve, worsen, change clinics, receive support from another source, or require a different treatment plan. The platform should require updated records and re-review when the previous medical review is no longer current.

12. Sustainability Considerations

This project may not generate direct income from the beginning. A full system requires significant human work, so sustainability must be considered early.

Possible models:

- Corporate social responsibility sponsorship
- Grants
- NGO partnership
- Clinic or charity case management tools

- Optional donor support for platform operations
- Separate sponsor-funded operation budget
- White-label verification/donation infrastructure for organizations

A trust-friendly model may be:

100% of medical donations go to patient treatment. Platform operations are funded separately by sponsors, grants, partners, or optional support.

13. MVP Pilot Plan

The first pilot should be small and manual.

Recommended pilot scope

- One city
- One clinic or hospital partner
- One to two doctor reviewers
- One to three patient cases
- Manual donation proof verification
- Manual payment to clinic or hospital
- Public Notion page or simple website case page

Pilot objectives

- Test whether clinics will confirm treatment cost
- Test whether doctors will review documents online
- Test whether donors trust verification levels
- Test whether payment proof and treatment updates are manageable
- Measure workload per case
- Identify privacy and fraud risks early

Pilot success criteria

- At least one patient case completed from submission to treatment/payment proof
- Clinic or hospital confirms receipt
- Doctor review process is practical
- Donors understand verification status
- No major privacy/payment incident

14. Recommended First Use Cases

Start with treatment types that are easier to verify.

Potential categories:

- Dialysis support
- Emergency surgery support
- Child treatment support
- Cancer treatment support
- Chronic disease medicine support

Dialysis may be a strong pilot category because treatment is recurring, clinic attendance is easier to confirm, and cost per session is usually clearer.

15. Open Questions for Feedback

For doctors

- Is online document review practical?
- What documents should be required for review?
- What should a doctor review and not review?
- What wording protects doctors from legal over-responsibility?
- How long should a doctor review remain valid for different case types?
- What conditions should trigger updated records or re-review?
- When should a second doctor review be required?

- Which treatment categories should be avoided at first?

For clinics and hospitals

- Would clinics confirm patient treatment cost and unpaid balance?
- What is the easiest way for clinics to confirm payment receipt?
- Would direct payment to clinic or hospital be acceptable?
- What privacy/consent process would clinics require?
- How can clinic workload be minimized?

For donors

- What information would make you trust a case?
- Would you donate if the case shows verification levels clearly?
- Do you need to see raw documents, or are verified summaries enough?
- What updates do you expect after donating?

For legal and accounting advisors

- What structure is needed to collect and hold donations?
- What reporting is required?
- What disclaimers are needed?
- How should refunds or failed cases be handled?

16. Call for Collaboration

This white paper is a draft proposal. The next step is not to launch a large platform immediately, but to collect feedback and validate the model through a small pilot.

We are looking for feedback from:

- Doctors
- Clinic or hospital staff
- Charity workers

- Donors
- Legal and accounting advisors
- Social-impact organizations
- Developers interested in healthcare transparency

The goal is to build a practical, safe, respectful, and transparent support process for patients who cannot afford medical treatment.

17. Closing Statement

Medical support should not depend only on emotional stories and blind trust. Donors deserve clarity. Patients deserve dignity. Clinics and doctors need a practical process. Communities need a transparent way to help.

A verification-first medical support framework can create a stronger bridge between patients who need treatment and donors who want to help responsibly.

The first step is not building a large app.

The first step is proving that this trust process can work safely with one clinic, one doctor, and one real patient case.

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The CareTrust Framework is still being refined. To avoid confusion from outdated or modified versions, please share the original document link instead of republishing it separately.

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The framework may change based on professional feedback and pilot findings.