

/AMSTEL HEALTH BASE

P4 REFLECTION PAPER

Studio:
Complex Projects
AMS MID CITY GRADUATION 2019

Graduation tutors:
Olindo Caso
Gilbert Koskamp

Student:
Eliza Janmaat
4209931

PROJECT DESCRIPTION

The conception of health is different compared to 80 years ago. If you ask your neighbour if they are healthy, they will answer based upon their lifestyle instead of if they are battling a disease at the moment. You can state that our perspective has shifted towards the patient's perspective. Healthcare is trying to help the patient understand the drivers that impact their chronic condition better so they can play a more active role in managing it. This could be getting involved in health rather than just sickness, supporting and coaching them in relation to their sleeping, eating, smoking, drinking and exercise as well as all aspects of managing their condition properly, such as adherence to medication. As we learn more about sickness or other conditions in the upcoming 80 years, we can improve and encourage the ways of prevention with the emphasis on how to involve architecture in this. The aim is to proactively keep each other well rather than react when we become ill. The idea of maintaining people's wellbeing rather than reacting to an episode makes sense in combination with the future technological opportunities.

From thinking of health as a treatment to cure diseases, we have broadened the term health in the past couple of years and made it a lifestyle. Nowadays our perspective on health is more focussed on prevention of diseases and maintaining a consistent healthy status, next to the treatment of diseases. The rise of wearable health trackers is only increasing, and dealing with health in a holistic way is more and more common.

The holistic approach of health means to engage in your individual health on a social, mental and physical level.

Like urban planners as Cornelis van Eesteren in the past planned cities from the perspective of creating a healthy city, we shouldn't approach it any different in the future, only the parameters have been changed.

Like Waldo Emerson stated in 1865 'The first wealth is health', shows that health will always be a continuous priority in our lives.

In 2100 we are engaging in health on a daily basis. We are aware of the benefits of nutrition, daily physical movement, mental health and have developed and optimized the performance of robotic medical interventions.

The Amstel Health Base is a house of health for the Amstel community. It has same day treatments, provides medical and environmental education, serves as a social meeting place and therefore has an important public role in the area.

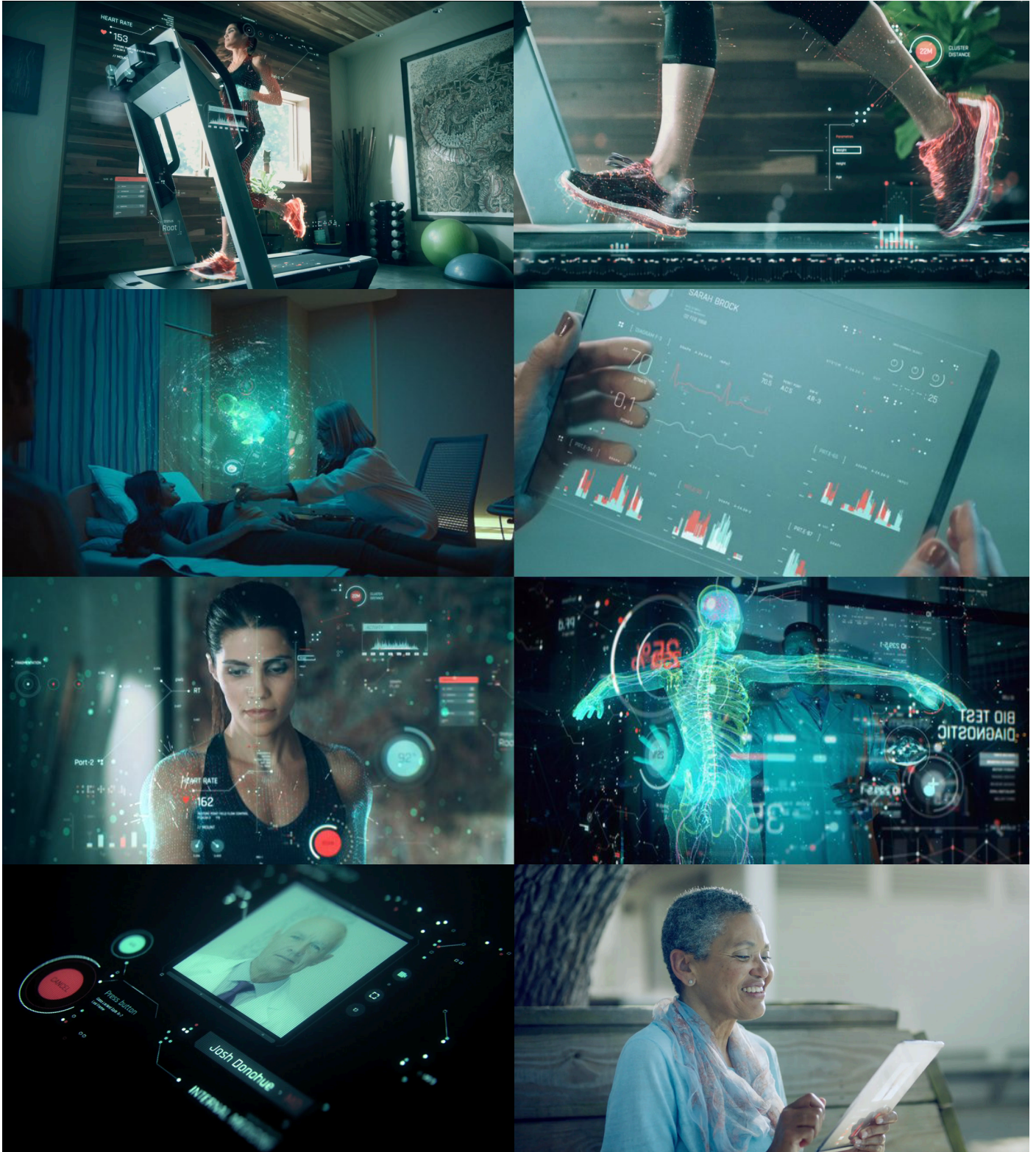


figure 1. the future of health

THE RELATIONSHIP BETWEEN RESEARCH AND DESIGN

Within the complex projects graduation studio research and design is setup within two periods. The first semester of the graduation focuses heavily on research of the wider socio economical topics surrounding a particular theme together with quantitative and qualitative research on a specific site and context, in our case the theme was future living in the year 2100 and the specific site was the Amstel area just outside Amsterdam. This preliminary research formed speculations and theories on future living in the city which created a scenario for our group strategy. Through our group strategy we've set up a masterplan for the Amstel area based upon five pillars we have chosen to be leading towards a sustainable future in Amsterdam.

The interesting side of the graduation studio of Complex Projects is that during your project you function as an architect, a developer, the municipality, the client and even the user. During the graduation studio you have the freedom to choose your own future scenario, site and project program. This is exciting but a thorough research is needed to form all these parameters. The research period is the starting point of your individual design project and it ends with the individual ambition for your graduation.

The motivation of my choice of topic to research the role of health in the future society was shaped by the growing awareness of prevention in health and applied in cities by urban planners. The result of our group strategy was based upon the trend towards

an experience based economy. This means that the focus of our lifestyles will slightly move towards how we spend our spare time, because we value experiences over material things. In that way the identity of Amstel got his '(p)leisure city' role, because the area consists of some good site qualities. Within the context of (p)leisure and the future (think of sports, social activities, entertainment technology) 'health' was a great connection.

Soon during the research process there was a site within the area that would fit the program perfectly. Located near the Amstel and the Duivendrechtsevaart waterways and the beginning of the Activity Park (L. Rissik, Amstel 2050) was a perfect accesible site within the community to create a building that would have a healing function for the community, the building and the environment.

Research into technological trends, medical trends, holistic approaches to the future of health and the architectural trends within health helped me set up an ambition for the entire healthcare structure in Amsterdam that would perform on a 2100 level. By creating a complete new organisation for healthcare in Amsterdam, my project would serve as the pilot version for the complete structure.

In the second semester the switch towards testing the design conditions from the preliminary research was made. Analyzing the site conditions and translating research

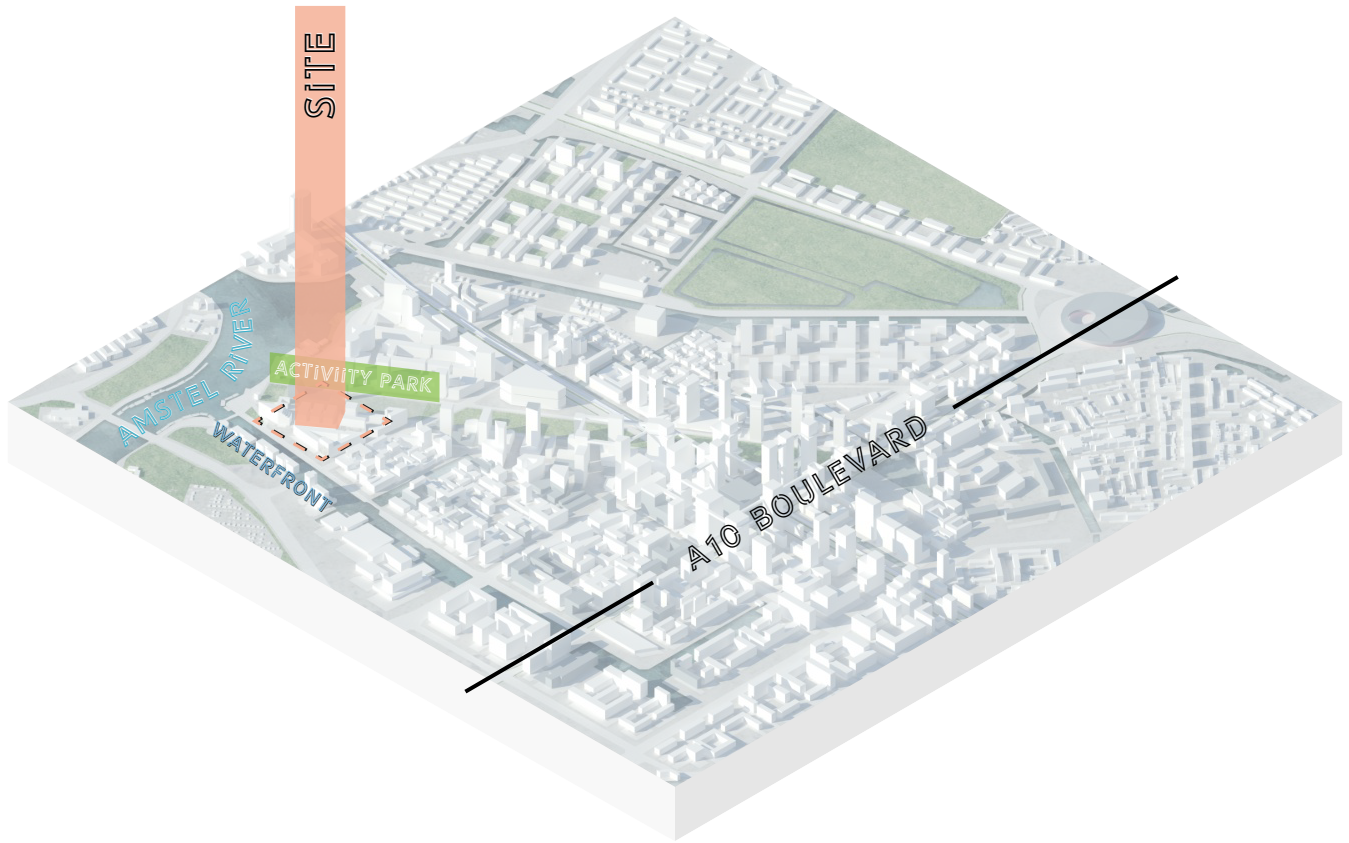


figure 2. group strategy with personal site

into a design was quite a big change. Making trends and ideas visual in an architectural language took me longer than the proposed time for the studio. By having P3 I was forced into defining a mass design and program ambitions into plans, but the result was insufficient for the level at that point in time. The process of experimenting the design options that would fit the research result took longer because of the gap between doing research and translating it into a design.

THE RELATIONSHIP BETWEEN YOUR GRADUATION (PROJECT) TOPIC, THE STUDIO TOPIC (IF APPLICABLE), YOUR MASTER TRACK

As mentioned before the studio topic was set in the year 2100. Most of the global trends and scenarios are focussed on 50 years ahead because society and environmental factors can change suddenly without forecasting it. It took us quite some time to get comfortable in the 2100 time because we had to discover the thin line between making reasonable assumptions following trends and getting creative but framing ourselves. This was a continuous process of testing what was applicable in our period of graduation time and what would be an unfeasible goal. Especially during the time where you explore your concept and program, we were triggered into getting very creative and 'futuristic', but by the time you start your structure concept I realised that the level of performance needed to be turned back into time to our current - or close future - possibilities in measures of material and building applications.

The relationship between my topic and the master track of Complex Projects helped me very much in designing my project. Because

I would switch from point of view looking at the project, it got several layers. I would approach the idea as an inhabitant of the Amstel area - the user, 'why would I go there?' -, as a city servant - the municipality, 'how would this optimize the healthcare structure of the city?' -, and ofcourse as a developer/architect - 'in what design would the project work as intended?'. I analyzed the forecast of health issues and all the negative aspects of current day healthcare architecture. The forecast of health issues in a growing city was focused on the growing group of people who experience loneliness. Next to that specific issue, mental health is a growing and recognized part of healthcare. One of the main struggles within the healthcare architecture was the feeling of loss and the overabundance of contact with different medical staff. This resulted in focussing on three medical departments, its own internal infrastructure by MedPods, and a lot of public space in the design of the project. The building serves a public role in the community and associates with health rather than sickness.

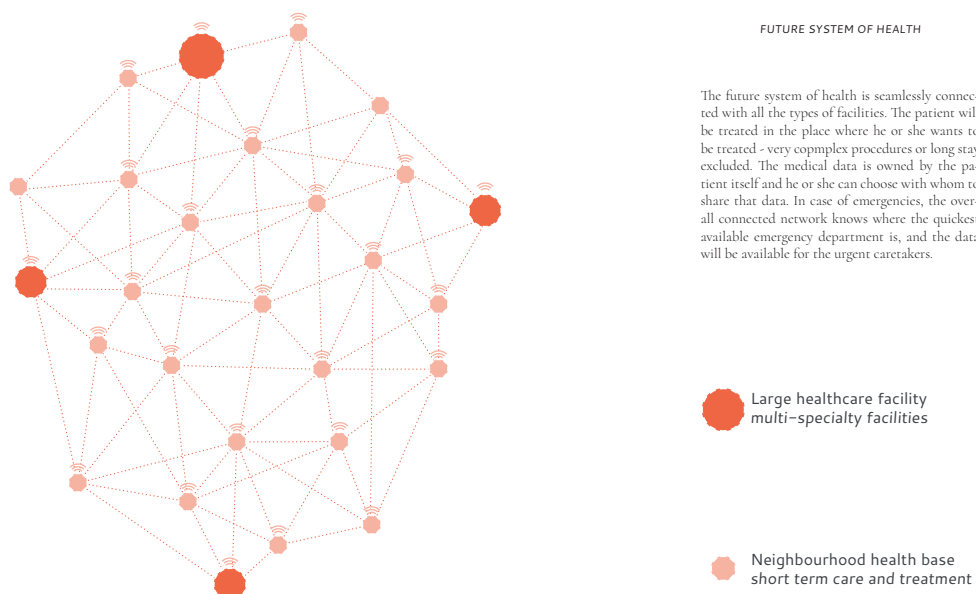


figure 3. proposed healthcare structure Amsterdam 2100

ELABORATION ON RESEARCH METHOD AND APPROACH CHOSEN BY THE STUDENT IN RELATION TO THE GRADUATION STUDIO METHODOLOGICAL LINE OF INQUIRY, REFLECTING THEREBY UPON THE SCIENTIFIC RELEVANCE OF THE WORK

Complex Projects handles a strict methodology consisting of five week periods ending in a presentation to force a continuous progressive line in the design process. It starts with group work where an elaborated research book is produced where different layers of life in 2100 is presented.

During the end of the group work period the individual research period is developed to formulate your own ambition within the group strategy.

From doing literature research, to making collages about the future, to analyzing reference projects for the spatial program, to making models for mass studies; each of the time periods focus on a different type of method that needs to be used in that frame. This structure gives you a good method of forming a strong narrative by researching trends and an individual scenario on the life of 2100, supported by creative collages. The stronger your narrative, the more specific is your framework for experimenting with mass and program.

During literature research the focus shifts from collecting hard data for a certain trend and filling in a scenario with your individual perspective on the course of that trend because the time span towards 2100 is that big that a forecast is almost subjective.

As mentioned earlier I've encountered a delay in the beginning of the second semester between the jump of doing research towards making a design. Experimenting what mass could embed well in the urban context of the site and my proposed concept of creating a relation between the park and the waterfront and being a place to stay happen to be more complicated than expected. I've made several mass studies but retained too strong to the focus of the logistic system of the building and how different user flows would use the building. Eventually the connection to the adjacent site conditions lead to my physical concept of dividing the 'space' of my site into three conceptual parts.

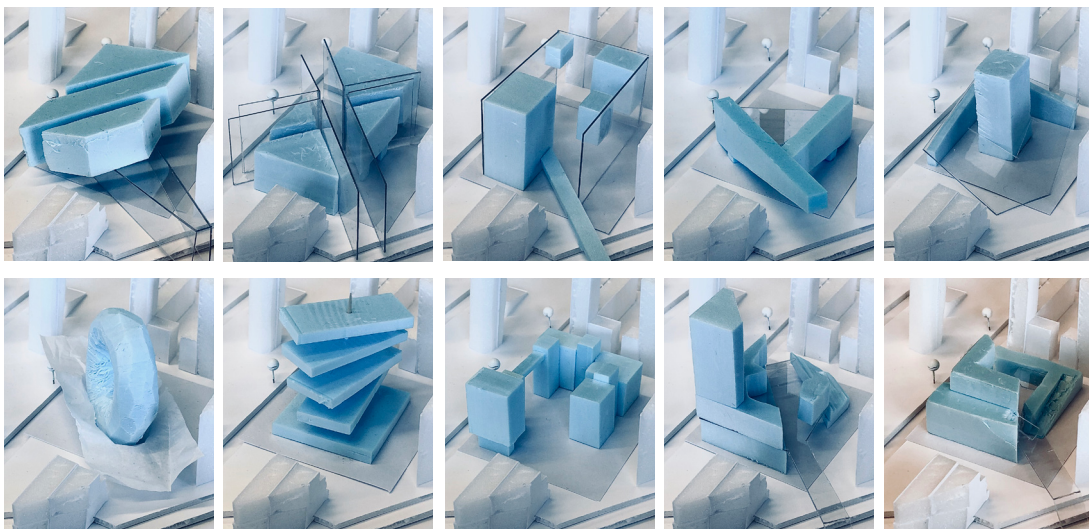


figure 4. mass studies by models

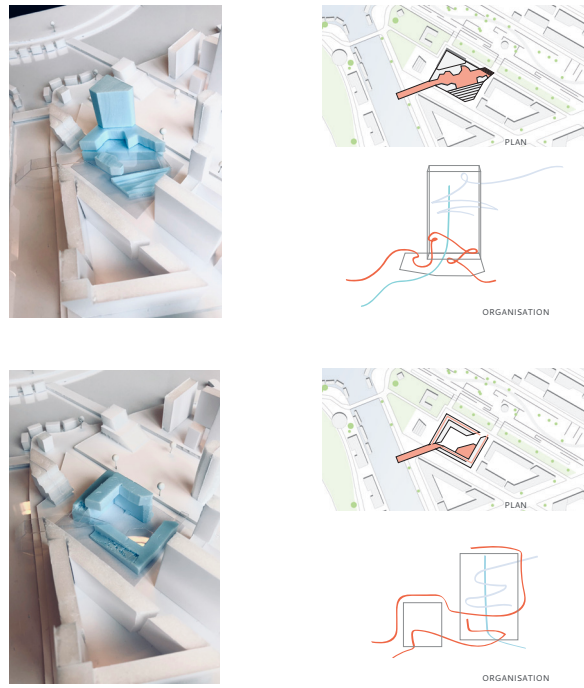


figure 5. analyzing organisation and accessibility during P2.5

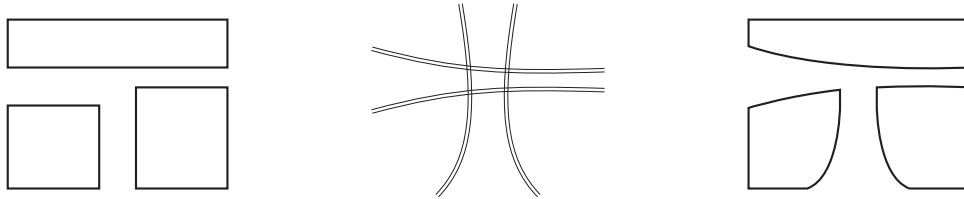


figure 5. analyzing the conceptual shape of the mass during P4

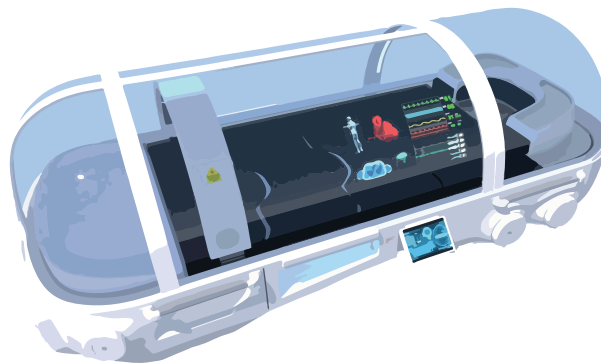


figure 6. introducing the new type of infrastructure for a autonomous visit; the MedPod

ELABORATION ON THE RELATIONSHIP BETWEEN THE GRADUATION PROJECT AND THE WIDER SOCIAL, PROFESSIONAL AND SCIENTIFIC FRAMEWORK, TOUCHING UPON THE TRANSFERABILITY OF THE PROJECT RESULTS

The graduation studio has the assignment of creating a scenario in 2100. The most influential aspect of the assignment is the growing of the population in a city like Amsterdam. Because the city will cross the 1 million resident mark by 2050 there will be several pressure on city living qualities. As an architect - among other roles - it is important to create a project that adjusts to this influence and will maintain or enhance some qualities that will make living in a dense city like

Amsterdam still sustainable and resilient. This development is something we know for a fact that is happening - if it's going to be in 2050 or 2100. It gives a great opportunity to open our eyes towards the future and learning from each others perspective and taking no environmental consequences for granted. My choice of topic health will be something that will always be prioritized in living in a city, like the saying 'the first wealth is health'.

DISCUSS THE ETHICAL ISSUES AND DILEMMAS YOU MAY HAVE ENCOUNTERED IN (I) DOING THE RESEARCH, (II, IF APPLICABLE) ELABORATING THE DESIGN AND (III) POTENTIAL APPLICATIONS OF THE RESULTS IN PRACTICE

Ofcourse our graduation projects are situated in a far future. The scenario that we used was created by us and our perspectives on the future. Examples like having a basic income, having more spare time to spend leisure and go to work as an option, having body chips and health trackers, reducing the accesibility of cars and promoting public transport are all ideal factors towards a healthy future. During my individual research I've come across the discussion of health insurance. What happens to health insurance if we know exactly the instigators of our health issues? Does a smoker get health insurance? Is drinking alcohol or eating junk food a reason to pay a high insurance? You'll quickly touch upon these ethical health subjects in future society. In

these moments I had to chose my own assumptions for the future instead of getting deeper into these discussions.

On a more architectural level I came across the design of the circulation and accessibility of the building. In my project I introduce the MedPod as the patients way of moving through the building. These pods pick you up for an appointment, pick you up in case of emergency and lead you all the way through the building causing a full autonomous visit. These Pods consist of body scans and first aid on the spot (and stabilizing the patient). Creating the infrastructure of this new type is completely based upon my own imagination. Important in this design is the group assumption of autonomous 3D mobility in the year 2100.