Hospice: The Manifestation Of A Healthcare Environment For The Terminally Ill

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HOSPICE:
THE MANIFESTATION OF A HEALTHCARE ENVIRONMENT FOR THE TERMINALLY ILL

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THESIS INTRODUCTION

This thesis, chronicles my personal and ongoing investigation into the nature of architecture, the design process and specifically the development of an architectural expression of a relatively new building type an inpatient hospice facility.

Architecture is a demonstration in built form, of the conscious and unconscious paradigms of a culture; it is a construct of the societal perception of reality. As such it is a, continuing dialogue between the individual and the culture of which the individual is a part. Architecture like language contains structure and content, it is composed of a vocabulary and syntax, model and metaphor are all elements used to reference: who, what, when, where, why and how.

"Architecture is a concrete phenomenon. It comprises landscapes and settlements, buildings and characterizing articulation. Therefore, it is a living reality. Since remote times architecture has helped man in making his existence meaningful. With the aid of architecture he has gained a foothold in space and time. Architecture is therefore concerned with something more than practical needs and economy. It is concerned with existential meaning. Existential meanings are derived from nature, human and spiritual phenomenon and are experienced as order and character. Architecture translates the meanings into spatial forms.

Spatial forms in Architecture are neither Euclidean nor Einsteinian. In Architecture spatial form mean place, path, and domain - that is the concrete structure of man's environment. Therefore, Architecture cannot be satisfactorily described by means of geometric of semiological concept. Architecture ought to be understood in terms of meaningful (symbolic) forms. As such it is a part of the history of existential meanings." Christian Norberg-Schultz

"Architecture is the manifestation in form of the order or our experience. It is a model or our consciousness, the fitting or ourselves between the earth and the sky, the patterns in which we relate one to he other, and the physical presence of our institutions. The architecture of each culture is a model or that culture's world, not of the worlds shape, but or its underlying form. This we do not directly see in modern architecture the expanding universe that some scientist describe, nor do we see in the Hindu architecture the great disc, set on the backs of four elephants, standing on a giant tortoise swimming in..."
an endless sea—which the Hindus once thought of as their world. Rather, we find architecture a model of the underlying principles that govern the world, the focus that give it shape and time for its action.” Louis Kahn—Architecture as Spirit

The model and the metaphor are two principle means of architectonically transforming the cultural values into a built form. They allow an individual to establish coherency of the built environment. These elements allow reference to the immediate context of the physical environment to the cultural context.

Model - These are the principles, which provide the physical means of organization. They respond to the immediate physical context, for example:
- Economics
- Building science
- Building typologies
- Functional relationships
- Programmatic elements

METAPHOR - These are the thoughts and feelings of our cultural philosophy and the principle means of expressing values and sense of place within the world.

The model and the metaphor are each in itself an incomplete representation of the architecture (and values) of a culture. Each shines a different light upon the object and allows for a different means of the objects interpretation and understanding. Since each component, is lacking in its representation of totality, it is necessary to be continually moving from the model to the metaphor, to allow for the linking of previously unassociated ideas.

THESIS PROBLEM:

Historically, death was a family event that took place within the home. Social and cultural customs required the attendance of family and friends at the bedside of the dying to provide whatever was available to ease the suffering. Death is the most dramatic reminder of Man’s limitations and mortality - this was contrary to the basic American belief that is man as a master of nature, a belief that has been reinforced by technological progress.

Today, seventy percent of deaths take place within the hospital or other institutional environments. With this change from the historic, researchers have observed that American society has taken a death-denying stance, the emergence of hospice within the realm of healthcare is the result of the shock that occurs at the reality of death. This emergence has lead to a re-evaluation within our belief system; the philosophy of hospice reflects a shift away from healthcare oriented to the technological bureaucratic institutions that are the hospital of today.

Hospice is a reaction to the fundamental question of how may a person may embrace the process of death. Death is viewed as a widespread phenomenon, it is a certainty for each of us; it is an experience which all men undergo. While intellectually we know we are going to die, experientially we have difficulty in believing it. Death is both a biological and a spiritual phenomenon; and while it is located at the end of our life, its reality imposes itself upon the patterns of our lives.
Hospice refers to a coordinated interdisciplinary program of palliative and supportive services for terminally ill persons and their families. Hospice believes that through personalized services and a caring community patients and families can attain the necessary preparation for a death that is satisfactory to them. People react to their environment in terms of the conscious and subconscious meanings that are communicated to them. Environmental evaluation by the non-architect user is based upon overall effective response rather than a detailed analysis of specific aspects. The development of a comprehensible environmental image and the associated meanings is critical to the acceptance of the environment by an individual.

THESIS OBJECTIVES:

Since the concept of 'hospice is a relatively new phenomenon in its contemporary interpretation this study's objectives have included the following:

1. Identify and gather literature on the philosophy of hospice, to analysis and extract from the literature, a list of comprehensive issues. This research has been supplemented with visitation to existing hospice and health care facilities.

2. To identify and explore the means, both natural and man-made that can be used to promote the development of understanding and comprehension of architectural form and structure within the design process.

3. To explore various means, of manifesting the insight and knowledge gained, of the design issues of the hospice environment and the transformation of the philosophical values into a meaningful architectural expression.

THESIS APPROACH:

This study illustrates a means of the analysis and investigation of architecture and the synthesis of a built environment, which is legible to the users.

The study reviews the relationships between the natural context (model) and the man-made (metaphorical). A focus has been made of the issues that are critical to hospice and how they can be responded to in an architectural expression. These issues include:
- Birth
- Life
- Death
- Community
- Privacy
- Home
- Institution

The hospice is to be viewed as being analogous to a community or neighborhood. The hospice should have a range of places, public to private, large to small, open to closed, active to quiet; a variety of places, in the same way that conceptually, a city, town or neighborhood has a range: arenas, stores, streets, porches, houses, bedrooms.
SECTION 2
SITE COMMUNITY AND LOCATION:

- The project site is located along the west fork of the White River in Muncie, Indiana; a community of approximately 60,000 residents.
- Ball State University student population increases this figure by about 17,000.
- The community is located in and is the county seat of Delaware County, which is situated in the northeast portion of central Indiana, 60 miles from Indianapolis—the state capitol.
- The community is serviced by three major railroads and by Interstate 69, State Roads 28, 32, 35, 67, and 3.
- The county’s economy is dominated by heavy industry and trade related industries with Ball State University, Warner Gear Corporation, Ball Memorial Hospital being the three major employers.

Other Communities and amenities include:
- Anderson, Madison County, New Castle in Delaware County there are wildlife areas located along Mississawa Rivers, and the Delaware River. These areas are home to young and old.

FIG. 1
Delaware County
Muncie, Indiana

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Westside Park, Muncie, Indiana

Every region has a different climate, geography, and community of living things. Out of these patterns emerge the unique spirit of each place, and, as well, a particular kind of human being and human community. Our homes connect us to or isolate us from this spirit of place. If they take on (or ignore) the special qualities of snow country, desert, prairie, piedmont, or bayou, they can nurture us with the unique possibilities of growth inherent there.

The environment is an integral part of primitive cultures; the people work, create, and play in harmony with their landscape. (Birth, life, death)

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Site Selection
Hospice Location:

Hospices, like most things related to death in our culture, are often "invisibly" located, so that our attention is not drawn to them. Location so that our attention is drawn to them, in right context and meaning, can add immense power to the act of dying and make it a gift to the community as well as the individual and family.

Location immersed in the complex web of nature can help reconnect our individual and cultural ties with the rest of Creation, and give deeper context to both life and death. Location in conjunction with a birthing center can allow the closeness of those crossing in and out of our material world to become gifts to each other and to the rest of us. Location in the center of our communities can keep the cycles of life in our attention and make easy the visiting with and honoring of those dying. Location in connection with crematories, cemeteries, etc. can link our dealings with our "remains" with the process of dying. Each community and its traditions are different, as are the combination of location factors which

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SECTION 3
BUILDING TYPE ANALYSIS
ANALYSIS OF PRECEDENT:

A building type analysis involves the study of same or similar type projects. Analysis reduces complex architectural concepts and buildings to the essentials. Intricate programs are reduced to a few lines, hundreds of complex relationships may be reduced to a few important ones. The extraneous is eliminated, what remains becomes dominate and memorable.

The analysis process can occur using various means, the one that I have found to be helpful, is similar to that as portrayed by Roger H. Clark and Michael Pause, in "ANALYSIS OF PRECEDENT" An investigation Of Elements, Relationships and Ordering Ideas in the Work of Eight Architects"

1. The goal(s) of the various analysis is:
   a. Examine basic similarities/ differences of architects designs over time
   b. Identify generic solutions to design problems, which transcend style.
   c. Assist in the understanding of architectural history.
   d. Develop analysis as a tool of design.
   e. Provide for an opportunity for the discussion of design ideas through the use of example.
   f. The use of these means of analysis, allow for a real understanding of the evolution of architectural ideal and their evolution over time.
   g. An architectural vocabulary becomes apparent which has been developed and tested over time.
   h. Architectural Organizational Concepts
      i. Can assist in recalling a building
      ii. Can Assist in the comparison of one scheme to another
      iii. Can assist at the development of a design process.

2. Familiarity with these categories:
   a. Encourage the development and selection of ideas from a greater range of possibilities on the basis of the appropriateness to a particular design problem.
   b. Assist in the comparisons of design solutions

3. Categories or Issues Studied
   a. Elements:
      i. Entrance
      ii. Circulation
      iii. Massing
      iv. Structure
      v. Services
      vi. Space Definition
      vii. Natural Light
   b. Relationships
      i. Building to Context
      ii. Circulation to Use
      iii. Plan to Section
      iv. Unit to Whole
      v. Inside to Outside
      vi. Repetitive to Unique
   c. Ordering Ideas
      i. Symmetry / Balance/ Point/Counterpoint
      ii. Grid/Geometry
      iii. Hierarchy
      iv. Layering
      d. Parti - The dominant idea of the building, which embodies the salient characteristics of the building. The parti diagram embodies the essential minimum.

4. Other issues which can be studied are:
   a. Enclosure
      i. Overhead
      ii. Surround
      iii. Ground
   b. Spatial Patterns
   c. Movement
   d. Association
   e. Assembly
   f. Axis
   g. Hierarchy
   h. Rhythm/Repetition
   i. Datum
   J. Transformation
ANALYSIS
WINDSOR COURT - ASSISTED LIVING
CARMEL IN

Element - Entrance:
Main
- Venricular
- Transparent
- Covered
- Preceded by a dominated form

Service:
- Hidden at rear of facility, restricted usage
- Residence Unit:
  - At node or recess, along pathway at corridor
  - Change in ceiling height, light and carpeting.

Element - Circulation:
- Central, double loaded corridors
- Little, restricted to the exterior
- Nodes at change of use, change of direction, activity areas

Element - Service:
- Centralized, at pathway nodes
- Facility support is restricted.

Element Space Definition:
- Interior Circulation and Exterior Courts are primary defining elements
- Pathway nodes.

Relationships Unit / Whole:
- Resident Living Spaces:
  - Smaller, similar parts to develop composition
  - Parts are similar
  - Smaller, repetitive
- Service, Public Spaces:
  - Different Components Different function

Relationships Inside / Outside:
- Limited physical connection controlled
- Strong visual, each resident living space is at perimeter and has an exterior view.
- Interior service areas are buried: little exterior connection.
- Some implied spaces at exterior
- Form is influenced by the use of courtyards

Relationships Repetitive / Unique:
- Repetitive (resident living units-private) are combined with special use (public) spaces to develop whole.
- Courtyards help to organize and structure.

Ordering Ideas Hierarchy:
- Private spaces are subordinate to the public
- Entry is dominate
- Circulation is organizer,
- Service is central, private spaces radiate out

Ordering Ideas Symmetry / Balance:
- Symmetry assist in wayfinding
- Form, plan is balanced, additional wings could easily be added
- Public Services are defined as unique
- Exterior void of courtyards are counterpoint to built form.
ANALYSIS
St. Oswald’s Hospice
Gosforth, Newcastle, England

The hospice is planned around a sequence of enclosed courtyard of contrasting character. The entrance court makes the transition from street to building and addresses the problem of vehicular access and the change in scale. Behind this, and central to the building is the cloister/chapel court, around which runs the secondary circulation serving the service areas. Below is the informal garden court and the primary circulation into which all of the wards have views.
ANALYSIS
ROBIN RUN VILLAGE
RETIREMENT COMMUNITY
INDIANAPOLIS, INDIANA

Robin run Village is a multilevel not-for-profit retirement community, owned and operated by the National Benevolent Association of the Christian church (Disciples of Christ).

The facility, located on 86 acres, provides for a variety of living opportunities: from garden homes to apartment living, all designed for the special needs of older adults.

The main complex, is designed around a series of landscaped court yards, with the primary services located at ground level around the primary court. Additional services, located at the 1st level include:
- Health Center
- Adult Day Care
- Children’s Day Care
- Library
- Common Lounge Area
- Private Dining
- Beauty & Barber Shops
- Woodworking Shop
- Arts and Crafts Studio
- Game Room
- Billiards Room
- General Store
- Bank
- Chapel / Assembly
- Landscaped Courtyards
SECTION 4-
THESIS RESEARCH NOTES:

The study has utilized various means to analysis the ideas and issues posed by the thesis, thesis problem and the thesis objectives as related to architecture and the hospice philosophy.

These notes represent a key tool in the internalization and the development of my personal understanding of the issues raised in this thesis. How can environmental images be formed and how it may be broken down into: structure, image and meaning and how a legible, readable place may be created.

- The Language of Architecture
  - Language of Means:
    - Built form
    - Organized space
    - Building types

- Morphology: Morphology studies the structure of spatial boundaries
  - Concerned with the built form.
    - The built forms are understood in terms of their being connections between the Earth and Sky:
      - Ground: standing - relationship with earth base and wall
      - Surround: opening - relationship inside / outside openings in walls
      - Overhead: rising - relationship to sky verticality
    - It is at the wall that the earth and sky meet
  - Topology: Concerned with the spatial order and spatial organization.
    - Architectural space derives from place rather than abstract mathematical space
      - Proximity
      - Continuity
      - Closure
    - A basic property of existential space is the distinction between the horizontal (relating to the earth) and the vertical (referring to the sky)

- Typology: Concerned with the manifestations of the modes of dwelling
  - Settlement: urban dwelling, house, tower, hall, dome, gable
    - Type becomes manifest as an image or figure
    - The languages of architecture thus comprise archetypes on all
environmental levels

- Archetype: modes of dwelling concretized by means of general principles of embodiment (built form) and spatial organization
- "Man's being in the world is structured, and the structure is kept and visualized by means of architecture"
- Typological studies represent what is general - the individual work as a variation on the topological theme, this makes a circumstantial adaptation manifest

- Setting into Being a two-fold process:
  - Language of architecture - language: mode of dwelling is translated into a typological entity by means of the basic principles of built form and organized space
  - Speak: this type is modified in the here and now

- Hospice is like a monastery in general overall scale, a community gathered for an overall purpose, yet the space of the living unit is like the home

- Setting into being is a local and temporal interpretation of the timeless, a modification of an archetype

- The meaning of a work of architecture therefore consists in its gathering the world in a general, typical sense, in a local particular sense, in a temporal historical sense, and finally as something, that is, as the figural manifestation of a mode of dwelling between the earth and sky.
ARCHITECTONIC ARCHETYPES: see also B. Allsopp "Towards A Humane Architecture"

- Long before the first architects, man was habituated to the idea of significance in things
  - Spirit: something that existed and had power but was not material
  - More power than the material
  - Material object become a symbol for the spiritual power

- 3 Archetypes:
  - Mound: grave, breast, mother goddess
  - Trilithon: the erected stone, fertility symbol, marker of territory
  - Aedicule: the primitive hut
  - Aedicule: archetype of the house
    - 3 elements within the environment
    - Room - personal, family sanctuary
    - Porch - transitional to the outside
    - Roof - keep out rain and defines enclosure

- A territory is the buffer between the dwelling and the outside world; a place where children can play, herbs can be grown, wood may be chopped, grain stored, animals kept
- Size of territory is a major determinant of rank
- Trilithon: does not enclose space
  - Portal: part of the aedicule porch
  - Symbol - free standing colonnade

House
- House: the place where daily life takes place:
- Daily life:
  - What is continuous in our existence?
  - What is familiar ground?
  - The house is the place that is our own- our place where we maintain our personal identity
  - Personal identity is the content of private dwelling
  - The house is a place of understanding-a place where man is able to become and
experience his being a part of the world

- Windows are places where light becomes materialized and establishes the atmosphere
- House also expresses the range of activities, which may take place there.
- The house makes the world of nature and human phenomenal manifest in its varied degrees.
- Entrance: welcoming and warm, sheltering
- Living room: celebration of light, liberating and festive
- Dining: warm, rich-the rituals of sharing food with family
- Bedroom: the retreat of the individual, intimacy

- Task of house:
- To reveal the world-not as essence but as presence
- Material, color, topography, vegetation, seasons, weather and light
- This is achieved by opening up the surrounding world and by offering a retreat from the same world
- Retreat: not a place to hide
- A place where man gathers his memories of the world and relates them to his daily life
The Existence Of Intangible Content In Architectonic Form or The Toa Of Architecture.

- Physical manifestations of life are plastic and when they fail the requirements of time and place they may be manipulated and changed by man.
- But that which is intangible is beyond the power of man, existing as a permanent reservoir from which the potential of life may be drawn on as the need arises.
- Beyond the power of manifestation, this unseen factor usually is not unseen but also tends to be unapproachable.
- Two challenges of contemporary architecture:
  - Human quality of physical environment - harmony and unity
  - Relationship of parts to whole - relationships of the whole to the parts
    - Life is a paradox - it is an ever-changing experience, a flowing of experience in which nothing can be permanently held or absolute.
    - Without allowance for filling - a valley will run dry; without allowance for growing - creativity will stop functioning.
  - Dialectic:
    - Enter exit
    - Built open
    - Man nature
    - Land water
    - Interior exterior
    - Mass void
    - Repetitive unique
    - Ground overhead
    - Analytical systems
    - Linear holistic
    - Positive negative
    - Order chaos
    - Stability change
    - Point counterpoint
    - Tangible presentations, particular names and words, have their preconceived meaning; changing associations according to time and place render these meanings sterile.
- Our environment, and our perception of consciousness control our own reality.
- What is real: where is your reality?
- To comprehend reality - must accept the negative as well as the positive.
- To appreciate light - must experience darkness.
Love - hate
Birth - death
Birth - life death
Life is the connection between birth and death
It is but a transition from nothingness to obligation
Birth: the individual
Life: people, others
Death: the individual
Death - nonbeing of life - similar to the state before birth
  - Unbalance provides focus
High low
The overview - the focus of life upon birth and death
Earth
Sky
Water
Wind
Fire
Ice

Molding clay into a vessel, we find utility in the hollowness; cutting doors and windows for a house, we find utility in its empty space; therefore, the being of things is profitable, the non-being of things is serviceable - the in material: is the most useful - void: regarded usually as negative, actually is the more important; because of its capacity for being filled

Growth is a basic function of life, of everything alive - therefore, anything, which is complete, perfect and cannot grow and change is dead
It is the interface between two elements that is the most dynamic
The shore: the sea and the continent
Dawn, dusk: the night and the day
Life: birth and death
Thus death is considered as only the non-being of life - similar to the state of life before birth

Flip things: change reality change view
Seek the formless form that makes the intangible essence of an object, an idea, a place
Reality is what we believe it to be, reality is ever changing—being consciousness of its ever changing is where there is a potential for growth; do not dwell upon the momentary
If you believe in dragons, then they are real and breath fire
  - Transcend time - look at time as a transparent, transitory thing
- Time is a mist, thru which man is a transient specter,
- Each specter feels the mist to be solid, yet to all other specters intangible
- Our Goal is to Find and tap into the Meanings and Symbols that are able to Transcend Time.
- Man's Experience Includes:
  - Smell
  - Hearing
  - Touch
  - Temperature and humidity
  - Vision
- All these tangible elements help to perceive and communicate the intangible content and help to give man a feeling of existence in space
  - For example it is LIGHT that allows vision; the manifestation of light is critical to the definition of space
- Building Materials:
  - Rusticated materials are intangible, since with nature and time, they do not try to forestall nature but rather they go with nature
  - They outlast surfaces that are artificially finished - highly processed materials are more expensive in contest of time, money, resources
  - What appears tangible - architectural or natural, is only a means to suggest that which is lacking in appearance and existing in man's intangible understanding and aesthetic feelings
- Variability And Complement:
  - Allow for completion within the minds eye
  - An element of intangible content, an incomplete or fragmentary shape preserves the possibility of flexible adaptation with other neighboring shapes
- Void: something occupied by nothing
- Solids: something
surrounded by nothing
  o Neither could exist without the coexistence of the other
  o Void as a means of relating otherwise unrelated forms to each other

- Architecture:
  o Protection from the weather, shelter
  o Integration of solids with void
  o Space containment: a means rather than an end

- Life: void relationship
  o Man 'protects' or encompasses his being temporarily within a body, must not be afraid or deny the fact that his final and original being exist in void instead of solid
  o Void: like life is beyond vision, audition, and understanding
  o Void is infinite: beyond understanding, comprehension; intangible - all potential, all is possible

- A solid space is static; a space composed of elements has the potential for growth, openness, and flexibility

- The form and shape or character of a void is dependent upon solids by its very nature

- 3 Dimensional: time for the manipulation of space
  o Overhead
  o Surround
  o Ground

- Polarities influence each other
  o Horizontality Verticality
  o Perpendicularity Obliquity
  o Curvilinear Rectilinear
  o Simple Compound
  o Minute Colossal
  o The stronger the contrast, the greater the required volume necessary to receive them

- Architectural composition-combing of similarity and difference
  o Elements of enriching architectonic form:
  o Contrast in size and shape
  o Complemented by concavity

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- Principle of fragmentary parts for flexible whole
- Interrelated contrast and complement
- Construction is tangible but not necessarily what it appears to be
  - With new materials, largeness does not necessarily mean heaviness
  - Structure is intangible and never is fully manifested

Notes from Cesar Pelli presentation:
- Make use of forms that are a product of masonry construction; brick and stone
- Glass and steel construction: this type of construction dictates the development of different forms and expressions that are 'true' to their nature of materials
- What about symbolic manifestations that are conveyed by form
- How is the use of forms from one method of construction a lie when enforced upon another?
- How may we develop comparable forms for new construction techniques?

- Symmetry and Asymmetry:
  - Symmetry is a static entity that, to maintain perception must be static to all perceptions
  - Asymmetrical element require a void for that can be a counterpoint of that which is there
  - Look at what is required by physics; then apply this principle to building
  - In asymmetry there is life there is balance
  - Symmetry is static is unnatural
  - Asymmetry creates tension: between elements
    - Between mass and void
    - Between the past and present
    - Between the present and the future
- Time: a product of our consciousness
  - Time is a product of our reality
  - Reality is ever
changing
  - Each of us controls reality
  - Each of us can control time
  - Time travel is possible
  - To be able to make our hands grow old, decay, turn to dust
  - To be able to return to the primeval seed from which we have sprung
  - Each man within his lifetime is a small universe
  - Each man owns his universe each man has his own reality: the future and the past controlled by the present

- A hospice patient's reality is focused upon death: a changing of the physical existence

- To allow for a more humane transformation into death; a critical element is the involvement of the person with the past life
  - Memories
  - Hopes
  - Dreams
  - Family
  - Friends
  - These are all part of the manifestations of existence

- Life is composed of many fragmented pieces; each allowing for many potentialities
  - Man's hopes lie within these potentialities
  - There is no completeness-only levels of involvement
  - Some doors are open
  - Some doors are left untried
  - Immortality allows for the movement from one door to another

- LIFE:
  - What came before birth?
  - Where was the essence that is I?
  - What comes after death?
  - Where goes that essence which is I
  - Life is a transitory thing; such a swift winged animal
  - There are moments that belong to the dove; so gentle, sharing; an insight into that which is contained within us all
- There are also moments of the vulture -where we choose to 'feed' off of the living creatures around us
- Must there not be a purpose to this interlude between the darkness and the obliteration
- Are the gods our dreams of what lives that have come before; or perhaps we are only their specter dreams
- What a wonder
- What a comedy
- What a tragedy
- In life: I want to grow, I want to encompass the stars and the heavens
- I want to have known all that has come before I stop this dream
- I want to remember having climbed out of the primeval mother sea; or perhaps I am remembering my own birth. I hope that death be just a moment within a gods dream
- Do not fear life, do not fear living, and do not fear death
- Learn to listen: to myself, for within myself there is an amazing universe that is beyond space and time; a universe that is controlled by my reality

- Movement
  - The flowing of space, directional space
  - Spatial interface: it is the boundaries that are the most viable
  - Seashore: the ocean and the land mountain peak: the earth and sky

- The intangible barrier: go beyond building, transcend into architecture

- Contrast and complement: attract interest, contribute to the sequential movement
  - Light
  - Color
  - Texture
  - Shape
  - Balance
  - Sequence in space:
    - Open / closed
    - High / low
    - Mass / void
    - Action / response
    - Openness alone suggests uncontrolled expansion - lead to fatigue
    - Enclosure alone suggest compressed...
stillness lifelessness
  o At a level of conceptual continuity sequential effect is usually suggestive; it is always renewed unfinished
  • Individuality and Unity
    o Contrast and complement of surface quality and form is integrated with buildings usually in terms of contrast of balance and contrast of openness
    o What is asymmetrical can usually be most effectively incorporated with what is Symmetrical
    o "Thirty spokes are assembled by one hub; by their non-being a wheel is formed"
    o What is not, is as critical as what is this is non-being
    o The circle - the symbol of unity / integrity
    o The bringing together of all to form a whole

  • The meaning of a whole and a part will concurrently exist in our mind only when we think about the relationship between them instead of about the individual elements
    o The interrelationship of elements is of highest significance
    o Relationships reveal the fact that a part is lively primarily due to the power of its intangible content
    o Without the surfaces to receive its light, a lamp is not a lamp
  • One is necessary to contain and recognize the other: this is the Design Dialectic

  • Intangible content gives life quality to architectonic form; creative forgetfulness gives life-quality to architecture; and spiritual being gives life-quality to life itself.
SECTION 5
HOSPICE RESEARCH NOTES

FACILITY PROGRAM:

The emergence of hospice within the realm of health care institutions is the results of a re-evaluation by society today of the basic ideals surrounding health care in general and as related to the terminally ill in particular. This review reflects a shifting away from health care oriented to the technological bureaucratic institutions that have come to predominate the hospitals of today. The philosophy of hospice contends that these institutions are an inappropriate milieu for the terminally ill to spend their final days of life.

The hospice philosophy seeks instead to create an environment in which the patient and family may come to terms with death in such a way that is satisfactory to them. An appropriate environment is one that makes direct connections to nature, life, home, self, and community.

The hospice facility can be seen as a community of caregivers. The architectural design of such a facility should address the ideals of the hospice philosophy. The design should respond to the realities of life while addressing the transition that is about to occur - a movement from life to death, from the past to the present, to the future.

INTRODUCTION: - PROGRAM PURPOSE:

This program is an exercise in the development of a base of reference into the philosophy, goals, and issues of hospice. This investigation seeks to assist in the synthesis of an architectural expression that is a manifestation of hospice - the users identities, their concerns, and activities.

Historically, death was a family event that took place within the home. Social and cultural customs required the attendance of family and friends at the bedside to comfort the dying and provide whatever palliatives were available to ease the suffering. Usually, only the poor and friendless died in the hospital of poorhouse. Richard W. Osborn

Today, there has been a shift away from the responsibilities from the family and 70 percent of the deaths take place in hospitals or other institutional types of facilities. With this change, researchers have also observed that American society has taken a death-denying stance. This means that if society as a whole does not admit to the existence of death as a normal aspect of life and as a part of our societal fabric, then society does not have to deal with the problem on a functional basis. There need be no preparations, no overt acknowledgement of death. The uses of a host of euphemisms, such as passed away, departed, crossed over the bridge, and expired creep into the language.

Hospice care represents a change in the expectations of medical care for the terminally ill, which brings a humane dimension to the quality of life for patients and their families. This program seeks to consider the patients Physical, Emotional, Psychological and Spiritual Needs as they are addressed within the philosophical ideas of hospice as they may be manifested in an architectonict expression.

The hospice movement is a fundamental reaction to the conclusion that a hospital or nursing home being an inappropriate environment in which to make the transition from life to death. It is a response to the perception of the importance placed upon the manner and place in which an individual embraces death by society. The movement is gaining momentum in the
United States as an alternative to the cure at any cost" attitude, which permeates our acute, care facilities, and the tendency for hospital regulations and actions to separate the patient and family in a crisis situation.

Hospice: A program which provides palliative and supportive care for terminally ill patients and their families, either directly or on a continuing consulting basis with the patient's physician or other community agency such as a visiting nurse association. Originally a medieval name for a waystation for travelers going to and returning from the Holy Land, it was a place where they could be replenished, refreshed, and cared for used here for an organized program of care for people going through life's last station. The whole family is considered to be the unit of care, with care extending through the mourning process. Emphasis is placed on symptom control and preparation for and support before and after death, full scope health care services being provided for by an organized interdisciplinary team available on a 24 hour-a-day, 7 day-a-week basis. Hospices in their contemporary interpretation and organization originated in England.

HOSPICE PHILOSOPHY:
A comprehensive, humanistic treatment for the patient and family, the hospice philosophy seeks to restore dignity and a sense of personal fulfillment to the terminal patient. The focus is on the patient rather than the disease, the aim is not to extend life but rather to improve the quality of life that remains.

The patient and family are considered to be the unit of care. Patients live until they die and their families live with them as the (the family) may continue to embrace life after the death of the loved one.

An interdisciplinary team is used to assess the physical, psychological and spiritual needs of the patient and family, to provide an overall plan of coordinated care. Feelings of security, belonging, and participation in decision-making and responsibility for care by patient and family. Pain and collateral symptoms associated with the terminal illness and its previous treatment is controlled, but no heroic efforts are made to cure the patient.

ORGANIZATIONAL TYPES OF HOSPICES:
• Freestanding facility; with or without a hospital affiliation and a contractual arrangement for home care.
• All volunteer organization with no single base facilities.
• Units in skilled nursing facilities.
• Hospital-based facilities with home care provisions.
• Separate unit within a hospital.
• Integrated throughout the hospital.

CHARACTERISTICS OF HOSPICE CARE:
• The patient and the family are the unit of care.
• Emphasis is placed upon symptom control.
• There is an overall medical direction to the care program.
• Home care and inpatient programs are coordinated by an autonomous hospice administration.
• Services are provided by an interdisciplinary team approach.
• There is a 24 hour-a-day, 7 day-a-week coverage with emphasis placed upon availability of medical and nursing skills.
• Volunteers are used as an integral part of the health care team.
• Care of the family extends through the bereavement period.
• The program offers structured staff support and channels of communication.
• Services are provided on the basis of need rather than the ability to pay.
• Reasonable fulfillment of individual life styles.
• Professional, competent staff who are secure in their resources to offer strong support of the patient, which includes, emotional and psychological symptoms.
• The integration of children into the life of the hospice.
• A physical design, which promotes independence of movement, privacy, and community.
• Considerable interaction among the patients.
• Community of care to patient, with caregivers previously acquainted with the patient in the community receiving encouragement to continue contact and support.
• Home and outpatient programs that facilitate ease of transition between hospice and the

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home.

- Administration which provides excellent recording of the data necessary for evaluation and research, as well as educational opportunities for the wide variety of specialist who have contact with the dying and their families.

SERVICES OF A HOSPICE:
- Inpatient skilled nursing care in a nursing home or hospital.
- Physician services.
- Home health care, including nursing and personal care services.
- Physical, speech, and occupational therapy.
- Pain relief treatment.
- Emotional support services.
- Spiritual support.

MEDICAL SERVICES:
- Home health, skilled nursing care, and aide.
- Home visits by physician.
- Psychiatric consultation.
- Pain control and medication.
- Physical therapy.

SUPPORTIVE SERVICES:
- Bereavement follow-up.
- Daycare for patient.
- Homemaker services.
- Meal preparation at home.
- Respite care for family members.
- Death education.

HOSPICE ORGANIZATION:
- Unit of care:
  - Terminally ill patient.
  - Family and friends.
  - Primary care-givers:
  - Volunteers: 2 active care volunteers per patient.
    - Public health nurses.
    - Nurses in-hospice: 1 per 3-5 patients.
    - Attending physician in addition to the family physician.
    - Minister, clergy.
    - Psychologist.
    - Physical therapist.
    - Occupational therapist.

- Social workers.
- Care-giver support:
  - Pharmacist.
  - Dietician, cook.
  - Maintenance.
  - Laundry.
- Administration:
  - Board members.
  - Director.
  - Volunteer coordinator.
  - Medical director.
  - Secretary, receptionist.
  - Attorney.

PROBLEMS, WHICH OCCUR WHEN THE TERMINALLY ILL ARE PLACED WITHIN THE TRADITIONAL HOSPITAL (INSTITUTIONAL) ENVIRONMENT:
- Overt and subtle forms of abandonment of care when cure is no longer part of prognosis by the caregivers and family.
- Inappropriate use of technological and heroic intervention to prolong duration of life.
- Diagnosis of suffering as psychosomatic.
- Refuse to treat patients symptomatically, particularly for pain.
- Failures to provide liaison services for patients self care needs.
- Resistance to include the family and patient in the planning of patients care.
- These problems are evident in the concerns of terminally ill patients and which maybe responded to in the design of hospice.

DEFINITION OF INSTITUTIONAL:
- Isolation.
- Stark, sterile.
- Administratively oriented.
- Ominous presence within the urban context.
- Non-personal care (one in a multitude).
- Low social priority placed on terminally ill patients since nothing can be done to save them (the terminally ill have a different set of physical, psychological, and spiritual needs).
- Use of sophisticated technology to sustain life.
- Functionally, utilitarian deterministic based design.
- Little concern for the psychological or social

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- needs of patient, family or staff.
- Family feels like an intruder (no place to stay after visiting hours).
- The size of the facility is typically of a scale that does not respond to the patient as an individual.
- Access to the outside is strictly limited - if not impossible.
- Generally there is a lack of natural light, fresh air, and views.
- Long, glare filled, noisy corridors, which do not respond to the wayfinding and orientation needs of patient and family.
- Sounds, smells, images of the sick.
- Little opportunity for privacy and personalization within the patients' room.

**USERS:** Hospice patients and their families will enter the inpatient unit for several reasons:
- Short-term intermittent stays will provide time for pain management and symptom control, as well as for patient and family respite from long home care.
- The lengths of a patients stay will general vary from a few days to potentially months. However, the average inpatient stay will be 17 days, and the patient will die within 40 - 45 days after admission into the hospice program.
- Although the actual disease is significant, it generally does little to pinpoint the possible needs of prospective users of the hospice facility.
- What is critical to remember is that the patient users will be confronting their death, using conscious or unconscious means. The confrontation with death is not only restricted to the patient; the family, friends, and staff have a daily struggle to make sense of this extremely difficult and profound issue. While the patient is dealing the 'stages' of their dying (Denial, Isolation, Anger, bargaining, Depression and Acceptance), the family and staff must also come to terms with their emotions and feelings (Guilt, Fear, Hurt, Confusion, and Grief).
- An important aspect of the hospice philosophy is the development of an environment in which all members of the hospice community are interdependent (each helps the others and in turn is helped by the others in the development of an acceptance of death) while also being allowed the independence and self-control necessary to maintain a positive self-image.

**CONCERNS OF SPOUSES--FAMILY:**
- To be with the dying person at the moment of death.
- To be helpful to the dying person.
- To be assured of patients comfort.
- To be informed daily of patients condition.
- To be privately informed of the impending death.
- To be able to ventilate their own emotions privately.
- To be able to comfort and support other family members.
- To feel acceptance and support from the medical staff.

**CONCERNS OF HOSPICE PATIENTS:**
- Fears of abandonment of patient care by
- Social workers / Psychological Counselors / Religious personnel: Primary activity is to counsel and provide support to patient, family, and staff.
- Doctors: May consist of staff physician with assistance from medical student; also the private doctor of the patient and family.
- Nurses: The more accessible professional caregiver; provide medical supervision.
- Volunteers: Often family members of former patients; provide assistance in medical supervision, students.
- Therapists: In charge of planning and implementation of speech, physical, and occupational therapy in conjunction with patient, family, staff.
- Dietician / Cooks: Help in the development of menus, special diets for patients; family has the option of fixing and eating meals at the hospice.
- Janitorial / Maintenance: Maintain facility.
SECTION 5
HOSPICE RESEARCH NOTES

FACILITY PROGRAM:

BUILDING AMBIENT CONDITIONS:
- In general, the spaces created should respond to the development of a homelike atmosphere rather than one of an institutional nature.
- The design should respond to the philosophical treaties of hospice care. While medical technology, effectiveness, productivity, and profit are important considerations of any health care facility, it is perhaps more revelant to recall the healing spirit embodied in health care before the advent of the age of technological medicine.
- This healing attitude was expressed by Florence Nightingale in Notes on Hospitals, published in 1859. She called for the health care architecture to be based on the 'healing spirit' of nature - water, fresh air, daylight, and windows providing views of life and heaven.
- The hospice philosophy calls for the dying and their families to be encouraged to appreciate not the quantity of life remaining; but rather the quality of life is emphasized.

THERMAL NEEDS:
- Besides the actual physical temperature of space there are considerations such as color and materials used which will affect the perceived coolness or warmth of a room. The use of natural materials in areas that call for intimacy may dictate the use of wood; while the use of painted smooth surfaces may be more appropriate in recreational areas.
- The use of elements such as ceiling fans may help to develop the image of cooling breeze in a solarium or exercise while at the same time allowing for individual control.
- It is important to realize in summary that there are means in which the psychological perception of the thermal qualities of a space may be influenced rather than just actually changing the physical temperature of a space.

FURNITURE AND EQUIPMENT:
- In patient areas it will be necessary, for functional reasons to have a few pieces of institutional furniture such as: the hospital bed and over the bed table. However, most other furnishings can be residential in character throughout the hospice. It should be warm in nature with the use of wood and fabric, easily maintained. In order to enhance the residential character and reduce cost it should be encouraged for service organizations to make and donate such items as quilts, etc., which will enhance the development of the desired character.
- In other areas, such as the nurses stations, the equipment should not appear to be overtly institutional, but of a more approachable character. It may be appropriate for this area to be of the image of a residential kitchen, with counter and cabinet space, it may then develop more readily as an area of congregation, an area of possible social interaction.

ACOUSTICAL:
- Acoustical privacy is a must at certain times and should easily be accomplished by pulling a door or acoustic curtain shut. There are several ways that this may happen, and the zoning of spaces is important in reducing sound transmission to areas requiring quite, such as areas where grieving may be expressed. The selection of materials which are not 'hard' and as a result reflect sound should be avoided, use of materials such as carpet and acoustical drywall help to lessen noise transmission.

HVAC:
- Heating, ventilating and air conditioning should be controlled by the individual rooms, since the relative warmth of an individual will vary.
The patients in general will have difficulty with their perception of temperature due to their being ill, and their condition of being inactive. A ventilation system shared by the facility will be necessary to expel used air from the community so that no lingering smells of sickness and antiseptics. The use of operable windows along with ceiling fans will help in the development of control and manipulation within the space.

**LIGHTING:**
- The lighting should respond to the many possible uses of each space by being adjustable; the users can control the level based upon the requirements of an activity - such as reading, watching television. The lighting fixtures should be mainly home-like; which may be accomplished through the use of incandescent task lighting.

**FLEXIBILITY:**
- Flexibility as related to the hospice is concerned chiefly with the manipulation of elements within the spaces by the users in a very limited way - mainly with the moving of furniture to best suit their needs. Flexibility is also exhibited in the ability of the users to obtain various levels of privacy: Intimate, Private, Semi-Private, And Public.

**SECURITY:**
- Separate entries may be provided for each apartment or for each patient / family cluster. The cluster approach has the advantage of allowing an easier monitoring of the facility. Well-lighted entrances increase a sense of security.
SECTION 5
HOSPICE RESEARCH NOTES

HOSPICE DESIGN ISSUES & RECOMMENDATIONS:

LARGER THAN ROOM SCALE:

HOSPICE AS A WAYSTATION:
- Issues:
  - The health care institutions of today do not in general aid in the effort of the terminally in confronting the reality of death.
  - The terminally ill patient needs to share his or her feelings. Knowing that others are going through the same anxieties, frustrations, and pain can help an individual to cope with their own problems.
  - Within the hospice holistic care concept, the emphasis is placed on providing palliative care with respect to physical, emotional, and spiritual needs of the patient and family.
- Design Recommendation:
  - The hospice is a caring community that creates a forum that allows patients, staff, and family to conduct an open dialogue on a continuing basis.
  - The hospice is a transcendent experience, which may be fostered by an architectonic environment that reflects this conceptualization of hospice as a waystation: a midpoint between everyday existence - home -community environment and the spiritual milieu of the hereafter.
  - The design should become a synthesis of the ordinary and the unique, and of the monumental and the minuscule. It must look simultaneously - outward, inward, and upward to the heavens.

HOSPICE AS A 'DE-INSTITUTIONALIZED' INSTITUTION:
- Issues:
  - With the orientation of the modern hospital to the bureaucrat, the environment has become one, which does not respond to the needs of the individual in general, and the terminally ill specifically but is instead a sterile 'health care factory'. The hospice philosophy seeks to provide for a synthesis of the institution with that of the home.
- Design Recommendation:
  - The architectural imagery must reflect a synthesis of home and institution. The successful hospice must draw upon different models for inspiration; these include: from 20-century healing environments, for its therapeutic qualities, the ambience of home and the functionality of the modern healing institution. These archetypes include home, hotel, hostel, hospital, monastic, healing temple, church, and main street.

WATER AS A PALLIATIVE AGENT:
- Issues:
  - The function of water within the arena of modern health care environment has been largely limited to the medical and hygienic possibilities. There has been little or no attention given to its spiritual or recreational benefits.
- Design Recommendation:
  - Water poses timeless hygienic and spiritual powers. Its therapeutic benefits are derived not only by the patient in the form of hydrotherapy; but also in the poetry of streams, rivers, lakes, and the ocean. Water is one of the principle person-nature connections, there is a strong bond - it is mystical, it is foreboding. Water has symbolic meanings of birth, and rebirth; the design should create functions: ponds and other amenities that may address the multi-dimensional functions of water.
CONNECTIONS WITH LIFE:

• Issues:
  • The hospice patient needs to experience meaningful linkages with the flow of life, until
    the moment of death.
  • The physical environment, if properly considered, can afford therapeutic benefits.
    This has been shown in history, but has been largely overlooked in the modern hospital in favor
    of artificial, complex building technology, environmental control, maintenance-free
    materials, fluorescent lighting, and so on.
    These are merely vehicles to connect people with machines, not with life. In the hospice
    environment, we eliminate such artificiality and instead foster natural connections that
    appeal to the human sensory systems: sight, touch, smell, taste, sound, and also to intrinsic
    spiritual sources.

• Design Recommendation:
  • Allow the hospice patient to directly and indirectly experience the beauty and sounds of
    nature and the hum of life in the city.
  • Provide windows that yield full view on the outside world, and also which overlook life
    within the hospice.
  • Daylight should bathe the interior. It should be remembered however that too much
    involvement might lead to stress, unwanted heat gain, glare, and loss of privacy.

WAYFINDING:

• Issues:
  • Hospitals in general have become too difficult to navigate. One must be able to decipher
    complex signage systems and the labyrinthine corridors. It has become too much for some
    people; a great deal of stress may arise from an inability to effectively take and process the
    information needed to get from point A to point B. It follows that if quality of life is to be
    emphasized in the hospice, then the circulation paths should be clear, direct-
    without being monotonous.

• Design Recommendation:
  • This overlaps somewhat with barrier-free design within hospice.
  • The hospice should facilitate negotiation by all

users.

Information systems must communicate clearly. Do not place undue information
processing demands upon the users.
Color, graphics, photographs, floor patterns, wall maps, and materials should
work together as one. In particular, high contrast signage (foreground/field relationship)
is most sensitive to decrements in eyesight experienced by many cancer patients.

• The architectural forms and organizational models can help in the development of a
  cognitive map.

BARRIER-FREE HOSPICE:

• Issues:
  • Environmental barriers breed anxiety in many patients, many of who are confined to
    wheelchairs, beds, or must rely on walking devices to get about. Elevators, wheelchair
    access, appropriate washroom fixtures, and door widths pose obstacles if not taken into
    consideration.

• Design Recommendation:
  • Comply with current federal, state, and local codes with respect to barrier-free design
    standards.
  • It is also important to develop methods of accommodating the perceptually and
    physically weakened and disabled.
  • Optimize the design of and accessibility of all ramps, signage, activity space, points of
    egress and ingress, bathrooms, color schemes, corridor handrails and wheelchair
    accommodation.
  • The design should also provide for patients to be wheeled about while in bed.

COLOR AS A PALLIATIVE AGENT:

• Issues:
• The antiseptic whiteness of many medical facilities leave many staff, patients, and visitors with an empty feeling. The typical justification put forth usually revolves around the physical 'ease-of-maintenance and cost-effectiveness'. The white corridors, lounges, and rooms have come to represent the meaning of: hostile, cold, alien, depressing, and boring.

• Design Recommendation:
  • Emphasis should be placed upon the informational and therapeutic implications of color in the architectural environment. Color in graphic information systems that facilitate wayfinding is a viable source of visual stimulation in an otherwise static, undifferentiated space.
  • Select colors in the hospice that respond to the needs and preferences of the dying as well as family and staff.
  • Color preferences is partly a function of ones stage in the cycle of life.
  • For the dying, yellow should be avoided, as it tends to correspond to the yellowing of the skin caused by the onset of jaundice.
  • Strong preferences are associated with hues of purple, pink, red and their variations. Other colors can be incorporated in a meaningful way, correlations between nature and the color green, where it becomes an extension of life.

FLEXIBLE ROOMS AS A PALLIATIVE AGENT:
• Issues:
  • In hospitals, critically ill patients are frequently cut off completely from others. They become encumbered with armies of machines that monitor their vital functions. The environment is prohibitive to the development of non-verbal behavior: handholding, visual contact, facial gestures which becomes an important facet of caring for the terminally ill.
  • Design Recommendation:
    • In the hospice environment, communication between people, unobstructed by machines and other unnecessary perceptual barriers is a key component of holistic palliative care.
    • The environment should avoid over-compartmentalization and should encourage sharing.
    • Movable wall screens and curtains allow people to maintain control over the amount of information that they convery to others, and information that is taken into a space.
    • Designs should recognize the need at times for complete isolation; this could be obtained in the patients' room, outside in a quiet garden, or within the spiritual rooms. Designs should be flexible spaces, which may be expanded and receded according to the specific situation.

PERSONALIZATION:
• Issues:
  • The perception of a lack of self-control may lead to stress, emotional trauma, and depression. In the hospital, patients are discouraged from bringing personal items into the hospital room that are meaningful to them.
  • Design Recommendation:
    • The terminally ill patient must be allowed to have a certain amount of self-control over his or her personal life. In the context of the built environment, this manifests in the exertion of
terrestrial behaviors.
• Design the residential quarters to allow and encourage patients and their family's opportunities for personalization. This requires that patients be allowed a sense of personal control-freedom of choice.
• There should be room for someone to bring in personal wardrobe, books, photographs, a favorite reading, art object, or TV chair.

MIXTURE OF AGES: DAY CARE.
• Issues:
  • Our society has a tendency of separating individuals with disease and disability in nursing homes, and mental-health facilities. Most institutions do not respond to the natural day-to-day interaction between individuals of different ages.
• Design Recommendation:
  • Provide spaces that serve as natural stages for social interaction between the old and the young. This can be therapeutic and spiritually gratifying. Social areas in the hospice need to draw the three general groups of patient-users: small children, middle aged, and the elderly. Locate the daycare center near to the patient housing and recreation spaces.

HUMAN SCALE:
• Issues:
  • The scale of hospital and other health care institutions is usually bewildering and complex. The patient may lose their sense of self-identity.
• Design Recommendation:
  • Hospice needs to capture the humanizing qualities of the various historic models: home, hostel, hotel, monastic, etc. Patients need to feel that they are important; a low patient-staff ratio is desirable. The architecture should reinforce the size and proportion of the human body.

REFUGE:
• Issues:
  • Modern health care institutions with their concern for technology have not lost their sensitivity to the elements of novelty and the unexpected that enliven an otherwise empty place.
  • People need places where they can get away; a place that offers momentary reprieve from the grim realities of institutionalization. This place should provide connections between person, earth, and sky.
  • The patient's inherent inclination for privacy and contemplation may be satisfied either by having access to wooded areas, gardens, and places where they may obtain a visual overview of the hospice.
  • The need of patients, family members, and staff to have choice as to when and where they interact with others is critical to the development of positive user interaction.
• Design Recommendation:
  • The design of space should allow the hospice patient and opportunity to obtain refuge from the day-to-day realities of life. The removal process will respond to the periodic need for solace and the spiritual reaffirmation required by the patient, family, and staff.
  • There are two types of refuge: horizontal and vertical, both should be provide for within the design of the hospice.
  • Horizontal refuge may occur as gardens, walkways, entertainment and multi-purpose space, in doors or out; these would allow for the user to extricate (mentally if not

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**DIVERSITY:**

- **Issues:**
  - In most health care facilities, the range of social and recreational amenities is usually placed in a position of low priority. Patients need to engage in different types of activity to help pass the time and add diversity to their experience.
  - The creation of a stimulating hospice environment should be guided by the desire to provide an array of activities occurring at different times of the day. Variety and choice should characterize the activities and include films, workshops, concerts, group and individual counseling sessions, lectures, and

- **This same rationale applies for the vertical refuge, which may take the form of a hill, tell-

- **Physically:**
  - from the hospice
SECTION 5
HOSPICE RESEARCH NOTES

HOSPICE DESIGN ISSUES &
RECOMMENDATIONS:
ROOM SCALE:

GRIEVING:
- Issues:
  - The bereavement process needs to begin long
    before the moment of death, and should begin
    to be dealt with by the patient’s loved ones
    and staff during the last weeks or months of
    the patient’s life. Their interaction with the
    patient may reduce the devastating shock felt
    by the family and friends.
  - Design Recommendation:
    - Provide a space for the body to be viewed
      during the hours immediately following the
      death.
    - The body should be placed in close proximity
      to daylight as it creates a bond between the
      living, the deceased, and heaven. The
      grieving space should be large enough to
      accommodate more than one person at once,
      and should break precedent with the maudlin
      atmosphere of the typical funeral parlor. The
      space should be private, so that the families
    - Outpouring of grief and emotion will not be
      overheard - that they may feel free to express
      themselves. If possible there should be an
      outdoor grieving space, which may function as
      an extension of the indoor. The body when
      removed should them be taken to a mortuary -
      either at a funeral home or the final services
      may occur at the hospice, whichever the
      patient and family desire. It is critical to include
      the patient in the funeral preparation - this is a
      part of the accepting of the reality of the
      impending death and ensuring to the patient
      their dignity after death.

EATING PLACES:
- Issues:
  - Ritual characterizes our attitudes towards food
    and eating. In the hospital the patient is
    expected to adapt to the institutional
    food that is the usually quite
    different from what they are
    used to at home. The
    cafeteria is often noisy,
    crowded, and
    offers few
    choices.
  - Design Recommendation:
    - The design of the eating environments should
      foster a sense of home, community.
    - The space should be broken up into small
      clusters of tables, with carpeted floors, warm
      colors, windows that provide views and natural
      light. The materials should be 'natural' and the
      furnishings comfortable. In addition to the
      central eating place, there should be provide
      individual kitchenettes and an eating place
      within each patient’s room, living unit or suite.
      Provide facilities and space for a family to
      prepare and complete a Sunday meal, birthday
      party.

CORNER MARKET:
- Issues:
  - The typical 'gift shop' is not geared to sell
    items needed in daily living, beyond the usual
    items for personal hygiene. A place is needed
    for people to buy needed supplies and food
    and medical supplies without having to leave
    the hospice.
  - Design Recommendation:
    - The design of a commercial enterprise such
      as a corner market will not only serve as a
      social activity node but also a place where
      patients, family, visitors, and staff can
      purchase pharmaceuticals, personal supplies,
      food, and gifts.

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ACCESSIBLE SUPPORT FUNCTIONS:
- Issues:
  - The definition of patient support functions need to reach beyond that which applies to acute and long-term hospital care. In the context of palliative health care the support a patient receives is holistic: physical, emotional, and spiritual dimensions are emphasized. The nursing and volunteer staff along with care by family, friends help to give meaning to a patient's final days of living.
- Design Recommendation:
  - Relatives and friends should not be restricted to visitation hours, provision should be made for sleeping spaces for family, friends, and staff, along with storage space for their clothing and personal belongings. Recreational, learning center, social, meditative, and grieving functions, along with the spiritual implications of the natural environment all contribute to the quality of life and as a result should be readily accessible - either physically or by a perceptual connection.

LEARNING CENTER:
- Issues:
  - Opportunities to grow need not be stymied because one suffers from a terminal illness and will die - in some respects we all have a terminal illness. Regardless of the duration of life left, an individual's remaining time can be enhanced if proper human resources and learning facilities are readily available.
- Design Recommendation:
  - The learning center should be a prominent place in the hospice. It should contain books, an indoor and an outdoor reading space, audio-visual equipment. The space should be open to use by all but should be capable of being divided to foster privacy.

LIVING UNIT:
- Issues:
  - The living unit is perhaps the most important place within the hospice.
  - In contrast to a hospital room - which is just a room - the hospice living unit becomes home or at least a surrogate home. The guiding principle should be to avoid the sterile institutionally of the typical acute care ward of a hospital.
- Design Recommendation:
  - A home-like imagery should prevail. The patients living domain should be an environment where privacy may be achieved.
  - The architectural design should support the development of a well-defined hierarchy of spaces: public, semi-private, private, intimate.
  - The employment of double functioning strategies, such as a sleeping space by night becoming a social space by day; the use of room-to-room partitions allow for flexibility; a continuum of indoor-outdoor spaces, all encourage a personalization of the living unit by patient and family.

SPIRITUAL SPACES:
- Issues:
- Patients, family, friends, and staff all need
periods of rest and privacy. It is desirable to be away from areas of high activity and spaces where socialization occur. Usually the chapel is the only place set aside for this purpose - and this is usually perceived of being only for religious purposes. These spaces need to be of a non-denominational character.

- Design Recommendation:
  - Provide a space for patient, family, friends, and staff to meditate. It should be small enough to afford a sense of intimacy and security, an indoor-outdoor continuum is desirable. There should be an upward movement to the space; it should reach to touch the heavens.

OUTDOOR SPACE / OUTDOOR ROOMS:
- Issues:
  - A place is needed where people can naturally enter, stop, and feel at ease in the outdoors. Outdoor spaces that are too open - composed of either negative leftover or a positive distinctly shaped spaces are disliked.
- Design Recommendation:
  - The design should incorporate outdoor rooms; a partly enclosed space, with a roof, columns, without walls, next to a small garden where patients, family and staff can spend time outside comfortably. The spaces may be surrounded with wings of buildings, trees, hedges, arcades until it becomes a definable space or place with an identity.

SMALL GARDENS:
- Issues:
  - Health care institutions tend to discourage the presence of nature indoors as it creates extra work for the staff and maintenance crew. However, it should be noted that patients and staff can benefit from being involved in the tending for nature, and as a result possibly come to see death as a natural part of life. The garden layout, to be successful, must harmonize with the associated buildings. The garden should afford a sense of security, intimacy, solace, and peace.

WORKSHOP / GALLERY:
- Issues:
  - The majority of hospice patients are between the ages of 50 and 70; and many have been involved in hobbies throughout their lives. The encouragement to continue to be involved with their hobbies can be an indispensable source of satisfaction, and a source of diversion.
- Design Recommendation:
  - The workshop can become a central part of the functioning of the hospice. Patients, family, and staff should be encouraged to become involved, elements created by them may be displayed within the gallery or become a permanent element in the hospice and can help

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SECTION 6
HOSPICE PROJECT
IMAGES AND DRAWINGS:

VIEW OF SITE FROM THE NORTHWEST

VIEW OF HOSPICE FROM THE NORTHWEST TOWER

SITE PLAN

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CONCLUSION

As stated at the beginning of this text, any investigation into the nature of architecture, the design process must be ongoing, just as a particular building type must always be an evolution. This evolution will reflect the culture and the values in which it is designed; the particular experience, agenda and desires of the designer also play a significant role in the development of any project.

The process has always been for me, one, which is difficult to define, where I am always pleasantly surprised by the results, and the road that I traveled. The uses of various tools, the various analyses and even the dialectical view have always proven to be beneficial in helping me as a designer to make the project, my own. The issues of hospice, have changed my view of the world and of life, I believe that the architecture of a hospice facility, can provide an opportunity and assist a similar transformations of the hospice patient as well.

I wish to acknowledge the assistance and support of all who have helped me in the resolution this thesis. This has been an atypical journey for me and the support of my wife Lea Ann, my family, friends, associates, fellow students past and present along with my professors have all been of assistance and are truly appreciated. Thank you.

GATEWAYS OF LIFE AND DEATH
Birth and death are but gateways - for the strands of our eternal lives
that stretch forth into this world to learn, grow, and experience.

At those gateways, we honor the cycles of life.
Without death there would be no new life; no compost
out of which new richness emerges; no return on the work of spirit.

Celebrate endings as well as beginnings.
In loss we feel the fullness of the gift we’ve held.
Pain is a measure of past love and connection - now transformed.

- Tom Bender, 2000
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