

ARCHITECTURE

Hospital of Hope achieves goal of user-friendly institution

Trend is to smaller, less impersonal medical centres

ANMARIE ADAMS
SPECIAL TO THE GAZETTE

Just when hospital administrators and politicians are contemplating the abandonment of historic buildings in the centre of our city, a new state-of-the-art facility has opened and offered Montrealers a ray of hope — hope in the future of urban hospital architecture.

The new Jewish Hospital of Hope, a 160-bed chronic-care centre, represents a move in the opposite direction to that contemplated for the Hôtel Dieu or the proposed anglophone "superhospital." Rather than relocating medical space at a distance from the city core, the Jewish Hospital of Hope has moved from the suburbs back into the city. Its first home was the handsome, red-brick, Modernist building on Sherbrooke St. E. at the border of Ville d'Anjou, designed in 1942 by C. Davis Goodman. The new quarters are on Victoria Ave. between Bourret Ave. and Côte Ste. Catherine Rd., designed by Fichten Soifer Architects.

The former site made some sense at the time, as the older building was intended for sufferers of tuberculosis, whose recovery was believed to be encouraged by the salubrious effects of being on the city's edge. The Hebrew Consumptive Aid Association, which began its campaign for the province's first English-speaking, non-sectarian chronic-care hospital as early as the 1920s, had incredible foresight in the importance it placed on purpose-built, chronic-care facilities. Buildings designed to care for the chronically ill have indeed become one of the most important challenges to hospital architects as the century draws to a close and the population ages. From its inception, however, the older hospital's remote location, far from the community it served, proved to be a problem. In fact, its peripheral site was the major reason for the Hospital of Hope's recent move to the Côte des Neiges area.

The dense, urban location of the new building is indicative, too, of several significant trends in current North American hospital architecture: the attempt to design medical space that harmonizes with its neighborhood, which appears less institutional than the sleek, technologically based, postwar hospital, and which is more "patient-centred" and accessible than earlier buildings.

Professor David Sloane of the University of Southern California is a leading expert on the development of late 20th-century medical buildings. He has suggested that the hospital has changed over the last few years from its position as "a technological savior for the middle class," to "a comfortable haven for the seriously sick and a mall for the ambulatory ill."

Sloane sees a shift from the super-efficient hospital of the 1950s, whose architecture often



Main entrance of the Jewish Hospital of Hope on Victoria Ave.

DENIS FARLEY

mimicked factories or office buildings, to the more humane, personal medical environments of the 1990s. The change, he believes, is a result of a crisis in modern medicine, stemming from the isolation of hospitals from their communities, among other reasons.

He believes that architects and hospital administrators have reacted to the charges that hospitals are heartless and insensitive to patients and visitors by looking to other building types as viable models for hospital design, most notably the mall (for circulation), the hotel (for

lobbies), and the home (for rooms), as part of a general effort to make hospital environments more normal, relaxed, and accessible.

The new Jewish Hospital of Hope fits Sloane's description of a 1990s user-friendly hospital. To begin, the building sits happily amidst residential properties along Côte Ste. Catherine and Bourret, rather than in a special precinct set aside for the sick. The four-storey, red-brick building matches the neighborhood buildings in both materials and scale, and is surrounded by a park-like garden. Am-

bulances, cars, and delivery vehicles are directed to the various parts of the hospital from busy Victoria Ave., the location, too, of the hospital's main entrance.

The design of the new building's monumental, two-storey entry space — with extensive, west-facing windows — is reminiscent of late 20th-century mall spaces, as Sloane has suggested is characteristic of many new hospital projects.

Visitors are directed, at the hospital's point of entry, along a wide corridor decorated with a photo mural of the old hospital, to the main ele-

vators, or upstairs to the second floor, which comprises the gift and coffee shops and a mall-like, "interior boulevard," complete with seating and plants. Circulation in the nursing units has also borrowed elements of the shopping mall; they are organized in loops around a central block, so that patients who may wander off, especially those with Alzheimer's disease, will always find their rooms again.

The shopping mall, in this case, is not an inappropriate model for hospital circulation, as it lends an air of familiarity, might encourage strolling, and provides easy orientation for patients — characteristics sadly lacking from the convoluted, labyrinthine hospitals of the 1950s. The fact that the new building's entry has both a direct connection to activities on the street and a magnificent view of the community garden directly across Victoria augments, as well, the hospital's atmosphere of everyday life for its patients, who may spend the remainder of their lives in the hospital.

The demands of long-term care have also encouraged hospital architects and administrators to bring elements usually associated with domestic architecture into the hospital. The new facility's one-, two- and four-bed rooms are arranged for maximum privacy; each bed is specially angled to face its own window; the relatively cheery rooms have curtains, posters, and tack boards, rather than the blinds and blank walls of the sterile, modern hospital; every bedroom has its own bathroom, which also functions like a room-size shower, allowing patients in wheelchairs to be showered in their chairs. Throughout the Jewish Hospital of Hope, the use of natural maple for railings, doors,

and trim gives the place a cozy home-like feeling.

There are many elements of the new building, however, which draw from the tradition of hospitals institutions. The planning of the third and fourth floors, where the patients' rooms are located, for example, is based on an arrangement of 40-bed nursing units, intended to facilitate supervision of the patients from nursing stations. This notion of organizing medical space based on surveillance from a kind of "command post" for nurses harks back to the reforms instituted by Florence Nightingale in the mid-19th century, in her attempts to professionalize nursing.

Also, support facilities such as the chapel are part of larger, multipurpose spaces. These perhaps could have been integrated into the concept of the "interior boulevard" strengthening, again, the sense of an immediate connection to urban life. The hospital's main corridor, in this way, might have functioned like the main street of a small town, with the availability of administrative, religious and commercial services legible to inhabitants through an abstract language of forms and symbols, rather than small signs on rather anonymous doors.

These criticisms are minor when compared to the importance of the over-all statement made by the new Jewish Hospital of Hope. Through its location, scale, materials, and organization, it has asserted that the hospital is a vital, urban institution in Montreal. If all health care is to be truly accessible, its architecture deserves a place in the centre rather than the margins, of the city.

■ Anmarie Adams is an assistant professor in the school of architecture at McGill University.

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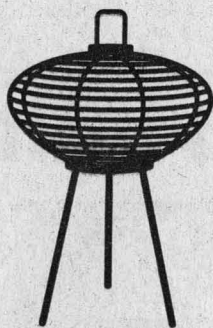
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