promoting good design within the NHS, bringing together interrelated professions, as well as supporting design champions for each Health Trust, whose role is to promote the best design within their respective Trusts. CHAD also promotes the annual Building Better Healthcare Awards, which highlight some of the best-practice buildings coming on stream each year. The Commission for Architecture and the Built Environment (CABE) have also made health and design a new field for their work in the last eighteen months. Framed under a 'Healthy Neighbourhoods' heading, CABE began by inviting four architectural practices to design their visions for futuristic healthcare environments (see Susan Francis on p43). CABE next used these blue-sky designs to target research from nurses and others actually working in the present-day health environment, and have subsequently released research on the effect of the built environment on recruiting and retaining front line staff. CABE are also now working with the new round of PFI hospitals as part of an enabling programme, particularly in the sphere of acute care. CABE talk of 'therapeutic' rather than 'curative' environments, so theirs is a different, more mainstream perspective to the holism embraced by Stevenson and others on the perceived margins of this emerging debate.

For some the situation is considerably more sanguine. Alistair Munro, professor of Oncology at Ninewells, and instigator of the Dundee building, believes that the Maggie's Centre approach would be part of the NHS, but for 'world enough and time', rather than lack of will. Munro acknowledges that in the merry-go-round of budget prioritising, the provision for that kind of a breathing space is left being the last room on the list. Invariably this means a room without a window, its budget rating having lost out against the measurable cost effectiveness of one drug over another. However, Munro is adamant that the tide is changing, if not definitely on the turn. This is partially through such studies as the National Cancer Patients Survey, where the response showed patients wanted these sorts of enhanced environments.

Munro believes there is a gradual shift in the NHS, a groundswell, particularly voiced by nurses due to their professional closeness to patients. This is a shift which the Maggie's Centres resonate very well with. What the Maggie's Centres state, he claims, is: 'this building is important; by extension what happens in this building is important, and therefore you are important'.

Munro's optimism is echoed by Sheffield University's Professor Bryan Lawson, author of a four-year study published through CHAD, *The Architectural Healthcare Environment and its Effect on Patient Health Outcomes*. In this, two wards were studied before and after they moved into refurbished or new-build replacements. In both examples, after the move there was a marked improvement in recovery and discharge rates, demonstrating the turnover of patients was increased. Lawson relates this to a number of factors; firstly, what he describes as 'privacy, dignity, and company', the benefit occurring where the patient can control these factors. He points out the clear design implications of such findings. Next, wards with views, the Maggie's Centres perspective again, though not necessarily looking out on landscapes as dramatic as the Firth of the Tay, but just access to life going on. Lastly, control over the heat, light and sound environment.

'Going into hospitals means less control over your life, what time you are woken up, what you eat, when you eat. Patients cannot control features of the environment such as windows, curtains, and patients deserve to be able to do so. This can be done at minimal extra cost – and enables considerable comfort and control.' Lastly Lawson repeats Laura Lee and Fionn Stevenson's belief that the actual appearance is important to patients. 'They want a homely environment. It's about place-making. Architects may not get this idea … for architects it's a paradigm shift of building for patients, rather than some notion of clinical institutions.'

Lawson's study has been met with intense interest from Government and NHS Estates – the building wing of the NHS and specifically Trust management, since he shows that savings brought on by improvements to the built environment equal the entire capital cost of a hospital. Indeed, Lawson and his Sheffield team are the main core of CABE's nursing-recruitment research. He makes a plea for architects to take on board the empirical evidence, which is established and extensive, and also he is unambiguous in his belief that good design helps. 'I know from the data that certain qualities of the environment makes a great impact on the lives of patients.'

Lawson is supportive of the Maggie's Centres. However, as someone deeply involved with the NHS, not completely surprisingly he strikes a note of caution about the Maggie's Centre's solution, that of gathering great signature architects to make individual statements as necessarily being the way forward. Laura Lee says they have been misconstrued. 'It's not about being fancy, it's about helping to support.' Aside from this, the undertow of the Maggie's Centres' emerging agenda, exploring afresh the merits of form in our health environments, can translate into a renewed application of a more humane and thoughtful approach to the NHS building landscape. And this could yet be transformative. Maggie Keswick begins her cancer story with the words, 'A diagnosis of cancer hits you like a punch in the stomach.' Design with care can soften that, and many other blows. *OL*

FURTHER

Websites

Maggie's Centres: www.maggiescentres.org

Centre for Healthcare Architecture and Design: http://195.92.246.148/nhsestates/chad/chad_content/home/home.asp

Cabe's research: www.cabe.org.uk – go to health

Bryan Lawson's research: www.sheffield.ac.uk

The Maggie Centres Movement eight years in …

***Charles Jencks** on the emergence of an architectural and healthcare movement, inspired by his wife Maggie Keswick Jenck's two year struggle with cancer.*

In setting up the Maggie's Centres, cancer caring centres in the UK, Maggie was led both by her own experience and conviction. From her family background came the belief in charity work, and then the active experience of helping patients help themselves. When she was in her thirties, Maggie used to visit St David's Home, a home for elderly war veterans outside London. She would spend one day every two months bringing food, presents and good cheer. They, and she, greatly enjoyed these visits and I believe gave her an uncomplicated delight in charity work; for her it was an end in itself. This later led her to her intuitive response to the ill and aged, when she was in hospital, and the idea of setting up the Bradbury Hospice in Hong Kong. This she did with friends there, by raising about £2 million through various charities. She greatly enjoyed both of these experiences, which led to developing the ideas and setting up the Maggie's Centres in the UK.

They are based on many skills developed over the years in the USA and UK, and the underlying notion that active involvement by patients in their own therapy can make a difference: to their attitude, to their family and friends and perhaps, even to their health and outcome. When her own cancer recurred she was given three or four months to live but, partially because of her fighting spirit and our efforts, she managed to survive twenty-seven months. That experience and research in California taught us lessons, and these have been developed by a team led by Laura Lee. She was Maggie's oncologist nurse and now is the driving force of the organisation.

Three are up and running, a fourth will open in Inverness in June, and ten more are in the pipeline. The first was built in an old stables right by Edinburgh's Western General Hospital, in 1996. The architect, Richard Murphy, here combines the mix of informality, domesticity and creative risk that we sought. It led to the open plan that compresses many activities in a small space, the ideas of intimacy, a friendly home-like atmosphere coupled with provocative architecture. Subsequent centres have extended these ideas. The second, by the Western Infirmary in Glasgow, 2002, was designed by David Page and the third, by Frank Gehry, opened in Dundee in September, 2003 (see pp35 and 48). Daniel Libeskind, Zaha Hadid and other architects are at work on further buildings while the headquarters centre designed by Richard Rogers is under development in London.

But it is the service, which the architecture and art enhance, that is the main focus. This has four main goals.

1 It aims to lower the stress level of a patient, through teaching various methods of coping and relaxation, and this not only makes a difficult time more bearable but it may enhance the immune system.

2 It provides psychological support, both individual and in groups, to deal with the loss of control that cancer brings. Learning from others with the same affliction is an essential part of therapy.

3 It helps patients navigate the information-explosion on cancer, understand the many potential therapies that are purveyed everyday through the media and Internet. Today over-choice is itself a problem.

4 It operates in a peaceful and striking environment with an important place for art and gardens to play a role. All of this supports the activity of the patients, staff and carers. Architecture can raise the spirits and amplify the positive mood and ethos of an institution.