

# Designing Departure

*Examining end-of-life care spaces as XXI century collective living types*

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In recent years various trends have reignited a wide interest towards community living, in particular in the developed world. The main aspect of this current is the fact that an aging population is increasing the demand for assisted living facilities<sup>1</sup> in most nations. This fact is particularly evident in regard to the growing incidence of dementia<sup>2</sup>.

The growing importance of assisted living facilities corresponds with the rise of healthcare architecture, both in the academic and professional sectors. Within the field of architecture for healthcare, assisted living facilities occupy a peculiar position at the margin, representing the edge towards domesticity and collective living. In this realm, numerous architectural experiments have regarded facilities involved in end-of-life and palliative care, such as hospices or dementia villages.

A recurring aspect of recent architectural literature is attention towards the body - human or other - and its relation with the space that surrounds it. In the introduction to *Warped Space*, published in the year 2000, Anthony Vidler writes: “ever more often space has been defined as the product of subjective projection and introjection, thus the opposite of a stable container for objects and bodies<sup>3</sup>”. This research builds upon this body of work, with the aim of testing its potential ramifications in contemporary design: if “design always represents itself as serving the human but its real ambition is to redesign the human<sup>4</sup>”, the design of end-of-life facilities puts architecture in a situation of extreme stress that allows for a reconsideration of its effectiveness in this domain.

As reported by Beatriz Colomina in her 2019 book *X-Ray Architecture*, Robert Musil wrote in *The Man Without Qualities* that “Modern Man is born in hospital and dies in hospital - hence he should also live in a place like a hospital<sup>5</sup>”. This statement is seen by Colomina as representative on how healthcare architecture contributed in developing the modernist imaginary. In the same way, recent developments in healthcare architecture, developed in an interdisciplinary realm in conjunction with neurologists, psychiatrists and others have the capacity of driving the discipline in new directions.

This paper partially illustrates an ongoing Ph. D. research project that focuses on end-of-life facilities as emerging collective living types in the West. The subject consists of the ensemble of architects and developers involved in their construction. The research aims to study the principles that underpin the design

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<sup>1</sup>According to a report published by UBS, in 2019 the retirement home industry' revenue totalled 72 billion \$ in the United States, employing more than 1 million workers. The global growth of retirement homes is expected to hit 3% between 2019 and 2022.

<sup>2</sup>Martin Prince et al. *The Global Impact of Dementia* (London: Alzheimer's Disease International, 2015).

<sup>3</sup><https://www.alz.co.uk/research/WorldAlzheimerReport2015.pdf>

<sup>4</sup>Anthony Vidler, *Warped Space* (Cambridge, MA.: M.I.T. Press, 2000), 26.

<sup>5</sup>Beatriz Colomina and Mark Wigley, *Are we Human?* (Zurich: Lars Müller Publishers, 2019), 23.

<sup>6</sup>Beatriz Colomina, *X-Ray Architecture* (Zurich: Lars Müller Publishers, 2019), P. 94.

of facilities related to end-of-life care and provide a framework for future collective living models in western Europe.

A review of the disciplinary literature on the subject reveals an overwhelming focus on quantitative and compilatory methods. This research consists instead of a qualitative examination of end-of-life facilities, based on an in-depth study of construction documents and interviews with the involved developers and architects of a few case studies in different European countries. The research is expected to provide insights regarding the logics that underpin the construction of these facilities and the skills that architects and developers acquired during construction, allowing for an evaluation of these building types' influence on the broader field of the architecture of assisted living facilities.

This research considers end-of-life facilities as examples of sharing based on social intentions, following the categorization illustrated by ETH Wohnforum in their History of Collective Living. This research thus contextualizes end-of-life spaces as intentional communities, or “self-contained, planned communities that attempt to pursue a peaceful ideal, as opposed to a community created and run without an organizing principle”<sup>6</sup>, positioning this work within the disciplinary platform of architectural literature on the subject. End-of-life spaces will thus be studied through the lens of collective living and domesticity, on the model of publications such as *Kommunen in der Neuen Welt* by Liselotte and Oswald Mathias Ungers.

The artefact will consist of a drawing set divided in two parts: typological plans and interior perspectives. Borrowing methodologically from the literature on collective living, this paper will examine three examples of end-of life facilities through a typological lens, generating comparative plans of private, collective and public spaces within the different facilities. The typological study will be complemented by three interior perspectives representing the space of the bedroom from the point of view of the patient.

These three perspectives will allow for a comparative experiential study of the space in terms of openings, natural light, use of materials and spatial configurations. These drawings represent a projective impression based on documental evidence, as no site visit has happened thus far, on the model of . They will become part of a benchmark set of documents that will be integrated through site visits.

The three case studies belong to three distinct categories, graded from institutional to domestic: a hospice (Urban Hospice, Nord Architects, 2016), a dementia village (Hogeweyk, Molenaar Bol & Van Dillen, 2012), and a house designed for a terminally ill person (Refuge 2 by Wim Goes Architectuur, 2014).

## Bibliography

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Lost in Space

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<sup>6</sup>Nigel J. Young, *Oxford Encyclopedia of Peace* (Oxford: Oxford University Press, 2010).

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## Design Driven Research

The research is composed of a reflective and a projective phase. The reflective phase methods are arranged so to investigate the principles and practices that define the architecture of the case studies. The investigation of the principles is mainly tackled with archival research, while the investigation of the practices takes the shape of observation on site and interviews with architects and developers.

The projective phase will consist in the drafting of a prototype for contemporary coliving based on the results of the reflective phase. The two moments are not envisioned as separate, but rather as a continuous generation of a body of knowledge.

Keywords\_ Assisted living facilities, dwelling forms and practices, collective living

## Bio

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Wim Goes Architectuur, Refuge 2. Photo credit: Philippe Dujardin

