

# Designing Dying Well : A question of homeliness

This thesis aims to explore alternative approaches to the design of end-of-life palliative care environments, established on architectural sensibilities of place-making and patient-centered inhabitation in support of dignity in death; by engaging with the inherent interdisciplinary nature of the topic area through practice-led research. This poster presents the current processes being explored to understand the home and the hospice:

*‘...different contexts need different goals, and so we should not narrow ourselves to one big hairy audacious goal.’*

Sally Chivers, Ulla Kriebnigg (Eds.)  
*Care Home Stories, Aging, Disability, and Long-Term Residential Care*  
(Transcript Publishers, 2017) pg 19

## Abstract:

Neither ‘hospital’ nor ‘home’; the in-patient hospice has a unique architectural identity that lies largely undocumented. There is a plethora of architectural research regarding more common-place healthcare buildings such as hospitals and care-homes. However the architecture of in-patient hospices remains misunderstood in the role it can play in supporting the holistic principles of palliative care.

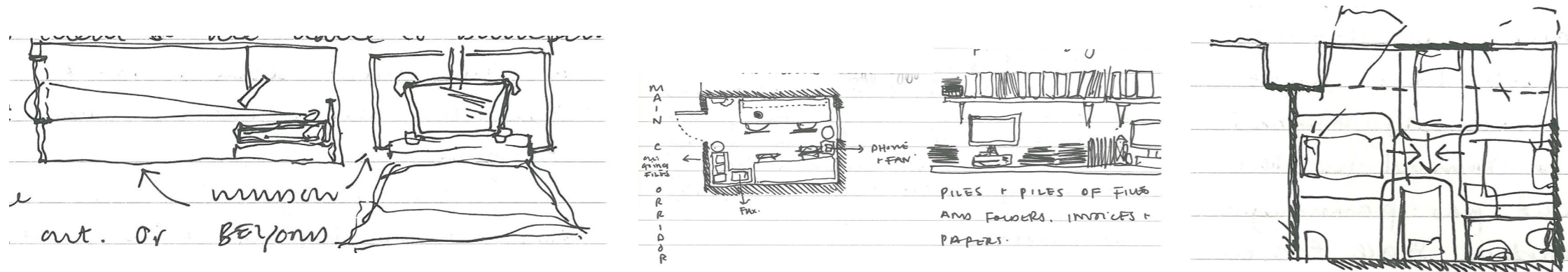
Reconciling the social and spatial, this research aims to establish an authentic identity for in-patient hospices; developing opportunities and situations for environments that enable those at the end of their life to dwell with dignity. Engaging with a variety of narratives; the research explores the experiences of the researcher through auto-ethnography, ethnographic studies of users of Welsh in-patient hospices, and practice-led interrogations of existing architectural strategies.

Foundation work concluded that ‘homely’ though popular as a ‘buzzword’, is a too broad and subjective concept with which to define meaningful architectural responses for the variety of users and uses of in-patient hospices. Building upon this, initial visits to Welsh in-patient hospices and design primers of key moments of inhabitation aims to provide conclusions on how architecture can create and balance the individual phenomenological experiences and needs of patients, family, and staff.

## the hospices of Wales

### practise-led design research, ethnographic research

- The research focuses primarily on the six in-patient hospices within Wales, with architectural analysis of the existing hospices, (Vaughan, L. 2017. Practice-based design research)
- Ethnographic research is being prepared in order for the author to record the experiences of not only patients but visitors and staff. (Pink, S. 2015. Doing sensory ethnography)
- A relationship is being forged with a local hospice as a ‘case study’ of the practicalities of delivering a refurbishment project within the constraints of a working hospice environment and understanding the design strategies from a service providers perspective.

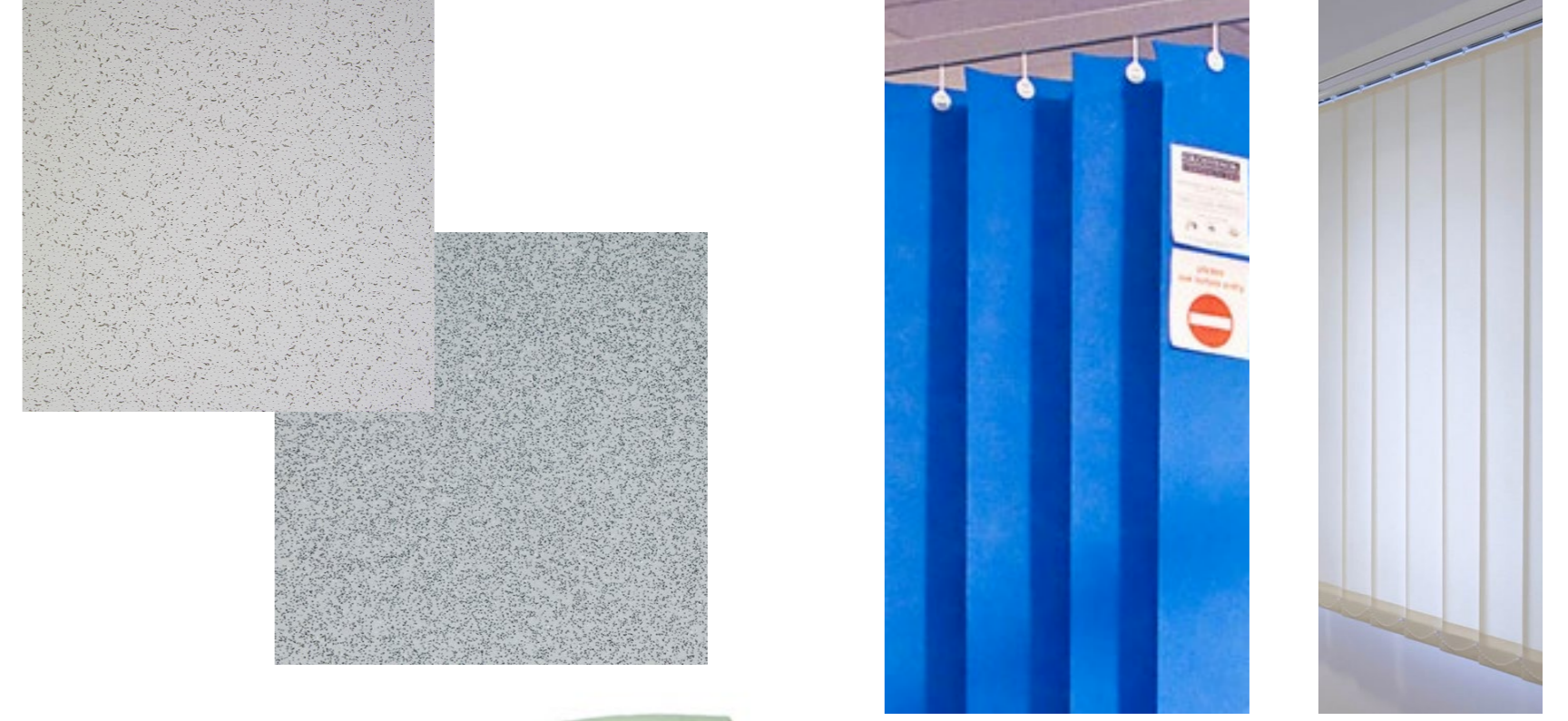


sketches recording architectural observations on a visit to a Welsh hospice



working models of different Welsh hospices rooms highlighting views from the bedside - these models have been used to generate interview questions for the different voices, (staff, patients, designers) for the proposed ethnographic research

## materials | details



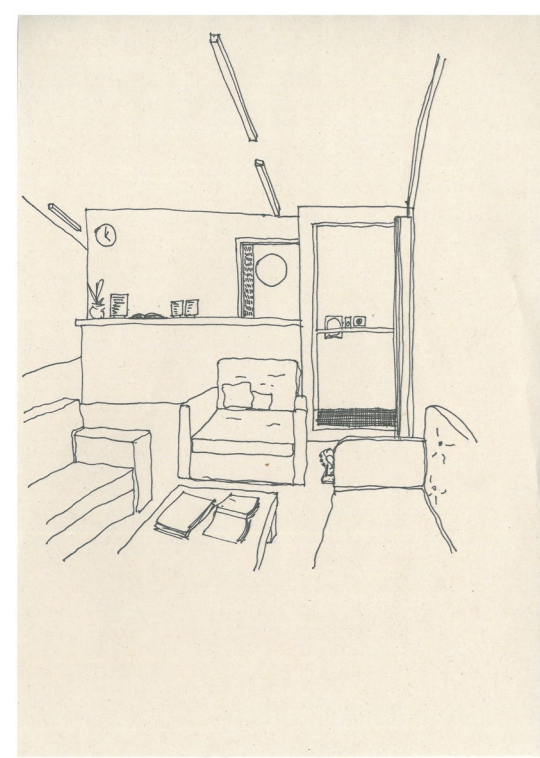
Typical material palette of Welsh existing hospices (from left):

Acoustic ceiling tile, vinyl non-slip flooring typically lapped to create a cleanable skirting, blue dispensable privacy curtains, anti-microbial vertical blinds, plastic trunking to wall finis, vinyl "easy-clean" armchairs, beech veneer bedroom furniture

## the remembered home / hospice

### auto-ethnographic research

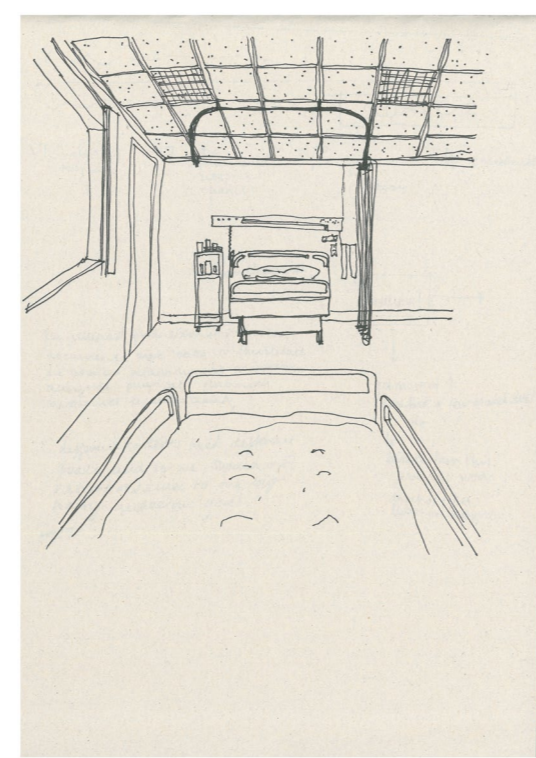
- Freehand and loose sketches bring to life snapshots of the authors auto-ethnographic account her Mum's last living weeks in a hospice, and her family home. (Anderson, L. 2006. Analytic Autoethnography.) (Ellis, C. 1999. Heartful Autoethnography.)
- Telling this story alongside those of others will encourage the uncovering of meaningful multiplicities that can aid the analysis, reflection and re-interpretation of the aspirations of design for patient-centered care. (Rasmussen, B. H. & Edvardsson, D. 2007. The influence of environment in palliative care: Supporting or hindering experiences of 'at-homeness'.)



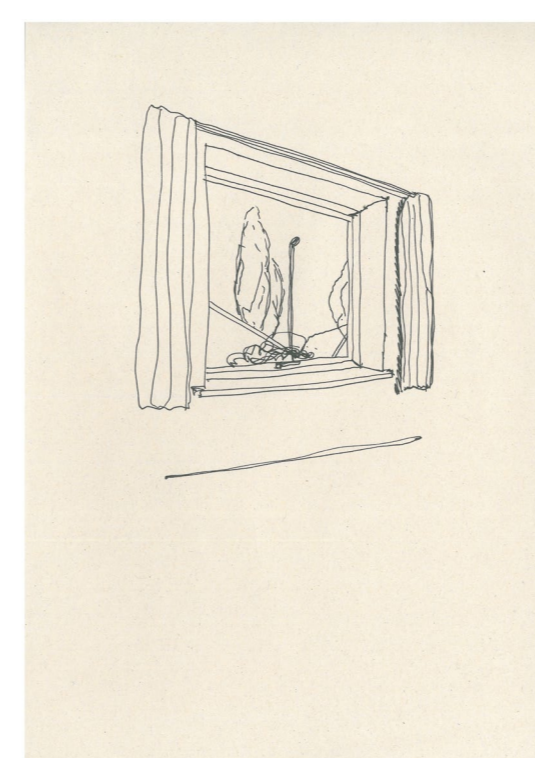
adjacency of main entrance to communal seating area, creating an awkward space for encounter with a lack of privacy and defensible space



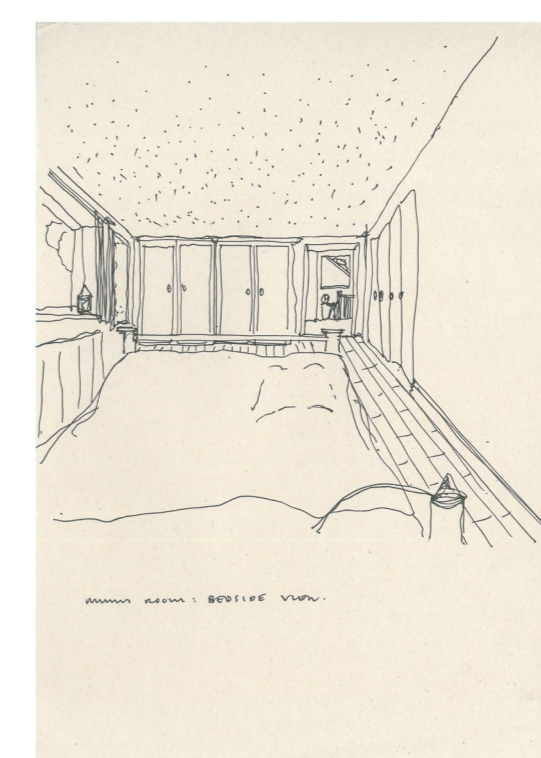
long stretches of blank corridors - the garden (left) is not visible to those in wheelchairs and hospice beds prohibiting connection to outside



the view from my Mum's bed, looking directly into the opposite patient and family's personal space



the view from my Mum's bed, the framed view of the streetlight and trees and sky providing connection to the wider world

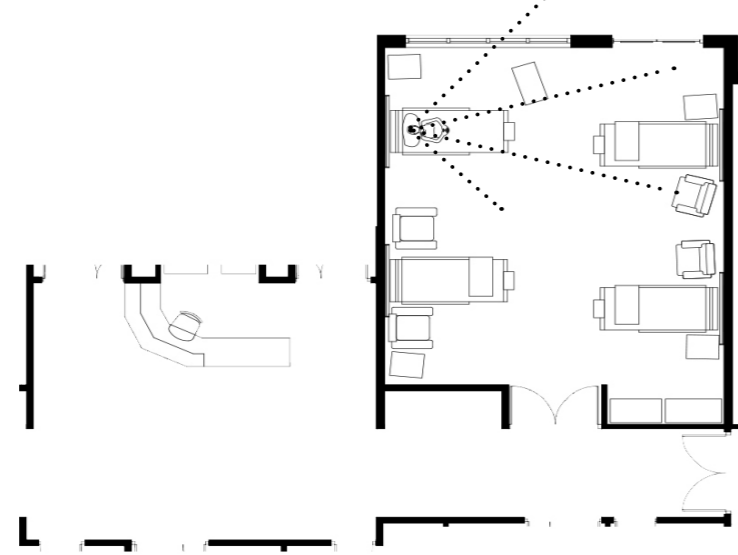


the view from my Mum's bed, to her bedroom, the textures, depth and the two different views/portals

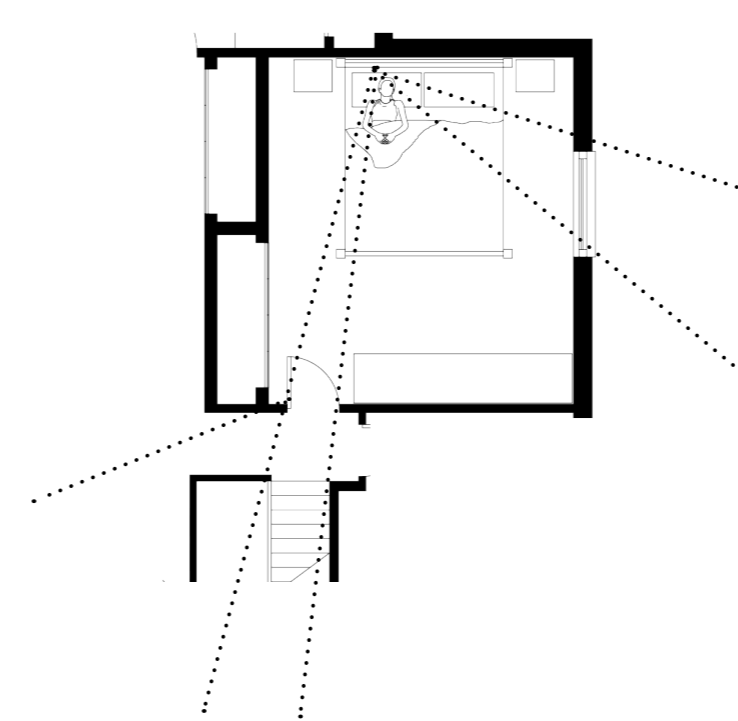


the view from my Mum's bed, a focused view, a connection into the heart of our home and further to the textures beyond

*“We felt like imposters - sitting, desperately trying to find a moment of calm, we were hemmed in between the entrance of worried faces and the grief stricken families being led to the quiet room...”*



*“I wondered how my Mum felt when she was lucid, her only and last view of this wonderful world was the gridded pockmarked ceiling or the bed in front of her...”*



*‘I remember my Mum telling me, rather stubbornly, there was nowhere else but home.’*

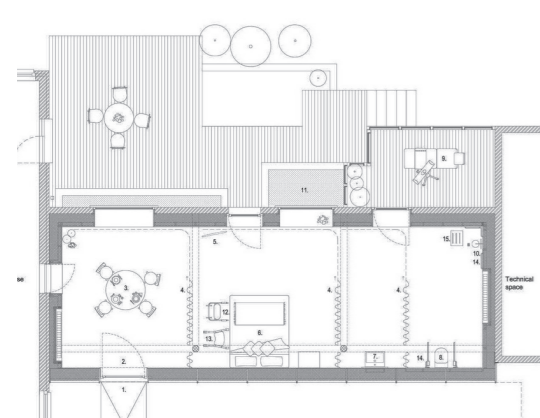
*The Artex ceiling swirled above, the wooden floors glistened - it was her world and one that kept her feeling as if she was still Jen, and Mum, not an anonymous note on the hospital rounds...”*

*‘Home I remember was the wind tunneling down the chimney breast and ringing out through the fireplace in the living room. The intense southerly sun pouring down the stairs onto the dining table at the heart of the home, the padding and tapping as someone walked from the carpet onto the wood.’*

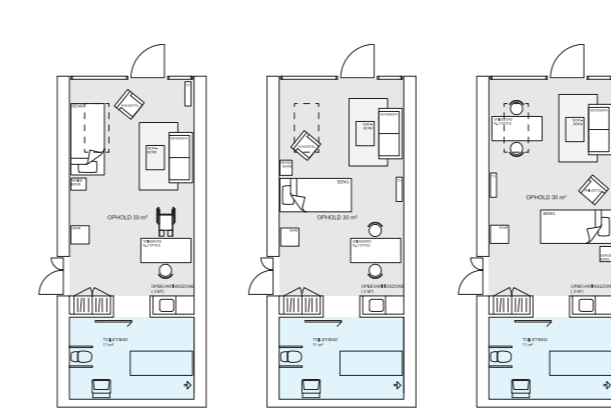
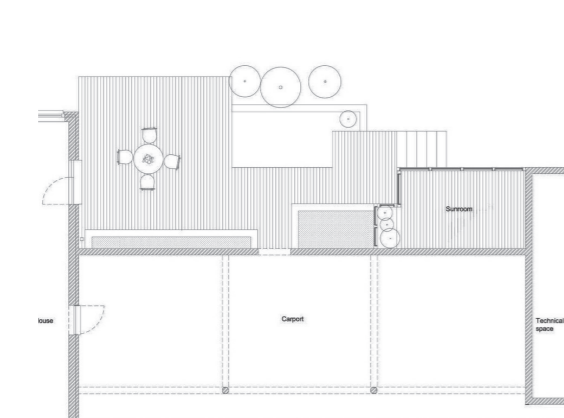
## international precedents

### visual literature review

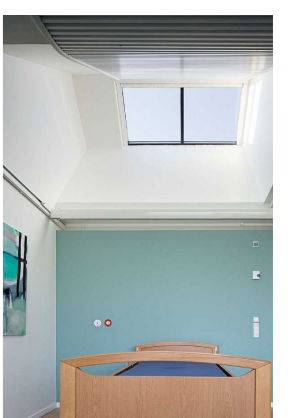
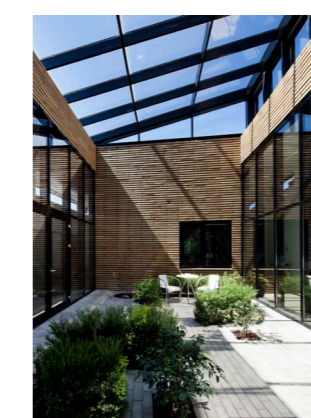
- A record of current practice constantly provides inspiration to the research goal of uncovering not what is ‘just necessary’ but a meaningful production of hospice space through a collection of images, architectural drawings and diagrams.
- This collection explores projects other than hospices that are relevant to care and aging and unique social approaches to end of life care that reject traditional institutional settings.



Flanders, Belgium, Wim Goes Architectuur (2014) "Refuge ii", 71m<sup>2</sup>  
Astbury, J (AR Pop-Up Winner: 'With Refuge II, the cycle of architectural life meets that of human life') *The Architectural Review*, [accessed 10 September 2018]



Bandholm, Denmark, Cubo Architektur (2012) "Swanevig Hospice" 2194m<sup>2</sup>  
SIGNAL Architects, Programme For The Good Hospice In Denmark (RealDania Fund, 2005) [accessed 12 May 2016]



Rønde, Denmark, CF Møller Architects (2011) "Hospice Djursland" 1990m<sup>2</sup>  
SIGNAL Architects, Programme For The Good Hospice In Denmark (RealDania Fund, 2005) [accessed 12 May 2016]

## Biography:

Annie Bellamy completed her undergraduate (Part I) architectural training at Central Saint Martins and graduated in 2017 with a Masters of Architecture (Part II) from the Welsh School of Architecture with a First Class honours. Throughout her studies she has focused on phenomenology – in particular specific life events in the human experience of architecture – with her Masters dissertation 'A Place for Mortality' exploring concepts of dwelling and dignity in environments of death. In April 2018 she began her PhD research at the Welsh School of Architecture.

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08.2017  
Society for Social Studies of Science (4S) Conference  
Panel Presenter

07.2017  
Welsh School of Architecture - Wyn Thomas Prize  
Winner

06.2013  
RIBA London Regional Prize  
Winner