

Bibliotek for Læger

A journal devoted to medical history, ethics, philosophy and clinical theory, founded in 1809

Lars Heslet & Kim Dirckinck-Holmfeld:

Hospital of Senses – a new paradigm for hospitals

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The construction of three National Hospitals (Rigshospitalet) in Copenhagen was based on the paradigmatic shifts in the last 250 years, reflecting the three basic hospital types, namely the “aesthetic hospital”, the “hygienic hospital” and “the technological hospital”. The first hospital (1757) was designed as a classic rococo building only expressing beauty and the doctors scarcely took part in the planning. The second hospital was opened in 1910, based on a concept fully developed in 1850, the so-called “Pavilion Hospital”. Another 60 years elapsed before a third hospital was built, forced by the fast development of medical specialities. Overall the three National Hospitals have been dominated by an architectural lag in respect to the expedient development of the medical specialities. Thus, there is a remarkable architectural lag due to an ingrained conservatism and lack of knowledge of the influence of the physical surroundings.

Evidence based design (EBD) has documented that 1) hospital buildings from 70s and 80s are obsolete and that 2) the number of medical errors and hospital-acquired infections may be reduced. EBD documents that the building environment has a significant impact on the outcome and satisfaction of patients and the efficiency of the staff.

The authors propose a fourth, humanized and stress free National Hospital. Here, the patient course is separated in three distinct phases: 1) Cross-disciplinary diagnosis, 2) Top expert treatment and 3) Rehabilitation combined with technology transformation from being explicit in the 3rd hospital to being implicit (invisible) in the future 4th hospital.

Medical science is confronted with a new paradigm in hospital architecture, and the authors refer to this as the “Hospital of Senses”. Is it an open question, however, whether the conservative “budding” of the existing hospitals should continue, or whether an entirely new hospital concept based on EBD should be applied to a new, fourth National Hospital.

Hanne Bat Finke:

The garden of the Danish National Hospital – considerations of a landscape architect

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From the point-of-view of a landscape architect, the author offers her critical considerations on the potential role of gardens and green areas in hospital constructions. Experiences from a newly launched garden at the Danish National Hospital (Rigshospitalet) in Copenhagen are put forward, and the article proposes a holistic approach, where the surroundings of hospitals (like city spaces in general) are proactively integrated in the welfare of patients, relatives, and health professionals. Furthermore, the author is of the opinion that landscape architecture plays an important role in the way that the surroundings interact with the specific context.

Morten Dige:

Euthanasia, prohibition of killing and deontology

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A well-known argument against active euthanasia has the deontological prohibition on killing or duty not to kill as a central premise. Such deontological arguments also play a prominent role in recent

publications from Det Ethiske Råd (the Danish Ethical Council). However, for these arguments to work without qualifications, they must presuppose that no exceptions to the prohibition could be justified without giving up the core ethical values of equal worth and dignity. The article shows, how this involves two claims, namely that the prohibition has an absolute strength and a global scope. Drawing on certain suppositions and discussions of killing in war, it is argued that a plausible interpretation of deontological constraints like the prohibition on killing restricts the scope of the constraint rather than weakens its strength, and that this does not necessarily involve a departure from the values of equal worth and dignity. From the perspective of rights it is argued that a positive right to life is indeed compatible with a negative right to euthanasia. The result is that a deontological theory of the wrongness of killing is not necessarily incompatible with active euthanasia.