
A Place for Hospice Care

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What is hospice care?

Early on, we all thought of hospice as a place that would be an alternative to the medical center with its cold architecture and emphasis on procedures.

Visions of vine covered sanctuaries in wooded settings where patients would be surrounded by nature, have good home cooked meals and where their families could stay as long as they pleased, filled our heads.

(Charles T. Flood, 1984)

From its beginning, American hospice care has been provided in the home, in association with a hospital or nursing home or in free standing inpatient hospice facilities. In the 1990's, governmental and societal changes led to an increase in the number of planned inpatient hospice facilities. This new generation of structures appears, generally speaking, to be following trends in nursing home design, incorporating a plan organized around the nursing staff with applied nostalgic or home-like details. But why should hospice follow the lead of the nursing home?

Vision of a place for hospice care

A statement by Charles Flood, in an essay entitled, *The Evolution of Hospice*, suggests a vision of the nature and form of a place for hospice care worth investigating. An *alternative to the medical center with its cold architecture and emphasis on procedures* indicates a place centered or focused on the patient, that is, a place that exists for the patient, not for procedures. However well meaning, plans of many new facilities are organized around the nursing staff's requirements; even those that cluster rooms, for practical reasons cluster

them around the nursing staff stations. An alternative way to plan would be to begin by reconsidering the needs of the dying person and then fashioning a setting and required support areas around the patient and staff needs, just as a church might be shaped around a sacred location.

Management of pain is a critical patient need and hospice has made tremendous progress in this area. Only if a patient's pain is addressed, will the issues of setting and experience have relevance. Hospice founder, Dame Cicely Saunders, has said "It seemed essential to create an atmosphere in which those who were free of symptoms could search for meaning in their own way" (Hospice Information Service, 1994). The challenge is to create an environment that allows and assists the search for meaning for each individual.

Meaningful environments

Mr. Flood's *visions of vine covered sanctuaries in wooded settings* bespeaks the sacredness of the activities in a hospice. He evokes a place not merely in the woods, but as seamlessly intertwined with Nature as the work of hospice itself. To some the tree

is a symbol of the universe, the vines evidence of living reality, for they are alive and growing. How might an architecture of hospice connect us to nature in a real or symbolic manner?

A terminally-ill businessman, death imminent, confided to his grown children that he looked forward to the time each day when the sun came into his room. The sun traveling on a path beginning at the foot of his bed and gradually reaching his chest, warmed him from toe to chest each afternoon. Throughout his life he had been consumed by his business, holding little regard for feelings and experience. His comment revealed a side of him his children had never before been permitted to see.

In this vignette, had the room a northern exposure, the direct sunlight would not have made an impression on this man and his family. This story illuminates how thoughtful planning, which must include consideration of room orientation and views, can make a difference in the lives of patients and care givers.

It is these connections to natural phenomena and the cycles of nature, taken for granted in our busy schedules that become significant to us, such as, the patterns of shadows made by clouds as they move across the interior of a room; reflections of the sun over rippling water; or the warmth of the sun moving across a blanket each afternoon. They link us to the world beyond our room. Natural light, color and the sounds, scents or views of nature have been found to have therapeutic value. The opportunity of orchestrating these into a meaningful place for hospice care is replete with possibilities too numerous to detail here.

Meaningful Life-Situations:

When he speaks of a place (where patients) *have home cooked meals and where their families could stay as long as they pleased*, Mr. Flood gets to the heart of the idea of home. Home-like settings have become a topical subject in health care design. But what makes a place home? Is it the physical characteristics or the life-situations occurring there? Is it the wallpaper pattern or the aroma of your favorite meal prepared by mom? Is it the door molding style or the comfortable chair or the nights of endless conversation with siblings.

Endless. It seems even time is different at home. For most of us the word, home, means the home of our childhood and in childhood we measured time in comparison to phenomena. Time varied depending on a number of factors as illustrated in the following extract:

Suppose that time is not a quantity but a quality,...

Time exists, but it cannot be measured. In a world where time is a quality, events are recorded by the color of the sky,... the feeling of happiness or fear when a person comes into the room. Likewise, the time between two events is long or short, depending on the background of contrasting events, the intensity of illumination, the degree of light and shadow, the view of the participants. (Lightman, 1993).

We inhabit our homes. They become an extension of our bodies. Our personal identity stems from our home whether it is a building, town or region, for example, I am a Baltimorean. Creating comfortable, home-like places for hospice requires an understanding of the concrete (physical) but also the intangible, the essence or atmosphere contributing to the character of a place. In describing a place for hospice, Mr. Flood shows that the design of setting was integral to the hospice concept from the very beginning. His vision suggests an architecture of hospice, that is, thoughtfully created, patient centered places that assist our private search for meaning through experience and confirm the sacredness of our dwelling in the world.

Notes:

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