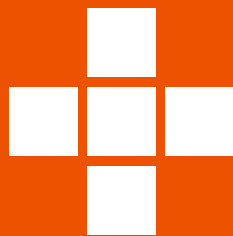


HOSPITAbLe

new domestic landscape



The challenges society faces in providing future healthcare suggests significant re-thinking of the way health services are delivered and the way we engage with them. There is recognition that this is likely to demand more self-care and a shift of care from the institution of the hospital to our home.

This collection of objects explores implications of this shift in both the culture and practice of health interventions. What has previously resided within the domain of the hospital will infiltrate what has been the private space of the home.



Home and Hospital

The home has different meanings for people but it is generally agreed to be a place of comfort, security and emotional well-being. It is a private place that reflects our identity with whom we choose to share it with. It is where we live and where most people would prefer to die.

The home and the hospital bring together very different cultural practices and environments and the inexorable geographical shift in care has potential impact on our physical and emotional relationship with, and the symbolic meaning of home.

Original hospitals were more akin to 'a home' established by churches to provide sanctuary and comfort for the poor and sick. However contemporary historians suggest that social control has been the significant feature of hospitals throughout history (Granshaw 1989, Cavallo 1991)

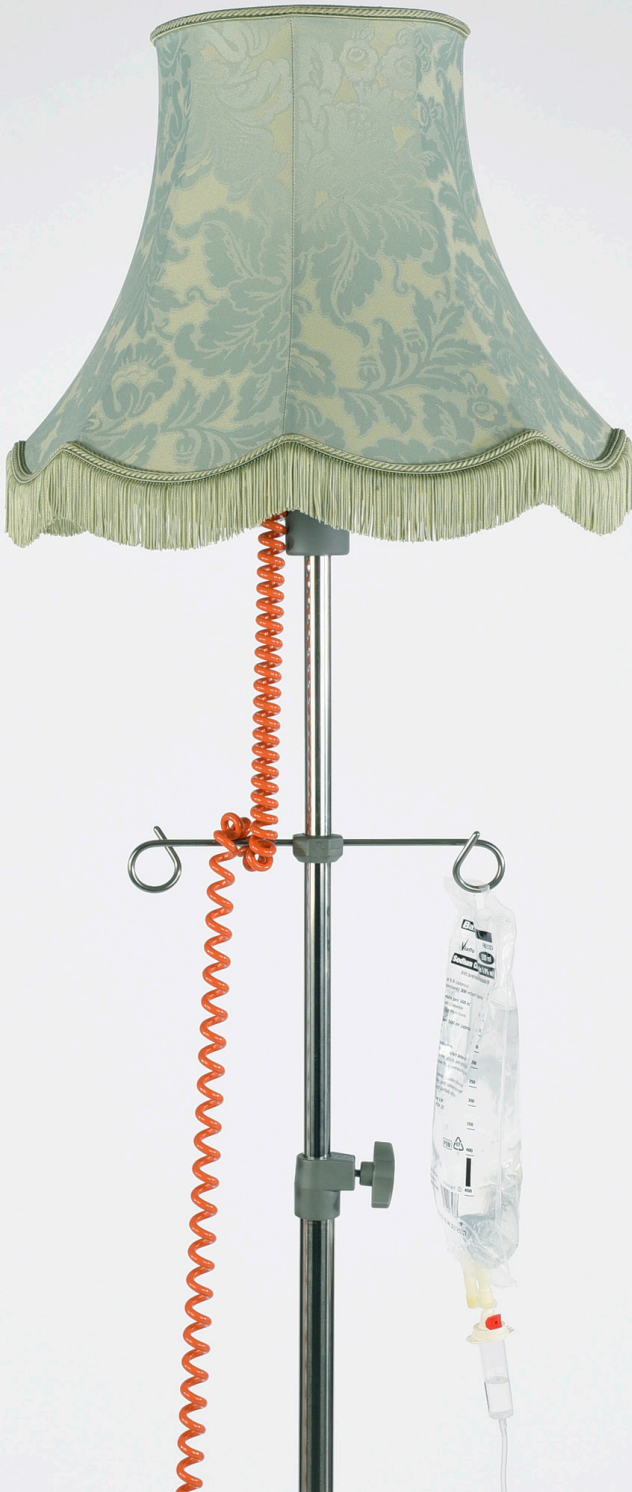
According to Foucault's analysis, the modern hospital is the site for the authoritarianism of medical knowledge and the perceptual extension of medical discourse - *the medical gaze*. Within this framework the hospitalised individual becomes a patient and then an object through the practices of medicine. Foucault argues that the hospital was organised as an 'examining apparatus' enabling almost constant observation of the patient. In this creation all extraneous variables such as the home environment, family, friends and usual activities were excluded, the hospital providing the ideal laboratory setting where the causes of symptoms could be isolated and the effects of treatment monitored.

*“The role of the designer
is that of a very good,
thoughtful host anticipating
the needs of his guests.”*

Charles Eames







This collection of artefacts draws on the value of 'thinking with things' as a method and the notion of exhibition as a research tool that becomes a meeting space enabling this. Exhibition provides a 'theatre for conversation' and creates the conduit through which societal assumptions relating to ageing and healthcare can be made visible, explored and challenged.

Presented as recognisable archetypes, they suspend the viewer in an uncomfortable place between reality and fiction.

These artefacts are presented not as solutions, but as vehicles through which to engage people, promote discussion, to raise questions and challenge preconceptions.



HOSPITAbLe is a collection that reflects upon and challenges an ambiguous future domestic landscape that presents hybrid functionality and confused visual language and soundscape. A transient world of familiar but alien objects that not only challenge trust, but prohibit control and access. New objects defined by emerging technologies that at times attempt to hide and camouflage. Providers of these future objects ever more concerned with our health and safety, nudging us into behaviour change but fearful of litigation. An interconnected landscape within which access to health data and information is ubiquitous, incomplete and confusing. Objects that help, support, betray and confront our own mortality.

*"If you can't access it you
don't own it."*

Bas van Abel, 2012





*The dynamics between
healthcare professionals and
patients may be changing,
potentially resulting in more
shared decision making.*





USB 2.0
USB 2.1A
USB 2.1A

“The invasion of illness-related technology into the home has the potential to destroy the nurturing and therapeutic environment of home as a means of promoting health recovery.”

Gardner, 2000





“‘Home’ evokes feelings of familiarity, comfort, security, nurturance and peace. Home is the place where we can be ourselves, surrounded by familiar faces, furniture and sounds and the comforting rituals of everyday life. To ‘go home’ then is to go to a place that is different from other places.”

Mack, 1991



The volume of, reliability of
and environment in which
patients consume medical
and health information is
changing dramatically.

'Epistemic trustworthiness'
(Hendriks 2015) refers to our
decision to place trust in, and
listen to, an expert when we
need to solve a problem that
is beyond our understanding.



+

Mood patch
Doctor Who
Induce certain emotions such as Bliss, Amnesia, Forgetfulness.

+

Stress Pill
2001 A Space Odyssey
Calming drug.

+

usoma
A hallucinogen that takes users on enjoyable, hangover-free "holidays".

+

Jammitin
The Simpsons
Erectile dysfunction.

+

Phoenix Tears
Harry Potter and the Chamber of Secrets
Tears of the Phoenix are capable of healing anything.

+

Space (Bee) Honey
Futurama
One spoonful to calm two spoonfuls to lull you'll never walk.

+

Felixium
Star Trek
Used to treat various ailments.

“There is no technical barrier in collecting data. It is the presentation of that data. If people are able to collect and monitor data they have to be educated to what is normal. People can get data interpretation wildly wrong either by accident or design.”

HOSPITAbLe Workshop
participant



“Sitting is the new smoking.”

Levine, 2014

A wooden stool with a red seat. The seat is upholstered in a textured red material. A small, rectangular sign with a black border is placed in the center of the seat. The sign has the text "Sitting kills" written in black, bold, sans-serif font. The stool is made of light-colored wood and has four legs. The background is plain white.

**Sitting
kills**

CANTOR 9124



Whose home is it anyway?

Wheel chair



“The question is not, ‘What is the answer?’ The question is, ‘What is the question?’”

Licklider, 1960



“The things we use and make (technologies) are not neutral objects but embodiments of ourselves and cultural values. Where a disconnect between the technology and these cultural values emerge this impacts on the individual’s relationship with the world”.

Greenhalgh et al., 2013

*“Any sound that causes
expectation, anticipation, fear
of surprise...
it damages the patient.”*

Florence Nightingale, 1869





“Basic aesthetic law states that our perception needs not only invigoration and stimulation, but delays, quiet areas and interruptions too. ...Where everything becomes beautiful, nothing is beautiful anymore; continued excitement leads to indifference; aestheticisation breaks into anaestheticisation.”

Welsch, 1997






“Technology changes its status from outrageous novelty to aspects of everyday life. ‘Strange’ and ‘wild’ technologies have to be ‘house-trained’ and integrated into the structures, daily routines and values of users and their environments.”

Berker et al., 2006

*“Very soon your house will
betray you.”*

Koolhaas, 2014





“When we study ageing what we are trying to understand is not so much a natural process but an unnatural one. We’ve had a 50-year experiment with medicalising mortality, with casting it as just another problem for us to treat like any other, and I think that experiment is failing. “

Gawande MD, 2014



Paul Chamberlain is a graduate of the Royal College of Art, Professor of Design, head of the Art & Design Research Centre and co-director of the transdisciplinary research group **Lab4Living** (www.lab4living.org.uk) at Sheffield Hallam University, UK.

Paul's interest lies in designing and developing tools and methods to encourage and engender social innovation and applies this with a focus on healthcare, disability and ageing. His work explores the multi-sensory aspects of design and the role of artefacts that help define pertinent societal questions as much as present solutions. He has led major interdisciplinary projects and delivered keynote lectures at leading international venues on innovation strategies and sustainable approaches to design and manufacture that have played a significant role in supporting regional industrial reconstruction.

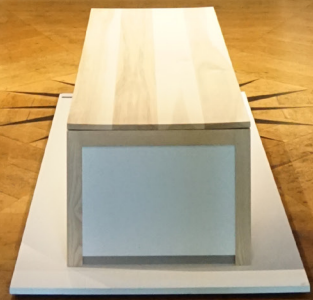
He has published and exhibited widely where research outcomes have resulted in the design of furniture, medical, healthcare, special needs and therapeutic products and systems. These have accrued two Millennium Product design awards from the Design Council UK, an Independent Living Award and an Innovative Design Award from the UK Housing Association 2017. His work is included in the permanent collection of the Victoria and Albert Museum London and the Museum of Modern Art, Prague. He was awarded a major prize in the 'Imagining Chairs' category of the 'Art on Chairs' international design competition 2013 (sponsored by the Paredes Furniture Design Pole and Institute for Design, Media and Culture Research, Portugal).

Lab4Living was established in 2007 and since that time has made a significant contribution to the emerging field of design and health. The team brings expertise from Product and Furniture Design, Visual Communication, Fine Art, Media, Engineering, Allied Health and Nursing. Its work has spanned more than 100 research projects and has included collaborations in over 80 academic, hospital and community organisations in over fifteen countries.

These collaborations are united by a philosophy and shared aims which underpin their work. Lab4Living works to address real world issues that impact on health and wellbeing and it does this by working in partnership with end users to develop products, services and interventions that promote dignity and enhance quality of life. Lab4Living applies design skills and methods to identify and formulate questions, build understanding and create solutions.



Crede vel in minimā parte latere Deum. Qui vivi nocere mali, post funera prosunt. Et petit ex ipsā commoda morte salus.



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