On the construction of **design guidelines for the architecture of palliative care settings** in Denmark

**Kirstine Falk**, **Karen Marie Kjeldsen** and **Helle Timm**

Knowledge Centre for Rehabilitation and Palliative Care, National Institute of Public Health, University of Southern Denmark, Copenhagen

Declaration of conflicts of interests: The authors have nothing to declare.

**BACKGROUND**

The first Design guidelines for constructing Hospices were created by Realdania (Danish fund, a philanthropic organization) in 2006, a project called “Program for the Good Hospice in Denmark” (Program for det gode hospice i Danmark). The project is further developed in a collaboration between Realdania and Knowledge Center for Rehabilitation and Palliative Care in a project called “Architecture and Alleviation” (Arkitektur og lindring). The project has its own webpage [www.arkitektur-lindring.dk](http://www.arkitektur-lindring.dk).

Recent work in/on the project has led to a new set of guidelines concerning the architecture of palliative care settings.

**AIMS**

The aim of this project is to ensure that relevant knowledge regarding the staffs’, patients’ and relatives’ perspectives concerning the architecture in palliative care institutions is investigated, communicated and in the end applied to the architecture of palliative care settings.

**METHODS**

The Design guidelines were created on the basis of a literature review and qualitative studies of e.g. existing palliative care institutions. The review were grounded on evidence-based knowledge about health care architecture and literature about the knowledge of architecture in palliative care settings.

**RESULTS**

The design guidelines are divided into five themes:

1. **Functionality**
   - In order to create a good working environment for staff and to create a safe and easy accessible environment for patients and relatives functionality on different levels is important to consider.

2. **Light, Sound, Air, and Temperature**
   - The indoor climate influences every user of the building; as an example it can influence both the stress level of the staff and patients feelings of well-being and anxiety.

3. **Nature**
   - View and access to nature seems to be crucial to relieving stress, pain and depression. It is an element that creates a connection to life outside the institution.

4. **Privacy and Relations**
   - Creating space for both private and social relations is important for patients and relatives in order to deal with their own feelings and their loved ones.

5. **Atmosphere**
   - A welcoming and calming atmosphere with personal possession, elements for reflection, and rhythms can meet some of the patients and relatives needs and can help patient maintaining their self-awareness.

**PERSPECTIVES**

The guidelines are constructed from the (limited) knowledge within this specific field. The future work of this project, in relation to the guidelines, will concern:

- A follow-up by a systematic literature review
- Investigations of the architecture surrounding palliative care.
- Strategy regarding the guidelines: networking, websites and publications.

Read more at [www.arkitektur-lindring.dk](http://www.arkitektur-lindring.dk) and join the group “Arkitektur & Lindring” on Linked In.