

The connections of the healing architecture

The hospital built by
Dăruiește Viață

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Argument Methodology

The Unseen World

In today's world, the key of practicing the profession of architect is the connection that should be created through the participation of the users of a built space in a multitude of design themes. In the case of a children's hospital project, all stages of the design process are meant to assign connections between the needs and expectations of all users and the spatial configuration when integrating these requirements into the final design. Throughout the participatory design process, the dialogue between the actors involved often reconfigures the choices of the architects for a complex topic such as a children's hospital and gives new meaning to the data collected from patients, medical staff and specialists.

A children's hospital whose space shapes dialogues between all kinds of users and generates a healing community is the main goal of a participatory design approach. We need to develop, as architects, design practices that are adapted to the complexity of the addressed topic and integrate in our proposals a variety of concepts belonging to all professions related to the issues of a child patient, starting with specialists, auxiliary medical staff, and ending with psychologists, anthropologists and patient navigators. It is necessary to include a decision-making process gradually within the design stages, from one level involved to another, while taking into account the steps taken. This gradual process is an important direction in developing dialogue and work within the interdisciplinary team thus created and maintains permanent communication between medical staff, patients, specialists, designers and investors or sponsors.

This first part, *The Unseen World*, aims at exploring and highlighting the meaning of the participation of each actor involved in the team that developed the extension project of the Marie Curie Children's Hospital, the National Children's Hospital for Cancer, Severe Diseases and Trauma. In this sense, the interdisciplinary research was resumed, remade and analysed in the broader context of drawing up a guideline to tackle the design theme of a children's hospital. The data collected are intended to reveal all the hidden connections of the hospital space and to define both main and secondary themes for the design of children's hospitals. In their turn, these hidden connections become design objectives, as well as assessment criteria for participatory design and objective parameters for certifying the quality of the newly created space, but also for measuring its efficiency over time and how it influences the behaviour of its users.

The objectives of the first part, entitled *The Unseen World*, describe in turn the steps of a participatory layout and design approach, namely:

- to develop a participatory layout and design practice, adapted to the complexity of the theme, which involves all actors in a game, meant to (con)textualize and store all meanings of teamwork, starting from developing an architectural concept with the help of users, to translating it in a coherent architectural language, implementing it in the design and up to restoring the path and writing the story;
- to identify the needs and requirements of each category of users of the hospital space and to follow the path of these data, from the investigation stage, to the stage of implementation in design and up to their relevance for defining new directions of post-occupational development;
- to highlight the main professions involved, the specific working methods and generate a transfer network and mechanisms for overlapping and transforming data between all the characters in the game;
- to create theme-specific connections between research and design, by assigning new meanings and values to the data collected from all actors involved and transforming the data into design criteria for children's hospitals;
- to reconnect research and design, with a view to highlighting the relationships between practicing the profession of architect, the professional community, society and the involvement of users in the elaboration of the design theme of the new children's hospital.

Methodology

The first part, *The Unseen World*, brings to the fore the (re) structuring of the information included in the final design of the extension of Marie Curie Children's Hospital, by collecting, recording and highlighting data and themes that are relevant to each character involved in the story, who stands for a specialty or field. The central architectural concept, the tree of life, symbolizes in turn both the community that is created around this project and the essence of developing an interdisciplinary approach having a common axis for constant reference: the experience of the child patient. The integration of this architectural concept in a wider range of values, landmarks and practices relevant to each profession becomes a natural thing to do. In this regard, we have symbolically established the starting point of the

participatory approach within this “country project” as being the formation of the *seed of life*¹, which will illustrate the whole team that developed this project throughout the story, from point zero to the present day.

In a participatory interdisciplinary design approach, each team member is equally important in illustrating the design theme of a new children’s hospital. Each actor involved through the 7 circles that form the seed of life/ team proposes important elements in the final image of this first part, which is intended to be a checklist for the architectural project (an evaluation grid made up of design principles and criteria). Each specialty discusses its specific way of relating to a child patient and makes itself heard through its own voice alongside all others, thus forming a common language together, which is able to provide a complex answer to the issue of humanizing hospitals in Romania. We called this common language of the team formed under the symbol of the seed of life, *pattern language*², a unique pattern generated by a unique combination of factors and data, meant to be verified and decoded in the second part of the story, The Seen World.

The Unseen World aims at writing and describing the story of the genesis of the tree of life, which overlaps and symbolizes the architectural project both formally and figuratively, by sequencing the first part of the story in three stages or levels. Each stage or level of significance corresponds to a relevant stage in the interdisciplinary participatory design approach of this project.

The first level — the creation of the *seed of life*, the formation of the team to whom I have metaphorically assigned the role of the seed, is point zero or the beginning. The creation of the *seed of life* is made of defining the working premises, which is the first stage of the participatory approach. Each actor involved

1 The Seed of Life is a universal symbol of creation, which is found in the center of the Flower of Life, consisting of 7 circles that represent the foundation of infinity, the nature of life and the Universe. Being a symbol of sacred geometry, each circle is framed as a system that forms a dynamic field of possible geometric relations revealing the fundamental forms of Creation. The Seed of Life represents the 7 steps, the 7 stages, days of creation.

2 *Pattern language*, a concept that designates an organized and coherent set of patterns, motifs, elements, each describing a problem but also the essence of the solution, which can be applied in a specific field; The concept belongs to architect Christopher Alexander and was discussed in the book of the same name, *A Pattern Language*, published in 1977. The concept demonstrates how specific design choices can build better relationships. The key word in developing a *pattern language* is *opportunity*, such circumstance that precedes and favors the occurrence of actions and activities that generate relationships.

represents a circle in generating the *seed/* team and provides relevant working premises to illustrate the theme of the architectural project. Each circle is assigned in the involvement order in the project and dialogue bridges are built between all actors through progressive overlapping. Each of the 7 circles is in turn associated with the following: The “Dăruiește Viață” Association (Carmen Uscatu and Oana Gheorghiu), the medical staff of the old Marie Curie Children’s Hospital, architects, people/society (donors and sponsors), psychologists (psychologist Anda Păcurar and psychologist Nicoleta Băncuță), anthropologists (anthropologist Andrei Mihail and anthropologist Ruxandra Mocanu), other important specialists (patient navigator Monica Grigore Althamer). Everyone’s voice is materialized in interviews and questionnaires, conducted in April 2021. The purpose of resuming the initial survey is to bring some testimonies to the fore that will be considered as references for the development and approach of the final design of the architectural project. Each member of the team takes up issues that are relevant for a correct diagnosis of the problems of the current children’s hospital, the requirements that must be met by the extent of the new project and the needs of each user. All these data collected and recorded become design parameters and criteria for the design of children’s hospitals.

In order to be able to understand and integrate the requirements of all users into the design of a children’s hospital, we first need to investigate the expectations of the medical staff at the existing Marie Curie Hospital and the objective opinions of specialists in other fields involved in research (psychologists, anthropologists, patient navigators). In this sense, we make reference in our approach to the technique of the questionnaire and research interview. These working tools are mainly based on interrogative ways of obtaining information relevant to designers, in our case for the proposed future design.

On the other hand, the interviews conducted with the specialists and the questionnaire for the medical staff aim at knowing both the subjective aspects (opinions, attitudes, aspirations, interests) and the objective aspects (prioritizing some needs and identifying the problems of the current hospital space). The interviews and the questionnaire involve a qualitative and quantitative research, trying to understand, interpret and prioritize the phenomena studied in terms of the meanings assigned by the participants. Capitalizing on the relevant data that were collected via these working tools plays an important role in illustrating the collaboration between different professions and becomes a working basis for the architectural solutions proposed in the project, as we will see in the second part of our story, *The Seen World*.

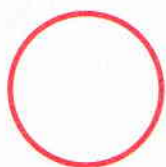
The individual interviews from *The Unseen World* show how the participants relate, through their own professional experience, to the problem of the patient child in Romania, their personal impressions of the analysed situation - Marie Curie Childrens Hospital and the aspects considered defining for the new children's hospital project.

The answers of the participants in the interviews and the questionnaire conducted with the medical staff are used to test, refine or modify the analysis of the new project, depending on the criteria that are valued and reformulated in the questions. The purpose of such an interdisciplinary study, carried out by an architect, is to find and negotiate correspondences between someone's analytical structure and the psychological and emotional image of the users of a children's hospital space. By (re) structuring the data collected, each member of the team makes their voice heard and, stating and announcing their wishes and expectations from the new children's hospital.

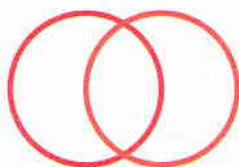
Overlapping the voices of the actors involved in the interdisciplinary team generates challenges to be addressed by the designers of the new hospital. Thus, a second important stage of *The Unseen World* is outlined, namely the germination of the seed, the awakening to life. In the second stage, the team works together to correctly identify the challenges and thus meet the requirements of all hospital users.

Each circle, a team member, always makes reference to the same common denominator or development axis of the project, the patient child.

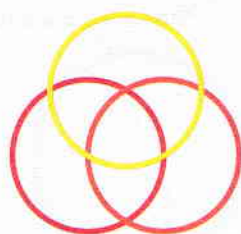
This way the third stage of *The Unseen World* is created, i.e. the reference to the centre of the seed of life. In this third level of significance, all the data become principles for compiling a pattern language specific to the design of children's hospitals. Only by a constant reference to the patient child and incorporating the data collected into humanizing criteria of hospital design, can we generate, as architects, a complete response to the problems that the current Marie Curie Children's Hospital is facing.



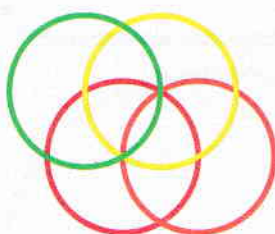
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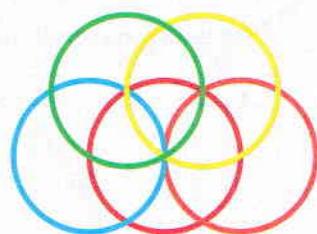
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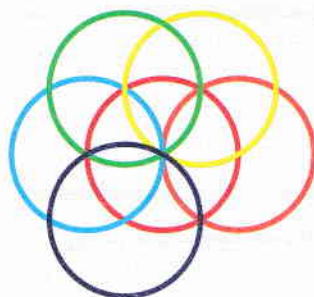
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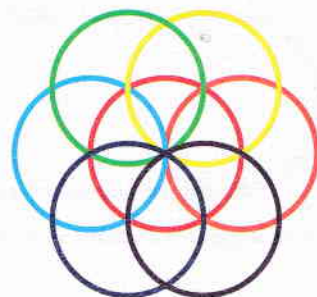
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Creating the seed of life Building the team and setting the working premises



The “Dăruiește Viața” Association stands for Km 0 of building the team and creating the seed of life. Founded in 2012, the “Dăruiește Viața” Association aims at fundamentally reforming the Romanian medical system and embodies the undisputed proof of how powerful the concept “we succeed together” is. Since 2009, Carmen Uscatu and Oana Gheorghiu have been carrying out projects in the Romanian medical system, investing in the infrastructure of public hospitals by building sterile rooms for stem cell transplantation, equipping molecular biology laboratories, purchasing equipment or assisting cases, renovating some departments and establishing a national program for diagnosing leukaemia in 2014. All these “meaningful projects” have built “a whole community that, leaving money apart, has put its trust and hope that in the country of “it’s not possible”, it is now possible”, as Carmen Uscatu states in her interview in April 2021. But all these actions seemed fractured, they needed to be imbedded in an integrated, coherent approach, in a country project. In 2015, Oana Gheorghiu, Carmen Uscatu and Paula Herlo, today honorary president of the Association, together with the architect Raluca Șoaita, launched the idea of modernizing the Paediatric Oncology ward at the Emergency Clinical Hospital “Maria Sklodowska Curie” in Bucharest. They started with the desire to renovate one ward and ended up constructing today, together with the civil society, “a building of 12,000 square meters and nine levels that includes oncology, radiotherapy, haematology, but also neurosurgery, intensive care and operating unit” (Carmen Uscatu, April 2021). Today, they want to extend this project up to the level of a medical campus, as Oana Gheorghiu confesses:

„We dream that Marie Curie will be transformed in five years into a real medical campus, as we see in the West, where all types of treatment and all specialties, a multidisciplinary approach, as well as everything needed by a parent who stays with his hospitalized child for a longer time are available. To have everything a student needs, that is learning spaces, amphitheatres, conference rooms, and the medical staff should have access to a discussion area and to a dining area under civilized conditions”.

Construction works have begun with a demolition permit for the old warehouses and buildings on the land they received from the hospital administration in 2016, and as of May 2018 when the foundation was poured, they attended all site meetings and were

involved in the whole design process, from planning to interior finishing. The steps taken, from a dream to an initiative and now to the country project #NoiFacemUnSpital (*We Are Building a Hospital*), draw a working model between a non-governmental organization in the medical and social field and professionals, who understood the “pioneering” of this project and proved flexibility and a lot of involvement. Oana Gheorghiu identifies the essential ingredients of the “succeeding together” concept: communication, common goal, involvement beyond the commercial side of the project, transparency and accountability towards all donors.

The “Dăruiește Viață” Association understood the importance of defining the design theme together with the users, the need to involve the medical team and specialists in other fields (psychologists, anthropologists). Knowing that, when we refer to a children’s hospital project, only a participatory and interdisciplinary approach can bring new values to the final design, the Association has become throughout the whole process an initiator, a mediator between architects and the medical team or decision-maker. This permanent exchange of roles in negotiation and dialogue contributed to shaping a project in which each actor involved made himself heard, and the medical staff felt that they were part of the project. Oana Gheorghiu emphasizes the importance of organizing these work sessions that involve different categories of users in order to be able to correctly identify the needs of each one as early as the elaboration phase of the design theme:

„It was utmost important to organize some meetings to include patients, children, parents, psychologists, nurses and to talk to the doctors, too. Because we managed to put together everyone’s needs, everyone’s ideas and we managed therefrom to obtain that project that may not fully satisfy everyone’s dream, but that is friendly to patients. (...) We have learned, on the other hand, that we need to work together with the specialists and try to have the data collected reflected in an architectural plan.”

The “Dăruiește Viață” Association aims by means of this project at changing the relationship of all those who need them, children and their families, by keeping the child in the centre of attention in everything they undertake, “which means a change of mindset” (Carmen Uscatu, April 2021). The experience of the family and patient child becomes a universal policy for the extension of the hospital and brings a change management to the fore, a different approach of the patient through a multidisciplinary treatment, applying new procedures, improvement of the operating unit, digitization of administrative staff operations, training medical staff to operate with modern technology, introduction