



# Comfort Zones

PRESCRIPTIONS FOR CREATING RESTORATIVE SPACES FROM "DOCHITECT" DIANA ANDERSON

AS TOLD TO \_Kendra Jackson

**Working at the intersection of architecture and medicine,** Dr. Diana Anderson — both a healthcare architect and a board-certified internist — has a unique perspective on how buildings can influence healing and well-being for both patients and healthcare providers. Founder of Dochitect, a collaborative model for approaching healthcare design from both fields simultaneously, Canada-born, California-based Anderson champions a refocusing of the built environment from being mere backdrops for medical encounters and toward settings that are humanistic and solution-based. Here, she shares insights on how architecture can promote healing.

## Take cues from domestic architecture

Design can be an important tool in care strategies. In cases of dementia, for example, design solutions can combat confusion and spatial disorientation. Patient rooms should have acoustic control, a clock, windows to maintain circadian rhythms and space for family when possible. Elsewhere, such as in hallways and in front of elevators, floor patterns that are dark in colour can be perceived as a void by someone with cognitive impairment, inciting fear and an inability to leave their room, which leads to social isolation.

Maggie's Centres throughout the U.K. are a great example of innovative psychosocial oncology care. The centres are emotionally charged buildings that shape the ways care is practised and experienced. Each custom-designed centre follows the same principle: create a domestic rather than stereotypical clinical setting, with the architecture contributing to the way care is delivered and experienced.

## Nurture staff well-being

Healthcare architects have specific obligations to address health, safety and welfare — for care



**LEFT AND ABOVE:** Like all Maggie's Centres, the recently opened Royal Marsden location in Sutton, U.K., by Ab Rogers Design, adheres to a more domestic approach to caring environments. Surrounded by a tranquil garden by landscape designer Piet Oudolf, the red terracotta-clad, multi-volume structure combines both private and communal spaces, with a double-height kitchen to encourage group gatherings. A mix of tactile and natural materials like Douglas fir and birch introduce a decidedly residential feel, while full-height glazing creates a strong connection between the interior spaces and the outside.

providers as well as patients. Specifically, clinic and hospital staff need places of retreat where they can reset, collaborate and support one another. Often, these spaces are relegated to the internal areas of a building and lack access to windows. But elements like virtual windows and skylights with day-night changes can be used to maintain circadian rhythms even where natural daylight doesn't reach. Access to outdoor space can also benefit workers immensely.

## Break down hierarchies

On a smaller scale, moving away from the normative hierarchal set-up of doctor behind desk and patient on exam table — by incorporating a round table with at least three chairs that are sturdy, comfortable and equal in design — introduces the idea that all seated are equals and promotes collaborative conversation and decision-making between patient and physician. Even gestures such as a wall-mounted computer screen easily viewable by all, hooks for patient canes and coats or foldable chairs for family members that can be tucked away when not in use can help foster a sense of inclusion and comfort for patients.

## Change the focal point

Patient room design needs to move away from the bed-as-focal-point layout. Instead, architecture needs to encourage people to get out of bed by blurring the hospital-home dichotomy. An armchair to read in, a table and chair to eat at and a communal dining room to socialize in can all increase well-being and promote faster healing. [dochitect.com](http://dochitect.com)