

# Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences



## Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners ([Examencommissie-BK@tudelft.nl](mailto:Examencommissie-BK@tudelft.nl)), Mentors and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information		
Name	Nhu Ha Nguyen	
Student number	6013252	

  

Studio		
Name / Theme	Complex Projects / Bodies and Building Milan	
Main mentor	Olindo Caso	Architecture (Research)
Second mentor	Jan van de Voort	Architecture (BES)
Third mentor	Maruli Heijman	Architecture (Research)
Argumentation of choice of the studio	Complex Projects aligns with my interest in investigating public buildings on all scales of architectural thinking from detail to building to urban scale. A complex building shall address the functional specifics of its type while maintaining a certain degree of genericness for future adaptation. Meanwhile, a public building serves to address social issues and to catalyze positive social changes on a neighborhood and urban scale. How to mediate the bodies' requirements and the building within this complex temporal, spatial, and social context is inherently an architectural question I wish to explore moving forward in my career.	

  

Graduation project	
Title of the graduation project	Good Trip: Building Pleasures in Quadronno Cancer Center
Goal	
Location:	Quadronno, Milan, Italy
The posed problem,	Illnesses today are often experienced by patients in the comfort of their own homes and the aloofness of hospitals. Hospitals lack pleasures. The modern urban hospital relies predominantly on medical rhetoric to problematize and resolve architectural, urban, and environmental problems. Tailored solutions pertaining to treatments of illnesses engender contradictory results,

	<p>fail to support socio-spatial needs and marginalize sick bodies of different demographic groups.</p> <p>Italy, as a superaged society with the highest old-age dependency ratio in Europe — projected to reach 66.5% by 2050 against a European average of 52% — faces rising cancer incidences. Long-hour and recurring cancer treatments contribute to difficulties in maintaining social roles and aggravates depression in patients. This demographic shift and Milan's fragmented network of cancer facilities engender implications for rethinking specialized hospitals for this user group.</p>
research questions and	Can architectural pleasure in the urban hospital foster healing and joy of living in people with cancer?
design assignment in which these result.	Design a cancer hospital in Quadronno neighborhood to serve Milan's population and the surrounding community, focusing on old-old and young-old group (65+ years old). The new cancer center should offer holistic treatment-care programs under one roof – prehabilitation, clinical treatment, rehabilitation – while integrating age-inclusive design. The new cancer center should also seek to formalize pleasures – spatial, programmatic, material – in hospital's third place (corridors, waiting lounges, etc.), aiming to foster joy and healing in patients through social encounters.
<b>Process</b>	
<b>Method description</b>	
<p>The project is divided into three main categories for research: program, client, site.</p> <p><b>CLIENT</b></p> <p>Client research focuses on two primary groups of users: client (owner) and user (patients, staffs, visitors). Client research involves literary review and web-browsing on healthcare system, healthcare providers, and economic trends in Lombardy and Italy. User research involves literary reviews on the flow of cancer treatments, their physical and psychological consequences, current cancer facilities in Milan and Europe, and Milan's public health infrastructures. Field investigations and interviews</p>	

of cancer patients and caregivers will also contribute to understanding how these user groups perceive pleasure and how they experience different areas within hospitals, to ultimately evaluate the initial suspicion about refuge and companionship.

#### PROGRAM

Programmatic and spatial requirements will be investigated primarily through benchmarking of case studies and typology studies. An analysis of programmatic and spatial compositions of cancer treatment hospitals, research institutes, and the hybrid care model of Maggie's Cancer Center, is crucial in reconciling clinical treatment and supportive care. Research into other care-centric infrastructures such as renaissance hospitals, rehabilitation centers and senior homes provide insights into age-inclusive design and spaces of affordance in hospitals beyond curing, such as leisure, self-care, social gathering. Furthermore, field investigations and interviews in cancer hospitals with patients, family members, and staffs, contribute to on-site understanding of treatment routines, experiences of spaces, and the actual needs in a cancer facility.

#### SITE

Site research addresses two primary aspects: requirements for a hospital and relevant criteria for social infrastructures incorporating leisure/non-clinical programs. Field investigation, mapping and contextual analysis enable a comprehensive assessment of the site's characteristics. Analysis of site features involves accessibility on an urban scale, the functional distribution on neighborhood level, types of public activities on the immediate surroundings, and other on-site factors.

## Literature and general practical references

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## Reflection

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master track (A,U,BT,LA,MBE), and your master programme (MSc AUBS)?

The proposal of the cancer center for Milan seeks to investigate hospital architecture through the lens of pleasure. The project challenges the typical hospital corridor and re-formalize it as a protagonist space enabling both personal refuge and social encounters.

The studio topic of "Bodies & Buildings - Berlin" entails rethinking a 'one of' building in the city, which in this case is the hospital type, in various scales from details to urban scale. The project responds to this studio topic, starting from the perspective of stigmatized cancer patients in cure-centric medical environment. As positioned in the "material" sub-group, the project challenges the hermetically sealed urban hospital and its genericness – spatially, programmatically and

materially – and investigate how local material culture on the urban scale affects the care corridor in dialogue with body requirements.

This research-by-design translate to designing a Building as the final deliverable in alignment with the core of Architecture track – to “use design as a means to tackle the technical, social and spatial challenges encountered in the built environment.”

**2. What is the relevance of your graduation work in the larger social, professional and scientific framework.**

The project’s ambition is to create a hospital that does not look and feel like one. Modern hospitals, not restricted to Milan, are mired in the complex, defined by rules of the ever-evolving medical system and high efficiency. In the scientific framework, the project proposes to rethink these strictly functional medical machines seen in cancer hospitals by designing for beyond mere clinical procedures, focusing equally on the mental and social health of patients. In a panoramic view, the project seeks to reconcile the lost connection between architecture and the sick bodies overridden by medical briefs while reflecting on the hospital as both a healthcare and socio-cultural infrastructure within the city.