

Architectural, interior architectural and industrial design in the last phases of life: Design for wellbeing in palliative care.

Mexico City.

The environment in which patients (need to) reside has a great influence on their wellbeing (Ulrich, 1991). That is why introducing 'Design for Wellbeing' is key in the design of palliative environments. People in the last phase of their life become more receptive to environmental stimuli. From our perspective, this triggers design to become even more relevant in such contexts. People's search for subjective well-being (SWB) has promoted a change in vision in the design of new products, services and environments, with a focus not only on material properties, but also on the personal values that trigger actions that can contribute to people's SWB. Such considerations contribute also to proposing answers to the question of how design can support people to have a meaningful life and 'be well' in the best possible way, according to the circumstances.

That said, we intend to introduce the idea that the subjective well-being of palliative patients could be fostered by means of design for wellbeing and in understanding the role of the environment as a place and as a multi-layered need. The possible 'added value' that architecture, interior architecture and industrial design can have in this respect. In our view, introducing this perspective would allow to work on issues that a traditional palliative care center does not seem to cover, and provide guidance for new approaches.

Based on Desmet and Pohlmeier (2013), it is possible to aspire to an improvement in human life through design for wellbeing, which inspired us to reflect on how architecture, interior architecture and industrial design in particular can contribute to the wellbeing of people residing in palliative care.



Using nature in design can help patients to reduce stress, pain, or increase satisfaction when staying in a hospital.



Direct contact with plants reduces stress in a hospital environment.

After reviewing qualitative studies that discuss the death experience in terminal patients, we found fourteen factors that compressed the main psycho-emotional needs of terminally ill patients, which were synthesized into three: (i) Acceptance of death: accepting death and being calm, free of psychological symptoms such as stress or anxiety; (ii) Physical symptoms and being free of pain (iii) Place and environment: the power to die or spend one's last days in a favorite environment or place. It is in particular this third factor that opens opportunities to investigate the possible contribution that architecture, interior architecture and industrial design can have regarding the implementation of design for wellbeing in palliative care.

By adapting to these three points what the positive design proposes (stimulating three components of subjective well-being: designing for pleasure, designing for personal meaning and designing for virtue) as well as introducing the natural factor, as the biophilic design points out (use of nature to promote human well-being), the architectural spaces inhabited by people in palliative care can be improved.

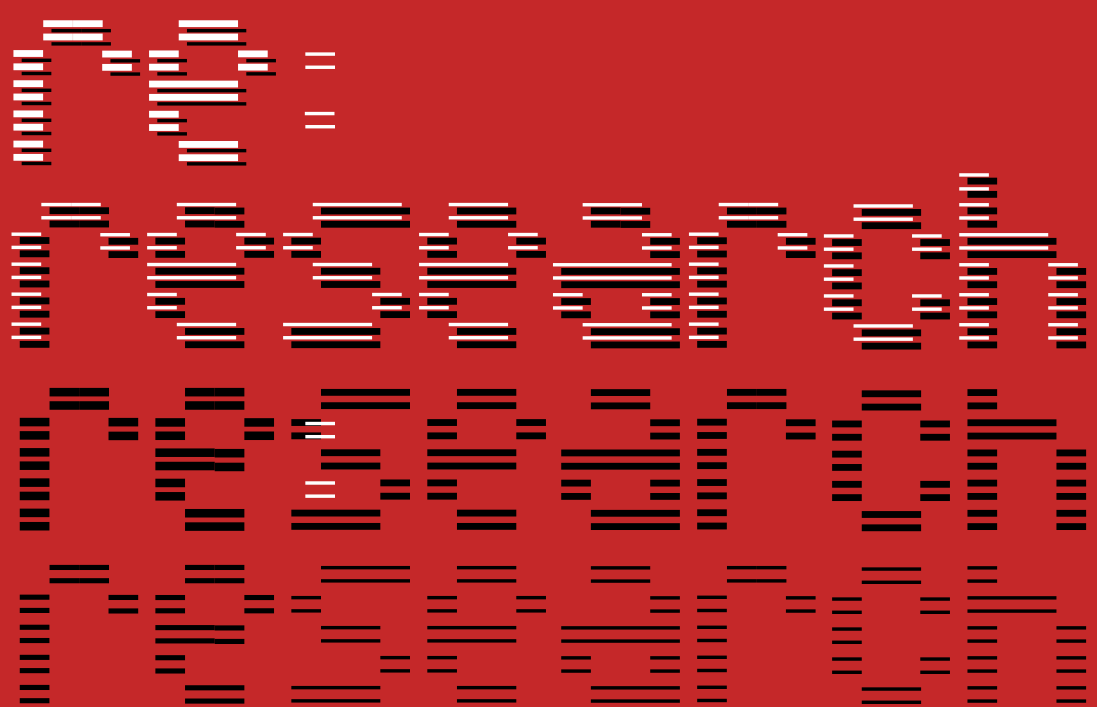


Dying at home (or in an adapted environment that evokes home) brings patient higher quality of life.

Regarding third point, taking into account that the highest quality environments are those that support the person's goals and activities (Stokols and Shumaker, 1982) evidence shows that dying at home, where most patients prefer (Higginson, Sen-Gupta, 2000), brings greater quality of life, since the attachment to a place generates in the person a sense of belonging, control, self-esteem, meaning and security, (Scannell L, Gifford R, 2016), so that the setting of the place where the patient lives his last days may be composed of objects that remit home to the patient.

Conclusion

The value of this study lies in aiming to try to enable terminally ill patients and people from their immediate surroundings to cope with these events via design, and to stimulate people to be able to perform activities that they like (most) and which contribute to their SWB. Considering the importance of palliative care in recent years, it is our belief that design for wellbeing can be an inspiring approach to work on conditions so that patients in their last moments can 'be well' and be supported by design and interior architecture. From our perspective, it is notable that both design, architecture and interior architecture are capable of providing wellbeing to patients in these circumstances.



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