A Hospice Community

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"It seems to me that there are too many situations in life in which the organization is too brutal; it is the task of the architect to give life a gentler structure." - Alvar Aalto

'Zwischen Humanismus und Materialismus'
A lecture to the Austrian Architects' Association
Vienna 1955
ABSTRACT

In approaching my thesis project, I wanted to focus on the imagery of a hospice environment and how it can make dying a meaningful part of the life cycle for everyone involved. There has been a change in our society concerning dying and the setting in which it occurs. The majority of dying which once took place at home now takes place in hospitals. Since hospitals are geared towards cure and recovery, they are inadequately prepared to deal with the problems of the dying. The home environment is also lacking in the scenario of the patient with an extended illness who demands around the clock care. For these reasons I felt compelled to design a freestanding hospice environment specifically suited to meet the needs of the patient rather than attempt to alter an established environment’s role in the case of the home and the hospital. Currently, the number of freestanding hospice programs are rare and refer to the building types of nursing homes or other institutional facilities for their imagery. Imagery plays an important role in my approach towards creating an identity for this relatively new building type. The inherent challenge presented is to synthesize a somewhat institutional programme with a domestic idea about living.
THE HOSPICE IDEA

Originally hospices were havens of shelter for people on pilgrimages to holy lands during medieval times. The modern translation has become a haven of shelter for people on their journey through life. A person who has been diagnosed as terminally ill needs a haven for this last stage of life. Total dependency during this time can belittle one's feeling of self worth during a time when dignity is most desirable. A freestanding hospice operates differently from a hospital not only philosophically but economically. The cost of care in a hospice goes not towards expensive medical equipment (care), but for a professional staff with a low patient to caregiver ratio (care). This allows the hospice to take on a more favorable domestic appearance with people in mind as opposed to a mechanized high-tech solution. The hospice ideology encompasses not only the patient, but the family as well. Many programs deal with family members long after the death has occurred. Often this type of relationship stimulates interaction between present and past users of the hospice facility. From page 25 of Hospice Inpatient Environments the author suggests that a typical palliative program of hospice care involves:

- skilled symptom control
- physician directed services
- provision of care by a team of social workers, nurses, clergy and physicians
- patient and family regarded as a unit of care
- use of volunteers as an integral part of care team
- structured staff support and communication systems
- services available on a 24 hour basis
- acceptance based on need, not ability to pay
PROGRAMME

36 single patient rooms 480 s.f.
16 family private rooms 168 s.f.
4 family lounges 320 s.f.

1 chapel 2,048 s.f.
1 chaplain's office 200 s.f.
1 greenhouse 1,024 s.f.
55 parking spaces 300 s.f.
1 library 480 s.f.
1 music room 640 s.f.

2 nurses stations 400 s.f.
2 medication rooms 100 s.f.
2 nurses retreats 500 s.f.
4 therapy/exam rooms 100 s.f.

4 public restrooms 192 s.f.
4 kitchenettes 100 s.f.
1 laundry 575 s.f.
1 kitchen 500 s.f.
1 dining area 750 s.f.
2 mechanical rooms 500 s.f.
1 gatehouse 560 s.f.

1 waiting area 500 s.f.
1 director's office 200 s.f.
1 nurse coordinator's office 200 s.f.
1 volunteer's office 200 s.f.
1 business office 200 s.f.

25% circulation, storage 8,200 s.f.

Total 41,069 s.f.
SITE

In selecting a site it seemed important to select a rural location to reinforce the natural life cycle which encompasses the ritual of dying. The rural idea takes the approach of a retreat away from urban clutter. From a pragmatic standpoint it is also important that the location be conveniently located for access by family members. For these reasons I chose a site which meets these qualifications in the northwestern corner of Delaware County near the small town of Gaston. This site is near the interstate for the convenience of patient's visitors who may be traveling long distances. Along with the natural life cycle I also have taken advantage of the opportunity to derive forms from the local vernacular of the midwestern farm. The site is composed of a woods of moderate density in the center of a country block. The block is divided into a patchwork of fields defined by county roads and a number of small farms on its periphery.
PRECEDE NTS

In the process of doing research I looked for past works of architecture which have embodied principles which run parallel to my thesis. Since the hospice in our society is a relatively new building type, I have looked at works housing functions similar to those found in a hospice. The first piece of architecture analyzed was Alvar Aalto's design for the Paimo Sanatorium completed in 1933. In this building the scale, siting and attention to detail were handled in a way which propelled Aalto into the forefront of the modern movement. I was most interested in the way Aalto functionally articulated the massing of the various wings. The sun-trap upper level balconies provided patients with an outdoor area reminiscent of an ocean liner deck. These ideas reflected the belief that the way to treat tuberculosis was with plenty of rest and fresh air. The second piece of architecture that I investigated was the Nathan Adelson Hospice in Las Vegas completed in 1983 and designed by Nevada Archetronics. The design scheme at this hospice clusters single patient rooms around courtyards. Public and private gradient zoning is achieved through a variety of shared and semiprivate spaces which act as connectors and buffers. Patient involvement in the building is encouraged by spaces which can be viewed through to prevent feelings of isolation. A third major influence on my design approach has been the Cedars Sinai Cancer Center designed by Morphosis. In this design the architect sought to avoid the recent hospital trend of creating a "homey" look. Instead of the traditional overly sympathetic aesthetic, the architecture becomes tough, rugged and uplifting in a place where patients go in the midst of their struggle against sickness. The aforementioned precedents stimulated my thinking towards a design approach by allowing a reinterpretation of basic principles into my way of thinking.
DESIGN

The basic idea behind the design at the beginning was a tripartite scheme consisting of two patient wings and a subordinate service wing. The two patient wings allowed for two separate nurse stations centralized in each wing which seemed to work better functionally than one large nurse station. The patient wings have a sawtooth geometry in plan which allows for southern exposure for each of the individual rooms while maintaining privacy within the exterior terraces. Within the wings there is a certain amount of zoning involved with the public family lounge and courtyards, the semiprivate entry courts and the private rooms. The entry courts have several patient rooms entering off of them to instill the feeling of a small group among the individual patient rooms. A subtractive notion which happens in the farmhouses of the area appears at the entry to each patient room. This helps individualize the entries from the interior of the complex. Private rooms for family members wishing to stay overnight are located adjacent to the family lounges. Privacy is also thought of for the nurse by providing a nurse's retreat which is located directly above the nurse station. The service spaces and support staff of the third wing become pieces forming large exterior courtyards behind the patient wings. From a functional standpoint these are the basic ideas behind the layout of the complex.

From the aesthetic standpoint, my design became driven by the idea of the midwestern farm. I have always felt there was something powerful about the simple white-washed objects sitting on the landscape. The pure form of these objects often possesses elegant proportions which have arisen not through an elaborate design process but through the practical approach of a farmer. This led me to the belief that the hospice could become a composition of simple forms upon the landscape reflecting the additive nature of an evolving farm. As the design progressed it became evident that a literal interpretation of the farm was not to be because of the necessity for more interconnecting units than would be found on a typical farm. To approximate this idea I let the primary pieces remain stark white while the support areas became background by being grey. I held strongly to
the belief that the roof forms should remain gable and not flat to avoid an institutional look in favor of that of a small village. These simple ideas fit in well with the hospice philosophy in the way the forms become a place where different people come together to embrace a common way of caring for someone.
TECHNOLOGY

At a smaller scale the technology incorporated into my thesis begins to become very important. I had originally thought of using wood framing, but codes don't allow for this in this particular building type. I desired a heavy, exposed internal structural system likened to that of a farm. Rather than use heavy timber, I employed a system composed of thin, repetitive concrete columns supporting tubular steel trusses. The floor cantilevers off the columns via the use of precast concrete planks which act as formwork for a thin poured in place concrete deck. A two foot crawl space handles the systems and penetrates the plank system with openings made possible by steel headers. Modular sandwich panels make up the exterior walls which hang from the trusses and are secured to the floor with a channel section. Uplighting is achieved through a channel housing a fluorescent lamp which spans between the concrete columns adding to the heavily structured concept. A steel tube runs the height of the interior between the trusses and houses a sprinkler pipe with heads popping out at the proper intervals. The steel beam which has been rotated ninety degrees links the exterior wall which it catches to the truss. The upper piece of the beam section serves to cradle the gutter running the length of the patient unit. Siding of anodized aluminum (white) and corrugated metal (grey) have been selected to keep in line with the current trend of today's farm buildings. For glazing I have abstracted the texture of a grain silo in the way that a grid is connected with square clips at regular intervals. By doing these things I have tried to combine some of the old ideas of the vanishing farm vernacular with modern technology.
CONCLUSION

In reflecting upon my thesis, there are certain areas which I have dealt with successfully and others which still need further development. The size of the project became larger than anticipated preventing sufficient design of all of the areas I would have liked to investigated. However, a sufficient level of detail was reached throughout the different scales of the project from site down to construction technology. At this point in time, the imagery of the hospice becomes important from an evaluative standpoint because it was the main thrust behind my thesis. Success lies in the simplicity of the aesthetic but leaves some questions in my mind about design. My approach is quite conservative and symptomatic of the fact that no two of my projects have been approached from quite the same direction. I had not set out to explore a simplistic purist ideal although I realize there is merit in doing so. Hovering somewhere between the extremes of sophmoric conservatism and simplistic genius, I'm not quite sure where my design lands. In one sense it seems quite successful in that it would serve a hospice community quite well. The apprehension comes when pondering the direction my design outlook will take based on the approaches that I have taken which have culminated in this thesis project.
BIBLIOGRAPHY


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