THE NATURE OF THE DYING: AN EXAMINATION OF THE THERAPEUTIC BENEFITS OF GARDENS IN PALLIATIVE CARE FACILITIES

by

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(Under the Direction of Judith Wasserman)

ABSTRACT

This thesis investigates the importance of including landscape and natural features in the design of healthcare facilities of all focuses. Historically, medical facilities embraced surrounding landscapes and recognized the therapeutic and restorative benefits of nature in the healing of ill patients and, as a result, relied heavily on garden spaces or surrounding natural elements for contemplation, healing, and stress reduction. Modern medical advancements encouraged the disregard for such healing or wellness gardens so prevalent in the past; however, a recent trend towards total mind and body wellness has lead to a rebirth in interest in landscape as a necessary element in healthcare facility design. The Hospice movement in particular, due in part to the fragility of Hospice patients, has accepted the importance of landscape for the psychological well-being of the patient and embraced this philosophy in the design of its modern facilities.

INDEX WORDS: Hospice, Hospice garden, Therapeutic landscape, Healing garden, Hospital garden, Palliative Care, End-of-life care, Terminal Illness, Asclepion, Hospital history, Hospital architecture, Healthcare architecture, Modern healthcare, Wellness.

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CHAPTER I

"The old idea of one hospital to satisfy all needs is a thing of the past...we need a series of institutions..."[1]

In his book *The Hospital: A Social and Architectural History,* Yale professor of Public Health and Nursing administration John D. Thompson brings to our attention the constantly evolving concerns of the architecture and development of healthcare facilities. Focusing primarily on ward design and the needs associated with hospital staff and patients throughout the history of hospital development, Thompson suggests that families are essentially excluded from intensive care units, replaced with technology, medical remedies, and machines to sustain life. Thompson emphasizes the importance of "care settings" where "humanity won't have to overcome the technical apparatus."[2] More often today, healthcare providers are becoming increasingly willing--and the facilities in which they work more able-- to offer settings that accommodate patients and their families by promoting their healing or well-being without compromising quality of care.

In effort to better understand the future of healthcare architecture and the building typologies associated with medical care in general, it is necessary to first examine the development of medical architecture from its origins. While it can be argued that "medicine" has existed since the beginnings of civilization, the most significant contributions to what is known today as "modern medicine" began with the ancient Greeks.

Because it was so strongly rooted in polytheistic religious beliefs, nature and the idea of an afterlife were incorporated into medical care in ancient Greece. Healing was as much a spiritual journey as a technical process and the Greeks are credited with being the first culture to

[1] Thompson, John D. (1975) *The Hospital: A Social and Architectural History.* New Haven: Yale University Press
[2] Thompson, John D. (1975) *The Hospital: A Social and Architectural History.* New Haven: Yale University Press

realize the importance of finding and appropriately treating the causes of symptoms (curing the ailments) rather than simply alleviating symptoms with no further investigation into the cause of the illness. With the Greek *Asclepion, (*figure 1.1) one sees the first building type devoted solely to medical care. It is in this facility that the first private patient rooms were developed, a truly revolutionary concept given the practices and beliefs at the time. Hippokrates, a 5th century B.C. Greek physician regarded as the "Father of Medicine," (figure 1.2) defined the *art* of medicine as "the deliverance of the sick from pain, the reduction of diseases' violence, and the refusal to treat those overpowered by their diseases, with the knowledge that medical art is unavailing in these cases."[3] The influence of Hippokrates is still apparent in medical practice today, most notably in the Hippocratic Oath which pertains to the ethical practices of medicine, emphasizing a humane approach to care and acknowledgement of the limits of medical practices. Greek medicine might be defined as more holistic by today's standards because the focus was on spiritual, emotional, and physical well-being and relief from ailments; however, the influence of the Greeks in terms of healthcare architecture and practices are still obvious even in today's technologically advanced and constantly evolving world of medicine.

In contrast to the polytheistic beliefs of the ancient Greeks that advocated spiritual well-being, the Catholic Church's influence on medicine was most significant in the development of healthcare facilities and not necessarily medical practices. "In the Middle Ages, the Catholic Church arose as the most powerful provider of hospital care. Immense monastic hospitals were built on the edges of villages and cities [and] these hospitals were the origins of the modern medical center."[4] A Catholic Monastery (figure 1.3) would provide physical and spiritual comfort and remedies for pilgrims, homeless, and the sick and dying. Eventually, the cities in which these monastic healing facilities existed grew to surround the facility itself, thus providing the origins for the familiar "urban hospital" of today. In fact, today many large urban centers in the United States are associated with the prominence of medical care specialties, facilities, and/

[3] Demand, Nancy. (1997) *The Asclepion.* Bloomington: Indiana University.

[4] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

or affiliated medical schools. Major cities such as Houston, Texas and Atlanta, Georgia for example are known nationally for the large medical facilities they offer and the specialization in certain areas of medicine. Patients and medical staff alike travel to these urban health centers from all parts of the country and from all over the world, either to seek medical care, gain experience, or offer their expertise. The "urban hospital" of today is an important element , both culturally and economically, just as it was hundreds of years before.

With the demand for centralized urban health centers increasing, so did the demand for state-run insane asylums. Historically it was believed that a person's surroundings directly influenced his or her behavior and mental state. Because the cities of the Middle Ages were ever-increasing in size, overcrowded, and did not offer adequate or sanitary living conditions, residents often suffered the ill-effects. Insane asylums, often placed on the outskirts of cities, came about as a result of the chaotic city living conditions that literally drove people mad. These facilities were placed outside of city walls in an effort to "change the scenery," to offer patients a setting completely opposite from the living conditions that supposedly led them to become ill in the first place. Nature, then, was once again revered as an important factor in the healing process. And while much more is understood of mental illnesses today, the idea of "changing the scenery" first presented decades ago is still practiced today. Many rehabilitation facilities for addiction or mental illness are located far from major cities, in the countryside, offering patients serenity, a different setting, and a total change of pace. (figure 1.4)

Possibly the most important developments in healthcare architecture took place during the mid nineteenth century. Nurse Florence Nightingale's *Notes on Nursing* (1858) and *Notes on Hospitals* 1859) included "her principles [and] guidelines for hospital reform concerning such aspects as the maximum allowable width and length of a ward, the size of windows and their placement in relation to bedding, the overall ambiance, the ventilation and heating systems, and the use of specific materials and colors..."[5] For the first time in the history of the hospital building, a set of guidelines was established that sought to efficiently use interior spaces while,

[5] Verderber, Stephen and David J. Fine. (2000) *Healthcare Architecture in an Era of Radical Transformation.* New Haven: Yale University

more importantly, still providing patients with pleasant rooms bathed in natural light. Nightingale recognized the importance of creating pleasant interior spaces and incorporating nature and natural features in the design of hospital facilities. Unfortunately, the growing costs of urban land and the introduction of skyscraper technologies like the steel I-beam and the elevator both allowed and ultimately encouraged hospital facilities to build upward, (figure 1.5) making spaces with adequate windows and natural light and ventilation both unattainable and un-economical. The "minimalist mega-hospital," as it is unaffectionately referred to today, ignored the ideals of Nightingale, the Greeks, and Catholic monasteries in exchange for more spatially complex, departmentalized zones. Modern mega-hospitals, as one knows them today, are impersonal, large, complex structures with equally complex plans (figure 1.6) that house a myriad of machinery and were built in strict opposition to nature, seemingly disregarding the well-being of the patients and families. "These hospitals therefore symbolize to critics everything wrong with the healthcare system in advanced industrialized nations."[6]

It is interesting to note that despite the widespread popularity of the international style "mega-hospital," another healthcare facility typology saw its development near the turn of the nineteenth century. "In 1879, Our Lady's Hospice at Harold's Cross, Dublin was opened by the Irish Sisters of Charity."[7] Unlike all other medical facilities being developed at the time, Our Lady's Hospice was not a hospital. In their description, the Sisters of Our Lady's Hospice make known that:

> No one comes here expecting to be cured, nor is it a home for the incurables, as the patients do not look forward to spending years in this place. It is simply a 'hospice' where those are received who have very soon to die and who know not where to lay their weary heads.[8]

At a time when medical and technological advances dominated the architecture of healthcare facilities, ostracizing the sick and dying to dimly lit hospital wards, another facility

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[6] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

[7] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

[8] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

type was born, paving the way for the Hospice movement and its goals and ideals so important today. Large, complex, multifunctional hospitals were seen as a step backward from healthcare facilities that would promote physical and mental well-being. In these facilities the dying especially were segregated, "housed" at the end of long wards away from other patients. Because of advancing medical science, the acceptance of death as an option was becoming less and less satisfactory. Death, now becoming more accepted as a natural part of the cycle of life, was once something many people feared and denied. "The reasons for denial of death in our society have their foundations in our religious, philosophical, and psychological thinking..."[9] People simply do not want to face loss, emotionally, physically, or otherwise. "The more cures we discover, the worse death seems as an option."[10]

So why has there been a recent resurgence of the hospice-type facility in opposition to depersonalized traditional hospital settings? Are human beings, particularly in western cultures, finally acknowledging their own mortality? Or do people realize the importance of complete care for the body and mind so much so that every facet of the healthcare practice is changing accordingly? Regardless of the exact motives, it is evident that medicine has come full circle. Society is benefiting from medical science advancements made over the past thousands of years along with specialized care and facilities that respond to the growing need for emotional and spiritual comfort. The ancient Greeks recognized the importance of nature and spiritual healing in their Asclepion, the Catholic monasteries provided gardens, and Florence Nightingale wrote guidelines that stressed the importance of natural light, but it is finally now that all of these aspects of healthcare unite to create patient-focused medical facilities that exist to not only cure and treat, but, more importantly, to ease suffering and ultimately offer sanctuary. The following chapters explore the Hospice facility as an archetypal setting for the ideal combination of spiritual well-being and medical attention.

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[9] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

[10] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

Figure 1.1 courtesy of http://www.passmoresschool.com/history/mttrevisiongreek.htm

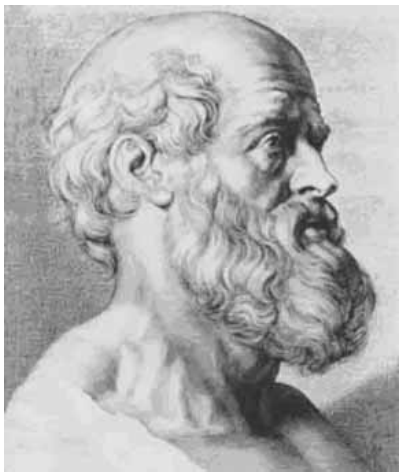

Figure 1.2 courtesy of http://www.praxisbenner.de/1/natverfahren.html

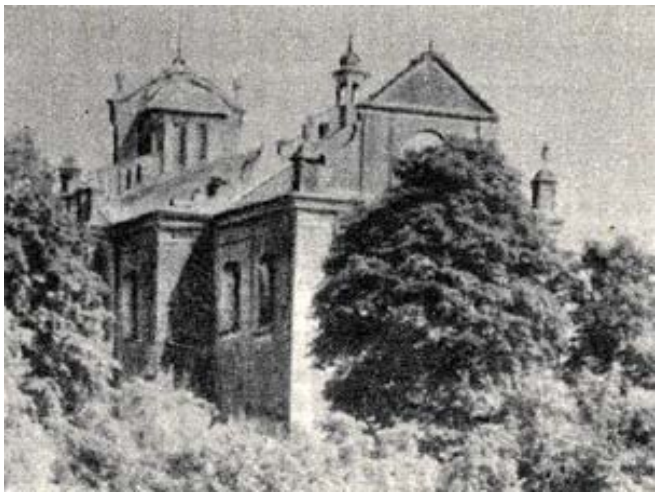

Figure 1.3 courtesy of http://www.personal.ceu.hu/students/97/Roman_Zakharii/bilshivtsi.jpg

Figure 1.4, Cirque Lodge Alcohol Rehabilitation Facility in Sundance, Utah.

Figure 1.5, Guys Hospital in London, England.
Courtesy of Guys Hospital

Figure 1.6, Florida Hospital
Courtesy of http://www.flhosp.org/locations/maps/map-fhfloorplan.htm

CHAPTER II

"It is not easy to die..."[11]

Simply defined by modern standards and spiritual beliefs, "a hospice is a place for the care of the terminally ill."[12] The word *hospice* "is believed to have been derived from the Latin word *hospes,* meaning both 'host' and 'guest.'"[13] Palliative care, which takes place within the hospice setting, is a no- extreme-measures approach to end of life care that allows healthcare providers and family to focus on pain management and patient comfort without artificially or mechanically sustaining or prolonging life. These terms are often used interchangeably in today's medical and architectural contexts because the underlying principles of care are very much interrelated. Hospice, in essence, provides a setting in which the most compassionate, palliative care can take place. A hospice then, by definition, cannot exist without a focus on palliative care and spiritual wellness. "The birth of the modern hospice movement in the United States, together with the pioneering work of [Doctor] Kubler-Ross[14] on the psychological processes of dying and training of death-and-dying counselors, has revolutionized the care of the terminally ill."[15] The modern hospice, as it is recognized today within the medical community, focuses on complete care and well-being of the mind and body and encompasses a variety of approaches for such care--from social outlets to advanced pain management to grief counseling.

While examining the basic meanings of the terms "hospice" and "palliative care" and their relationship to one another, a question arises as to the prominence and recent resurgence in

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11 Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

12 Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

13 Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

14 Elisabeth Kubler-Ross is a Swiss-born doctor who has an interest in and great amount of research relating to the psychological benefits of gardens for sick or injured patients' healing and overall well-being.

15 Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

popularity of hospice care. Would the hospice movement and demand for palliative care be so notable today if a completely new architecture did not develop accordingly to serve the principles of the hospice? Within the common, most recognizable medical building facility, the mega-hospital, end of life care is a different process (and it is often seen as just that--a *process*) than within the more homelike hospice setting where death is accepted, and ultimately embraced, as part of the cycle of life. It is evident that in order to heal the human spirit and offer comfort to terminally ill patients and their families, healing the *healthcare environment* was initially necessary. "Palliative architecture,"[16] as it has been so appropriately named, therefore evolved out of necessity. Mega-hospitals, with their complex interior spatial arrangements (figure 2.1) and depersonalized treatment rooms do not offer an ideal setting for relief from the stresses associated with the activities that take place within. Patients often have a negative view of "the hospital" because they have no choice but to associate it with unadorned white walls, small windowless rooms, and the sights and sounds of medical machinery. (figure 2.2) The type of mind/ body care and comfort offered within a hospice setting is essentially impossible to attain within the isolated wards of a mega-hospital because the fundamental architecture of the facilities is completely different. The hospice movement is consequently not only a medical approach to end of life care, but an overall representation of the dramatic shift in belief that one's surroundings, especially within a medical context, impact his or her psyche, health, and overall well-being. "Not surprisingly, a debate in health architecture addresses the use of design to promote dignity of the patient, appropriate sensory stimuli, self-selection, and control."[17] As Roslyn Lindheim so accurately stated in 1979, "the adjectives used to describe hospitals include dehumanizing, depersonalized, neutering, frightening, uncaring. I have never heard anyone describe a hospital as beautiful, peaceful, healing, warm, joyous."[18] Hospice facilities, on the other hand, are often carefully designed, smaller-scaled facilities that include gardens, gathering

[16] As defined by S. Verderber, palliative architecture is a healing environment designed to reinforce personal independence , autonomy, and dignity and to relieve unnecessary suffering. Palliative architecture is compassionate. Its aim is to relieve stress and discomfort while offering the most homelike setting possible.

[17] Verderber, Stephen and David J. Fine. (2000) *Healthcare Architecture in an Era of Radical Transformation.* New Haven: Yale University

[18] Verderber, Stephen and David J. Fine. (2000) *Healthcare Architecture in an Era of Radical Transformation.* New Haven: Yale University

spaces, and particularly chosen materials and decor that evoke feelings of home and promote stress relief or even relaxation. Their increasing popularity as an alternative to end of life hospitalization demonstrates the acknowledgment of death as a part of the life cycle, as well as the realization that comforting settings are just as important for terminally ill patients and their families as high-tech medical equipment and advancing care techniques. Whereas "with the hospitalization of the dying, most families become less acquainted with death and less able to cope with it when it occurs,"[19] within the hospice setting families and staff take part in the entire process and are exposed to death and more able to cope (and more encouraged to grieve) once a loved one has passed. The success of the hospice movement and the hospice facility comes as a result of a widespread embracing of both a new philosophy and a need for a "place" to implement this philosophy.

> Harking back to the medieval monastic model of palliative care, the modern hospice movement is based on the premise that the dying need compassion rather than clinical or biomedical care. The inpatient hospice facility is a small part of the overall movement to care for the dying in their preferred environment [or one similar to such an environment], the home.[20]

The home is a recurring theme in hospice care and facility design. The recent criticisms of the modern mega-hospitals being "frightening" and "uncaring" medical fortresses support the notion that the approach to medical care, and more importantly patient perception of spaces, is continually changing, creating a demand for more sensitive, patient-focused design. Within the United States and western cultures especially, medical facilities are becoming increasingly designed with the patients' emotional and psychological well-being as primary concerns. And while the complexity of the medical facility is unquestionable, the effort put forth by designers and medical staff to create more relaxing spaces that are less "machine" and more "homelike" demonstrates the trend towards patient-centered healthcare facilities. It is safe to assume that

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[19] Lindheim, R. (1981) "Birthing Centers and Hospices: Reclaiming Birth and Death." American Review of Public Health. Volume 2, pp 1-19

[20] Carey, D.A. (1986) *Hospice Inpatient Environments: Compendium and Guidelines.* New York: Van Nostrand Reinhold

only two decades ago, the word "homelike" would never have been used to describe anything related to a medical facility--as this is only a recent goal of health designers.

At the Fred and Lena Meijer Heart Center in Grand Rapids, Michigan for example, the architects of URS Health created spaces adorned with artwork, bathed in natural light, and appropriately exposed to exterior courtyards or greenery. Visitors and hospital staff enjoy the art decorating the hallways and waiting areas (figure 2.3) which "[provides] a temporary distraction to take the mind off serious matters."[21] The most important feature of this new facility, however, is the rooftop healing garden (figure 2.4) which:

> ...was initially added to permit an increase in the number of patient beds, because the Michigan health department requires that inpatient beds have views to the outside...the garden features bamboo and an artificial river made of crystal-type rocks, with fiber optics in it for visual enhancement. It also serves as a privacy screen...[22]

Had the Fred and Lena Meijer Heart Center facility been built only two decades earlier, one can conclude that first of all, it would have been part of a larger hospital facility rather than a freestanding, specialized care center; and secondly, a healing garden (or additional garden square footage) would likely not have been required by the state board of health to increase the number of allowable patient beds per code. The requirement by some state health departments for healthcare facilities to include gardens and exposure to the outdoors, specifically for inpatient rooms, is a new phenomenon, again proving the recognition of the importance of such spaces within medical facilities for patient well-being. Nature is once again being recognized for its healing and therapeutic qualities. Incorporating garden spaces, allowing for abundant natural light, and offering detailed fabricated outdoor scenes when windows are not possible (figure 2.5) are designers' solutions to softening the harsh and otherwise technical hospital environment. Hospice settings in particular are designed in such a way that distinctly segregates the association of the facility from that of "medical care setting." Hospices do not seek to remind patients of the

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21 Unknown author . "A Team Effort with Heart." Healthcare Architecture Magazine (July 2005) Volume 5, Number 3.

22 Unknown author . "A Team Effort with Heart." Healthcare Architecture Magazine (July 2005) Volume 5, Number 3.

care they are receiving by making visible the complex medical devices and technologies, rather they are adorned with features reminiscent of personal rooms within a home. "Wallpapers, painting, fabrics, architectural details such as doors and ceilings, and artwork collectively unite to create interior spaces that are inviting and delightful..."[23]

It is important to note that while the Fred and Lena Meijer Heart Center is not a hospice facility, the emphasis placed by designers and prominent hospital and board of health officials on creating areas that are both "aesthetically pleasing as well as functional..."[24] demonstrates that even within the most complex medical settings, patient well-being and emotional satisfaction are significant concerns. During the peak of mega-hospital development in the late nineteen seventies and early eighties, it was not commonplace to "indulge" the patients in such amenities as rooftop gardens or thoughtful interior decor. "Hospital facilities were built for ease of use and circulation, often at the expense of users' perceptions and emotional well-being."[25] Nowadays, the designers of hospital and related healthcare facilities are less concerned with creating the image of "a fortress against disease,"[26] and more interested in the successful combination of necessary complex spatial arrangements and machinery with sights, sounds, and surroundings that are pleasing to patients and users alike. The hospice facility then is the ideal healthcare setting for a health designer to implement the "amenities," as the most important concern within such a facility is the well-being and emotional state of the patient.

The Hospice as an Alternative for End of Life Care

In his personal account of dealing with end of life care for his father, health architect and author Stephen Verderber expresses the same dissatisfactions with the complex mega-hospitals--

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[23] Hosking, Sarah and Liz Haggard. (1999) *Healing the Hospital Environment: Design, Management and Maintenance of Healthcare Premises.* New York, NY: Routledge Publishing.

[24] Unknown author . "A Team Effort with Heart." Healthcare Architecture Magazine (July 2005) Volume 5, Number 3.

[25] Turner, Daphne C. (2005) *The Therapeutic Benefits of Landscape Integration in the Design of Healthcare Facilities.* Master's Thesis. Savannah, GA: Savannah College of Art and Design.

[26] Unknown author . "Psychology: Implications for Health Care Design." Behavioral Medicine. (July 1980)

from both an architectural and emotional standpoint-- that many terminally ill patients and their families frequently can attest to.

> ...[My father] lay in his bed, dying, yet being treated (speaking as a family member) by the institution as if he was somehow, miraculously, going to recover. I will never forgive the staff for keeping him in that drab, colorless oncology unit and then gradually moving him down to a room near the far end of the corridor to leave him to wither away until the sad end. He was a man who was loved and appreciated by all who knew him. What the hospital allowed to happen to him was so tragic, inhumane, and mechanical.[27]

The horrifying image of a weakened father figure withering away, isolated, and being kept alive by machines is unfortunately all too common for many families. It is not to say, by any means, that healthcare providers do not genuinely want to help the patient; one can only assume that providers feel the need to sustain a patients' life out of concern for that patient and his or her family. (It has been easier for our society to accept machine-assisted life support rather than inevitable death, after all.) However, it is often the psychological state and emotional well-being of the patient and those closest to the patient that suffer as a result of medical practices that are seemingly only concerned with physical form and delaying natural processes.

Sustaining or prolonging life (especially with machine assistance) is a highly personal and often debated topic that forms the basis for the increasing popularity of the hospice movement. Hospice is distinguished within the medical care community for its humane approach to end of life care-- one that advocates pain management and emotional and spiritual wellness while still accepting death as the final step. First, and most unique to palliative care, death is accepted rather than resisted. Medical treatment to fight death or to lengthen life does not exist in the hospice setting; rather it is patient comfort and relief from suffering that becomes the primary concern of hospice caregivers. The National Hospice Organization's Guide to Hospice Care outlines the overall common goals of hospice care, whether in home settings or

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[27] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

specialized facilities.[28] Goals range from aggressive treatment of pain to offering social and psychological support for family members or patients. Many specialized facilities, such as St. Mary's Hospice in Athens, Georgia, also offer patients and family a variety of social activities and gathering spaces. The design of these facilities then becomes just as important as the care that they offer. According to Karen Joyce[29] , the head nurse at St. Mary's Hospice, families are encouraged to be involved in all aspects of patient care, especially when it comes to socializing. For example, during college football season on Saturdays in the fall, patients, family, and staff gather in the central social space to watch football games and enjoy snacks. Although a simple leisure activity, something like watching a football game with friends and family can bring a sense of normalcy to terminally ill patients and their families who are otherwise dealing with foreign illnesses and overwhelming emotions. Many patients at St. Mary's Hospice are from Athens, Georgia and surrounding rural counties, so having gatherings that involve local events allows them to feel connected with the community in which they live. Also, having a familiar, enjoyable activity to look forward to on a weekly basis provides all involved with the hospice-- whether patients, family, or staff-- an opportunity to focus on desirable activities as opposed to undesirable and terminal illnesses.

Along with organized social activities, St. Mary's Hospice provides more contemplative spaces and opportunities for individual activity. A library with books and games; a gathering area with a central fireplace and plush, oversized seating; a separate chapel; and a dining area overlooking the wooded "backyard" were included in the building design to provide a variety of areas for patients, family members, and staff members to interact or reflect. With plans to begin construction on a garden, St. Mary's Hospice represents the heedfulness that has become so

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[28] Goals specifically are listed as: 1) To support individuals and families in the process of coping with dying; 2) To enhance quality of life through comfort care rather than curative treatment; 3) To aggressively treat and expertly manage all pain and physical symptoms associated with an individual's dying; 4) To care for the whole person, addressing physical, emotional, psychological, spiritual and social concerns through an interdisciplinary team approach; 5) To sustain the individual's and family members' sense of autonomy, individuality, self-worth, and security; 6) To acknowledge and offer support for individuals and their family members facing the losses and grief involved with dying and the death of a loved one; 7) To offer bereavement support for family members following the death of their loved one; and 8) to be a positive influence upon the understanding, compassionate treatment and care of the dying and bereaved.

[29] A class interview was conducted with Joyce in October of 2006 at St. Mary's Hospice as part of the LAND6080 *Gardens as Nurturing Environment* course.

closely associated with the hospice movement-- compassionate care in settings that offer the most homelike details and spaces for interaction or solitude.

Architectural Variations of the Hospice Facility: What does this mean for the patient?

The complexities of medical architecture, regardless of specific function or focus, are unavoidable. The Hospice movement is recognized within the medical community for its unique approach to embracing a philosophy of care first and foremost and then designing facilities accordingly, either within a larger hospital or freestanding center. Hospice facilities cater not only to patient needs medically, but also specifically devote concern to user perceptions and psychological well-being by providing more inviting interior spaces. D.A. Carey categorizes "the architecturally distinct and autonomous or semiautonomous hospice inpatient facilities as falling in to four groups..."[30] These groups, as summarized by Clare Cooper Marcus in Healing Gardens: Therapeutic Benefits and Design Recommendations, are as follows:

> 1. Large, purpose built facilities for the terminally ill such as Calvary Hospital in the Bronx and Rosary Hill Home in Hawthorne, New York.
>
> 2. Medium-sized, purpose built hospice facilities not associated with an affiliated hospital, such as Connecticut Hospice, San Diego Hospice, and...Joseph Weld House in Dorchester, United Kingdom.
>
> 3. Medium-sized hospice facilities not affiliated with a hospital that are remodeled freestanding buildings. Examples include Hospice of Cincinnati, Hospice of Northern Virginia in Arlington...Hospice House in Portland, Oregon, and Trinity Hospice in Clapham, London, England.

[30] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

> 4. Medium and small hospice units within larger hospital facilities which consist of wards or segments of the hospital that have been remodeled [or included in initial design] to form more homelike, palliative care settings...the hospice ward at Laguna Honda Hospital in San Francisco [is an example.][31]

The first type of hospice facility mentioned-- the large, purpose-built facility-- is a structure that is affiliated with a larger, often board-run hospital. The hospice may or may not be on the property of the hospital, but it carries the name of that hospital and more importantly, doctors and staff affiliated with the main hospital are employed at the hospice. Certain attending physicians are assigned to the hospice, but if a patient that does not regularly seek medical care at the sponsoring hospital enters the hospice, his or her physician is still able to visit and treat the patient. In this case, it is not a "competition" between physicians, rather the hospital affiliation is more of an iconic symbol--a way for the larger hospital entity to demonstrate its varied specialties and wide-ranging scope of care within the community. St. Mary's Hospice in Athens is affiliated with St. Mary's Hospital in Athens, Georgia. The Hospice is not on the campus of the hospital, but the name is used for funding and recommendation purposes. For the patient, the affiliation with a larger hospital can be a comfort because a recognizable hospital name and reputation is often times an important factor in the consideration of specialized facilities for palliative and end of life care.

The second category of hospice architecture includes facilities not associated with a major hospital. These facilities, although not different in their goals of care or services provided, vary from other (hospital-affiliated) facilities in the funding and organizational board structure. Often times, funds for projects or renovations of this facility type come more often from donation and work may be heavily dependent on volunteers.

The third type of hospice facility, the hospice not affiliated with a hospital that exists within a remodeled building is actually quite common. The appeal of such facility comes with

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[31] Carey, D.A. (1986). *Hospice Inpatient Environments: Compendium and Guidelines.* New York: Van Nostrand Reinhold.

the fact that, while offering equally exceptional care, the remodeled facility is often times a smaller, homelike building that was not initially designed to house medical equipment and, therefore, is not reminiscent of "hospital" in any way. Although less common than a purpose-built hospice facility, the ability of designers to adapt older structures to newer medical needs represents a change in the medical architecture world. Now it is understood that the facilities that house medical technologies and care do not necessarily have to be "medical" in their architecture to appropriately meet the needs of patients.

The hospice unit within a larger hospital structure is most common. Because of the rising costs of design and development, limited funds for hospitals, and the desire for constant care from medical professionals (specifically physicians), the creation of wings or wards within an existing facility is incredibly popular. In fact, almost all major hospitals in the United States offer such an option to terminally ill patients and their families. Ease of transition is another consideration for those who are very weak and ill, and the ability for a patient to be transferred to another section of the hospital rather than the laborious process of being transported to an entirely new facility is appealing to many families. The ward or section of the hospital specifically designated as the "hospice ward" is often a very different interior experience from the rest of the hospital. While not considered in the past, now these areas are carefully thought-out (or even redesigned) with the patient perception in mind. The designated sections within a hospital, in order to really qualify as hospice wards, "have been remodeled to form more homelike , palliative care settings..."[32] This type of end of life facility "is the most common form of hospice provision within the United States (in terms of proportions of total beds)..."[33] however, it seems least desirable because of the context in which it is located. Divorcing the association of "hospital" from a hospice within such a facility is difficult, as family members are constantly reminded of the setting while visiting or accessing the hospice section.

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[32] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

[33] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

Hospice, therefore, can be defined as purpose-built or remodeled facilities or sections of large hospitals that exist to provide palliative care to patients, emotional support to patients and families, pain management techniques, and reminders of home while offering the best quality of life possible to the terminally ill through social activities, emotional support, and professional attention.

For the landscape or garden designer it is important not only to understand the varying building types associated with hospice care, but also to recognize the opportunities available for therapeutic landscapes based on the existing philosophy and goals of the hospice movement.

The Garden: Therapeutic Significance in Healthcare Settings

> In a recently completed study [1996] at the Sloan-Kettering Institute in New York, women recovering from breast cancer surgery found walks in the garden helped restore their ability to concentrate and focus their attention, and reduced their depression. At the start of the study, the scores of all the women on tests of measured attention were so low they resembled brain-damaged patients. Over the next 90 days, some of the patients participated in activities selected to help restore them from the anxiety and mental fatigue related to their surgery. Walking in the garden 20 to 30 minutes three times per week proved to be a very effective activity. Those who participated in the activities recovered faster and were able to develop new interests. More of them went back to work during the study than the control group. [34]

Roger Ulrich is best known for his research involving patients recovering from surgery and their positive physical health responses to natural vistas while in the hospital. Specifically, he compared the hospital records of patients recovering from gall bladder surgery "...and found those with a view of a group of trees [from their inpatient hospital beds] spent less time in the

[34] Relf, Diane. (1996) The Virginia Gardener Newsletter. Volume 10, Number 3. Accessed July 10, 2006. http://www.ext.vt.edu/departments/envirohort/articles/misc/mtmte.html

hospital than those looking out at a brick wall (7.96 days vs 8.70 days)."[35] Possibly even more important, Ulrich's research showed that patients who had views or access to nature had fewer postoperative complications and required less narcotic pain medication than patients who did not have access (visually or otherwise) to natural settings. The greatest achievement of Ulrich's research with postoperative patients' healing tendencies is the fact that, for the first time, the therapeutic benefits of nature were quantified--summarized with percentages, ratios, and numerical comparisons that a very science and fact-oriented field such as medicine demands. Ulrich's research simply provided data for what is arguably an intuitive response to nature. Human beings, after all, understand that spending time outdoors or in a garden makes them feel refreshed or relaxed; but more hard evidence or proof of this phenomenon is necessary for fields that rely so often on statistics and facts to accept these ideas. Many people claim that spending time gardening, picking flowers, or walking in the park reduces stress and helps them relax. While his research subject is not a new concept (because it is something we all subconsciously understand), Ulrich's ability to present numerical "proof" of the benefits of nature to sick or injured patients opened many doors for designers, doctors, and those involved in healthcare design. Patients, as a result, benefit immensely from the recognition and acceptance of this theory. The idea of hospital healing gardens is relatively new. Facilities did designate green spaces in the past, but the modern trend of labeling a hospital garden as a "healing garden" is something that has become increasingly commonplace in recent healthcare design. What the ancient Greeks, Catholic Monasteries, and Florence Nightingale understood about nature and natural processes we are finally acknowledging and implementing in our designs today.

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[35] Relf, Diane. (1996) The Virginia Gardener Newsletter. Volume 10, Number 3. Accessed July 10, 2006. http://www.ext.vt.edu/departments/envirohort/articles/misc/mtmte.html

But why is this research and trend towards mandatory hospital gardens and the recognition of nature as a healing entity so important? "The simplest theory says in the modern world, we are constantly bombarded with so much noise, movement, and visual complexity, our surroundings can overwhelm our senses and lead to damaging levels of psychological and physiological excitement.... on the other hand, plants are less complex and have patterns that reduce arousal and, therefore, reduce our feelings of stress."[36] Finally, this idea of over-stimulation has been recognized as the problem within hospital facilities--not only is the setting foreign and overwhelming, but the complexities associated with the layout and machinery and "damaging" amounts of visual and auditory stimuli all negatively impact the patient. Nature and the appropriate exposure to natural settings within an otherwise complex medical facility can provide a positive distraction that calms patients and helps them refocus their attention.

The Patient Experience

With the idea over sensory overload in mind, I decided to use my next visit to the orthopedic surgeon's office (as a patient) as an opportunity to take inventory of the sights, sounds, and other sensory engaging stimuli that I encountered. Without describing my feelings and emotional responses to the stimuli (as this would produce biased implications) I simply took note of what I heard, felt, and visualized.

Sports Medicine Clinic, University Health Center
Weather outside: Sunny, cold
Arrival Time: 2:25pm

[36] Relf, Diane. (1996) The Virginia Gardener Newsletter. Volume 10, Number 3. Accessed July 10, 2006. http://www.ext.vt.edu/departments/envirohort/articles/misc/mtmte.html

I walk into the health center, follow the signs to the Sports Medicine Clinic, which is on the first floor (the same floor I entered on.) The atrium/ lobby area is bright, with floor to ceiling windows and an open floor plan. The Sports Medicine Clinic is in the back on the left. I enter the clinic's small waiting room and sign in. Nine chairs are positioned in a U-shape, with two small tables holding magazines, antibacterial hand sanitizer, and one laptop computer. The nurse calls my name (I was in the waiting area for less than five minutes) and takes me back to a small patient room, takes my blood pressure, and talks about the reason for my visit. She closes the door as I sit on the exam table (lined with paper) and wait. I hear the large wall clock ticking, the hum of the air conditioning system, mumbled voices outside my door, and the higher-pitched hum of the computer that is in the room. There is a blue chair across from me, I decide to sit in that so I don't have to sit on the exam table. The room is a comfortable temperature. The walls are white, with a small caricature drawing of a University of Georgia athlete that is framed and signed hanging on the entry wall. The counter is gray, with four drawers and a cabinet underneath a sink. The corner of the countertop is chipped, exposing particle board. There are no windows. There are no magazines. I wait in this room for fifteen minutes before the doctor comes in. After an exam and more questions I am sent to the x-ray room. There are three paintings on the wall next to the large x-ray machine. The paintings are slightly abstract (although I can still tell they are depicting the spine and ribs). I am asked to change into a robe in a small side room. The room is cold (I'm assuming this is for the machinery.) I return, after the x-rays to the private room again and wait for the doctor to review the x-rays. I am discharged and allowed to check out after discussion of treatment options for my injury and scheduling another appointment.

Departure time: 3:42[37]

Overall, the experience at the Sports Medicine Clinic was pleasant, the staff was friendly and attentive and I was pleased with the care. The biggest concern I have is that the patient room (where I spent the majority of my time) was boring. I can imagine that if I was visiting the

[37] Personal account of experience at the University Health Center's Sports Medicine Clinic on January 31, 2007.

doctor for a more serious concern other than a sports injury (and likewise if I was not so fascinated with medical architecture to begin with...) waiting in a small colorless room with no "positive distractions" could be stressful. The clock ticking reminded me of how long I had been waiting. The muffled voices outside my door had me thinking that at any second the doctor would walk in, and left me disappointed when he did not enter. The sights and sounds I experienced were very noticeably "medical" and "technical."

Is it possible that I was overly sensitive to visual and auditory stimuli given the fact that I intentionally decided to take note of such things? Very likely. Is it possible that a patient who is not consciously acknowledging the stimuli will still be affected by them? Absolutely. White walls and ticking clocks do not necessarily make people unhappy or serve as stressors, however, within an already stress-inducing facility such as a medical office one must pay particular attention to all types of stimuli and understand that human response to such stimuli will vary based on setting, surroundings, and the events taking place within the facility. Nature, as first recognized by the Greeks, has the power to calm visitors, patients, and healthcare staff. The question then becomes in what healthcare facility types do gardens and green spaces become the most important for patient well-being? Would mandatory garden views or exposure to nature from each patient room at the Health Center benefit the patient? And with this in mind, does patient demographic change the level of necessity or importance of visible green space in a healthcare setting? It is very likely that, given the predominately college-aged patient demographic at the Health Center and the relatively short appointments, that exposure to nature would not have as profound an impact as it would for an elderly patient on bed rest for several days at a larger facility. This is not to dismiss the importance of gardens or exposure to nature for all patients, regardless of demographic; however, given the often limited budgets and time constraints for development for healthcare facilities, the garden becomes a more important feature for patients involved with more serious illnesses, long-term stays, and emotional exhaustion. Essentially, the more "fragile" the patient (emotionally, physically, and psychologically) the more crucial the garden and nature become in the healthcare facility

attending to that patient. While it is ultimately desirable to offer positive natural distractions to all patients, regardless of the severity of illness or injury, designers and healthcare staff must first recognize the fragility of terminally ill, elderly, and psychologically damaged patients and plan facilities (including green spaces) accordingly. Because hospice patients are often seen as the most fragile patients--they are, after all, uncontrollably submitting to death--the hospice becomes the most important facility in which to include gardens and incorporate nature to serve as positive distraction.

Hospice and the Garden: A Unique Approach to End of Life Care

"Olmsted was particularly sensitive to the role of 'natural scenery' in restoration: it employs the mind without fatigue and yet exercises it; tranquilizes yet enlivens it; and thus, through the influence of mind over body, gives the effect of refreshing rest and reinvigoration to the whole system."[38] What Olmsted was aware of decades ago is the same realization our society as a whole has come to understand recently: that "medicine alone [is] inadequate to deal with the health challenges of the twenty first century..."[39]

When it comes to end of life care, a completely different approach must be taken by medical staff, volunteers, and family care givers to care for the patient than if that patient was not suffering from a terminal illness. The most important goal of hospice care is that of patient comfort. Caregivers do not seek to prolong life, rather they want to make the last moments of a dying patient as pain-free and pleasurable as possible. Because of the no extreme measures philosophy embraced by hospice care givers, ample opportunities become available for patients to experience enjoyable settings and activities without obstruction from or invasion of medical machinery. The presence of a garden, although a small component in an otherwise complex healthcare facility, is crucial for the success of a hospice in providing opportunities for stress reduction and personal reflection. "The essential quality of healing is to make whole again,

[38] Kaplan, Stephen. (1995) "The Restorative Benefits of Nature: Toward an Integrated Framework." Journal of Environmental Psychology. Volume 15, p169-182.

[39] Jackson, Richard J. (2001) "What Olmsted Knew."

repair and restore to a whole condition. Vegetation, growing in man-made gardens or unattended wilderness, has a potential for healing scars on the land and scars imposed on the human psyche..."[40] and while a hospice patient understands that he or she cannot be physically "healed" or freed from illness, it is still important to ease the emotional suffering associated with dying.

Why are most hospice facilities designed to include gardens when other, larger medical facilities have to be economically persuaded to do so? "Perhaps the fact that hospice buildings are designed to be as homelike as possible presupposes a garden--the freestanding house and garden representing the American Dream..."[41] Gardens, therefore, enhance and facilitate the execution of the overall goals of hospice care to provide comfort, social outlets, and pleasure to dying patients and their families.

After establishing the psychological necessity of gardens on hospice facility grounds, it is helpful to examine the functions of such a garden. According to Clare Cooper-Marcus, "hospice gardens should be designed to serve a number of functions..."[42] not just be aesthetically pleasing. The following suggestions are offered as ways in which Hospice gardens can function:

1. As a green, homelike setting for the building.
2. As a buffer between the building and the outside world.
3. As a restorative environment to look out onto.
4. As a place where staff and family members can go to walk or sit for purposes of stress reduction.
5. As a place where children of visitors or staff may go to run off steam.
6. As a place where family members or staff can take patients.
7. As a setting in which patients may chose to die.
8. As a place where family members may spend time in the process of bereavement.
9. As a setting for fundraising or events.
10. As a setting for memorial gatherings[43]

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[40] Lewis, Charles A. "Gardens as Healing Process." From a collection of related articles in *The Meaning of Gardens.* Cambridge, Massachusetts: The MIT Press

[41] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

[42] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

[43] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

Obviously, not all suggested functions can take place in every hospice garden. Limited space, funding, patient demographic (more children or elderly patients, etc.) hospice location (rural, urban, suburban) and topographical limitations can influence the use of the garden spaces. However, it is important to note that a hospice garden need not be overly complex. A simple, small vegetable or wildflower garden, for example, will be more beneficial to patient and family well-being than no outdoor area at all. In the case of St. Mary's Hospice, budget concerns forced them to plan for a garden but not include it in the initial design plans. The health architects in this case were able to provide a back patio with rocking chairs and stepping stones: a small and simple, yet incredibly effective and popular, solution for an *exterior* social space.

With the varied hospice archetypes (as discussed earlier) comes the opportunity for a variety of garden types, in scale, settings, and features. "Gardens associated with freestanding hospice buildings and hospice wards vary by size, location, and relationship to the building. The following are among the most frequently found..."[44]

1. Extensive landscaped grounds. (figure 2.6)
2. Walled or fenced back garden/ yard. (figure 2.7)
3. Back garden/ yard with extensive views out. (figure 2.8)
4. Front garden/ yard, designed so as to create a private setting. (figure 2.9)
5. Walking route around a building through natural or designed landscape. (figure 2.10)
6. Courtyard enclosed by buildings. (figure 2.11)
7. Roof garden. (figure 2.12)
8. Terrace or deck with planters. (figure 2.13)
9. Individual patios or gardens adjacent to private patient rooms. (figure 2.14)[45]

While the garden typologies vary in size and amenities, certain features are similar for each type. Creating spaces that promote emotion wellness is the first goal of hospice garden designers, regardless of the scale or budget associated with a particular project. A garden does not

[44] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

[45] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

necessarily have to be an expensive amenity in a hospice setting, rather it can be volunteer or donation based. Many hospice gardens today are, in fact, memorials for past patients of the particular facility whose families desire a memorial in their honor and fund the design and construction of a garden to remember their loved one. This situation allows for the family to honor a deceased loved one while providing a sanctuary for those currently under hospice care.

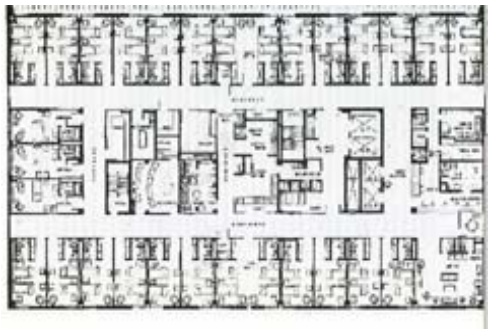


Figure 2.1, typical patient care unit at the Archbishop Bergan Mercy Hospital in Omaha, NB. Image courtesy of *Healthcare Architecture in an Era of Radical Transformation.*

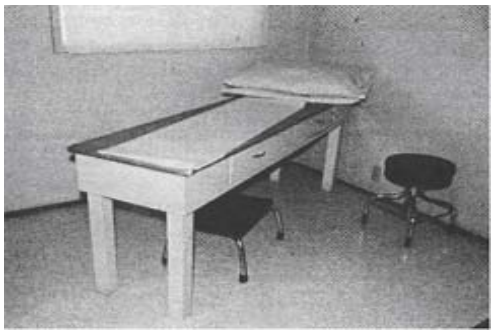


Figure 2.2 courtesy of "Psychology: Implications for Healthcare Design." Behavioral Medicine (July 1980)

Figure 2.3, Lobby artwork at the Fred and Lena Meijer Heart Center.
Courtesy of "A Team Effort with Heart." Healthcare Architecture Magazine. (July 2005) V- 5, N- 3

Figure 2.4, Rooftop Garden at the Fred and Lena Meijer Heart Center Courtesy of "A Team Effort with Heart." Healthcare Architecture Magazine. (July 2005) Volume 5, Number 3

Figure 2.5, Designed landscape scene above the MRI unit at the Fred and Lena Meijer Heart Center.
Courtesy of "A Team Effort with Heart." Healthcare Architecture Magazine. (July 2005) V-5, N-3

Figure 2.6
Courtesy of Rosary Hill Home website

Figure 2.7
Courtesy of Marcus, Clare Cooper and Marni Barnes. (1999) Healing Gardens: Therapeutic Benefits and Design Recommendations.

Figure 2.8
Courtesy of William Pye. www.williampye.com

Figure 2.9, St. Joseph's Hospice in London
Courtesy of www.rhs.org.uk

Figure 2.10, Prospect Hospice
Courtesy of www.prospecthospice.org.uk

Figure 2.11, Martin House Hospice for Young People, Yorkshire England.
www.martinhouse.org.uk

Figure 2.12, Sparrow Hospice in Michigan
www.sparrow.org

Figure 2.13, Sutter Auburn Faith Hospice
Courtesy of www.robertlittlepage.com/design/i/hospice07

Figure 2.14, Highlands Hospice in England
Courtesy of www.highlandshospice.org

CHAPTER III

Case Studies: Hospices and Their Gardens

The following case studies were selected not only for their innovative architectural solutions to the complexities associated with medical care facilities, but also for the designers' successful integration of landscape features in the overall site and building designs. Hospice gardens are fundamentally different in their basic necessities from other healthcare facility gardens, and the following projects are excellent examples of the potential that landscape features have to benefit the design of specific medical facilities as well as the emotional and psychological well-being of all involved with the facility.

In keeping with the theory, relative to this thesis, that "simple" designs are more successful for the well-being and social development of terminally ill patients, it is necessary to examine existing facility gardens that, in their understated and "non-high style" design, reflect such ideals. "Simple," for purposes of this thesis, does not necessarily mean "not complex;" rather it refers to the ability of a specific user—in this case, a person overwhelmed by disease—to be able to use the garden and benefit from it. So as to not discredit complexities in design, it is crucial to understand that simplicity of hospice garden design refers specifically to the message or meaning of the garden. It should, *simply*, be a reminder of home. Whether or not the designer achieves this with a *complex* design or not is irrelevant; the most important part of the design for a garden in a hospice setting is the ability for the garden to promote spiritual wellness, emotional wellness, and serve to remind the patient of home. The following case studies are arguably complex in their designs, but the message of "home" and "therapeutic garden" are easily understood as a result of particular attention to material choice, design features, and garden locations. The complex designs yield simple conclusions about the representation.

Case Study I

Source: *Innovations in Hospice Architecture*

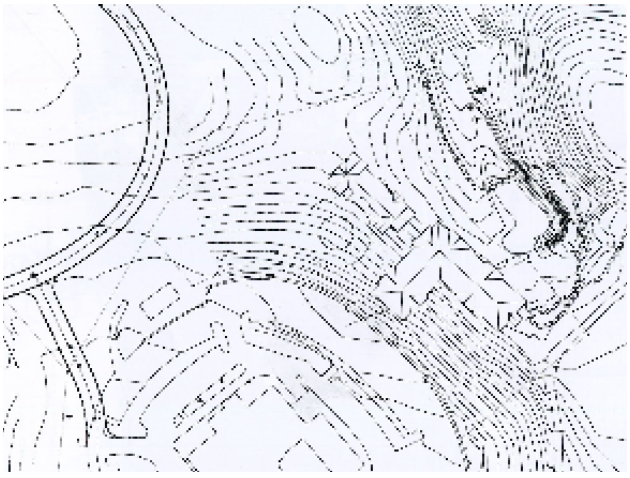
Hospice: Gilchrist Center for Hospice Care

Architect: Marks, Thomas, and Associates, Inc.

Location: Baltimore, Maryland

General Information: The Gilchrist Hospice is a twenty-four bed inpatient facility built on the campus of a suburban medical center outside of Baltimore. The architects' wanted to create a residential-scale for the facility, reminiscent of an old stone manor. High-pitched gable roofs, stone detailing, and a cedar arbor are features specifically designed to create a warm, inviting environment that is not necessarily associated with "medical facility." (figure 3.1) Built onto a hillside, the facility offers views out onto the landscape as well as more intimate landscape spaces (figure 3.2) where patients, staff, and guests can directly access the outdoors from patient rooms for an afternoon stroll in the garden.[46]

Plan: courtesy of *Innovations in Hospice Architecture*



[46] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

Images

Figure 3.1[47]

Figure 3.2[48]

[47] Photo courtesy of Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis
[48] Photo courtesy of Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

Case Study II

Source: Innovations in Hospice Architecture

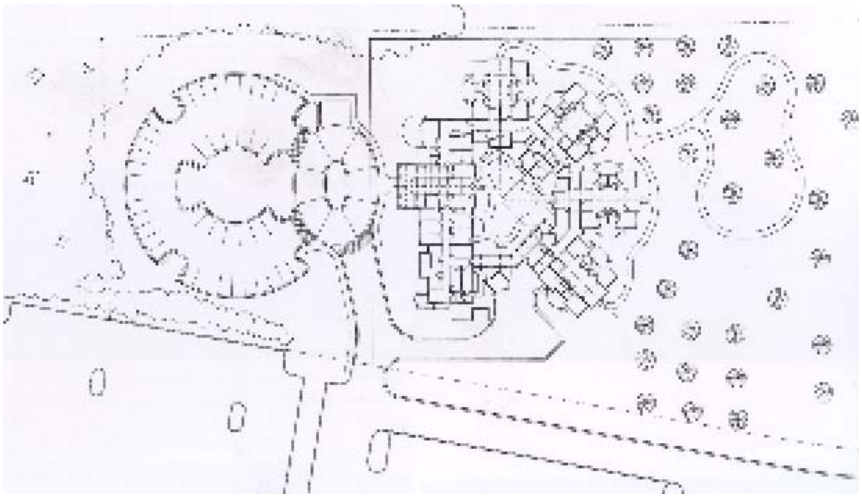
Hospice: Hospice LaGrange

Architect: Nix Mann and Perkins + Will

Location: LaGrange, Georgia

General Information: A sixteen bed inpatient facility located on the West Georgia Medical Center Campus, Hospice LaGrange "evokes the indigenous frame farmhouse structures of rural west Georgia..."[49] (figure 3.3) The patient rooms are clustered into groups of four, radiating from a central accessible courtyard with meandering pathways (see plan.) Each patient pod offers semi-private porches for access to the rural landscape on which the facility is built. Along with thoughtful, homelike details such as oversized bay windows with alcoves (figure 3.4) and centralized stone hearths in each patient-room cluster, Hospice LaGrange offers unique amenities such as a walking trail through the prominent pecan grove on the property.[50]

Plan: courtesy of *Innovations in Hospice Architecture*



[49] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

[50] Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

Images

Figure 3.3[51]

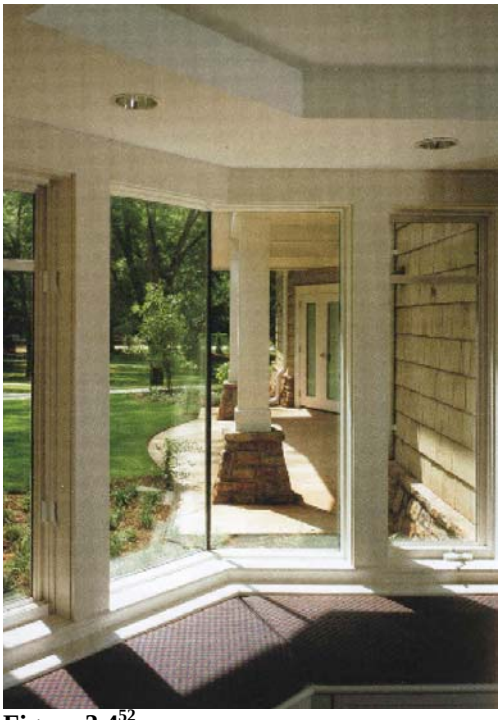


Figure 3.4[52]

[51] Photo courtesy of Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

[52] Photo courtesy of Verderber, Stephen and Ben J. Refuerzo. (2006) *Innovations in Hospice Architecture.* New York, NY: Taylor & Francis

CHAPTER IV

Charles Dickens once said that "nature gives to every time and season some beauties of its own; and from morning to night, as from the cradle to the grave, it is but a succession of changes so gentle and easy that we can scarcely mark their progress." The idea of a cyclical succession that is obscure to the common observer --but subconsciously prominent-- was used as a theme in the design of a therapeutic garden for the St. Mary's Hospice in Athens, Georgia for LAND 6080[53] during the Fall semester of 2006.

> Composed of four small interlocking gardens, each being a slightly different dimension, the garden provides a variety of elements; plants, natural features, and textures appeal to the many different people that will enjoy it. Each garden plot represents a specific season. To the north are autumn and winter, to the south are Spring and Summer. The paths of this axial plan are offset slightly, with a compass rose stepping stone at the very center of the design. Visitors to the seasonal healing gardens may not necessarily notice the subtle differences in individual square dimensions or path orientation; however, they will understand that each garden belongs to a larger whole, that each season is part of a greater cycle.[54] (Figure 4.1)

Each garden is unique in material selection, plant palette, and distinguishing central feature. In addition, the garden design can accommodate the number of patients that St. Mary's Hospice averages (two per room, about 20 on average according to Joyce) and their families as well as the seventeen staff members and any visiting physicians.

[53] This therapeutic garden design, created by the author, was done specifically for LAND 6080 during the fall semester of 2006 to be used, in part or full, in the Master of Landscape Architecture thesis completed May 2007. The design was not created specifically for this thesis; however, it was created with the intention of reference.

[54] Turner, Daphne C. *Seasonal Healing Gardens* project from LAND 6080, Professor Koepke. November 2006.

Joyce expressed that the main concern was creating a space that could be used by any person of any age as well as providing opportunities for contemplation (intimate areas) or socialization (public areas.)[55]

The Autumn Garden (figure 4.2)

A curved stone pathway leads to the wind vane at the center of the Autumn Garden. Thick, low, stone walls border two corners of the garden, providing a slight enclosure. Muhlenbergia capillaris (purple muhly grass), Acer rubrum (red maple), and Euonymous alata (burning bush) provide a simple palate of stunning colors during the fall months. The Autumn Garden will provide guests with an experience that is purely "fall." Leaves will crunch under footsteps while the stone will be cool, smooth, and silent. The wind vane will remind visitors of the change of season as it accordingly changes its direction. Simple movable benches (figure 4.3) will allow guests to relax in the cool breezes and enjoy their surroundings.

The Winter Garden (figure 4.4)

The Winter Garden is an open, plaza-like space where special social functions or gatherings can occur throughout the year. Seat wall along with movable seating allow for a diversity of views and organizational arrangements. The garden will be planted with a palette of evergreen trees and shrubs, so that the space will remain "alive" and green year-round. Three large Magnolia grandifloras (Southern Magnolias) on the north side will provide shade in summer months and a beautiful backdrop for the brick plaza. Daphne odora (winter Daphne), Osmanthus frangrans (tea olive), and Aspidistra elatior (cast iron plant) will be planted in the

[55] A class interview was conducted with Joyce in October of 2006 at St. Mary's Hospice as part of the LAND6080 *Gardens as Nurturing Environment* course.

lower beds. (figure 4.5) The central feature for the Winter Garden is a linear arrangement of kerosene lamps, reminiscent of turn-of-the-century street lamps, that will remain lit year-round to evoke feelings of the holiday season, warmth, comfort, and hope

The Spring Garden (figure 4.6)

This garden only has one entry path, providing visitors with a more intimate setting. The amoeba-like ground plane of chert[56] pushes into plant masses and centers around the central fountain element. The soothing sound of water from the fountain will relax guests. Cercis canadensis (red bud), Cornus florida (dogwood), Lonicera fragratissima (winter honeysuckle), and several varieties of rhododendrons will provide a playful spring-like palate of color and texture. This garden will be surrounded on all sides by a traditional white picket fence to remind visitors of home. The spring garden will stimulate the senses and promote wellness through fragrances, textures, and sounds.

The Summer Garden (figure 4.7)

Finally, the Summer Garden is a dynamic radial plan of turf, vibrant blooms, and cut stone-lined pathways that provides a variety of spaces in which visitors can enjoy the summer sunshine. Guests can picnic in the lawn, pick flowers, or read beneath the shade of the trees. Lagerstroemia indica (crape myrtle), Echinacea purpurea (echinacea), Myrica cerifera (wax myrtle), and various wildflowers give the Summer Garden beautiful color and textural variations. At the center of the garden, inset in the turf, is a sundial. The garden, surrounded on all four sides by a decorative wrought-iron fence, is open, inviting, and full of life.

[56] A type of ground cover used often on pathways. According to www.volcano.und.edu, chert is a very hard sedimentary rock that is usually found in nodules in limestone. Chert is light gray to dark gray in color. It probably formed from the remains of ancient sea sponges or other ocean animals that have been fossilized. Silica has replaced the tissue forming the sedimentary rock. Flint is a very dark form of chert. It breaks like obsidian with conchoidal fractures making it widely used by ancient people to make arrowheads, spear heads, and knives.

Summary of the Seasonal Healing Gardens

It is important to note that, given the nature of the typical patient populations at St. Mary's Hospice, all gardens are handicap accessible and carefully designed with the variation of user groups in mind. Because the garden, in keeping with Clare Cooper-Marcus' suggestions, exists to serve a variety of functions, different spaces provide intimate settings while others are more open and suitable for public gatherings. The subtle changes in vegetation, shade patterns, and activity levels in the gardens will be highlighted by the changing seasons. The garden is designed so that at any given time during any season, something will be vibrant, active and/ or in bloom. This design decision is important because it reminds the guests, staff, and visitors of the hospice that life is cyclical, nature renews, and that there is hope.

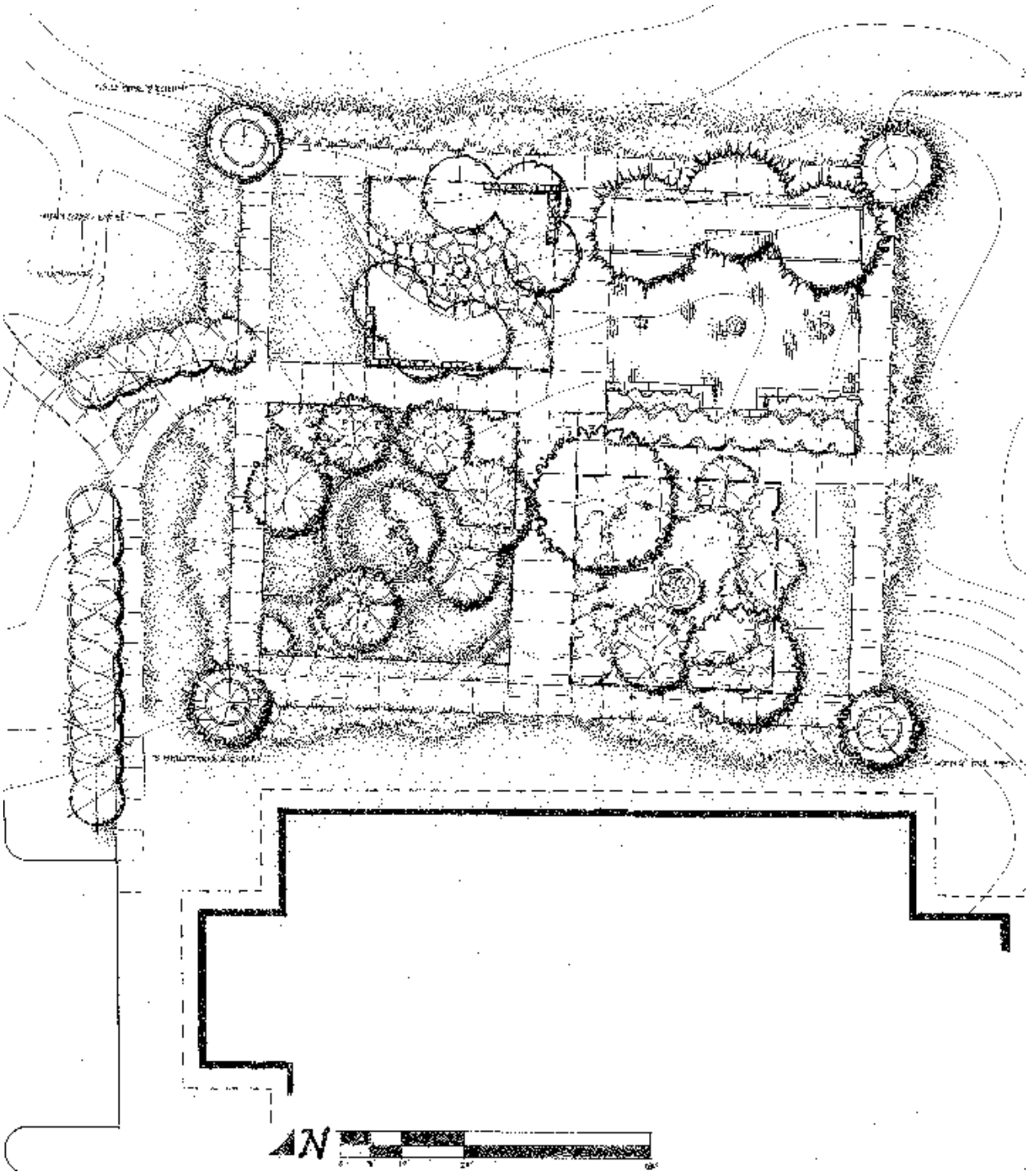


Figure 4.1

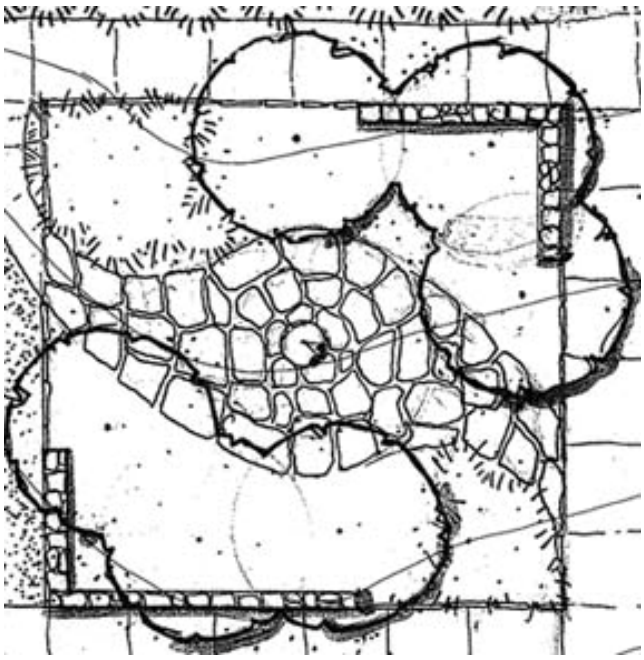


Figure 4.2

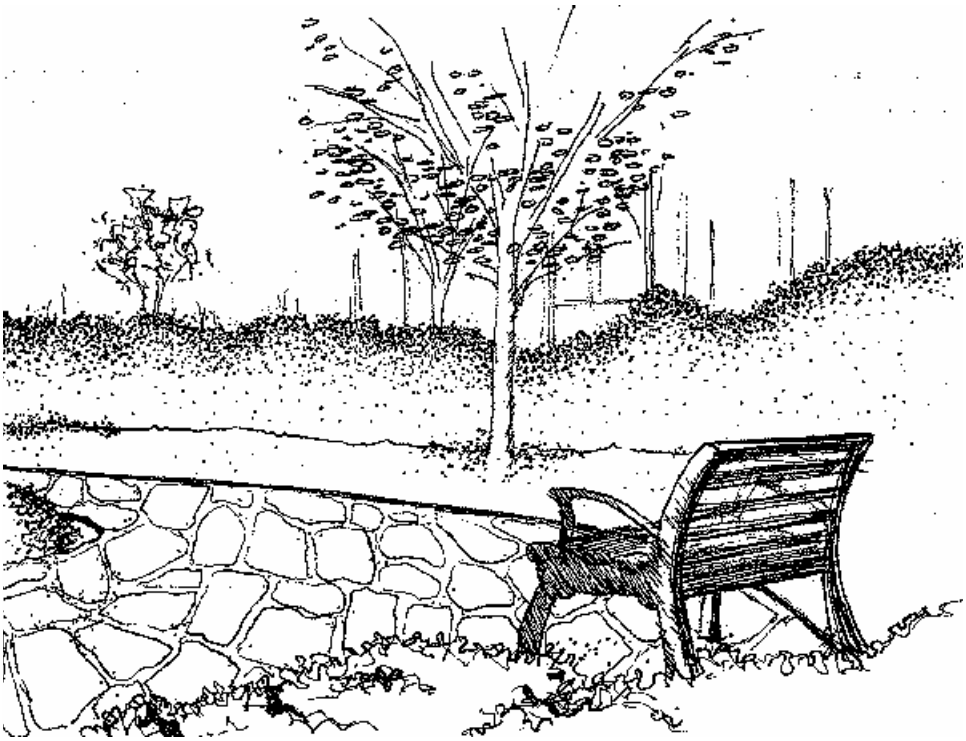


Figure 4.3

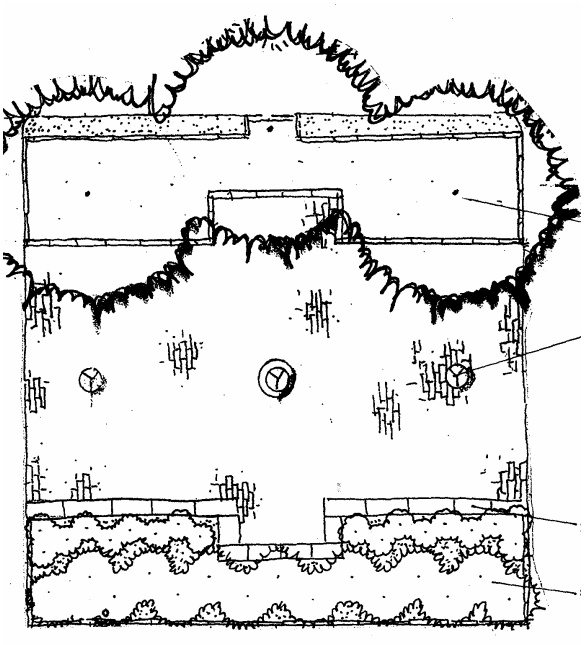


Figure 4.4

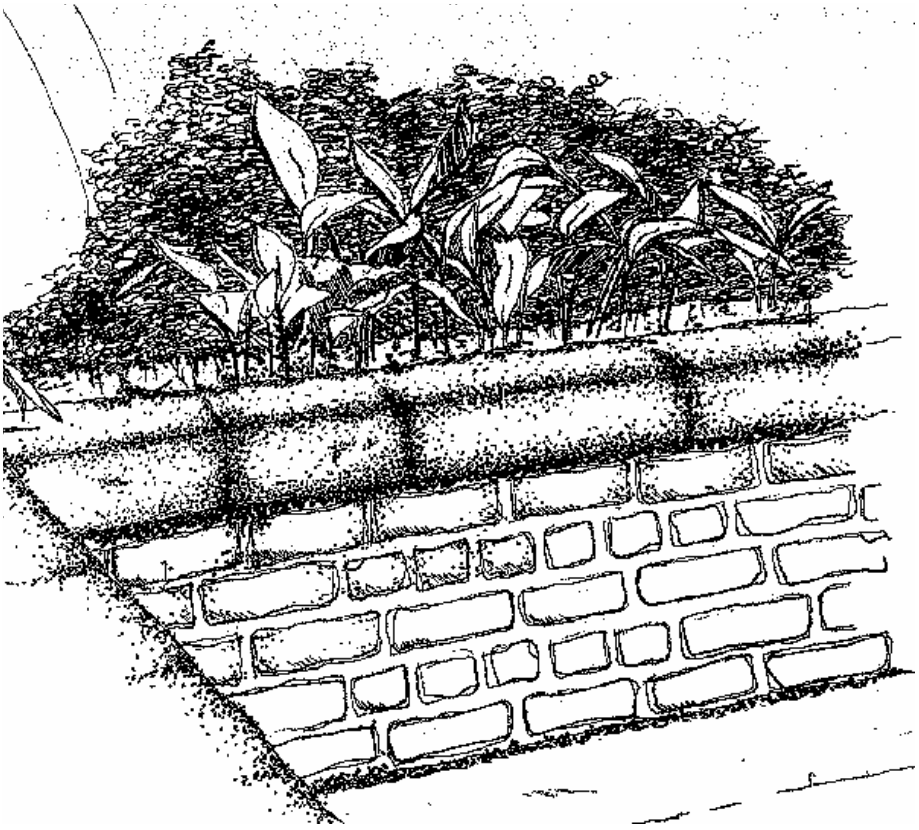


Figure 4.5

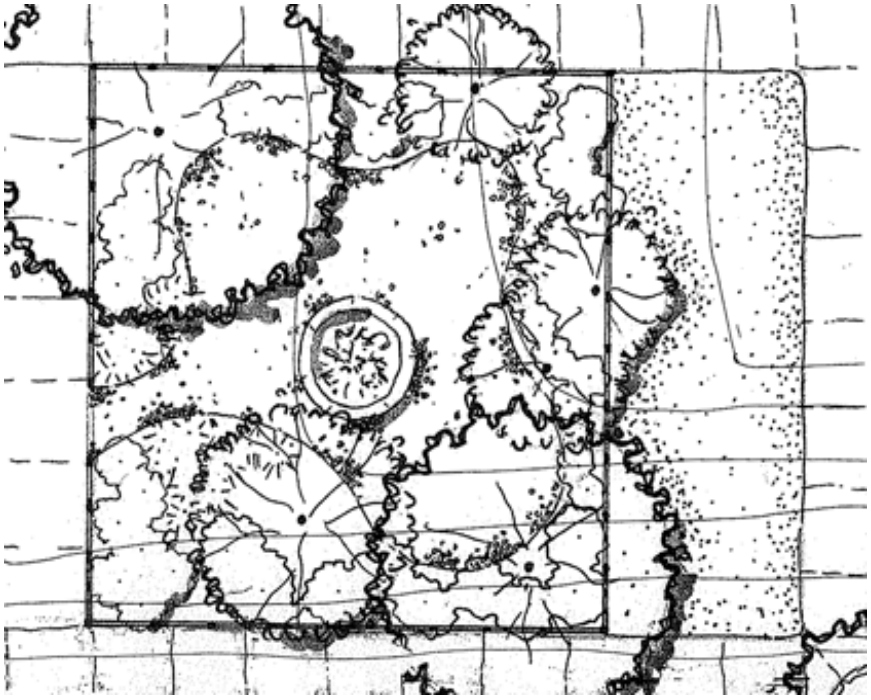


Figure 4.6

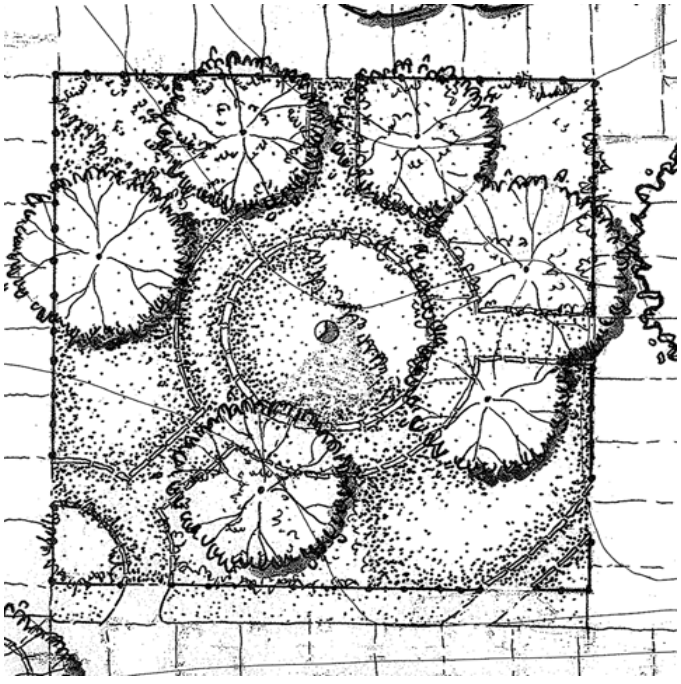


Figure 4.7

Table 4-A

GARDEN	FEATURES	MATERIALS and PLANTINGS	DETAILS[57]
Autumn	Curved stone pathway Metal wind vane Benches Specific plantings -bright fall colors Low stone wall	Smooth stepping stones Cobblestones Wood benches Purple Muhly grass Red Maples Burning Bush	Bright colors and textural variations will serve as positive distractions for visitors. The autumn garden is intimate without being completely enclosed.
Winter	Open, plaza-like space Brick seat wall Evergreen shrubs and trees Winter-flowering shrubs Kerosene lamps to remain lit year-round Moveable (metal) seating	Real brick with mortar Pre-cast concrete details Southern Magnolias Winter Daphne Cast iron plant Tea Olive	The plaza space provides a more exposed setting for visitors. The winter garden can also be the site for social gatherings/ functions. This garden will evoke feelings of home, warmth, and the holiday season with the evergreen palate and red brick.
Spring	One entry path of chert Surrounded by white picket fence Central fountain Nodes with benches for private spaces Birdhouses Colorful spring blooms	Chert path White wooden fence Stone fountain Redbuds Dogwoods Honeysuckle plants Azaleas-various colors	This garden only has one entry path, providing a very intimate secluded space for visitors. The bright colors and fountain feature are reminiscent of a private garden. The white picket fence is imagery associated with "home."
Summer	Radial plan Stone and turf pathways Lawn feature Sundial Decorative garden fence Vibrant, colorful summer plantings	Green lawn Flat stone dividers Wrought iron fence Crape Myrtles Echinacea Wax Myrtle Various wildflowers	This space is dynamic and full of energy and life while still being somewhat enclosed by the iron decorative fence. Visitors can sprawl across the lawn and enjoy the sun or picnic in the shade of the trees.

[57] An explanation of how the individual garden features specifically promote relaxation and wellness and support the Hospice philosophy of creating the most home-like setting possible.

CHAPTER V

The Future of the Hospice Garden

"Nature is but another name for health..." Henry David Thoreau[58]

Healthcare design and the societal approach to treatment and care for the terminally ill has come full circle. When what is understood to be "modern medicine" today first came about, the ancient Greeks both recognized the importance of nature in the healing process and included natural features in the designs of their healing temples. Healing and treatment of disease was very much a spiritual process. Throughout history and across the world, human beings have needed and still feel the desire to be comforted, both physically from pain and spiritually and emotionally, whether they are terminally ill patients or family members of such patients. The hospice movement represents the renaissance of a philosophy of care, similar to care once offered by the ancient Greeks' and Catholic monasteries, that focuses on total patient wellness--emotionally, spiritually, physically, and psychologically.

While the hospice movement and its associated facilities are a recent sensation medically speaking, the seeds for this movement were planted long ago. In order for healthcare providers to understand the necessity of nature and natural features in the healing process, a total reinvention of medical practices and facilities was first necessary. One can argue that had it not been for the insensitively designed mega-hospital that is so recognizable today, the understanding of the importance of nature in the overall healing process might not have come about. In a way, society took a step backward by accepting "modern" architectural styles before it gained a truly modern perspective on health and wellness.

The future of the hospice garden (and gardens in any healthcare facility setting, for that matter) looks bright. Recent requirements by state boards of health for access to greenery from

[58] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

inpatient rooms, requirements for artwork and appropriate interior decor by code, and the widespread availability of increasingly advanced medical technologies allows designers and medical staff the freedom and opportunity to create spaces and buildings that are just as inviting as the patients' homes. Although it is difficult to accept, perhaps the harsh, unwelcoming hospital environments of decades past were necessary --as a stepping stone to better design, better care, and a better understanding of the human psyche.

Although nature is not able to heal the physical ailments of terminally ill patients, exposure to the outdoors can calm the nerves, relax the mind, and refresh the spirit. Hospice patients have benefited from the availability of accessible gardens, pathways, and outdoor areas for years. Finally, an understanding in the healthcare community as to the importance of (and significance of) gardens in healthcare facilities proves that human beings desire emotional support just as much--if not more--than physical remedies.

As John Muir once said "I only went out for a walk and finally concluded to stay out until sundown, for going out, I found, was really going in."[59]

[59] Marcus, Clare Cooper and Marni Barnes. (1999) *Healing Gardens: Therapeutic Benefits and Design Recommendations.* Holbrook, New Jersey: John Wiley and Sons.

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