HOSTING WELLNESS: devices for healing the body

by
Matthew Jian Chua
B. Sc., Architecture
McGill University, 2004

Submitted to the Department of Architecture in Partial Fulfillment of the Requirements for the Degree of
MASTER OF ARCHITECTURE
at the
MASSACHUSETTS INSTITUTE OF TECHNOLOGY

FEBRUARY 2008

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                                                January 17, 2008

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                                            Chairman, Department Committee for Graduate Students
HOSTING WELLNESS: devices for healing the body

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ABSTRACT

In today’s global economy, expenditure on the promotion of health is steadily rising across continents. With many nations spending over 10% of their GDP on public health, we are now seeing many medical practices achieving miraculous breakthroughs, making the impossible possible through healing. Modern health care is has given individuals the ability to live longer and survive sicknesses, which were fatal not very long ago. Paradoxically, as our dependence on modern science increases, there is also a growing dissatisfaction with conventional medical techniques.

Western scientific medicine tends to alienate patients by prioritizing the illness above the individual, in search for the quickest remedy. In 2006, 250 billion dollars was spent on medicated drugs in the United States, exemplifying the social and medical trend to overmedicate patients, or quick curing. In contrast, Eastern medicine, with its holistic philosophies, tends to search for the source of illness, while providing a method of continuous maintenance on the body, or prolonged curing.

Rather than living longer, health care should aid us in living better. As all forms of medicine seek to ease human suffering, the hypothesis is that in bonding of the two most prominent and practiced forms of medicine, new medical techniques and practices will evolve, producing a more balanced and thorough method of living with illness and wellness.

The future of health care lies in the productive dialogue between Eastern and Western medical technology, bonding together to produce a more satisfactory form of global of medicine. Through the evolution of healing, Hospitals will no longer be perceived and a place for the ill, but rather as a place for the promotion of wellness – a host for wellness.

Thesis Supervisor // J. Meejin Yoon
Associate Professor of Architecture
dedicated to my mother Anita, my father Patrick, and my brother Gabriel. I am extremely grateful for your unconditional support and encouragement.
<table>
<thead>
<tr>
<th>[A] introduction // medicine in china</th>
<th>009</th>
</tr>
</thead>
<tbody>
<tr>
<td>[B] research // healing devices</td>
<td>031</td>
</tr>
<tr>
<td>[C] experiments // design trials</td>
<td>047</td>
</tr>
<tr>
<td>[D] proposal // concluding results</td>
<td>071</td>
</tr>
<tr>
<td>[E] references // research credits</td>
<td>107</td>
</tr>
</tbody>
</table>
The Worlds most populated nation has always been bounded by the artificial borders, which have shifted drastically over the past several millennia. The historical diversity and disjunction of the cultural heritage in China are far too varied to be confined to a single united identity. By observing three well known “Chinese” regions, Beijing, Hong Kong and Taipei, one can immediately see the impossibility as well as the insignificance of defining a Chinese architectural identity. To suggest a united Chinese identity is perhaps as absurd as would be analogous of proposing a single European identity. That being said, what does China have to offer as part of today’s global exchange of information?

Since the recent political and economic re-opening of China, it has the opportunity to confront something that no other region in history has had to do – leaping forward in time. Today’s market driven global economy given individuals the ability to instantaneously provide and receive technology from and to anywhere on the globe. And because of China’s massive population base, large and small corporations are realizing the potential opportunities available in China. Kentucky Fried Chicken makes more profits in China than in the United State, surpassing that of McDonalds.

Architects are also investing, as China is the new land of opportunity. The architectural effects can

the globalization of science and technology
The book of change :: this text was selected as the primary instrument of understanding Eastern thought. The text was analyzed to produce new perspectives on architecture. The text was an aid in producing a new kind of bi-polar understanding of global architecture in China.
also be seen through the “openness” of China to import and build some of the World's most innovative contemporary projects. Yet something worth noting is that very few promote something of the “other". China, currently the World's largest construction site, is building at phenomenal rates and learning rapidly from surrounding nations, but with such an extensive cultural history, it must also have a substantial amount to teach the rest of the World. The potentials of globalization will not be met if China does not find a way to broadcast its relevance architecturally. The future of China will be determined by how and what it choose to share in this era of rapid global exchange of information.

“The great history of Western art is still largely determines our own cultural consciousness.”[1]

If Western architecture has largely been determined by its roots in Western thought (from Plato through the early ages of Christianity), then would also be correct to suggest that an Eastern perspective in art and architecture could be determined through their cultural history. In the current global exchange of culture, science, and technology and philosophical perspectives, China could initiate this cultural exchange, benefiting both parties.

Within the science of medicine, we can see the strength of having this type of productive conversion. Through debate, we could truly determine better alternatives to treat all kinds of illnesses, combining the best aspects of both beliefs and medical practices. Without a dialogue between medical cultures, medicine and healthcare in Chi-

agriculture  paper and print making  compass  iron and steel smelting  gun powder  medicine

365 healing substances

206BC
The Divine Farmer’s Materia Medica Classic

10 volumes
1746 substances

452 AD
Revised Classics of Materia Medica

10 chapters on treatment discussion and 400 + 90 formulae

1061
Complete and Annotated Classic of Herbal Medicine of the Jiayou Era

1,892 medical material of herbs, animals and mineral
11,096 formulae
100 illustrations
10,000 prescriptions

1267AD
Ji Sheng Fang

1,892 illustrated pages added

1596AD
Ben Cao Gang Mu

18 volumes
720 kinds of medicines
11 divisions
52 types

1757AD
Ben Cao Cong Xin
na will be nothing more than a collection of borrowed ideas, with no cultural or historical context relevant to its countrymen. More importantly, China will lose the opportunity defend the relevance of its own ideas and culture, in the advancement of medical science and technology. But the binary relationships once used (i.e., socialism versus capitalism or high versus low culture) can no longer be used as an adequate method of evaluating "progress" in China. Old dichotomous paradigms, steeped in cold war ideology and packed with cultural aesthetics are inadequate conceptual tools for our task of capturing the "transitional" state of contemporary Chinese society.

The relationships are dissolving and more complex than ever. Communist China ideology, coupled with an individual's ability to "freely" make profits have blurred our traditional understanding of economics as well as the definition of a democratic free market. Today, land values in such cities as Beijing are as competitive and other mega cities as New York and Tokyo, yet the ownership and control of pricing is still very ambiguous to most investors. What driving this spike in real estate if the government still claims control over it?

Though China is socialist nation, there is a conflicting divide between the rich and the poor, the city dweller and the peasant. China is a nation full of such subtle cultural ambiguities, both currently and historically. Building on the theme of ambiguity, the project will examine the cultural subtlety between wellness and illness in the context of a hospital.
Hospital: (German) hospes (host), which is also the root for the English, words hotel, hostel, and hospitality. The modern word hotel derives from the French word hostel, which featured a silent s, which was eventually removed from the word; French for hospital is hôpital.

Clinic: (Greek) klinein (to slope, lean or recline). Hence kline a couch or bed, klinikos sloping or reclining and to Latin clinicus. An early use of the word clinic was, 'one who receives baptism on a sick bed'. Psychoanalytic clinics traditionally have the patient reclining on a couch to undergo analysis.

Hospitality: (Latin) hospes, which is formed from hostis, which originally meant a 'stranger' and came to take on the meaning of the enemy or 'hostile stranger' (hostis) + pets (polis, poles, potential) to have power. Furthermore, the word hostire means equilibize/compensate.

Hotel: (French) hôtel, which referred to a French version of a townhouse or any other building seeing frequent visitors, not a place offering accommodation (in contemporary usage, hôtel has the meaning of “hotel”, and hôtel particulier is used for the old meaning). The French spelling (with the circumflex) was once also used in English, but is now rare. The circumflex replaces the ‘s’ once preceding the ‘t’ in the earlier hostel spelling, which over time received a new, but closely related meaning.

Hospice: 1818, “rest house for travelers,” from Fr. hospice, from L. hospitum “guest house, hospitality,” from hospes (gen. hospitis) "guest, host". Sense of "home for the aged and terminally ill" is from 1893; hospice movement first attested 1979.
The healer's purpose is not to cure a disease, but to restore the natural balance; cure will follow of its own accord. As Frederick K. Kao puts it: “the overall Western Ethos has led
soft-ware

—noun
1. Computers. the programs used to direct the operation of a computer, as well as documentation giving instructions on how to use them. Compare hardware (def. 5).
2. anything that is not hardware but is used with hardware, esp. audiovisual materials, as film, tapes, records, etc.: a studio fully equipped but lacking software.
3. Television Slang. prepackaged materials, as movies or reruns, used to fill out the major part of a station’s program schedule.

—adjective
1. very large in scale, scope, or capability.
2. of or pertaining to macroeconomics.

—noun
3. anything very large in scale, or capability.
4. Photography. a macro lens.
5. macroinstruction, an instruction that represents a sequence of instructions in abbreviated form.

EASTERN MEDICINE

(to the concept of hardware, whilst that of the East has led the concept of software."

Kao, ‘China, Chinese Medicine, and the Chinese medical system’. p.55.)
Expenditure on the promotion of health is steadily rising across continents. With many nations spending over 10% of their GDP on public health, we are now seeing many medical practices achieving miraculous breakthroughs, making the impossible possible through healing. Modern health care is has given individuals the ability to live longer and survive sicknesses, which were fatal not very long ago. Paradoxically, as our dependence on modern science increases, there is also a growing dissatisfaction with conventional medical techniques.

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Rather than perceiving illness as a burden on ones lifestyle, the future of healing is health care AS lifestyle.

All forms of medicine aim to ease human suffering and improve quality of life; they differ only in
will you be checking into our hospital or hotel tonight?

**Doctor**
Latin root: doctor meaning “teacher”
Chinese: 医师 (yī shī) (cure + teacher)

**Patient**
Latin root: patient meaning “suffer”
Chinese: 病号 (bìng hào) (sick + personnel)

**Hospital**
Latin root: hospes meaning “host”
Chinese: 医院 (yī yuàn) (cure + courtyard)
their approaches to the realization of this goal. The blending of the Eastern and Western approaches to health and healing can maximize the safety and effectiveness of care in an accessible and affordable manner. Traditional Chinese medicine focuses on macro healing (also known as holistic healing), while western medicine defined by its micro healing method.

HEALING AS A BELIEF
Healing is as much of a belief as it is a science. Medicine does not distinguish between the various extremes of essential and unessential forms of care. The necessities of cleft lip surgery and face lift surgery have an equal impact on the projected quality of life of the guest being served, yet some would deem one more necessary than the other. As mentioned, the science of health care is primarily based on scientific evidence, but the treatment for any given illness is subjective and with many alternatives.

The hospital is a host for healing varying degrees of wellness and illness. The host accommodates those in the need for better health, as well as those seeking to avoiding illness, as everyone lives in a varying states of imbalance. By recognizing illness as varying degrees of wellness the boundary between, the sick and the healthy is fused. Medication and medicine is an integral part of daily life. Daily medication, daily exercise, daily health checks. THE ARCHITECTURE accommodates a facilities for CONTINUOUS CARE AND SERVICE: the future goal of all hospital facilities.

The hospital is a hidden REVOLUTIONARY building type. Often forgotten in the discourse for architecture, it is the first building that was completely conceived by scientific and philosophical concepts. The concept of health and care of health has undergone major significant revolutions that many of use are unaware. From the ancient healing practices in Egypt and Greece, to the Medieval ages of the raise of the Catholic Church as the primary care giver. The Western hospital was conceived through the philosophies of Western medicine, yet there is
<table>
<thead>
<tr>
<th>sad</th>
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<tr>
<td>self encouragement</td>
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<td>bipolar disorder</td>
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<td>obsessive-compulsive disorder</td>
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<td>personal fears</td>
<td>psychiatric disorder</td>
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<td>over eating</td>
<td>eating and image disorder</td>
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<td>emotional sensitivity</td>
<td>psychosomatic disorder</td>
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<td>dissociative disorder</td>
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<tr>
<td>excitement</td>
<td>anxiety and adjustment disorder</td>
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<table>
<thead>
<tr>
<th>nutritional health</th>
<th>nutritional illness</th>
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</thead>
<tbody>
<tr>
<td>postprandial anorexia</td>
<td>anorexia nervosa</td>
</tr>
<tr>
<td>alcohol use</td>
<td>alcohol abuse</td>
</tr>
<tr>
<td>controllable sickness</td>
<td>fatal disease</td>
</tr>
<tr>
<td>accidental injuries</td>
<td>self inflicted injury</td>
</tr>
<tr>
<td>drug use</td>
<td>drug abuse</td>
</tr>
<tr>
<td>joint pain</td>
<td>osteoarthritis</td>
</tr>
<tr>
<td>strength training</td>
<td>physical recovery</td>
</tr>
<tr>
<td>sustenance</td>
<td>suicide</td>
</tr>
</tbody>
</table>

**Necessary:**
- 1. being essential, indispensable, or requisite
- 2. not necessary or essential; needless; unessential

**Wellness:**
- 1. the quality or state of being healthy in body and mind, esp. as the result of deliberate effort.
- 2. an approach to health care that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases.

**Illness:**
- 1. unhealthy condition, poor health; indisposition; sickness.
no counterpart in the practice of Eastern medicine. What is the future of the Eastern hospital and what can one learn from Eastern medical philosophies?

Chinese medicine as a philosophy has no separation from the activities of daily life – healing is life. The new Chinese hospital is a place to express this type of relationship, re-creating the experience of life itself through healing.

The thesis proposes to eliminate the boundaries between the necessary and unnecessary, as everyone lives in varying degrees of normalcy, from dealing with the common cold, to suffering from a terminal disease. Illness and wellness are terms which exist on a gradient of cures and methods of care. The moral judgment should be in the hands of the patient/guest.

The noted anarchist Ivan Illich heavily criticized modern medicine. In his 1976 work Medical Nemesis, Illich stated that modern medicine only medicalises disease and causes loss of health and wellness, while generally failing to restore health by eliminating disease. This medicalisation of disease forces the human to become a lifelong patient.

While Western medicine is more scientific, it diagnoses based on illness specific healing, dividing the study of the body into distinctive parts. In contrast, Eastern medicine focuses on healing the specific individual through a holistic examination of the patient’s bodily imbalances. This reflects the classical Chinese belief that individual human experience expresses causative principles effective in the environment at all scales. There is no conflict between Eastern and Western medicine, as physicians should simply be prepared to take the best of both medical beliefs, forming a synthetic type of medical practice.

“No art is more widely misunderstood than architecture, and no building illustrates the misunderstanding more clearly than the hospital”
-- J. Hudnut
the obscure functional difference between hotel programs and hospital programs is exploited as a learning tool, to redefine the 21st century hospital. never wait, just relax.

Hospital (a place for repairing)
1. an institution in which sick or injured persons are given medical or surgical treatment.
2. a repair shop for specific portable objects: violin hospital; doll hospital.

Hospital: Recover, Sickness, Fundamental/basic, Medicine, care, illness, patient, Medical, recovery, institution, healthcare, insurance, patients, overnight, checking in, fear, illness, religion

Hotel (a place for warmth)
1. the friendly reception and treatment of guests or strangers.
2. the quality or disposition of receiving and treating guests and strangers in a warm, friendly, generous way.

Hotel: Relax, Wellness, Optional/Profuse, Nutrition, Service, guest, Extravagant/Indulge, luxury, spa, resort, boutique, luxury, spa, golf, guest, overnight, romantic, travel, views, business meeting, checking in, reservation, pleasure, happiness
Spatial configuration of Imperial China: from Qin to Qing Dynasties (258BC-1911AD)

Beijing city

Beijing Municipality

People's Republic of China
Imagine a place where sickness in the membership, and one is welcomed and greeted with the utmost care. Imagine a place where recovery is relaxing, surgery is stimulating, rehabilitation is recreational, and medicating is nutritional. The boutique hospital is neither hospital nor hotel but entirely new type of place where healing is the mission and hospitality is the reward.

The evolution of the hospital will depend on the radical modernization of its function and perception in the eyes of the patient/guest. Four architectural devices are explored as methods of transforming the hospital as an institution for illness to the hospital as a place for wellness:

**HOSPITAL AS PUBLIC SPACE**
(destination waiting)

**HOSPITAL AS HEALING COURT**
(healing courtyards)

**HOSPITAL AS RECOVERING VIEW**
(vertical recovery view)

**HOSPITAL AS GUEST HOUSE**
(hospitality)
destination waiting

hospitality service

recovering view

healing courtyard

d — dimensional transformation
O — organizational transformation
P — programmatic transformation
HOSPITAL AS PUBLIC SPACE
(destination waiting)

Current condition of waiting in hospitals and the amount of time spent waiting. Perhaps by observing other similar programmatic conditions similar to the processes experienced in hospital, one could adapt and transform the patients’ perception of WAIT. In both hotels and cruise liners, two other host programs, they are perceived as places of relaxation, activity and amusement. Yet in these facilities, a large amount of time is spent in positions of low mobility, similar to the condition of the waiting rooms in hospitals. Perhaps, through the addition of certain existing hotel and cruise liners programs, one could alter the perception of the hospital waiting room to the hospital destination room.
4, 4, 4, 4

communal WAITING + seating areas are grouped together to form larger, more usable public GUEST ENTITIES for entertainment and servicing of the body. Waiting will become obsolete through its reinvention as the new space for RELAXATION.
HOSPITAL AS HEALING COURT
(healing courtyards)

While the Latin root of the word hospital is “hospes” meaning host, the etymology of the Chinese characters of hospital is 医院 (yī yuàn), which is the combination of the character for “cure” and “courtyard”.

Similar to Europe in the early 19th century, the ambitions of creating healing environment that emulate nature, so to were the principals of the tradition Chinese courtyard house. The tensile relationship between the necessity of creating a flowing public ground plane access without hospital entry and an equally critical elevated public activity plane with maximum horizontal continuity, while providing maximum light penetration to the exterior ground plane and primary hospital entry.

While the ground plane allows for numerous large scale informal public activities, such as tradition breathing exercising, recreational stretching, public relaxation and recovery beds, and shallow reflective pools, the upper active healing plane provides a more formal organization. Contained on the raised active plane is the hospital lobby, and gathering area, a large restaurant, the primary rehabilitation facilities, and the primary hospital destination waiting area. The two public planes are directly related in their arrangements. Through the use of this simple relationship, the traditional courtyard house is transformed in scale and geometry, producing an architecture of suggestiveness within the context of a hospital building type.
CIRCULAR VERSUS RECTANGULAR

A given amount of material gives a 41% larger courtyard ......

......and approximately a 13% larger building area in the circular than in the rectangular tulou.
HOSPITAL AS RECOVERING VIEW
(vertical recovery view)

The notion of view as a healing device is exemplified in the organization and geometry of the recovery rooms, which maximizing vertical views while also providing views of the city, and internal courtyard views. The notion of vision as a method of healing was incorporated in many existing hospital, but by prioritizing the condition of the vertical, the project in forced to contort around the needs of the recovering guests.

The transformative recovery views determine the complex layout of both the passive (surgery and recovery) healing facilities and the active (rehabilitation and medication), while also transforming the conventional of the vertical circulation (elevators and stair-cases) to a diagonal circulation, optimizing patient/guest and physician/host distributions patterns.
GUEST ROOM LYING condition
unobstructed sky view

GUEST ROOM SITTING condition
unobstructed sitting view

average hospital room
10' x 9' for one bed

minimum luxury hotel room
15' x 12' for king size bed
HOSPITAL AS GUEST HOUSE
(hospitality)

Before the 18th century hospitals were simply guesthouses and overnight facilities in existing Christian churches. Primarily after the discovery of the x-ray, Western culture began institutionalizing the practice of healing to achieve a maximum effectiveness of healing and research. As we move through the 21st century, the modernization of hospitals must recognize that they are a service to society, rather than simply a place of research and science. The fusion of Eastern and Western healing practices will produce a better way to host guests within a hospital, prioritizing quality of living, over quantity of patients cured. Hospitals have the potential to become the new public space of the 21st century. The program accommodates for a 24 hours lifestyle, as a miniature city functioning within the context of a global mega city. The site, at an FAR of 6, provides approximately 900,000 square feet of program, which is divided between 4 types of continuities, ranging from macro to micro ideologies:

1. Rejuvenation / Restoration
2. Nutrition / Medication
3. Recreation / Rehabilitation
4. Stimulation / Operation

Each continuity provides a certain type of healing and activity level. As a guesthouse, it tries to bridge the gap between the medical establishment and everyday life, creating a new prototype for extending life in the city.
### Typical Hospital Program

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Area Size (in square meters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative &amp; Auxiliary Services</td>
<td>1,630</td>
</tr>
<tr>
<td>Nursing Station</td>
<td>730</td>
</tr>
<tr>
<td>Dietary Services</td>
<td>1,770</td>
</tr>
<tr>
<td>Central Sterile Processing</td>
<td>620</td>
</tr>
<tr>
<td>Medical Records</td>
<td>350</td>
</tr>
<tr>
<td>X-Ray</td>
<td>1,700</td>
</tr>
<tr>
<td>Pathology</td>
<td>1,500</td>
</tr>
<tr>
<td>Operating Rooms</td>
<td>3,120</td>
</tr>
<tr>
<td>Intensive Care Units</td>
<td>1,500</td>
</tr>
<tr>
<td>Medical/Surgical Operating Rooms</td>
<td>1,500</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>1,000</td>
</tr>
<tr>
<td>Labor &amp; Delivery</td>
<td>1,000</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>300</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>1,000</td>
</tr>
<tr>
<td>Inpatient Medicine</td>
<td>1,500</td>
</tr>
<tr>
<td>Outpatient Medicine</td>
<td>1,500</td>
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### Typical Luxury Hotel Program

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<thead>
<tr>
<th>Type of Service</th>
<th>Area Size (in square meters)</th>
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<tbody>
<tr>
<td>Guest Rooms</td>
<td>241,149</td>
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<tr>
<td>Guest Rooms (suites)</td>
<td>371,920</td>
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<tr>
<td>Guest Rooms (executive)</td>
<td>42,000</td>
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<tr>
<td>Food &amp; Beverage</td>
<td>7,088</td>
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<tr>
<td>Function Space</td>
<td>26,653</td>
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<tr>
<td>Banquet Space</td>
<td>6,635</td>
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<tr>
<td>Lobby Space</td>
<td>5,840</td>
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<tr>
<td>Banquet &amp; Meeting Areas</td>
<td>4,714</td>
</tr>
<tr>
<td>Convention Space</td>
<td>25,080</td>
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<tr>
<td>Public Areas</td>
<td>10,600</td>
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### Other Area Details

<table>
<thead>
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<tbody>
<tr>
<td>Club Room</td>
<td>1,100</td>
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<tr>
<td>Spa</td>
<td>800</td>
</tr>
<tr>
<td>Fitness Center</td>
<td>600</td>
</tr>
<tr>
<td>Business Center</td>
<td>300</td>
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### Typical Clinic Program

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Area Size (in square meters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination Rooms</td>
<td>1,000</td>
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<tr>
<td>Treatment Rooms</td>
<td>1,500</td>
</tr>
<tr>
<td>Radiology</td>
<td>1,200</td>
</tr>
<tr>
<td>Laboratory</td>
<td>1,000</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>300</td>
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<tr>
<td>Occupational Therapy</td>
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### Clinical Support Services

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<th>Area Size (in square meters)</th>
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<tbody>
<tr>
<td>Pharmacy</td>
<td>5,100</td>
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<td>Pharmacy Support</td>
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<tr>
<td>Laboratory</td>
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<tr>
<td>Radiology</td>
<td>1,200</td>
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<tr>
<td>Ultrasound</td>
<td>1,000</td>
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<tr>
<td>MRI</td>
<td>1,000</td>
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<th>Type of Service</th>
<th>Area Size (in square meters)</th>
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<tbody>
<tr>
<td>Dietary Services</td>
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<tr>
<td>Medical Records</td>
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<tr>
<td>Central Sterile Processing</td>
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</tr>
<tr>
<td>Inpatient Medicine</td>
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</tr>
<tr>
<td>Outpatient Medicine</td>
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</tr>
<tr>
<td>Physical Therapy</td>
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</tr>
<tr>
<td>Respiratory Therapy</td>
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</tr>
<tr>
<td>Inpatient Rehabilitation</td>
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</tr>
<tr>
<td>Outpatient Rehabilitation</td>
<td>1,500</td>
</tr>
<tr>
<td>Occupational Therapy</td>
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<tr>
<td>Speech Therapy</td>
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</tbody>
</table>

### Inpatient Nursing

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Area Size (in square meters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical Nursing</td>
<td>20,100</td>
</tr>
<tr>
<td>Medical/Surgical Nursing (ICU)</td>
<td>30,100</td>
</tr>
<tr>
<td>Medical/Surgical Nursing (step-down)</td>
<td>15,100</td>
</tr>
<tr>
<td>Medical/Surgical Nursing (inpatient)</td>
<td>20,100</td>
</tr>
<tr>
<td>Medical/Surgical Nursing (outpatient)</td>
<td>20,100</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology (inpatient)</td>
<td>21,814</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology (outpatient)</td>
<td>21,814</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology (step-down)</td>
<td>21,814</td>
</tr>
</tbody>
</table>
EVERYONE LIVES IN VARYING DEGREES OF WELLNESS
diagonal circulation

healing geometry

exoskeletal structure

horizontal distribution
arrival lobby    active healing
+150.00'      medicating / nutrition room
               rehabilitating / recreation room
               destination / waiting room
atypical recovery

+240.00' single occupant private care

multi occupant intensive care

passive healing
I regeneration

rehabilitation + medication

operation

city ground entry

+240.00'
typical GUEST regenerating

+185.00'
typical GUEST rehabilitating

+060.00'
typical GUEST operating

+015.00'
city ground

+195.00'
PASSIVE health // regeneration

+150.00'
ACTIVE health // rehabilitation + medication

+045.00'
PASSIVE health // operation

+015.00'
ACTIVE health // city ground entry
destination arrival lobby
public healing courtyard
nutrition + medication


