ARCHITECTURE’S CREATIVE CONTRIBUTIONS TO HEALING: ONCOLOGY PATIENTS IN THE CEDARS CANCER CENTRE

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Background

The present state of Evidence-Based Design (EBD), the dominant paradigm in healthcare architecture, arguably limits architecture’s creative contributions to healing. EBD is founded upon the principle of designing built environments based on research to optimize outcomes. However, EBD’s current heavy focus on measurable results may not sufficiently address the multidimensionality of patienthood. Using EBD, designers of Montreal’s new Cedars Cancer Centre endeavoured to create a patient-centered space that holistically addresses oncology patients’ needs.

Purpose

Using ethnographic and architectural approaches, this study evaluates whether oncology patients’ lived experiences of the Cancer Centre correspond to designers’ original qualitative intentions for a supportive, healing environment.

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Methods and Results
This paper presents results from thematic analysis of annotated architectural floor plans and transcribed interviews with sixteen Cancer Centre outpatients between January and May 2017. Themes are content-analyzed and organized according to original design aims: 1) improving patient-staff relations, 2) reducing patient stress and anxiety and 3) empowering patients. SIGNIFICANCE: Our oncology design study is the first of its kind to delve into patient backstories, intertwining them with in-depth analysis of the design process and final architectural product.

Our findings promote an analytical discussion about EBD and highlight new insights about oncology design and cancer patients’ spatial needs. More broadly, we propose implications for the relationship between architecture and Whole Person Care (WPC), namely: 1) drawing out architectural lessons that increase empathy towards space’s impact on illness, thus deepening health professionals’ relationships with patients, and 2) conceptualizing application of WPC principles in healthcare design. ■