REFLECTION PAPER
FROM HOSPITAL TO HOUSE
Elderly Healing Space in the Information Society
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FROM HOSPITAL TO HOUSE

Would you feel relaxed in hospital? Would you choose to meet a friend there? Would you like to spend your free time there? The answer for most people is no. Hospitals have always been synonymous with fear and sadness. Although it relates to the fact that life and death is a heavy topic, the hospital's factory-like model and oppressive space exacerbate the negative emotions.

This situation is even worse for elderly people. According to a CNN Health survey, the older you are, the worse the hospital is for you. But on the other hand, Germany is even entering a super-ageing society. According to the United Nations Health Organisation, 27.6% of the population in Germany is over 60 years old, the second highest population in the world after Japan.[1] And in the German healthcare system, more than 60.5% of patients are older than 60. Geriatric medicine department's average length of stay of 15.2 days is twice the average, ranking first among all departments.

All the facts prove that hospitals, which have remained unchanged for decades, need a revolution. The best future hospital is NOT hospital, at least not the way it is now. This article studies the body perspective to provide an excellent healthcare experience for elderly patients. Filling the gap between society, hospital and home, enabling the revolution from hospital to house.

1 "World Report on Ageing and Health." 2015. https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1&isAllowed=y.

1. Relationship between research & design

Research and design are not separate objects, nor are they sequential. They are like two sides of a sheet of paper that cannot be separated. Research carries the invisible, abstracted process of the project, or the back of the paper. Design, on the other hand, is the interactive terminal, the figurative process, the front of the paper.

In projects we often divide them into two phases, research and design. But in fact there is no research without design. Research itself is designed. The amount of real world data is infinite. Just as it is impossible to draw on a blackboard what that blackboard looks like, any process of data collection, abstraction, logical analysis and feedback for real-world contexts will be faced with a loss of most information and options. Research is always on the way to objective truth, but never arrives. This constant process of loss and selection is both research and the researcher's design: in this project, for example, the choice of research questions, theoretical base and research methods cannot exist in complete independence. In this project, for example, the design of the research questions, the selection of the theoretical base and the development of the research methodology are all simplifications of the understanding and regularity of the real world. The whole process always involves the author's design. Different research designs can lead to very different research, which does not mean that the research is wrong or implausible. There is no one truth, and if we think of all research as data, it is still part of the vast data and laws of the real world.

Design is the reverse cycle of research. The process of getting to the real world with interaction as the starting point. User needs are taken as input, generated by design, materialised into the physical existence of the real world, and feedback is used to modify the design. Through a continuous cycle and argumentation of the results, a perfect design is approached. Research is used as a method provide a framework and support for design.

In fact, research and design exist as a whole, as a means of communication between the user and the real world.

2. Relationship between graduation topic and studio topic

The theme of the Complex Studio is Body, Building and Berlin, and the aim of the studio is to investigate their relationship. Through reaserach and design, a dialogue between the three will be established. And nine types of public buildings are also offered as optional scopes for the project.

Research shows that among the nine types of public buildings, the hospital is particularly unique in terms of its function. There is no way to mix other functions than healing the body. People need it, but they cannot have a pleasant experience. The image of hospitals has always been one of fear and sadness. And this situation can be even worse for the elderly. Therefore, the graduation project starts from the body of the elderly and tries to provide the body with the maximum experience healing environment; provide high quality health care by using the data-based system; provide social well-being functions to bridge the gap between society, hospitals and homes. It is a branch and concrete for studio theme performance.

3. Research method and approach in relation to the graduation studioc

The studio's research approach takes a macro or grounded theory perspective. The relationship between Body, Building, Berlin is explored from two dimensions. On the one hand, the impact of public buildings on the development of Berlin is studied from the city as a starting point. It tests the rationality of architecture and gives feedback through four dimensions: Mobility, Environment, Culture and Future. On the other hand, the relationship between public architecture and the body is investigated through the analysis of the three attributes of Flow, Area and Space.

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The research methodology of the graduation project analyses the problem at a micro level within the framework of the studio's research. Specifically, I am focusing on the study of the elderly, hospitals and the impact on Berlin. The design approach is therefore based on the collection of data on the issue of ageing, the experience of access and medical processes, the architectural design logic of the hospital, and the environmental and developmental dimensions of Berlin. This data was analysed to formulate the research question: how to design a healing space that provides both health care and social well-being for the elderly in the information society? The research aims to develop design outcomes that include the use of big data and wearable devices in healthcare, the therapeutic nature of the environment, and new forms of hospital architecture and healing spaces. This process is supported by the studio's research methodology at a more macro and fundamental level.

4. Elaboration on the relationship between the graduation project and the wider social

As we learn more about the body, the relationship between the body and the environment has changed from the agrarian society to the industrial society to the present day. For hospitals, in particular, the body's data has become very accessible, as For hospitals, in particular, the body's data has become very accessible, as medical equipment has been updated. It can have a significant medical impact on health management, advice, diagnosis and treatment. The final project is based on a reflection on the health system from this point of view.

This way of expressing and applying objective objects as data is not only applicable to hospitals. In fact, our society is undergoing a data-driven transformation. Whether it is artificial intelligence, brain-computer interfaces, autonomous driving or various other technologies, they are all changing the relationship between the body and the environment and the means of interaction. From a more macro social perspective, traditional direct interaction limits the possibilities of the body while ignoring the immediate differences between individuals. At a time when we have the ability to process more data, including from the real world to the user's terminal and back, architecture as a physical tool for human-nature interaction should make more appropriate changes.

5. Ethical issues and dilemmas

Healthcare and ageing are major concerns around the world. The financial pressures of high healthcare costs, the shortage of an ageing workforce and the pressure on society to provide for them, the recent delayed retirement bill and the many reports of poor experiences of older people in hospitals. These are all questions about current values, about how much responsibility and how many rights people should have. While we are creating a better healthcare environment for the elderly, we are also increasing the burden on society - after all, surveys show that 60.5% of patients are over 60. On the other hand, everyone has the right to a happy life, and the more vulnerable the group, the more care they should receive. At the moment we have all kinds of specialist hospitals, we have children's hospitals, but not many people are concerned with the needs of the elderly as a special group. And that is what this project is trying to look at.