Golden Slumbers

Family Hospice

Master's thesis 2023: Healthcare Architecture

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ABSTRACT

A common misconception is that a hospice is a place where you come to die. In reality, the hospice philosophy is about providing a safe shelter where guests come to embrace quality of life.

In a traditional Swedish hospice, the guest will be living with a partner or family member, while visitors can come and go. In a children's hospice on the other hand, it's more common for the entire family to be living together at the hospice.

In the case of a children's hospice, it is generally acknowledged that siblings and parents are in need of care and support just like the patient. While this holistic approach is recognized and designed for in most children's hospices, families with children won't be able to take part of it unless it's the child who is sick.

But what distinguishes the trauma of a sick child's sibling, from that of a sick parent's child? The purpose of a "Family Hospice" would be to provide a temporary home for families with children, offering a comprehensive care and support for the entire family regardless of whether the child or parent is ill.

The aim of the thesis is to design a "Family Hospice" in Bräcke, Gothenburg. The design proposal is constructed based on literature studies of garden- and hospice design, conversations with specialists and study visits.

The result could contribute to a further discussion on whether the concept of a family hospice could be the way forward for pediatric palliative care in Sweden, as a supplement to already existing alternatives.

Keywords: family hospice, children, pediatric palliative care, residential healthcare

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"Golden slumbers fill your eyes.
Smiles awake you when you rise.
Sleep, pretty darling, do not cry.
And i will sing a lullaby."

- Lennon / McCartney, 1969

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Introduction

CHAPTER 1: INTRODUCTION

In the following chapter an introduction to the thesis is presented. The chapter is divided into four parts:

1. About my background and why I chose to write this thesis.

2. About palliative care and what it is.

3. About the Hospice Philosophy and what it means.

4. About the method used in writing the thesis.

BACKGROUND

"I realized how the field of architecture and healthcare could be combined, and I knew that's what I wanted to work with."

Why healthcare?

Before finally deciding to study architecture, I was determined to study medicine. I come from a family of nurses and doctors, so the field of healthcare has always been close to my heart in one way or another.

I found an interest in designing residential housing projects early on in architecture school, but it wasn't until I attended a studio in *residential healthcare* that I realized how the field of *architecture* and *healthcare* could be combined. Since then, I've taken every chance i had to attend a studio in healthcare architecture.

Why Hospice?

I've found the idea of a hospice intriguing since I first got to know about them. At first glance I remember thinking something along the lines of "wow, what a sad place", and of course in many ways it is. However, the more you learn about it, the more you realize the beauty of it. It may sound like a cliché, but what you eventually realize is that it actually is truly about *life* rather than death. That's very important to remember.

Children's Hospice

For some reason, I wasn't aware of the fact that children's hospices even existed until i started researching in preparation for this thesis.

I found a documentary from British network BBC, where they portrayed the lives of guests at a children's hospice in Wales. I was incredibly touched by the documentary, and it inspired me to look deeper into children's hospices.

I found out that in the Nordic countries there were only two children's hospices, one of which is located in Stockholm. During my research a third one was about to open in Norway, but the operation was shut down only weeks before opening due to retracted funding. I had a hard time understanding why something like a children's hospice would not be financially prioritized, and I could not understand how in all of the Nordic countries there were only two of them, while there were more than 40 children's hospices located in the UK alone.

Family Hospice

When I went to Stockholm to visit Lilla Erstagården Children's Hospice, I also had the privilege of visiting the Marie Cederschiöld University and have a chat with Ulrika Kreicbergs, a professor of pediatric palliative care. She was the one who first introduced me to the interesting, experimental concept of a "Family Hospice", which I will be describing further in chapter 1.3: "The Hospice Philosophy". My conversation with Ulrika and how we came into the subject of a Family Hospice is mentioned further in chapter 2.3: "Care for children".

PALLIATIVE CARE

"The palliative care aims neither to hasten nor postponing death, but rather to embrace life and recognize dying as a natural process."

- Alvariza et al. (2020)

A brief history of palliative care

Palliative care is a fairly new approach within the field of medicine, and became popular along with the hospice movement led by nurse Cicely Saunders in the mid-1900's. The idea of "total pain" was introduced, which included not only physical but also emotional, social and spiritual dimensions of suffering. (NEJM Resident 360, 2020)

The term "Palliative Care" was introduced ten years later by oncologist Balfour Mount to distinguish it from "hospice care", as it had been referred to up until then. While hospice care was still a part of the palliative care, the new term opened up for a more holistic approach that spread outside of the hospice movement. (NEJM Resident 360, 2020). The word Palliative refers to Pallium which is the latin word for "cloak". This symbolises a protective shelter for someone in need, someone fragile. (McGann, 2013)

First in 1990, the World Health Organization declared that palliative care was to be considered a specialty of its own.

What does it mean?

As phrased by WHO (2020) palliative care is defined as "an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual." (World Health Organization: WHO, 2020)

Similarly, In pediatric care the palliative treatment aims to provide a holistic care for both body and soul, as well as for the family members. The palliative care starts as soon as the child is diagnosed, and continues regardless of whether the child gets treatment for the disease or not. (World Health Organization: WHO, 2020)

The palliative treatment aims neither to hasten nor postponing death, but rather to embrace life and recognize dying as a natural process. It aims to support the patient in living as actively as possible until death. It can be implemented in the home of the patient, in a hospital or at an institution, but requires access to specialized palliative care with an interdisciplinary team for referral of complex cases. (Alvariza et al., 2020)

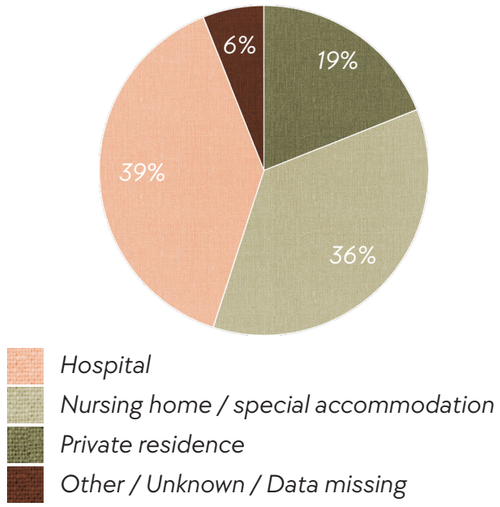
Palliative care does not end with death, but includes certain organized support for relatives. Bereavement counseling is offered in connection with the time of death or shortly thereafter, usually within a few months after the passing. The purpose is to allow for loved ones to share their thoughts and reflections on the illness and death. (Socialstyrelsen, 2018)

Palliative care in Sweden

According to reports by the World Health Organization and the Organisation for Economic Co-operation and Development, Swedish palliative care is considered well-established and highly regarded (Si, 2023).

In 2018, Swedish government agency Socialstyrelsen evaluated end-of-life palliative care from a national perspective. It was established that out of the roughly 90 000 who pass away each year, around 80% had been in need of palliative treatment. (Socialstyrelsen, 2018)

Place of death is divided into four categories:



As can be seen in the diagram, nearly as many people die in hospitals as in special accommodations. Unfortunately, the Swedish palliative register also shows that the largest shortcomings in quality of palliative care can be seen in hospitals. (Socialstyrelsen, 2018) (Palliativregistret 2021)

THE HOSPICE PHILOSOPHY

"The aim of the circle was to make the last remaining days of the patient as peaceful and meaningful as possible"

- Verderber (2020)

A brief hospice history

The *idea* of a hospice, a place where people specifically come who has a limited time left before death, has been around in different shapes and forms since the mid-1800's. However, the hospice movement in the UK led primarily by nurse Cicely Saunders in the mid-1900's was the main spark that resulted in the hospices of today. A philosophy had emerged that stood beside the mainstream medical science of the time. A circle of friends, relatives and professionals where one could go and talk openly about death, and dying. The aim of the circle was to make the last remaining days of the patient as peaceful and meaningful as possible. (Verderber, 2020)

Cicely Saunders opened up her own institution, the St. Christopher's Hospice, and in time the word of the new philosophy spread outside of the UK. By the 1990's the *international* hospice movement was recognized all over the world. (Verderber, 2020)

Sweden got its first hospice in 1982, as Bräcke Diakoni opened Hospice Helhetsvården in Gothenburg. Today there are around 9 hospices in Sweden, but that number may vary depending on who you ask since the definition of what distinguishes a hospice from another palliative care unit can be difficult to interpret.

The Hospice definition

As mentioned, there is often confusion regarding what distinguishes a hospice from other options of palliative care. During 2020, six hospices in Sweden got together and phrased a definition of what a hospice is. The new definition was accepted by the Swedish National Palliative Council in 2021. Translated from Swedish to English the full definition reads as followed:

"A hospice is a unit for inpatient, specialized palliative care for guests (patients) with complex symptoms and/or a life situation with special care and support needs caused by an active, progressive, and advanced disease with limited life expectancy. Care focuses on relief and quality of life. Care at a hospice is provided based on a holistic approach regardless of age or diagnosis, with a goal of supporting the individual to live with dignity and the highest possible well-being until the end of life. Conversation is an important ingredient in care and support. The work is conducted in a structured and holistic manner, for example, based on the 6 S's (Self-image, Self-determination, Symptom relief, Social relationships, Context, Strategies).

Care is provided with the individual's consent and self-determination. The involvement of loved ones and their support is important within the philosophy of hospice care. A hospice is an independent unit where the care environment indoors and outdoors promotes well-being for both the individual and their loved ones.

The closed palliative care at a hospice is provided 24/7 by a multiprofessional team with special knowledge and competence in palliative care. Nurses and nursing assistants are always on site. Access to doctors is available during the day and on-call during off-hours. Access to paramedical competence as well as psychosocial and/or spiritual competence is available, even if they are not always on-site. It is sought that at least one person in each professional group within the multiprofessional team is trained and recognized as a specialist in palliative care/palliative medicine.

At a hospice, efforts by volunteers who contribute to the well-being of both patients and loved ones beyond regular care work are recognized and appreciated. A hospice often has an indirect or direct role in both academic and internal and external education and research. A hospice is a complement to palliative care and support based on the individual's and their loved ones' needs without being a specialized palliative hospital ward or a separate residence. A hospice is often run in a private form, for example, as a foundation or healthcare company on an idea-driven basis. However, financing is done with public funds through care agreements with the region and/or municipality(ies)." (Verderber, 2020) (WHO, 2019) (Lipman, 2013) (Radbruch & Payne, 2009c)

Children's Hospice

The worlds first hospice dedicated solely to pediatric palliative care was The Helen House in Oxford built in 1982. There were a few major differences that distinguished the children's hospice from the traditional.

The pediatric institution had to take into account the complex physical, sensory and cognitive needs that many children may require in addition to medical care.(Verderber, 2020)

Another important detail that was taken into account was the overnight accommodations for family members. In a children's hospice, care for the entire family was considered to a larger extent than what would be expected at a traditional hospice.(Verderber, 2020)

As of today, there is only one children's hospice in Sweden; Lilla Erstagården in Stockholm managed by Ersta Diakoni.

Family Hospice

The concept of a family hospice would be to combine the philosophy of a traditional hospice with that of a children's hospice. On the basis of my own research and the research of professor Ulrika Kreicbergs, who specializes in pediatric palliative care, there are no known examples of a family hospice as of today.

The main idea would be to elaborate the pediatric hospice's philosophy of caring for the entire family. In the case of a children's hospice, the support for *siblings* will be greatly accounted for and included in the holistic hospice care. The child of a *sick parent* on the other hand would end up in a traditional hospice, and although support for the entire family will likely be provided there as well, it will be under limited circumstances as it wasn't accounted for to begin with. The child of a sick parent may likely be in need of care and support equivalent to that of a sick child's sibling.

METHODOLOGY: RESEARCH FOR DESIGN

Site selection

A site in Bräcke, Gothenburg was selected for the design proposal of this thesis. The site is owned by Bräcke Diakoni and in the nearby area they manage various facilities such as children- and youth accommodations, a home for elderly, a dementia home and Hospice Helhetsvården, the very first hospice in Sweden. It's not unlikely that in the future this site will in fact be hosting a facility along the lines of those previously mentioned.

To find a site in the Gothenburg area was preferred in order to make multiple site visits during the design process. In addition to that, the only pediatric hospice in Sweden is located in Stockholm, so Gothenburg would be a reasonable location for providing new options of pediatric palliative care. Bräcke and Queen Silvia's Children's Hospital is only 15 minutes apart by car, and a close collaboration between the two could possibly be beneficial.

Research

Literature studies on design principles when designing hospice space, therapeutic gardens and therapy rooms was made both before and during the entire design process.

In addition to research through literature studies, three study visits were made in the early stage of the design process. An in-hospital palliative care ward, the new premises of Änggårdens Hospice in Hovås and Lilla Erstagården children's hospice in Stockholm. Reflections from the latter was summarized in Chapter 3.4: Study Visit.

Conversations

Interviews and conversations with professionals within the field of palliative care and care for children took place both before and during the entire design process. The outcome of some of these conversations were summarized in Chapter 2: Conversations.

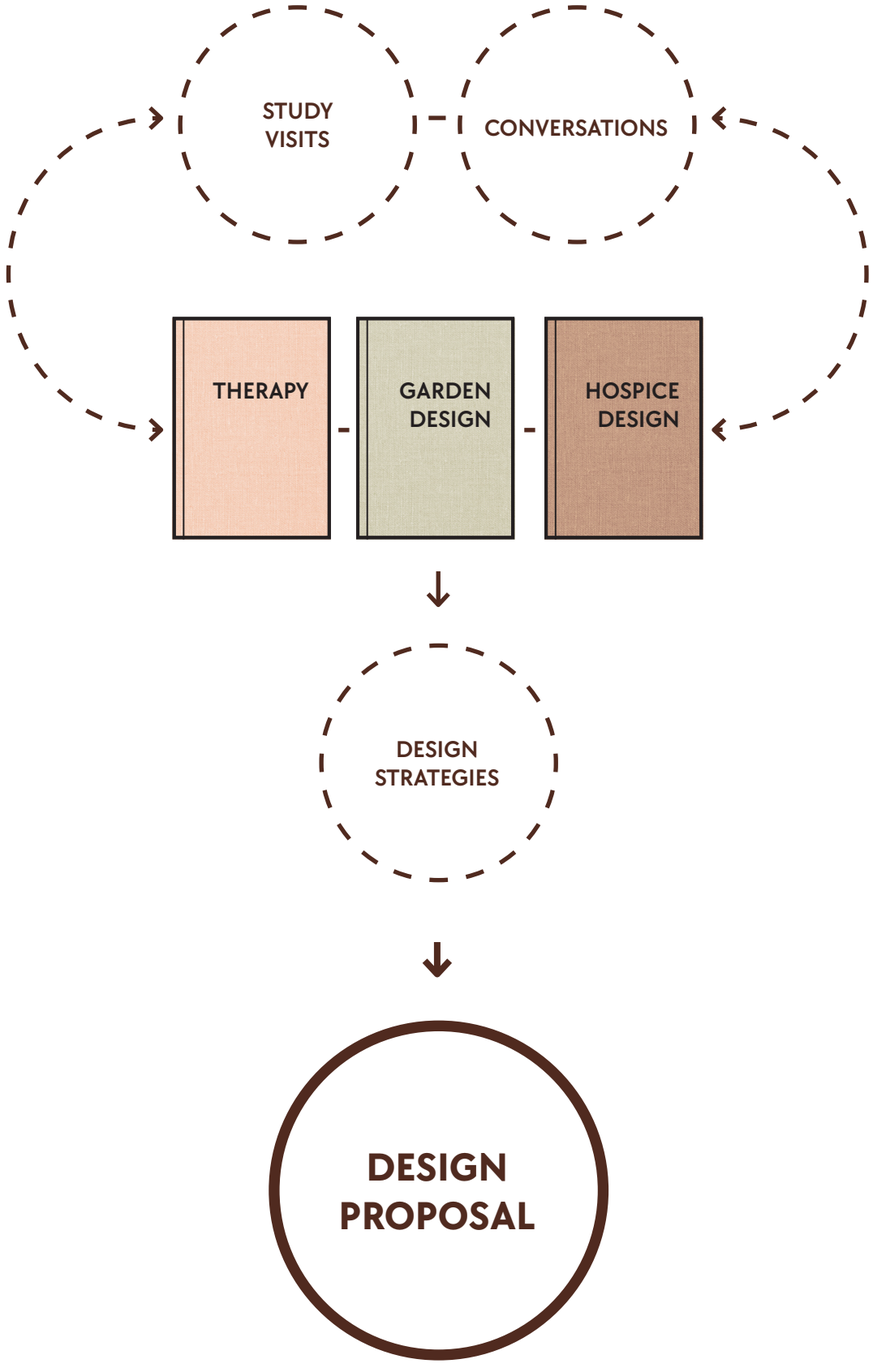
Design strategies & Brief

Based on the studies and conversations, a series of design strategies for the garden- and hospice environment were phrased and illustrated.

The process of conducting the brief, room functions and general floor plan layout was occasionally discussed with a group of experienced staff consisting mainly of two nurses and one doctor. This was made to ensure a level of realism and durability.

Design proposal

The design proposal was presented with a floor plan layout accompanied by section- and facade drawings. The outdoor environment was considered an important part of the design proposal and was presented along with the floor plan. Lastly, a series of interior- and exterior visualizations were presented.



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Conversations

CHAPTER 2: CONVERSATIONS

During the process of writing this thesis I have had the privilege of speaking with many interesting and competent individuals who, in one way or another, are experienced within the field of palliative or pediatric care.

In the following chapter I have gathered a few of the thoughts and ideas that came up during these conversations. I have divided them into three conversation themes:

1. Palliative care

2. The Hospice philosophy

3. Care for children.

Although some of these conversations took place during prepared interviews, many of them happened over casual dinner discussions, lunch meetings, phone calls or chatting.

All of these conversations have been translated from Swedish to English by myself.

The following people have participated in these conversations:

Elin:
Specialist pediatric nurse at a children's hospice

Sara:
Nurse at a traditional hospice

Karin:
Specialist palliative nurse at an in-hospital palliative ward

Simon:
Nurse at ASIH (Advanced In-Home Care)

Annika:
Specialist pediatric nurse at a children's ward.

Ulrika:
Professor of pediatric palliative care

Joakim:
Professor of palliative care

PALLIATIVE CARE

"To me, palliative care is about quality of life and how we can help the patient live each day to the fullest until their passing."

- Karin, specialist nurse palliative care

Misconceptions

Authors reflections:
The palliative treatment seem to mean different things to different people. Some people seem to think that palliative treatment is applied only when you've "given up", that a palliative treatment is used *instead* of a life-sustaining treatment. I can identify myself as someone who used to believe that this was the case.

Joakim:
The most common misunderstanding concerning palliative care is that it's a passive treatment, something that's done when there's nothing to do and that nothing else is done. That it's a care only for people who are dying. None of that is true.

Palliative care is an active, comprehensive care where a preventive approach is applied and the aim is to achieve well-being and comfort. I think well-being is an accurate description. A relieving care!

Authors reflections:
It's clear that for people involved within the field it means something bigger and completely different from "giving up". I spoke with Karin about why she's drawn to palliative care.

Karin:
Being there for the patient and their loved ones in such a vulnerable time as a nurse feels very fulfilling and rewarding. I always take into account what is important for the patient in the present moment. To me, palliative care is about quality of life and how we can help the patient live each day to the fullest until their passing.

Why do place of treatment vary?

Authors reflections:
I've noticed that a frequently asked question is why anyone would want to stay in a hospice rather than in the comfort of your own home. I wanted to talk with Simon, who works with patients receiving advanced and palliative care in their home, about this.

Simon:
The difference lies in the level of care needed. Generally, more advanced care can be provided in a hospital/hospice setting, even if it's just for symptom relief. Additionally, the patient has the right to a certain extent to choose their preferred location. A patient can be 'eligible' for all instances and then their wishes are taken into account.

If there is no preference, the home is the first choice, as it is the cheapest option. Palliative care units in hospitals are equivalent to hospice care in terms of cost and competence. Hospice care could be considered the "Rolls Royce"-option that combines the highest level of competence with an attractive environment.

For the municipality to grant hospice care, a special medical need must exist that cannot be met by other institutions, such as severe pain problems, complications like excessive fluid in the lungs and abdomen, severe nausea, etc. This typically applies to the most aggressive forms of cancer, and patients with other diagnoses may be in a palliative stage, but the course is usually milder and thus easier to manage at home.

Many municipalities that do not have their own hospice (such as Mölndal) arrange "palliative spots" in short-term accommodations or similar, but in my experience the quality of care is not nearly as good as hospice care, even if it looks good "on paper". In special cases, Mölndal can rent places from the city of Gothenburg, which has three hospice units.

Authors reflections:
According to Socialstyrelsen (2021), when people were asked mid-life where they would want to die, over 60% answered that they would prefer to be at home. It seems like receiving palliative care at home is both the cheaper and most preferred option for the patients. Still, only 19% of people who die each year in Sweden die in their own home.

Simon:
Most people initially want to be at home, but many eventually realize that it does not work to wait for an hour for a nurse to administer a morphine injection, who first needs to finish with the current patient and then drive through the entire municipality. Many also underestimate the need for care, and if you are older, you are often accustomed to home care and similar services, and then it usually works better to be cared for at home. However, if you are younger and completely unfamiliar with home care, it is rarely very successful, so you often seek out a more proper care environment.

The contrast for a younger patient with a family usually simply becomes too great with around-the-clock care personnel at home, if not for the patient, then often for the potential partner and children.

THE HOSPICE PHILOSOPHY

"Hospice care could be considered the "Rolls Royce"-option, that combines the highest level of competence with an attractive environment"

- Simon, ASIH nurse

Ceiling lifts

Authors reflections:
I've noticed something that really differs between patient rooms in different hospices or care units. In the ceiling, there are often railings from which inelegant lifting devices are attached. Still, some rooms I've seen do not have these railings and to me it makes a huge difference in how pleasant the room is considered.

Sara:
When discussing our new hospice facility, we all got together and decided that we could, and should, avoid the railings for lifting devices in the roof of the guests' rooms. There are mobile lifting devices that could be used instead that we will prioritize in our new facility. We will have one, or maybe two, mobile devices for our 11 guests.

Although the ceiling lifts offer a great assistance for us working here, we really felt like the minor inconvenience of using a mobile lift instead was worth the outcome for the sake of the guests.

Authors reflections:
Making the hospice feel home-like is of course very important, but then again so is the well-being of staff members who will be working there. In Sara's case it's nice to hear that the staff members got together and actually considered the pros and cons, and made a decision based on that.

Karin:
In my experience the lifting devices are in general quite rarely used.
I do feel like the ceiling lifts offer a good support for us in our treatment rooms, and honestly I'm not sure the patients even notice or care about the railings. But let's say if a patient falls in the corridor, a mobile lift would surely be appreciated. So in that sense, I guess a mobile lift definitely has some advantages. That said, I can't see why a mobile device alone couldn't be enough for a hospice. Especially if the aim is to create a home-like environment.

Authors reflections:
It's clear that the importance of providing a home-like environment may differ between hospices and regular palliative care units. While Sara's hospice colleges got together and discussed the roof railings' "to be or not to be", Karin had never really reflected upon their existence.

Everyday functions

Authors reflections:
I've noticed that some rooms and functions vary between different hospices, like the private kitchenette, the quiet room, the viewing room etc. I ask Sara about the functions at her workplace.

Sara:
Our rooms don't have individual kitchenettes, which I always considered to be a nice quality since it opened up for the social interactions that occurred naturally in the shared kitchen and dining spaces. That said, I do on the other hand believe that in a hospice for families with children the importance of integrity and spending time within the family would be more apparent. In the case of a children's hospice I would've appreciated if our guests had the opportunity to chose between the two; a step out into social life where you can interact with people who share a similar experience, and a chance to stay inside and spend quality time with your family when preferred.

In our new facility i feel like I'm missing a ceremonial room. It could be a flexible room and wouldn't necessarily have to be religious. It could be a room for goodbyes, but also just a beautiful place to be reflect in silence for a while. A meditative room!

CARE FOR CHILDREN

"It's the children in palliative care that I am passionate about and care for, regardless of whether it's the child who is ill or if it's the child of a dying parent."

- Ulrika, professor of pediatric palliative care

Pediatric palliative care

Authors reflections:
When meeting up with Ulrika, I had been visiting children's hospice Lilla Erstagården earlier that day. Out of the eight rooms they had for inpatients, only four were occupied at the time. This raised the question of whether there's actually a need for children's hospices in Sweden at all.

Ulrika:
I honestly don't feel like another children's hospice is the right way to move forward. Don't get me wrong, what we have here with Lilla Erstagården is wonderful, but I can't really say it's fair. We would need them all across the country for the system to be fair, but then instead there wouldn't be a high enough demand to fill them with patients so it wouldn't be economically feasible either. What I would prefer to see here in Sweden is something that they work with in Boston called "Comfort Corners", which is basically a room/unit in every hospital designated for palliative children. That way we can reach out to everyone and not only those who live in the surrounding area of the hospice.

Authors reflections:
After discussing the Comfort Corners, an alternative solution is brought up: the idea of combining the care of sick children with sick parents. Simply put, a "*Family Hospice*".

Ulrika:
I think it would be fantastic if we had a Family Hospice. Imagine all the young adults who die, for example all the women who die of breast cancer, who have young children. It is a much larger target group than dying children. So imagine if we could establish a family hospice where families with minor children move in, regardless of whether it's the child or the adult who is ill. Then you have staff who will get used to working with children as well, which is often a huge barrier.

I'd like to note that it's the *children* in palliative care that I am passionate about and care for, regardless of whether it's the child who is ill or if it's the child of a dying parent.

Children's place in a traditional hospice

Authors reflections:
After having discussed the idea of a family hospice with Ulrika, I'm curious to find out how families with children are dealt with in a traditional hospice. I talk to Sara about it.

Sara:
The issue of children and death lies very close to my heart. Absolutely - it's a target group we accommodate and who seek our support. In the past month, I have had three families with children of varying ages. Generally, it can be said that the children do not move in here. However, it is emphasized how important it is for them to be here as much as they want. Including them in every way possible is appreciated for everyone involved. But what is also mentioned is the significance of maintaining their everyday life - as much as they can and want, attending school or preschool with flexibility of course. At least until the last days or so. That said, entire families won't move into the hospice. However, of course, they might spend a night every now and then, such as weekends. Mostly, it's the older children/ teenagers who do so. The little ones need their everyday life and their home even then.

Authors reflections:
Undoubtedly Sara raised an extremely important aspect here that needs to be carefully considered. I tell Sara about the idea of a family hospice that I discussed with Ulrika.

Sara:
Very interesting to hear. It's clear that the perspective of children and families is absolutely right. Of course, there should be a family hospice. It would likely be designed differently (apartments, more rooms for personal retreats etc.) to overcome the challenges I see.

I often see how families (besides the guest) actually need to leave the hospice to "cope." The time at the hospice can be incredibly intense, and the world outside is needed. To breathe. I would summarize the most important puzzle pieces in a child's grieving process as involvement and everyday life. I emphasize every day of the week that the children *should be here*, but they also need their everyday life (to a greater or lesser extent). With the right setup, you can certainly preserve both pieces of the puzzle for the best possible grief processing.

School and education

Authors reflections:
The aspect of everyday life that Sara mentioned left me curious to find out how school and education is solved within pediatric care. I contact Annika and Elin, pediatric nurses at a children's ward and a children's hospice, to talk about it.

Annika:
At our children's ward, we have 1-2 teachers present every day. I don't necessarily think two are needed, but to have at least one teacher available from Monday to Friday is probably a good idea. Digital lectures and tutorials could of course be implemented as well.

Elin:
We have a special education teacher working with us, although not full-time as a teacher. We haven't had patients who come from out of town with siblings attending school for an extended period of time. In these cases, the patients have either been here during school breaks when their siblings are with them or it has been brief during end-of-life care, a few days, and their siblings are at home from school.

However, having a staff member with teaching credentials is a great asset. She can assist both siblings and patients with their schoolwork. Patients sometimes participate in school lessons via video link. Most of our siblings come from the Stockholm area and are driven to school by their parents every day.

Our special educator is usually located in the art studio or wherever is best suited for each child.

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Studies

CHAPTER 3: STUDIES

In the following chapter a series of literature studies are made regarding recommended design principles of therapeutic gardens and hospice spaces, along with studies on different therapy methods commonly used in palliative care.

Lastly, reflections from a study visit to Lilla Erstagården children's hospice is presented.

These studies play an important roll of the thesis and contributed greatly to shaping the final design proposal.

LITERATURE STUDY: GARDEN DESIGN

"Many people find comfort in the idea that in dying we return to the earth, like other species. Nature in this view is our ally and our ultimate home"

In the following part of this chapter I will be drawing heavily from the work of Marcus and Sachs (2013). In the book "Therapeutic Landscapes: An Evidence-Based Approach to Designing Healing Gardens and Restorative Outdoor Spaces" by Marcus and Sachs (2013) there are three chapters that each describe a series of design strategies that should and/or could be implemented when designing a therapeutic garden, a garden for sick children and a garden for hospices.

Based on these, I will highlight relevant and specific strategies and methods that could be used when designing the garden for a family hospice. (Marcus & Sachs, 2013)

Accessibility

Studies have shown that people are more likely to visit a garden if they can see it. Windows and seatings indoors should therefore allow for guests to enjoy the garden even from the inside, and from various locations. The window sills should be low enough and designed so that a person lying in bed can still look out the window. Ideally, aesthetic lightning should be used in the garden so it can be enjoyed even after sunset. (Marcus & Sachs, 2013)

The entrance to the garden should be clearly visible and easily accessible. Studies showed that people staying in facilities with automatic doors rather than manual doors tended to use the garden even more (Rodiek, 2011). Hence, the use of doors that are easy to operate should be encouraged. (Marcus & Sachs, 2013)

Wayfinding should be easy without the need for generic directional signs. A weather protected area right outside the garden entrance for seating should be provided, so that residents can easily take a step outside and enjoy fresh air during various weather conditions. (Marcus & Sachs, 2013)

In line with people's wish to die at home, familiarities are considered comforting and calming in times of stress. This also applies for the landscape, therefore a landscape design that reflects the appearance of a residential garden in its regional and cultural context is recommended.(Marcus & Sachs, 2013)

Pathways

The primary pathway should always be flat and easily accessible also for someone in a wheelchair. The experience of a patient in a wheelchair should always be considered and the garden designed with this in mind. Provide frequent resting spots and seatings along the primary pathway, and make sure that there is naturally space for a wheelchair in addition to the arranged seating. (Marcus & Sachs, 2013)

The pathways should ideally be protected from

Figure 1. Healing Garden at Bonner Hospice

windows for the sake of privacy both indoors and outdoors. Working with different hierarchy of paths to maximize choices and opportunities are encouraged. These different choices can guide guests through different experiences and some pathways can lead to untouched nature. Providing a destination point such as a sensory garden or a pavilion encourages guests to go outside. (Marcus & Sachs, 2013)

Water & Wildlife

Creating a strong connection between building/landscape and guest/wildlife can have a strong impact on a guests well-being. A door that enables a family member or patient to step out and take a break from the apartment whilst still in their private zone is highly appreciated. Some patients even ask to be taken outside when they feel that death is coming closer. (Marcus & Sachs, 2013)

The presence of wild life can be a reminder that life still goes on, which is considered comforting no matter the medical condition. Bird feeders outside each patient's window is a way to attract birds and wild life that offer a visual distraction. Although in some hospital environments this is discouraged due to risk of bird-borne diseases being transmitted to patients, in the case of a hospice for dying patients the positive outcome is considered to undoubtedly outweigh the potential downsides. (Marcus & Sachs, 2013)

Hearing is the last of the senses to remain before death. Therefore, the sound of birds, falling water, wind chimes etc are of huge importance. (Healy, 1986). Remembering the patients' can experience loud noises as painful, and soft sounds may be inaudible. (Marcus & Sachs, 2013)

Water features have multiple upsides. A positive distraction, a soothing sound, assisting way finding, attracts wildlife etc. Although, be aware that children will want to interact and it needs to be safe. (Marcus & Sachs, 2013)

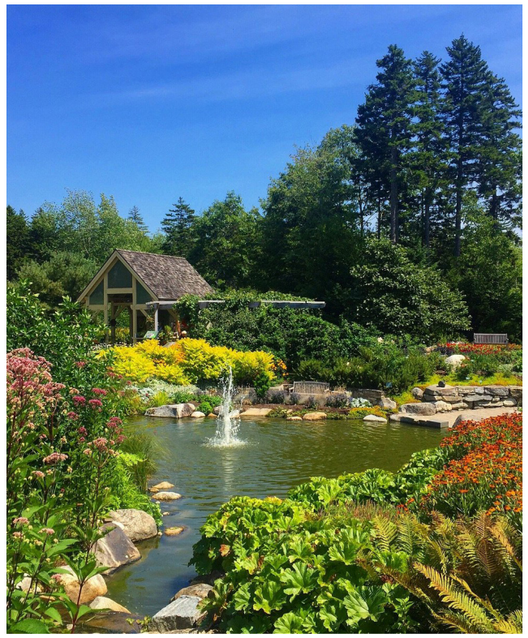


Figure 2. Coastal Maine Botanical Garden

LITERATURE STUDY: GARDEN DESIGN

Plants

When arranging for plants where children are expected to be present, poisonous plants should never be used. Although the use of plants that grab childrens attention in various ways, and flowers that can be picked, are encouraged. Every plant should have a purpose, and ideally the garden should offer a mixture of wild and planned nature. (Marcus & Sachs, 2013)

Aromatic herbs throughout the garden and along pathways activates the senses. Since smell, just like hearing, is one of the last senses to leave before death, fragrant plants and flowers such as lavender, rosemary, jasmine, clematis and wisteria are much appreciated. (Marcus & Sachs, 2013)

Subspaces

Subspaces with varying qualities should be provided in the garden design. Multiple gardens should be considered for the varying user groups. If only two can be made, they should be clearly defined as one more passive and one playground. Views from both indoors and outdoors seating should enable patients and visitors to witness a wide variety of elements; through a garden to the landscape beyond, at well-grown trees or the life indoors through the outdoors. (Marcus & Sachs, 2013)

It is strongly recommended that the design of the garden allows for the guests, visitors or staff to experience a sense of getting away from the hospice. Throughout the garden there shall be options that provide shelter from wind and rain, and lets the guest chose between shade and sun. (Marcus & Sachs, 2013)

Room for play

A playground that is visible from indoors is recommended, and it needs to be suitable for a wide range of ages and physical abilities. Ideally the playground should be within a closed space/boundary for the sake of the parent's ability to relax. (Marcus & Sachs, 2013)

Spreading out the opportunities for play throughout the garden for children of different personalities and developmental range to each find a place that fits is recommended. Use objects that may spark a childs imagination, for example a huge log can be seen as something to climb on. (Marcus & Sachs, 2013)

Elements that can work as a distraction and allows for direct interactions for a sick child should be used. Designed pathways that motivate children to move around in the garden. Through varying terrain, leading to secret places, climbing and crawling. Including elements that are weather-activated is recommended. (Marcus & Sachs, 2013)

Figure 3. Olson Family Garden at St. Luis Children's Hospital.

"The presence of wild life can be a reminder that life still goes on, which is considered comforting no matter the medical condition"

LITERATURE STUDY: HOSPICE DESIGN

"It's hard to tell when and where consultation will take place, so make sure the design of transitional spaces allow flexibility."

In the following part of this chapter I will be drawing heavily from the work of Verderber (2020). In the book "Innovations in Hospice Architecture" by Verderber (2020) a chapter is dedicated to highlight established principles and standards that are commonly used when designing for palliative care, whether it's a free standing hospice or an in-hospital palliative care unit.

Based on these, I will highlight relevant and specific principles that could be used when designing a family hospice.

The first impression

It's not unlikely that the guests who arrive at the hospice for the first time will be doing so with a range of emotion such as grief and fear, sadness and anger or a feeling of insecurity. Regardless of whether it's the patient or a relative, they will likely be in the middle of an extremely challenging part of their life. Needless to say, it's important that the first impression when approaching the hospice is carefully considered and designed. (Verderber, 2020)

The design of the arrival should be welcoming, comforting and soothing, thus striving to capture the essence of home. In the case of bad weather, it's beneficial to offer a weather protected main entrance where the guest can be immediately dropped off. (Verderber, 2020)

The main entrance should lead to a waiting area, a reception (or rather a welcoming desk) and ideally also the staff area so this can work as the hub of hospice operations. Ideally, a living room is located near the entrance without necessarily being visible when you enter the building. (Verderber, 2020)

There should be easy wayfinding but without the use of generic and often confusing overhead signs like those traditionally seen in a hospital. Use as few directional signs as possible, but still make the guest aware that assistance is nearby whenever needed. (Verderber, 2020)

Social spaces

In a traditional hospice, the social spaces play an important roll in satisfying the need of its' residents as a supplement to the often rather small patient rooms. Not knowing the age, gender or socioeconomic background of a guest these social spaces need to be designed to fit a wide range of users. (Verderber, 2020)

In the Family hospice on the other hand, each patient will likely be living in a larger apartment together with their family, thus reducing the absolute need for common social spaces. The apartment is ideally equipped with a kitchenette, a dining area and a living area to allow for the guests to spend quality time with their loved ones.

Still, common social spaces for families who seek comfort with other families in the difficult times they share together should be provided. These common spaces can also be used for special events like birthday parties, holidays or sing-along evenings. (Verderber, 2020)

There should be rooms designated for teenagers and for different kinds of therapy to take place. (Verderber, 2020). This will be explained further in the upcoming part of this chapter.

Private spaces

Just like the patient rooms are likely the most important rooms in a traditional hospice, in a family hospice the private apartments could be seen as the heart of the hospice facility. The guests are brought here upon arrival, this is were they will bring their personal belongings and likely spend most of their time. The patient's room in the apartment is where a majority of the palliative treatment will take place. (Verderber, 2020.
Ideally, the design should allow for this room to be separated and fully functional without the rest of the apartment.

It's important that the private spaces in a hospice does not remind the guests of a hospital room. It should, in every way possible, look and feel like a home. Medical equipment behind the patient's bed could be integrated (hidden) within a headboard if the room is designed for it. (Verderber, 2020)

A generous access to daylight is preferred, but should not be thought of as "the more the better".Although daylight access is important for the circadian rhythm of the patient, conversations with nurses has shown that a patient tend to seek darkened spaces as they begin the process of shutting down. Still, this syndrome should not be seen as a reason to avoid windows but rather be creative when working with them. (Verderber, 2020) (Davis, 2018)

The view from the patient's bed should also be carefully considered. A visual connection to nature from the patient's room is desirable, as the symbolic gesture of "returning to nature" can have a calming effect on the patient. (Verderber, 2020) (Davis, 2018)

Space should be provided within the apartment for young children to play, and ideally there should also be safe spaces suited for children's activities in close relation to the apartment and where adults hang out. (Verderber, 2020)

A semi-private refuge in the form of a meditation room or a chapel can be an important place for guests and staff to be able to retreat to and take a moment to sit in silence. A smaller sized room to offer intimacy and an indoor-outdoor connection is desirable. (Verderber, 2020)

Transitional spaces

Transitional spaces should be designed as a variety of social spaces and circulation paths rather than just a communicational function. Long and hospital-like corridors does not correspond well with the hospice philosophy. An articulated space between the corridor and the apartment allows for the guests to personalize their own entrance and reduce the feeling of anxiety that might be associated with entering the room. (Verderber, 2020)

Windowseats could be used as semi-private nodes within the transitional space to allow for guests to take a moment for themselves, talk to other guests or staff members. It's hard

LITERATURE STUDY: HOSPICE DESIGN

to tell when and where consultation will take place, so make sure the design of transitional spaces allow flexibility. (Verderber, 2020)

Connection to nature

As mentioned when discussing the garden design, a symbiosis between building an landscape empowers guests. The outside should always be present from the inside, and the question of outdoor-indoor should be viewed as a "single continuum" rather than a "this or that". Full-height glass elements such as glass doors will help with fulfilling this. (Verderber, 2020) (Marcus & Sachs, 2013)

Windows that can be opened to allow for natural ventilation can play a huge part in what makes the patient room feel like a home rather than a hospital room. To allow for smells and sounds of nature, like birds chirping, to enter the room is of great importance for the residents well-being. (Verderber, 2020) (Marcus & Sachs, 2013)

The opportunity to take a break outdoors without having to go to a common social space of the hospice should be provided and means a lot to both the patient and the relatives. A private balcony or patio should therefore be provided, ideally one where there is also room to roll out the patient's bed. Studies have shown that many palliative patients wish to be taken outside as they feel like death is coming closer. This again relates to the symbolic importance of returning to nature. (Verderber, 2020) (Davis, 2018)

Staff spaces

It's important not to overlook the staff members' well-being when designing a hospice. A nurse will walk a lot during his or her shift, and when designing the layout of the floor plan it is important to have that in mind and optimize staff flows. A staff members need to grieve and retreat for a moment in privacy and silence is also important to look after. This need can partially be solved with the transitional spaces discussed earlier in this chapter, but seperate break rooms are recommended as well. (Verderber, 2020)

The welcoming desk should be a hub for the administration of the hospice, connecting to offices, break rooms and staff toilets. Nursing stations in close connection to the patients' rooms facilitates the work flow and can be a reassuring feature to guests, who then feel like help is always nearby when needed. (Verderber, 2020)

Although treatment can, and likely will, mostly take place in the patient room, some procedures are better to perform in a separate treatment room. This is also beneficial for the patient, who wouldn't necessarily want certain procedures to be associated with their private room. (Verderber, 2020) (Davis, 2018)

As mentioned previously, counseling can take place whenever and wherever and should be accounted for in the transitional spaces. Still, conversation rooms dedicated specifically to counseling is required. Family members are welcomed back to the hospice for bereavement counseling after the patient has passed away, and re-visiting the hospice can be very emotional. A room that can be accessed easily from the main entrance without having to walk deep into the facility is therefore preferred. (Verderber, 2020) (McGann, 2013)

"A visual connection to nature from the patient's room is desirable, as the symbolic gesture of "returning to nature" can have a calming effect on the patient."

LITERATURE STUDY: THERAPY

"Music therapy is a valuable intervention for the entire family in the palliative care of children to achieve holistic well-being and improve the quality of life."

It's widely acknowledged that various therapies can be beneficial complements to palliative treatment in an attempt to relieve symptoms. Popular therapies within the palliative care are water therapy (hydrotherapy), physiotherapy, music therapy, art therapy and sensory therapy.

Common for all of these therapies is that they are under ongoing research and the results and effectiveness of the methods may vary drastically from individual to individual. (Verderber, 2020)

Hydrotherapy & spa

Water therapies have been found to offer multiple benefits to patients such as pain relief, quality of life improvement and reduced psychological distress. Studies have shown that families participating in hydrotherapy generally had a positive experience.
Apart from therapeutic reasons, many families find the opportunity to take a bath together as a valuable asset in their everyday life. (Reger et al., 2022) (Gaab & Steinhorn, 2015)

Physiotherapy

The practice of physiotherapy can be beneficial within ordinary palliative care as well as pediatric. Not only can it manage symptoms such as pain, fatigue and muscle weakness but can also improve mobility, breathing ability and self esteem whilst also reducing stress.

Examples of commonly used therapy methods are breathing, stretching, strengthening, balance and coordination exercises. The methods used can vary and should always be individualized by a physiotherapist. (Ortiz-Campoy et al., 2021)

Music Therapy

The use of music as therapy has grown widely appreciated the past decades (Bunt & Stige, 2002). It could be as simple as playing music from a stereo or allowing for musical events to take place within the premises, but also to provide the opportunity for guests to participate and practice music themselves, preferably together.

Music is used as a tool for experiences, creation, and interaction. Research shows that music therapy is a valuable intervention for the entire family in the palliative care of children to achieve holistic well-being and improve the quality of life. (Regionala Cancercentrum i Samverkan, 2021)

For some people who are worried or stressed and in the need of a distraction, playing instruments together with other people may even be the preferred way of spending time together rather than socializing verbally. (Stegemann et al., 2019) (Verderber, 2020)

Art Therapy

The use of art as therapy has multiple benefits. It has been proven that elements of art, for example paintings, sculptures and murals, can lift the human spirit. Not only does it have therapeutic benefits, but it can also be a tool to facilitate wayfinding within the premises. The use of interactive art, both within interior and garden design, can effectively work as a distraction for children as well as teenagers and adults. (Verderber, 2020)

Sensory Therapy

A multi sensory room is a place where children get the opportunity to experience lights, sounds, smells, textures and visuals in a more enhanced setting. This has proven to be a great way to help children explore and spark their imagination, whilst simultaneously having a much needed calming effect.
There are companies who specialize in providing equipment for these types of rooms and who are also front running researchers within the field. One example of these are the Dutch Snoezelen who manufacture popular products like "Bubble Tubes" and various light/sound panels. The room is preferably equipped with a surround sound system, a soft floor-covering carpet and comfortable furniture. (Snoezelen Multi-Sensory Environments | Sensory Rooms and Therapy Explained, n.d.) (Verderber, 2020)

Figure 4. Sensory Room from Snoezelen

STUDY VISIT: LILLA ERSTAGÅRDEN

Lilla Erstagården in Stockholm is the first, and only, children's hospice and has been running since 2010. They moved into their new and current building in 2015. They have room for a total of eight inpatients, but their current contract allows for a total of five inpatients. At the time of my visit, there are four inpatients currently staying at the hospice.

First Impression

For perhaps obvious reasons, I've been feeling a bit anxious coming here. I have a two year old son myself, and although I've tried to prepare myself for what I could see during my visit, it's really quite the threshold to climb over.

When I'm outside the main entrance waiting to get in, a woman just arrives who tells me she's a physiotherapist who work here every Tuesday and Thursday. She seem very happy to come to work, has a big smile on her face let's me in through the main entrance. This brief meeting reminds me that this is about *quality of life* and nothing else. The nervousness and anxiety I felt coming here are like gone with the wind.

Experiencing the building

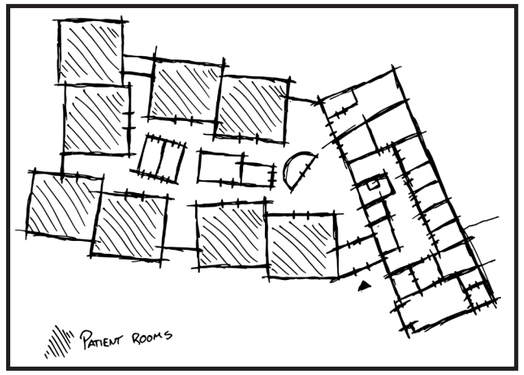
When entering through the main entrance I have a beautiful view across the building, through a window and looking out over the pine trees and nearby lake. The reception area has the character of an indoor playground, with aesthetic reminding me of something out of a Jan Lööf painting.

There are no "hard drawn lines" between common spaces and corridors, they are mostly part of a shared, continuous flow. The staff area is behind a door opposite of the reception desk, but apart from that it's clear that the rest of the corridor/common space is free for everyone to walk around.

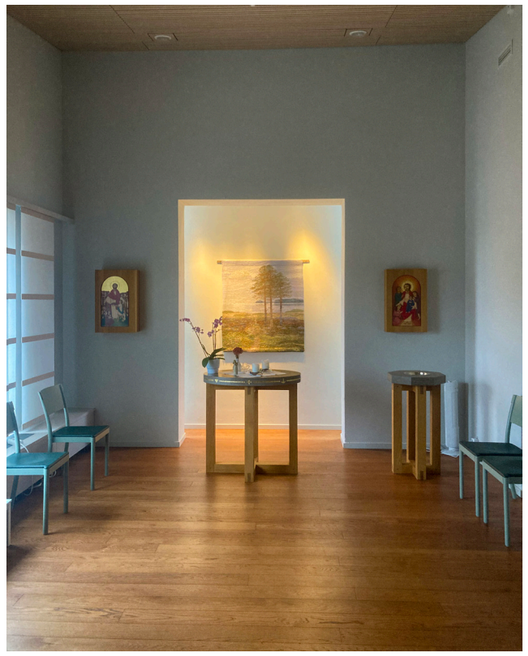
Although every window offer the view of a beautiful scenery and are generous in size from floor to ceiling, the corridors are rather dark and daylight or the outdoors doesn't feel as present as I might have hoped for.

I happen to know, from looking at early floor plan sketches, that there was initially supposed to be an atrium and a winter garden integrated with the transitional spaces. Somewhere along the way this has obviously not been prioritized, maybe due to budget cuts, but the floor plan layout was never re-arranged to fit the new conditions. Only speculations from my end, but unfortunate nonetheless.

The patient rooms have a beautifully elevated ceiling hight and access to a generous amount of daylight. Although surely more pleasant than a hospital room, I do still feel like the room has a rather sterile "hospital-like" feeling. It's difficult not to notice the wall panel with medical equipment above the bed and the clumsy railed lifts attached to the ceiling. The room I'm allowed to enter however is currently not occupied by a patient, so that might enhance the "hospital-esque" impression.



A schematic sketch of the floor plan layout, showing the continuous flow between corridor and common space. Staff area is mainly clustered in a separate unit, apart from a disinfection room, laundry, nurse's station and storage.



4

Strategies & Brief

CHAPTER 4:
STRATEGIES & BRIEF

In the following chapter a ground for the design proposal is set. Based on the studies and conversations, a series of design strategies for the project are presented. Separate design strategies are phrased and illustrated for the garden and for the hospice itself.

Lastly, a brief is conducted along with certain limitations and assumptions.

DESIGN STRATEGIES: THE GARDEN

"It can be very important for the guests to be able to "get away" from the hospice for a while, and implementing subspaces helps fulfill this desire."

Therapeutic garden

To design a therapeutic garden there are certain elements that should always be taken into account.

To incorporate a variety of greenery that trigger multiple senses such as fragrant plants, waist high bushes with textured leaves and colorful flowers.

To incorporate water features such as ponds, fountains or waterfalls. Not only does the soothing sound of water have a calming effect on the guests, it also attracts wild life and can be meditative for the viewer to observe.

Subspaces

To implement various subspaces within the garden design helps to let the guests be aware that they make their own choices and decide for themselves how and where they spend their time. This is important to make them feel at home.

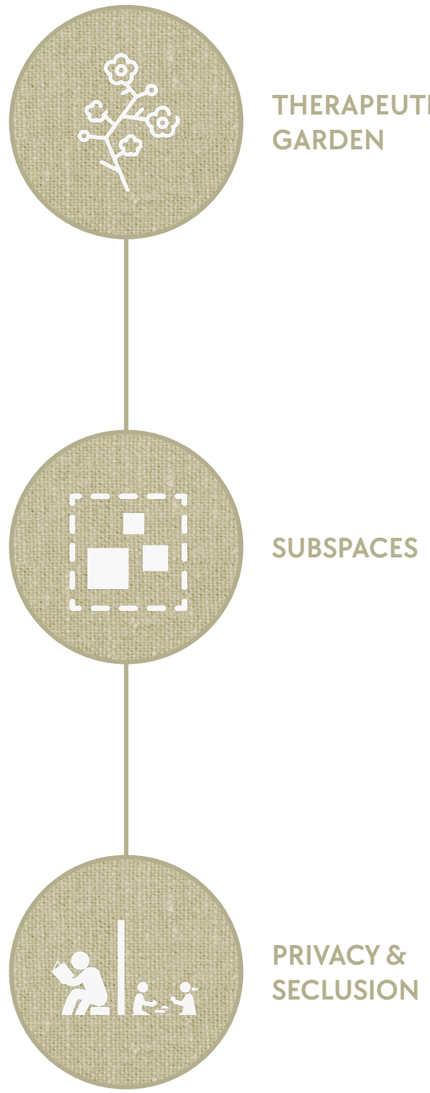
What wild nature is to a designed terrace could be considered a subspace, but it can also be just a sun shaded seating under a tree.

It can be very important for the guests to be able to "get away" from the hospice for a while, and implementing subspaces helps fulfill this desire..

Privacy and seclusion

To use tall evergreen hedges, lattice screens, or trellises covered in climbing plants are examples of ways to create secluded spots or private corners in the garden.

Designing small, cozy spaces with comfortable seating areas tucked away from the main pathways, offering the guests a sense of privacy and tranquility.



DESIGN STRATEGIES: THE HOME

"A family comes in many shapes and forms, and the design of the home must take this into account"

Homelike environment

To use warm and inviting color schemes throughout the design such as earth tones, natural wood finishes and warm, soft lighting can help make the hospice feel like a home rather than a care facility (Verderber, 2020).

When designing a home for different types of individuals, with varying cultural- and socio-economic backgrounds, it's hard to decide which environment would be considered "homelike". Adapting to an appropriate local cultural heritage, such as the neutral Scandinavian mid-century style, could possibly be considered familiar and appealing to a larger mass.

Shared vs. private

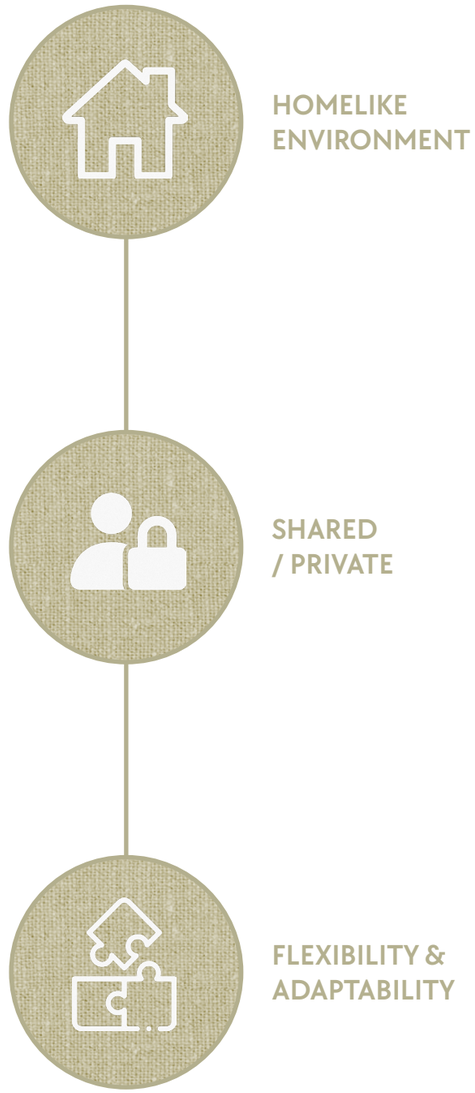
For a grieving family it might be a good idea to let them be in control of when social interactions will take place or not. To make everyday necessities like cooking, dining or showering available within the guest's private zone can therefore be important.

To have intentional social interactions rather than a forced ones might be essential for the guests comfort and well-being in this new home environment. That said, the importance of social interactions can not be ignored and opportunities for shared activities must be provided as well.

Flexibility and adaptability

A family comes in many shapes and forms, and the design of the home must take this into account. Storage for personal belongings and a possibility to refurnish or swap furniture should be provided. One family might require a dining table fit for 6 people, while another might require a working space.

Space for multi functional furniture such as sofa bed, convertible tables or a murphy bed should be provided.



DESIGN STRATEGIES: FAMILY HOSPICE

"The views from each social space should be carefully considered, and seatings arranged in favor of this."

Seamless outdoor / indoor

The use of natural wood and earth tones throughout the hospice design and adding n atrium or a winter garden can help connect the indoors and outdoors environments. Windows from floor to ceiling can enhance this impression as well.

Sheltered seating options right outside the door help break the boundaries between indoors and outdoors. An angled building can allow for views from the inside, through garden greenery and into the building again. This can enhance the feeling of nature being present indoors as well as outdoors.

Subspaces

Just like in the garden design, to implement various subspaces helps to let the guests be aware that they make their own choices and decide for themselves how and where they spend their time. It's important to remember that they live here on their own terms, and essential for the guests comfort and well-being.

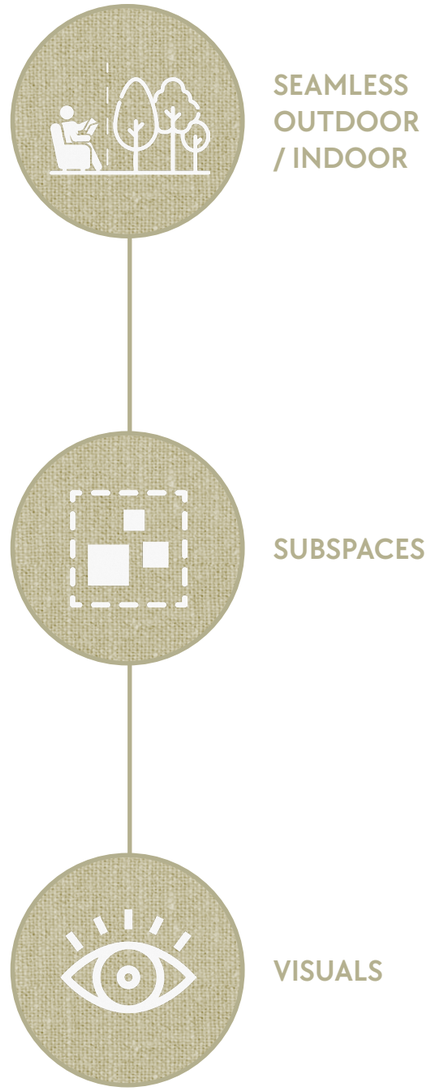
Apart from their own private space, separated hang-out spots throughout the common areas such as niched window seatings or tucked away living areas can be greatly appreciated.

The garden's subspaces can allow for the guests to get away from the hospice for a while, and subspaces within the building can similarly allow for guests to get away from their private apartment.

Visuals

The views from each social space should be carefully considered, and seatings arranged in favor of this. The phenomena of "seeing without being seen" can be an important element (McGann, 2013).

Views over a therapeutic garden can allow for guests to enjoy it even if they are not fit to go outside, or if the weather does not allow for it.



CONDUCTING THE BRIEF

Before conducting the brief for my proposal, a number of factors need to be determined. A suitable staff- and patient layout is suggested in close collaboration with three experienced staff members within the field. Based on this, and inspired by the set up of Lilla Erstagården, a Brief for my design proposal is presented.

Viewing room and conference room

As Bräcke Diakoni manages the surrounding premises, including a traditional hospice, a decision is made to leave the viewing room and conference room out of the brief.

According to conversations with nurses, a conference room in premises like this are rarely used. Because of that I find it reasonable that on occasions when larger meetings that require a conference room take place, co-using rooms within Bräcke Diakoni makes sense.

The viewing room is a place where the patient is taken after death to allow for relatives and friends to say a last goodbye. An essential moment, and a truly important room for many reasons. That said, I also see many reasons to leave it out of a family hospice for the sake of the children if a nearby option is available, which in this case, it is.

Education

Just like the case of Lilla Erstagården, as explained by Elin in chapter 2, I will make the assumption that guests staying at this hospice are from the vicinity of Gothenburg and children will go to school as usual to the utmost extent. Education by a teacher will be occasionally be held on the premises for children in the need of that, but a specific room designated for teaching will not be included in the brief.

Laundry

A major part of laundry such as linen and staff clothes is expected to be taken care of by an external operation through the delivery room. Apart from that, laundry will be shared between staff and guests.

For who?

	Staff
2x	Nurse
2x	Assistant nurse
1x	Cleaner
1x	Doctor
1x	Teacher
1x	Physiotherapist
1x	Curator

	Guests
5x	Inpatients (children and adults)
15x	Family members. Roughly calculated based on an average of 4 members per family (SCB, 2022)

Brief proposal

	Guest, private
5x	Patient room
5x	Family apartment

	Staff
3x	Nurses office
1x	Doctors office
1x	Documentation
2x	Changing room
2x	Staff WC
1x	Staff WC Accessible
1x	Break room
1x	Kitchen
1x	Resting room
1x	Storage: Cleaning
1x	Storage: Medication
1x	Storage: Linen
3x	Storage: General
1x	Waste room
1x	Delivery room
1x	Disinfection room

	Guest, shared
1x	Dining room
1x	Kitchen
1x	Living room
1x	Laundry
1x	Teen room

	Therapy
1x	Music therapy
1x	Art therapy
1x	Hydrotherapy
1x	Sensory therapy

	Treatment
1x	Spa / Massage
1x	Conversation / counselling
1x	Quiet Room
1x	Treatment room

5

Design Proposal

CHAPTER 5:
DESIGN PROPOSAL

In the following chapter the *design proposal* is presented. Design concepts in site- and volume design are followed by a site plan, a floor plan, sections and facades. Lastly, specific functions are presented in closer detail along with rendered visualizations.

INTRODUCING THE SITE

Bräcke

The site I chose to work with for this design proposal is situated in Bräcke, Gothenburg. The land is owned by Bräcke Diakoni, who also owns and manages most of the sites immediate surroundings. 100 meters south of the plot runs Västra Bräckevägen, a main road with buss lines connecting Bräcke to the rest of the city. On the other side of Västra Bräckevägen lies Bräcke Småstugeområde (Bräcke cottage area), built in 1934 and the first in Gothenburg.

The forest

The plot sits at the foot of Duvberget, a hill with a heavy forest character. Roughly half of the site is covered by forest, while the rest is an empty lawn and a paved parking lot.
The right side of this spread show pictures taken from the site, along with pictures of three neighboring buildings managed by Bräcke Diakoni.

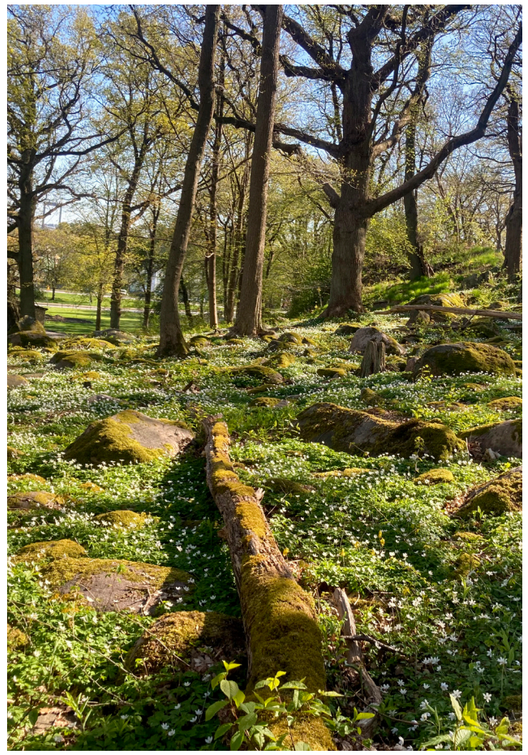
Pictures are taken by me on May 7th 2023.

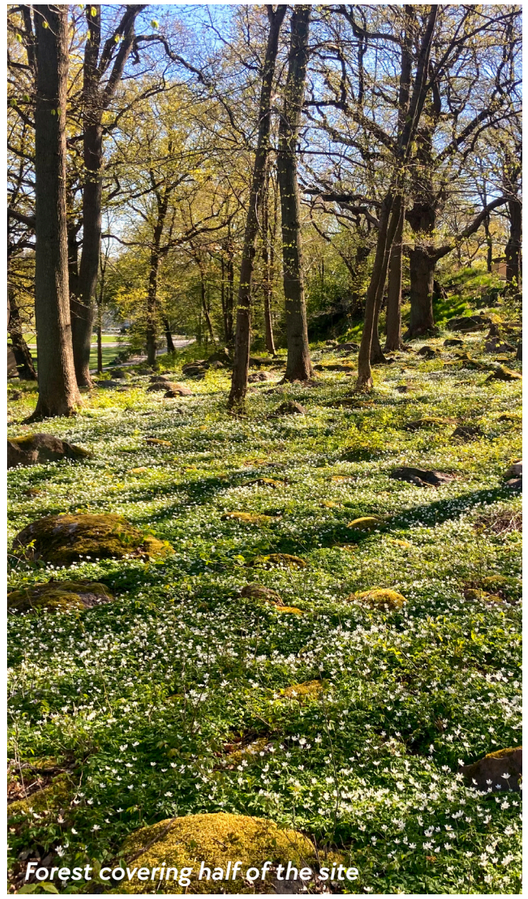
Gothenburg, Sweden

Figure 5. The Site

Bräcke, Gothenburg

Figure 6. Bräcke Diakoni





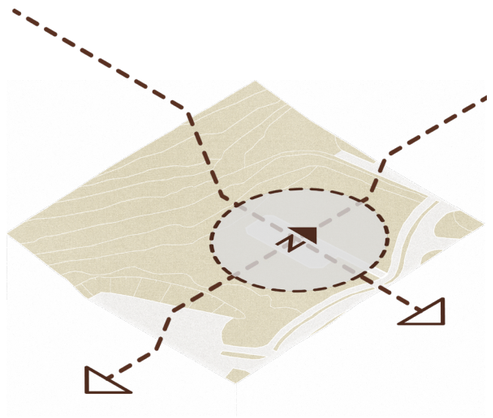
Forest covering half of the site

Preschool

Bräcke Diakoni

Hospice Helhetsvården

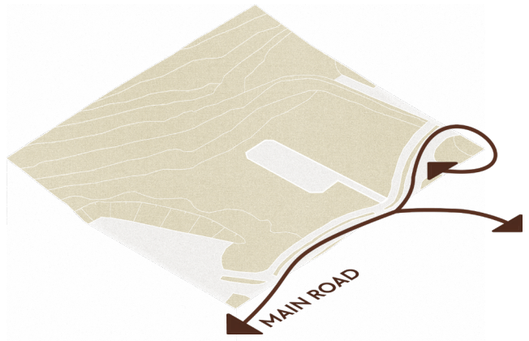
INTRODUCING THE SITE



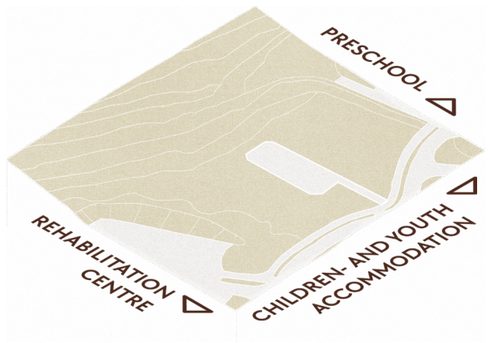
Topography

To the west of the site is a rather steep hill, and the area slopes down from north to south. The plot itself on the other hand sits on a rather flat plateau and building there won't require any significant intervention in the terrain.

Transportation



The road that runs along the site is a dead end street that branch out from the main road Västra Bräckevägen 100m south. Since it's a dead end street, noise level is kept down as there are no passing vehicles except for those who have an errand in the area. There is a turning point by the north west part of the plot, making it easy for delivery trucks to come back and forth smoothly.



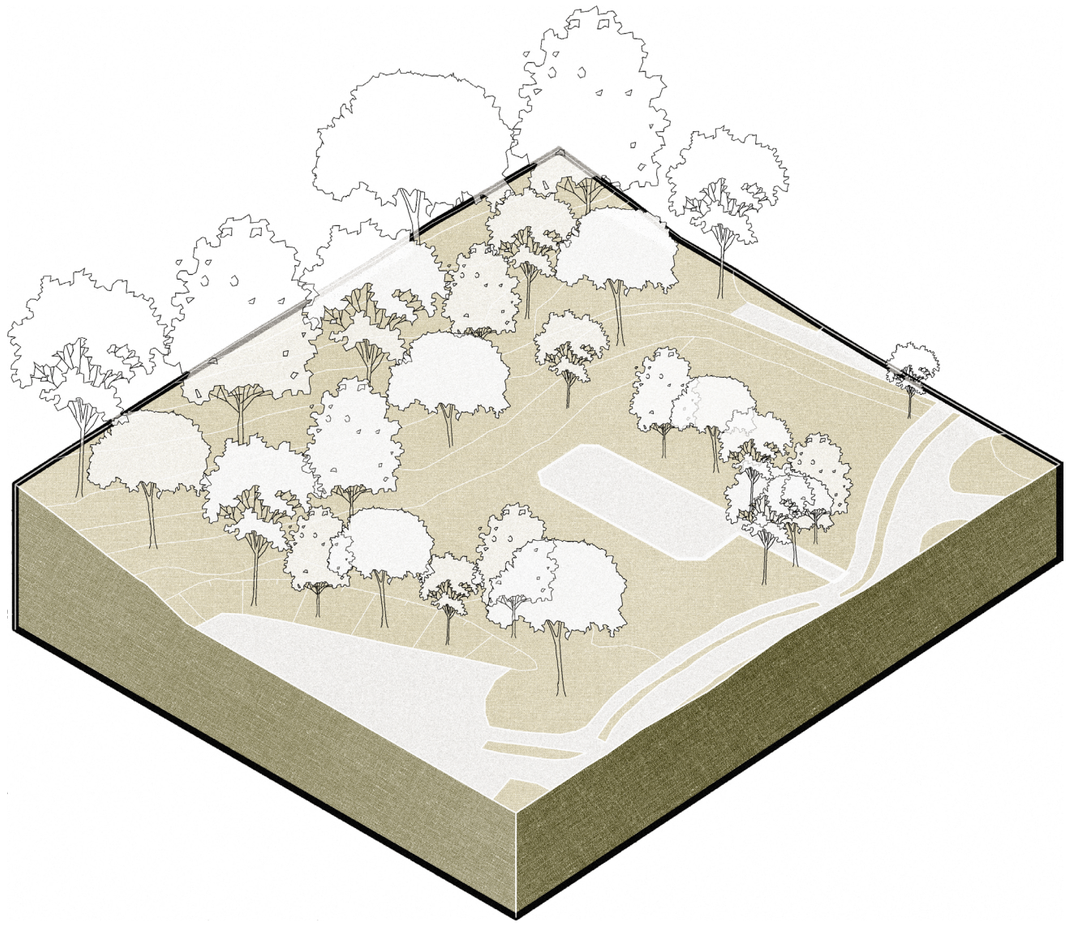
Surroundings

To the north there's a preschool, to the south there's a rehabilitation center and to the east across the road there's a children and youth accommodation. Each facility is owned and managed by Bräcke Diakoni.

Greenery and nature.

There are a great amount well-grown trees on the site, mainly maple and linden with canopies varying from roughly 4 to 15 meters in diameter. There are waist-high bushes in the north towards the preschool, and denser vegetation by the slope in the south.

The forest ground is covered by beautiful flower beds, moss covered stones and fallen trunks. It's an astonishing scenery like something out of an Elsa Beskow painting, and an invaluable asset for the site.



DESIGN CONCEPT: SITE & VOLUME

Interventions

An effort is made to preserve as many of the site's well-grown trees as possible, as this is considered a valuable quality and important piece of the landscape design. However to facilitate fitting the entire program on the plateau, a few younger and awkwardly situated trees are removed, and so is the existing parking lot.

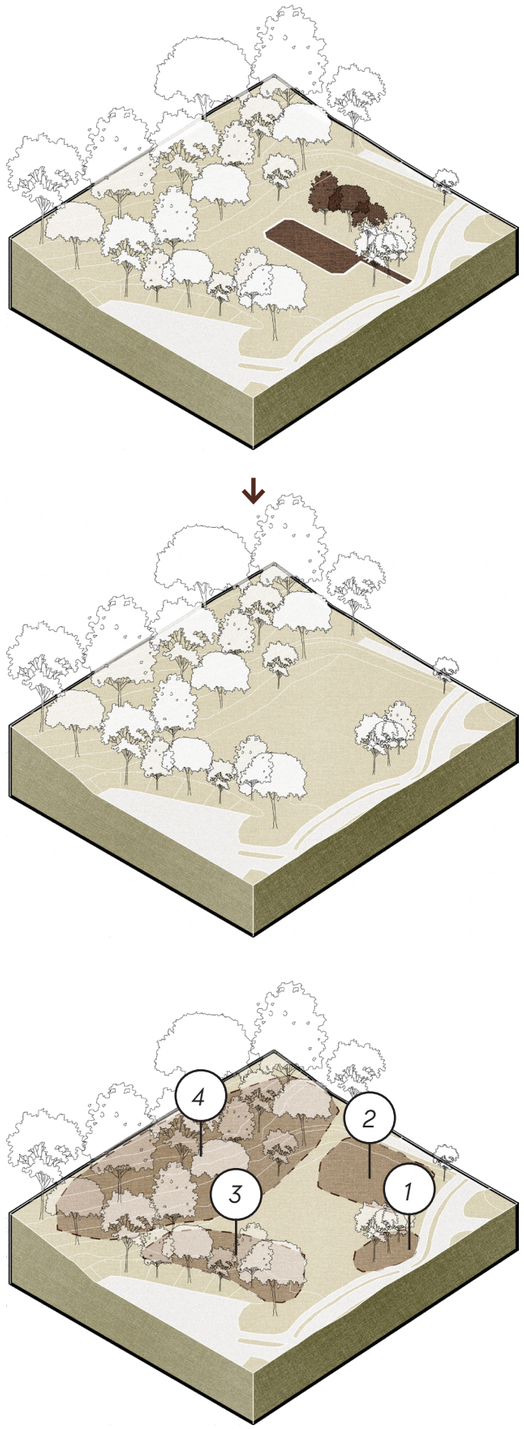
Landscape zoning
Different zones are recognized in order help divide the plot into subspaces of varying qualities, an important part of the landscape design for my proposal.

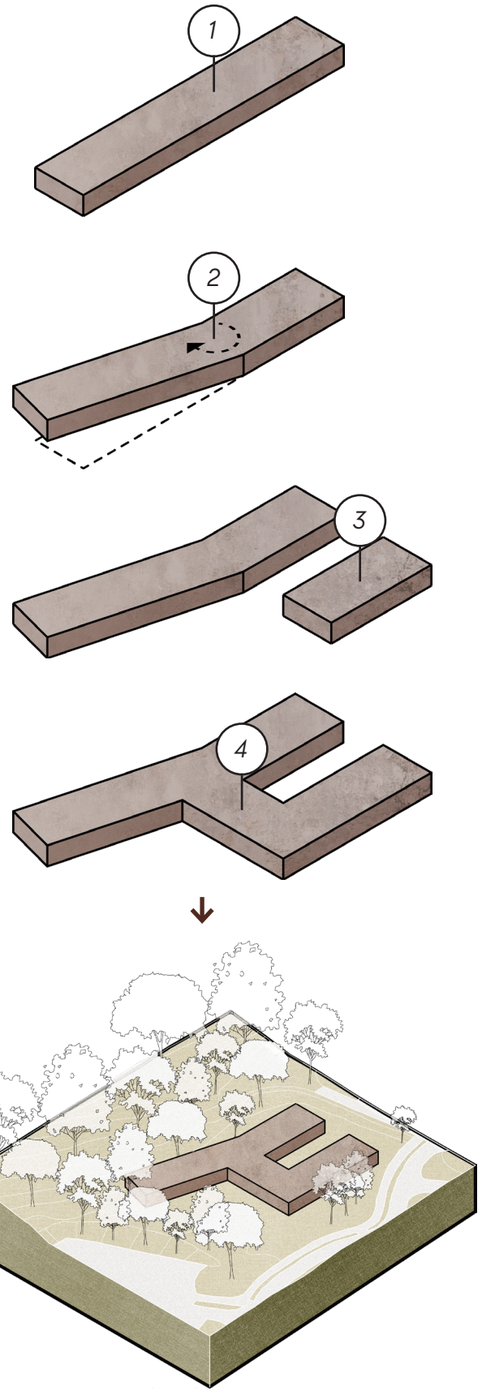
1. Entry zone
An "island of trees" by the road has great potential of becoming an entry zone for the hospice. To be comforted by large, sheltering trees as you arrive at the hospice could be crucial to the first impression.

2. Playground
This zone is located close to the preschool's playground, and could potentially be visually connected to that.

3. Main garden
By the slope south of the plot are plenty of well-grown trees. A garden in this zone could make great use of these, as they'd be an embracing element for the garden whilst also providing shaded spots on hot summer days.

4. Untouched nature
The forest would preferably remain untouched, as the element of wild nature could be a valuable asset for the guests, both to experience and to overlook. I addition to this, it also leaves the opportunity to keep the west side of the site particularly private.





Shaping the volume

A few basic, conceptual ideas form the basis of the floor plan layout, which is presented in a simplified manner below.

1. Guest's row
Firstly, I want to ensure that each family apartment get the same conditions and are equal in terms of privacy, views and access to nature. The apartments are all facing the same direction, towards the forest.

2. Adapt
The guest's row is slightly twisted to follow the shape of the terrain. In addition to this, the excessively long corridor is split into two separate blocks.

3. Staff's unit
A separate building unit for staff is added, partially enclosing the previously mentioned "playground zone" for the sake of children's safety. The staff unit is also facing the road, which facilitates the handling of deliveries and easily accessible staff entrances.

4. Connecting the two
A central unit connects the guest's row with the staff area. The central unit functions as a hub for the hospice operation and contain the main entrance and other shared social spaces.

SITE PLAN

Garden

The southern garden is organized greenery with walking paths, seatings and a sensory rose garden. Northern garden is an enclosed playground and to the west is untouched, wild nature.

Entrance

On the eastern side of the building is an entry garden. Outside the main entrance is a brick paved drop-off path, rounding an island of preserved trees and a splashing fountain. The drop-off path also allows for disabled parking close to the door.

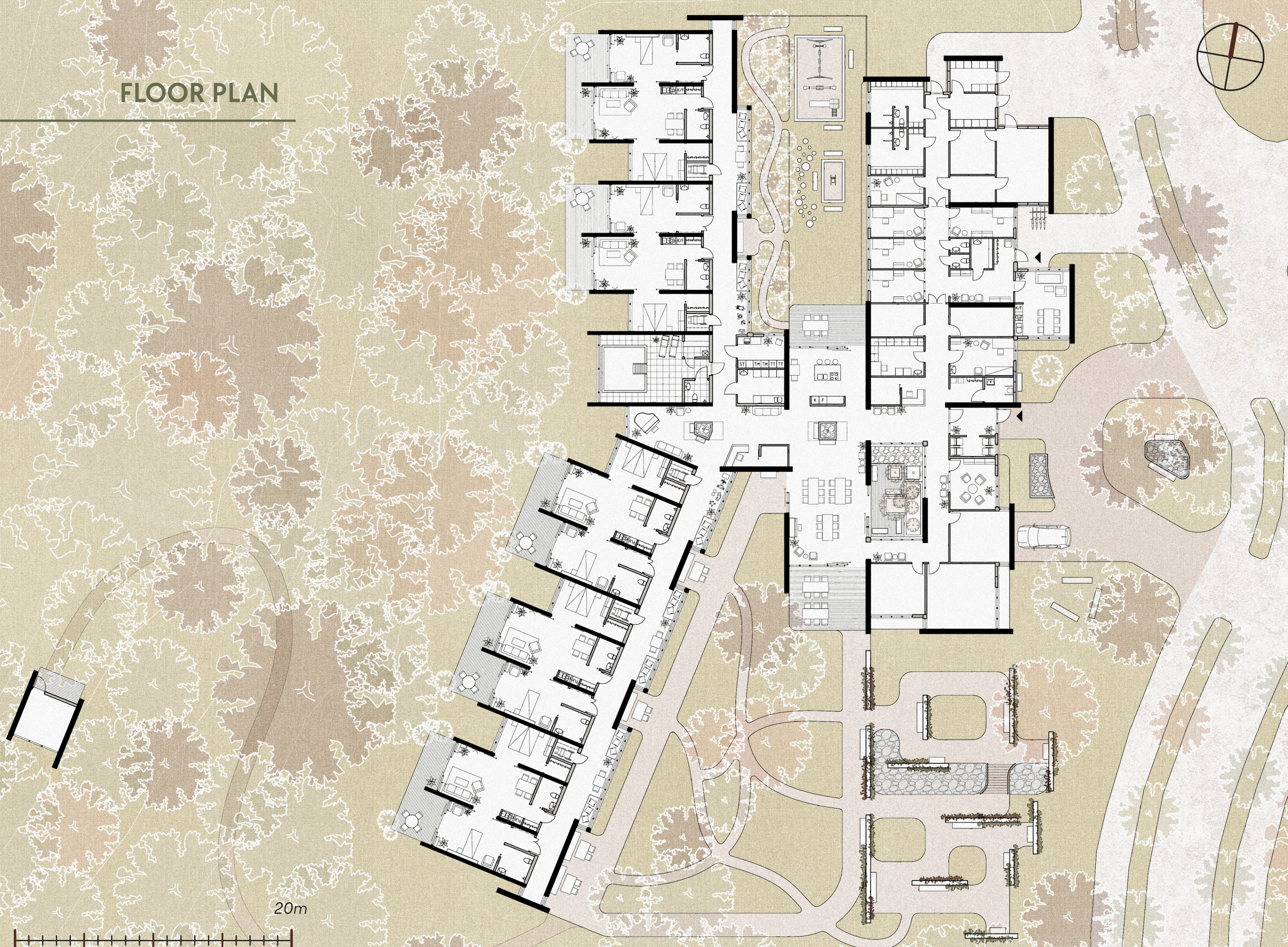
Just north of the main entrance is the staff entrance with a semi-sheltered bike stand. Continuing north, an entrance for deliveries and waste management is situated close to the road and in close connection with the road's turning point, making it easier for trucks to go back and forth seamlessly.

Parking

Parking spots for staff is provided north of the site together with the preschool staff parking. For those arriving by bike, a semi-sheltered stand for bikes is located next to the staff main entrance.

There's a drop-off zone and a disabled parking spot by the main entrance. Long-term parking spots for guests are provided down the slope by the southern garden, just a short walk past the rose garden from the main entrance.

FLOOR PLAN



PROGRAM & FUNCTIONS

Shared

1. Main entrance / lobby
2. Conversation room
3. Sensory Room
4. Physiotherapy
5. Creative room / teen room
6. Common patio
7. Common dining room
8. Common kitchen
9. Winter garden
10. Spa / Hydrotherapy
11. Common living area
12. Cloak room
13. Laundry room
14. Interactive art for children
15. Flexible corridor space

Private

16. Guest apartment
17. Private patio

Staff

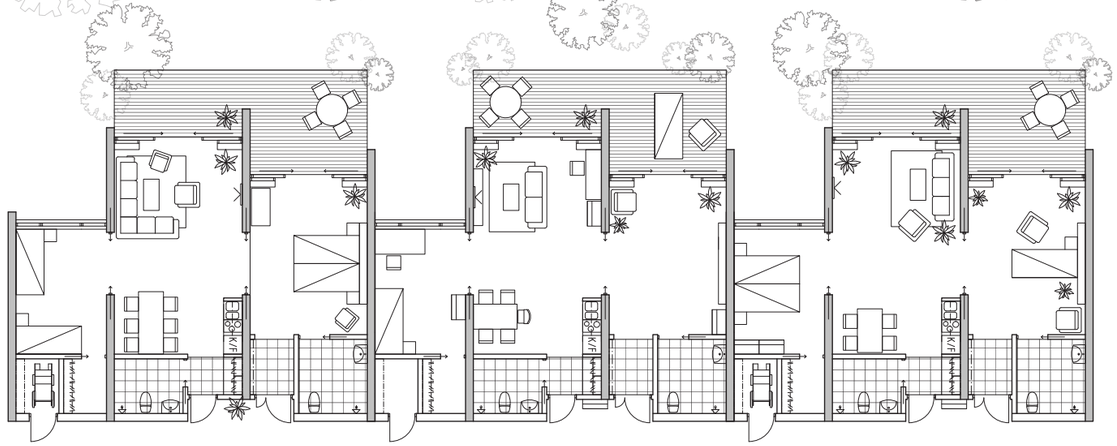
18. Nurse station
19. Disinfection
20. Medicine room
21. Treatment room / doctor's office
22. Storage
23. Staff entrance
24. Staff room
25. Storage cleaning
26. Documentation
27. Office space
28. Resting room
29. Changing room
30. Tech
31. Delivery room
32. Waste room

External

33. Sensory garden
34. Quiet room

FAMILY APARTMENTS

Visualization of a guest apartment as seen from the patient's room.



Family apartments furnished and adjusted for three different families.

The family apartments consists of a patient room, a living room with a kitchenette and a bedroom. These three components of the apartment are separated with generously wide sliding doors. Every apartment face the forest and the beautiful scenery of wild nature appears like a mural on the western side of each apartment.

The ceiling height varies between the rooms, from highest in the patient room to lowest in the bedroom. Because of this, a row of high windows can be installed above each sliding door providing the apartment with daylight from multiple directions. The high windows are also a necessary addition to the forest-facing windows, as they do not let in a sufficient amount of daylight on their own.

However, the ceiling height in hallways and bathrooms does not vary as a suspended ceiling hide installations such as ventilation.

The layout of the apartment is constructed in a way that allows for the patient room to be closed of from the rest of the apartment and be fully functional on its own; with its' own entrance, bathroom and patio access.

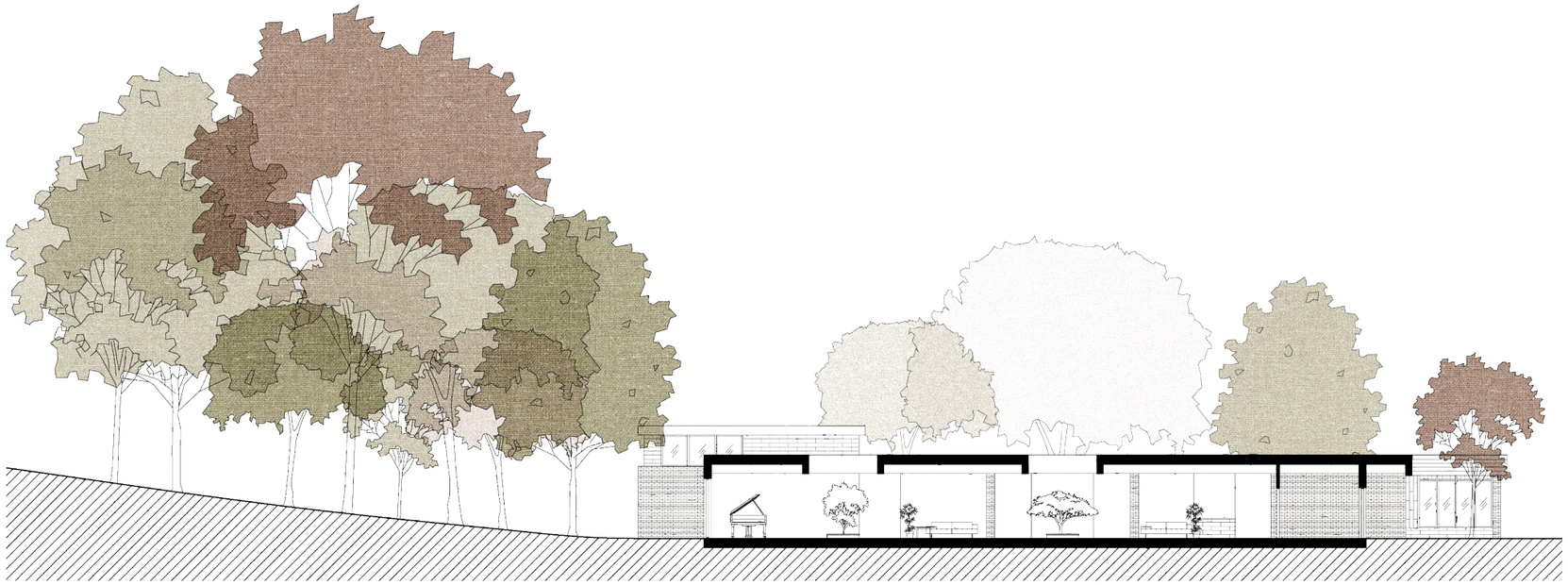
The apartment has two storage rooms, one interior and one exterior. The exterior storage has the purpose of storing a wheelchair if the patient is in need of one. If the patient who's currently living in the apartment is in special need of lifting assistance, a mobile lifting device can be temporarily stored and charged in the exterior storage for easy access during this period.

Conversations with nurses revealed that wheelchairs and mobile lifts are two appliances that tend to end up in the corridor if proper storage space isn't provided. The decision is made to leave the patient room ceiling free from railings for lifting devices, since a mobile lift will be sufficient.

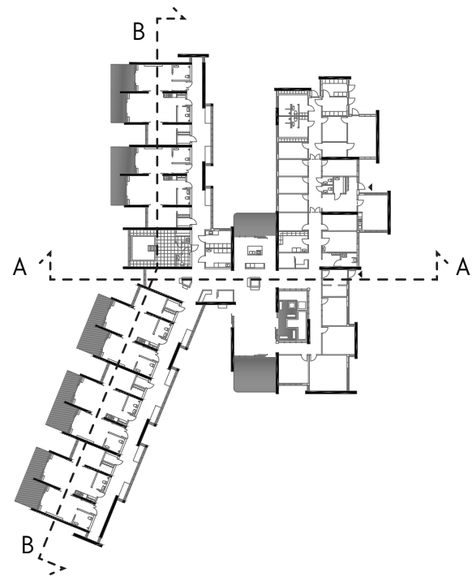
The wall panel with necessary medical equipment by the patient bed is integrated in an elevated wooden headboard in an effort to de-hospitalize the environment in the patient room. The headboard is wide enough to also fit another single bed next to the patient's bed, if a family member wish to sleep next to the patient.

3D-Section of one apartment

SECTIONS



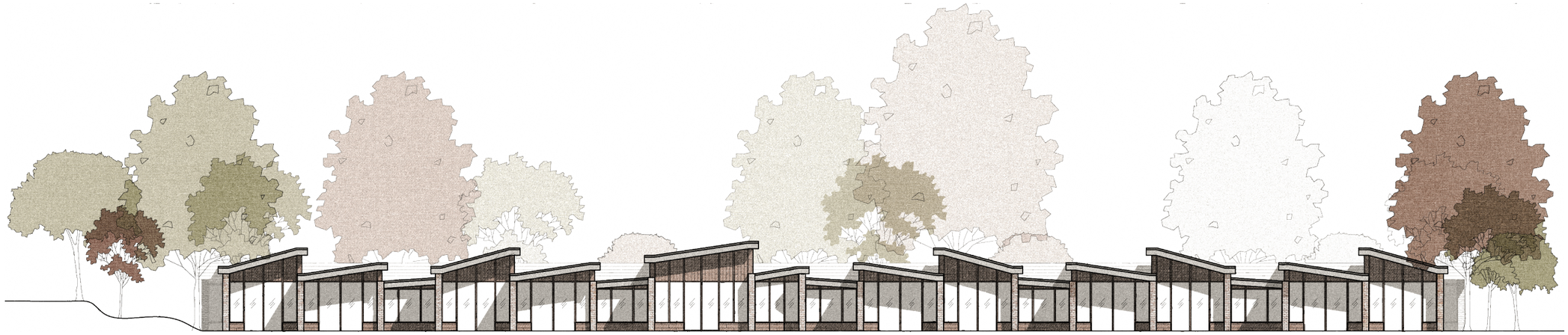
Section A-A. Scale: 1:250



Section B-B. Scale: 1:250

FACADES

Elevation of the eastern facade. Scale: 1:250



Elevation of western facade. Scale: 1:250

MAIN ENTRANCE & ROSEGARDEN

Summertime visualization of the rose garden, as seen from the bridge over the water lily pond.

Arriving at the Golden Slumbers Family Hospice main entrance.

Main entrance

A brick paved drop-off path circles an island of well-grown trees and a fountain, leading the guests all the way to the main entrance. The paving of this path is a way to highlight that the pedestrian is prioritized here, and that entering by car is made on their terms.

Low bushes and a water mirror mark the entry, which is slightly pushed into the building to provide shelter from wind and rain as you approach it. As an important part of the first impression, this becomes a symbolic gesture to tell the guests that they are safe and will be taken care of.

Rose garden

The eastern side of the southern garden consists of a rose garden semi-enclosed by separate, free standing brick walls creating a labyrinth-like atmosphere. Within the rose garden there are many different seating options, and it's truly the place to go when you want to escape everyday life for a while. In addition to this, it functions as a *visual barrier*, making the garden feel more private but without the use of a *physical barrier*.

The rose garden can be enjoyed not only by the guests of Golden Slumbers, but also by those staying at other nearby facilities managed by Bräcke Diakoni such as the elderly home or the dementia home. A water lily pond flourishing with wild life, climbing roses of different colors, herbs, flowers and berries are a few examples of what can be experienced in the rose garden.

LOBBY & COMMON AREA

Lobby with view over winter garden.

When you step inside the hospice through the main entrance you are welcomed by the sight of a winter garden. To your right there's a welcoming desk that also serves as a nurse station. The corridor to your left circles the winter garden and leads to a conversation room and the three activity rooms. On the other side of the winter garden you find the common day- and dining room that has immediate access to the southern garden and a patio for outdoor seating. If you want to access the winter garden, this is also where you find the entrance for that.

North of the dining room you find the hospices common kitchen. This kitchen works as a supplement to the kitchenette that each family apartment is equipped with and will be used during special events like parties or holidays, or maybe a chef is invited to prepare a dinner for the guests one evening. The kitchen also has direct access to the second common patio for outdoor seating that face the playground.

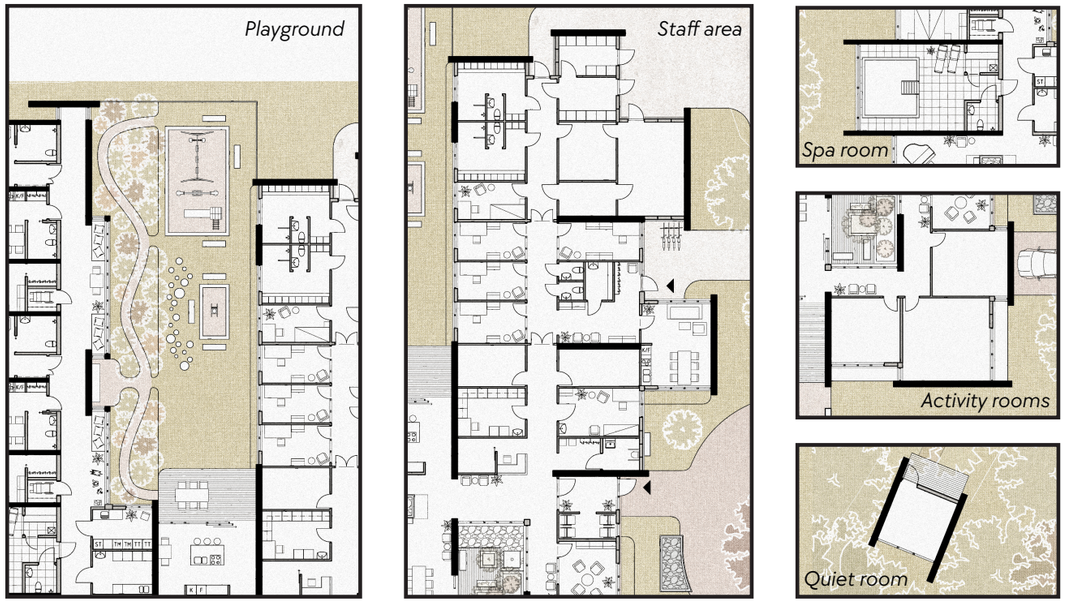
At the west side of the hospice you will find a common living room with seatings and a grand piano. Next to the living room there's a second nurse station that overlooks the two corridors that lead to the five family apartments and spa room.

The corridors serve a bigger purpose than merely leading guests to their apartments. At the far end of each corridor there's a side-lit brick wall which hosts an interactive art exhibition fit for children, for example like that made of Swedish artist Matz Nordell. Bright colors, levers that twist and turn, wheels that spin and sounds that ring. The art presented at the exhibition can vary from season to season, and may invite students from local art schools to contribute to the exhibition.

Along the corridors there are window seating-niches that also store toys for children. These flexible niches can transform from a quiet hide-away to an exciting place for children, full of life.

Guest corridor overlooking the southern garden, with an interactive art exhibition for children at the far end.

MISCELLANEOUS FUNCTIONS



Activity rooms

Next to the winter garden you will find the three activity rooms, or therapy rooms. The function of these rooms may be flexible and vary as time goes by, but this would be my initial suggestion for the activity rooms.

The first could be dedicated to a sensory experience like that of a Snoezelen-room. Out of the three rooms this one has the least windows and would be easy to make pitch black. The size of the room is generous enough to fit the proper appliances , but small enough to feel intimate.

The second and largest room could be dedicated to physiotherapy. There is a generous amount of daylight from two different directions, and the room is big enough to allow many different kinds of physical exercises relevant to physiotherapy and also fit the proper tools needed.

The third room could be dedicated to a creative room that also functions as a room for teenagers. The creative room would offer electrical piano, guitars, basses, drums and other musical instruments together with art stations for both young and old. Apart from this, a corner of the room will be dedicated to video games and board games.

Staff area

The staff area is mainly located right behind the welcoming desk by the main entrance. Closest to the main entrance, before entering the staff area, is a medicine room which will be visited fairly often by staff. Opposite of that there's a treatment room where patients can be taken for certain types of treatment procedures. This is a commonly a room that will be empty most of the time. It is therefore suggested that this room is also used as an office by the doctor, who only visits the hospice a few times every week and who's room would also be empty most of the time.

Entering the staff area you will find three offices, one documentation room, two staff toilets, a storage for cleaning appliances and a break room equipped with a kitchenette. Would any member of staff be in the need of an accessible toilet, there is one located next to the cloakroom near the main entrance.

Continuing further through the staff area you find a resting room, two changing rooms, a garbage room, a delivery room and three technical rooms for ventilation, substation, electricity etc. For the member of staff who wish to go straight to the changing rooms, there is a secondary staff entrance at the end of this corridor.

Spa room

The spa room is located in the western part of the hospice, facing the beautiful scenery of nature that's right outside the window. The spa is equipped with a pool large enough to fit a family, a sauna and an accessible toilet. If necessary, railings for proper lifting devices could be installed in the ceiling. If not, there is plenty of room next to the pool to allow for various equipment needed.

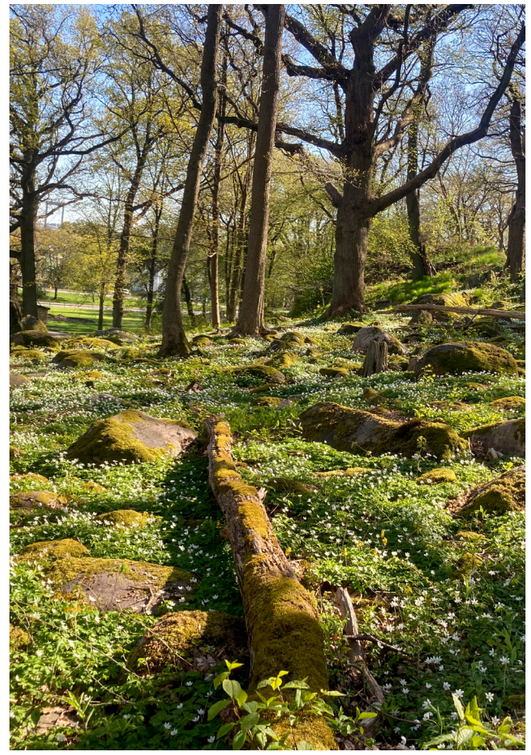
Playground

The northern garden is a fully enclosed space where parents can let their children run free without fear of them getting lost. The playground consists mainly of four components; an empty lawn for ball play, a smaller sandbox for the youngest children, a bigger sandbox for the older children and a "Junior hiking trail" running along the west side of the playground. In the hiking trail, children can run around, hide from each other and let their imagination spark.

Quiet room

From the southern garden a "hidden trail" leads the visitor into the wild, untouched nature of the forest and ends up in the Quiet room. This is a meditative room where guests or a member of staff can spend some time in silence away from the hospice and in close connection with nature. It could also be a room for special events such as birthday parties.

The Quiet room has the character of a pavilion or an orangery. It's free from installations such as water and ventilation, but could be equipped with electricity for the use of speakers, chargers and electric heating.



The location of the Quiet room in close connection with nature in an enchanted forest scenery.

6

Ending

CHAPTER 6: ENDING

In the following chapter the thesis ends with a few reflections looking back at the work. A complete list of references is presented for both literature and figures.

Lastly, a slideshow of previously shown visualizations are presented in full-spread to be shown in greater detail.

REFLECTIONS

The family hospice as a concept

The idea and concept of a family hospice opts for an unpredictable setup of inpatients. In theory, the hospice could occasionally be occupied only by palliative adults (and the other way around). At first thought, this uncertainty seemed potentially problematic as different age groups may require different specialization and skills.

Although according to Ulrika, this could also be seen as an opportunity for staff in general to get used to working with children. She meant that finding experienced staff within pediatric care can be an obstacle when starting up a children's hospice, and this could be seen as a way of expanding the competence within the field.

Either way, I believe it could potentially be a problem worth mentioning.

Overall I feel like the benefits of a family hospice should be explored further. To build children's hospices all over the country, when the one we have in Stockholm isn't even fully occupied at times might not seem financially sustainable.

To widen the target group by including parents would not only make projects for pediatric palliative care more financially feasible, but also solve the problem of having families move into traditional hospices not designed for that scenario.

The children's perspective

One of the interesting aspects of designing a family hospice was to try and grasp the essence of what would distinguish it from the already existing traditional hospice or children's hospice.

I incorporated and considered the children's perspective in most aspects of my design. Children tend to love running around, and multiple opportunities to circulate within the building was implemented in the floor plan layout.

Every window sill is 40cm or lower, making it easy for children to enjoy looking out into the surrounding greenery, and every window seating in the patient's corridors are also storage for books and toys.

I tried to stay away from the playful theme with colorful walls, like often seen in a children's hospice or hospital. I did this to stay true to the concept of creating a home-like environment, which i considered heavily children's adapted space to be further away from. This aspect can (and should) of course be questioned and carefully considered, but in this design proposal it's the approach i decided to go for.

Examples of circulating movements incorporated in floor plan layout.

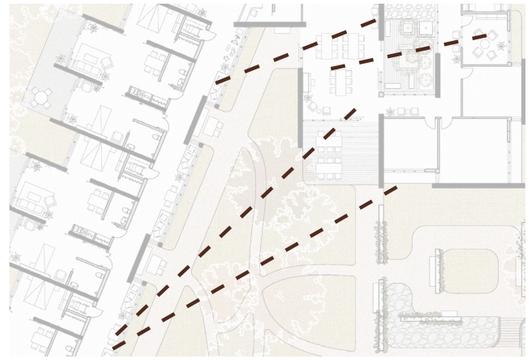
Education and school

I believe I could have dealt with the question of education further. During the design process i made the assumption that, like in the case of Lilla Erstagården, families who stayed here would mostly be from the region. Siblings would therefore be taken to school like usual, and necessary education within the premises would take place in the apartment or any of the common areas. Although this may very well be possible, I wish I had included room for education in the brief. It also would have been nice to include in the brief that guests can come here from all over the country, not having to worry about how school will be handled.

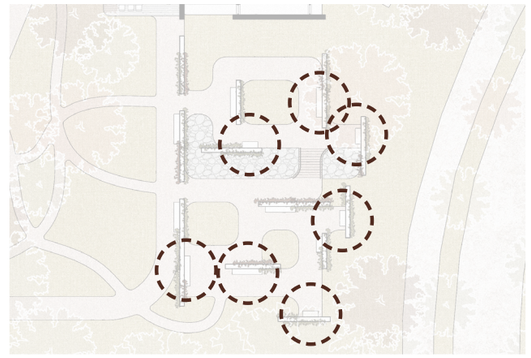
Looking back at my process, instead of leaving the conference room out of the brief I could have included it and made it function as a combined conference and class room. One of my reasons to leave the conference room out of the brief was that it's rarely used. This idea could have been a possible solution to that problem.

Design strategies

Looking back at my design proposal, here are some examples on how the studies and my design strategies helped shape the final proposal.



Examples of sight lines offering the guests a "see without being seen"-view and indoor-outdoor-indoor sequences.



Examples of different seating options in the rose garden with various levels of privacy and cardinal directions.

Examples of subspaces implemented in the common social areas.

Examples of outdoor-to-outdoor axes for communication and functions.

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Pictures:

Note: All pictures and illustrations not listed are photographed, illustrated or rendered by the author.

Figure 1. Healing Garden at Bonner Hospice. Retrieved from https://hagadone.media.clients.ellingtoncms.com/img/photos/2021/10/08/1009_Healing_Garden_Couple_SNP_t1170.JPG?5cc718665ab672dba93d511ab4c682bb370e5f86 [Downloaded May 18, 2023]

Figure 2. Coastal Maine Botanical Gardens. Retrieved from https://dynamic-media-cdn.tripadvisor.com/media/photo-o/0c/7c/ba/2d/coastal-maine-botanical.jpg?w=1200&h=1200&s=1 [Downloaded May 18, 2023]

Figure 3. Olson Family Garden at St Luis Children's Hospital. Retrieved from https://www.greenroofs.com/wp-content/uploads/2018/09/olsonfamilygarden9.jpg [Downloaded May 18, 2023]

Figure 4. Snoezelen Sensory Room. Retrieved from https://www.snoezelen.info/wp-content/uploads/2015/11/asc2.jpg [Downloaded May 18, 2023]

Figure 5. Lantmäteriet. Min karta. Retrieved from https://minkarta.lantmateriet.se/ [Downloaded May 18, 2023]

Figure 6. Lantmäteriet. Min karta. Retrieved from https://minkarta.lantmateriet.se/ [Downloaded May 18, 2023]

Arriving at the main entrance

Main entrance

Lobby and winter garden

Multifunctional corridor

Multifunctional corridor

Guest apartment

Rose garden with
a water lily pond

The End

Golden Slumbers

Family Hospice

"Golden slumbers fill your eyes.
Smiles awake you when you rise.
Sleep, pretty darling, do not cry.
And i will sing a lullaby."

Lennon / McCartney, 1969