

Hospital of the Future?

In the March issue of *Arkitekten*, Peter Schultz Jorgensen laid down a challenge to the profession to define the “hospital of the future”. Jorgensen cites a series of problems in regard to the current hospital development wave, such as the expenditure of such a vast sum of money in a short time, a tendency for most stakeholders in the hospital development program (from the Kommune to hospital leadership and staff) to repeat the same patterns again and again and the apparent lack of interest in using this massive financial investment to build better cities in the process. What Peter implies is that the business of making hospitals needs to be innovated (not simply the design of the buildings themselves) and that without this innovation Denmark may be left with a legacy of new hospital projects that may be executed in a skilled way but will fail to address a series of larger questions. The stress in this is that it will be another generation until these projects will be considered again and a great opportunity will have been lost.

His concerns would appear to be well founded if an article in the recent issue of industry-based *Mandag Morgen* magazine (MM No 18) is taken as the current state of thinking about these projects. The article notes the enormous volume of work involved in these projects and makes the point that there have been very few internationals involved in the teams. Rather than raise concerns that these projects will be completed with the perspective drawn only from the small Danish market of 6m people, the article celebrates the fact that these projects can be used as experiments for local practices to develop skills and then compete globally. While the idea of using serious projects such as this for “training” should be a concern in itself for the clients of these projects, an equal worry is the hypocrisy of Danish resistance to external involvement while also holding ambition to “compete globally”. Of equal concern is the failure to focus on the fact that these projects are about the business of hospitals, not the business of architecture, and as such any small design innovations or lessons the Danish profession might learn are of no real consequence if we hope to lead innovation in the hospital industry itself.

An Innovative Client

Given this, developments at Bispebjerg Hospital in Copenhagen offer some hope. Led by a dynamic Senior Vice President of the Hospital, Claes Brylle Hallqvist, and his building team headed by Vagn Risby Mortensen (Vice President, Planning and Construction), Bispebjerg Hospital has taken a complete different approach. Realising that the redevelopment of the hospital could have a profound effect on the development of the greater Bispebjerg precinct, the hospital team have taken the opportunity to expand the idea of the project beyond the necessary technical and functional demands of a new hospital building by first holding a masterplan competition. This decision alone requires enormous “buy in” from a range of internal and external stakeholders who have been convinced by Hallqvist and his team to take the bold step of innovating within the hospital business to such an extent that this approach might be possible.

A Design Research Approach

Our practice – TERROIR – were first engaged in autumn last year to undertake a wide ranging research and problem-definition project that explored all the key issues in this development *other than* the technical and functional issues related to hospital design and construction. The idea was to use our “research by design” skills and our international perspective as a basis for looking freshly at the project. This radical approach resulted in a design research project which explored a wide range of questions: what is the role of the hospital as part of a greater pedestrian and cycle network; how can we engage the multi-cultural community which surrounds the site; how can we respond to the heritage buildings on the site and how might we place such a large amount of square metres (in the new development) on a site known for its gardens and open spaces? The material was collated in a document which contained a range of observations, diagrams, suggestions and precedent studies to give form to some of the abstract issues being discussed.

The production of this research document had two effects. Firstly, it enabled ourselves and the project team to “see” the potential of a hospital project to also be a city-making exercise. Important issues regarding hospital planning and functionality were also being addressed – a completely separate research project on this was undertaken by Drees und Sommer and Lohfert & Lohfert in parallel with our work. However, the important point is that urban, social and city-making issues were considered important enough to have their own space in the initial thinking about the project. Secondly, the document assisted the hospital’s project team to explain their ambitions to a wide range of stakeholders inside and outside the hospital organisation so that the business of the hospital could be redesigned to ensure that these ambitions will be delivered.

Moving forward to spring this year, the masterplan brief is currently in preparation. A larger team with specialist expertise is now building on the initial work. Our role has been augmented by Gehl Architects (working through city quality issues), Kuben Management (addressing numerous process and quality management issues related to the development) and the hospital itself which has a substantial network of client groups working through every aspect of the project from their perspective. The result will be a brief for the hospital masterplan which foregrounds city making and urban quality and demands that these issues must be considered through every level of hospital planning. The masterplan competition will be international in scope with the brief written in English and Danish while competitors can enter the competition in the English language only if they wish.

Bispebjerg Hospital as a Leader

It is too early to measure the success of this project. However, if successful, there will be significant lessons both for hospital design and the architectural profession. In the field of hospital design, we will be able to view the benefits of an approach which treats the city-making as a key part of the hospital business. I would be surprised if the result was not extremely innovative and resulted in many solutions that we cannot even anticipate at this moment. By ensuring there is the possibility for international involvement, Bispebjerg Hospital will be able to take advantage of ideas and expertise on a fair and non-preferential basis – any Danish teams in the project will have won against an international field.

For architects, the significance is two-fold. For those working on the masterplan and later projects, the opportunity exists to work on an extremely exciting project which holds opportunities for new thinking and inventive solutions that help to make a better city at the same time as rethinking the hospital typology and hospital-city relations. In regard to this initial project, we can demonstrate how an architect might not just be someone involved with the design of buildings but can use their skills in dealing with complex problems to innovate larger systems such as city or regional development. The result may well be that the Bispebjerg Hospital process literally does show to us how to make the hospital of the future.

Gerard Reinmuth is Director of TERROIR (architects with offices in Sydney, Hobart and Copenhagen) and is Visiting Professor at the Aarhus School of Architecture.