

PROPER BUILDING PLACEMENT FOR PALLIATIVE CARE FOR TERMINALLY ILL PATIENTS

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ABSTRACT

The guidelines for building placement as a quasi-hospital with an area for palliative care for terminally ill patients as designed to provide an environment that is most conducive to terminally ill patients covering all aspects whether physical, mental, social, and spiritual, by using the naturalness and religious rituals that provide both peace, tranquility and soothe the mind in designing architectural elements; using curves to create humility, and horizontal lines to convey stillness for building placement to embrace the mind of terminally ill patients.

Keywords: Terminally Ill Patients, Nature, Religion, Mind

INTRODUCTION

Currently, 80 percent of those at the highest risk of death in Thailand are NCDs or Non-Communicable Diseases. Palliative care is therefore an option for patients with life-threatening diseases which emphasizes taking care of every aspect of quality by planning the treatment that suits the patient's well-being, providing information to patients and families so that terminally ill patients can receive continuous care until they die.

In 2022, there were 112,278 patients need palliative treatment and are currently being treated. The diseases that receive the most treatment are cancer, cerebrovascular disease, and chronic kidney disease, respectively (source: Health Data Center of the Ministry of Public Health; HDC service). Most of those suffering from these diseases cannot be cured and are entering the final stage of their lives, various systems in the body will gradually stop working, causing suffering, anxiety, depression, difficulty breathing, and eventually death. Therefore, care is taken to meet the needs of terminally ill patients, helping them live with this reality and be able to face death peacefully.

OBJECTIVES

1. Study the specific palliative care system for terminally ill patients.
2. Build the proper building placement for palliative care for terminally ill patients.
3. Study the activity area where patients would face death peacefully.
4. Study the mental health healing for those who lost a beloved one.

CONCEPTS, THEORIES, AND RELATED LITERATURE

1. Steps of the palliative care

- 1.1 Diagnose the symptoms of patients
- 1.2 Report the symptoms of patients and relatives
- 1.3 Co-plan the earlier care
- 1.4 Respond to patient needs

2. Holistic palliative care

2.1 Physical health care

2.1.1 Using opioids

2.1.2 Using massage

2.1.3 Using heat or cold

2.2 Mental health care, social, spiritual, and religion

- Buddhism

- Christianity

- Islam

By emphasizing the spiritual anchor of patients to face death peacefully

3. Perspective of a good death

Bampenjit Sangchart (2014) has studied the individual good death:

A good death by the perspective of patients is as follows;

1. Freedom from suffering

2. Have a good relationship with family members

3. Die peacefully in the required place

4. Have good relationships with others

5. Not being a burden to others and family

6. Preserve human dignity

7. Have a positive mindset

8. Died naturally, do not prolong life with medical devices

9. Accept death as a part of life

10. Say goodbye and express gratitude to those you love and care about

4. Preparation behavior for the death of terminally ill patients

Corr et al. (2009) have 4 aspects of the mutual concepts with a related literature review as follows;

4.1 Preparation for physical death

4.1.1 Choosing medical treatment methods

4.1.2 Choosing an accommodation for treatment

4.1.3 Choosing a place of death

4.1.4 Body organ donation

4.2 Preparation for mental death

4.2.1 Being with loved ones in the final days

4.2.2 Meeting those who pass away and exchanging conversations to face death

4.3 Preparation for social death

4.3.1 Give love and care to each other

4.3.2 Choosing a decision-making representative in the final days

4.4 Preparation for spiritual death

4.4.1 Compliance with beliefs, religion, and sacred things by the individual faith

4.4.2 Telling the past stories to others

RESEARCH METHODOLOGY

The qualitative research is conducted with the methodology as follows;

Gathering data from literature, theories, documents, research, and related academic articles as secondary sources, using a conceptual framework and objectives, emphasizing a survey of current conditions, activities, connection of area utility, and in-depth interviews. Data is synthesized by classifying and presenting the guidelines for proper building placement for palliative care for terminally ill patients.

RESULTS

The findings of the area for passing away peacefully by palliative care for terminally ill patients revealed that patients required surrounding by their loved ones, healing from suffering, having the spiritual anchor by belief and faith of their religion, and living at the accommodation for passing away peacefully that lead to the guidelines for architectural design responding to the patient needs; curvature represents the humility, horizontal lines represent the stillness, and proper building placement for mental and natural peaceful.

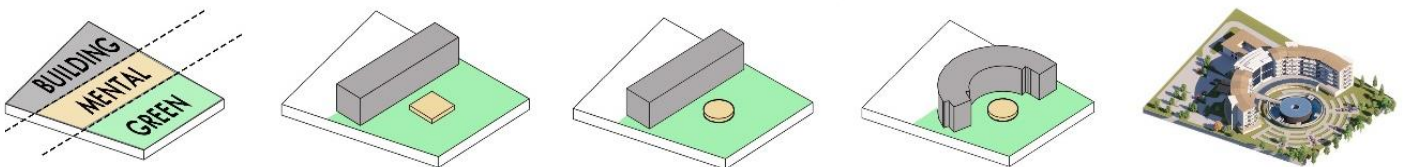


Figure 1: Building placement diagram



Figure 2: Area for mental treatment by religion

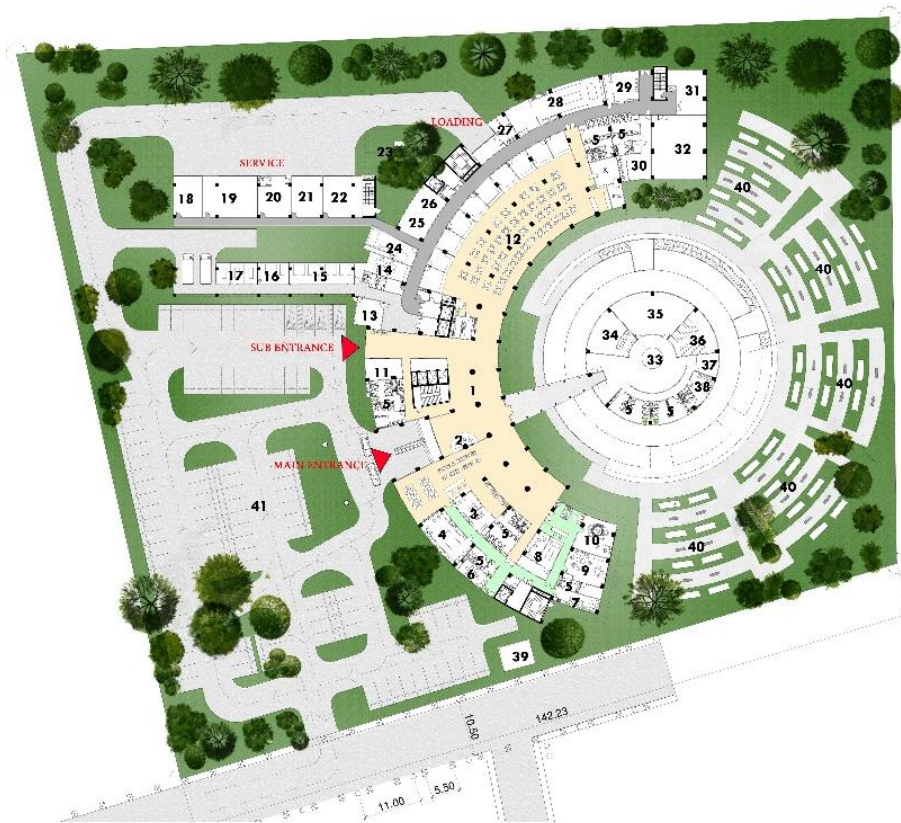


Figure 3: Building placement and areas connected to the nature

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REFERENCES

- [1] Nilmanat, K., (2012). *Palliative Care for Terminally Ill Patients*. Bangkok: Chanmuang Press. Department of Medical Services
- [2] Sangchart, B., (2014). *Spiritual Well-Being and A Good Death*. Journal of Nursing Science and Health. 37(1). 147-156.
- [3] Hatteerat, S., (2007). *Palliative Care for A Good Death*. Bangkok: Folk Doctor.
- [4] *the End of Life 2012-2016 (2nd Ed.)*. Nontaburi: Samakkee Printing Equipment.
- [5] Corr, C. A., Nabe. C. M., & Corr, D. M. (2009). *Death & Dying. Life & Living (9th Ed.)*. USA: Wadsworth. For Same Author and Year: Author Name (Year A), —Manuscript Title], *Proceedings / Conference Name*, Vol. 1, No. 1, Pp. 10–15.
- [6] Pongthana, P. & Nimmol, K., (2023). *Design Guidelines for Improving the Physical Environment to Promote Tourism and Community for the Elderly Case Study Kradang Nga Subdistrict Municipality, Samut Songkhram Province*. The 14th Engineering Science Technology and Architecture Conference (ESTACON 2023), 25 - 26 Aug. 2023.