

California dreaming

James Parker reports on a “Leadership Summit” which attempted to turn the dream of human-centred healthcare design into a reality via an international network of advocates.

The venue could not have been more perfect. Esalen is a retreat hidden away off the main highway that runs the length of America’s west coast, 100 miles south of San Francisco. Nestling among fir trees and surrounded by wildlife (huge butterflies, even hummingbirds) are a collection of wooden dwellings, typical of the hilly Big Sur region. Many of Esalen’s inhabitants work as well as live here, growing vegetables, working in the kitchens etc, in a truly unique environment, whose beauty is only hinted at by photographs. The centre’s emphasis on healing, supportiveness and learning meant it was the natural place for healthcare visionary Wayne Ruga to stage his “Leadership Summit”.

Thus Esalen was the meeting place for 21 leaders in their fields to come together, as supporters of Ruga’s mission to enhance and increase “respect for human dignity” in all walks of healthcare, and especially design. This event constituted the inaugural meeting of a new international network, entitled Caritas, formed by Ruga to exchange ideas and, he hopes, “change the world” for the better. Many in the group have long been practising human-centred design. They are defenders of culture, sensitivity and inclusiveness in design for staff, relatives and patients, in the battlefield that the healthcare industry often resembles. The group is multi-disciplinary, including artists working in healthcare, heads of professional associations (clinical and manufacturers’), CEOs of planning consultancies and healthcare specialist firms, and academics. A criticism aired regarding the group’s make-up was that it was currently too heavily biased towards the US to be truly international. Penny Eames, head of a New Zealand community arts organisation Arts Access Aotearoa, said: “Caritas has to be international if it’s going to be committed to in a way that will change the world”. I represented *HD*, invited as the only journal to be championing such values at a consistently high level.

There was a curiosity present among attendees as to the final outcome of the five-day seminar, as the group sat listening to fascinating, if lengthy, introductions by each member. However the feeling of being welcome and at ease (ably assisted by the backdrop of the Pacific) was palpable, as

everyone offered their experience in illustration of successes as well as the problems faced. The group to some degree functions as a support network for fellow “believers”, joining hands across the world to offer encouragement, ideas and the benefit of their experience. However with such potential present, it also deserves to be a positive force for change.

As experiences were shared, it became clear that some obstacles were common. Dave Reid, who represents an association of equipment manufacturers, voiced a familiar problem found in some UK schemes: “The focus was on the transaction in building projects, not the environmental quality”. And health planner George Pressler added: “If I’m working with an architect I’m not allowed to say certain things regarding design”.

The introductions demonstrated that everyone present had persevered through personal struggles, past and present, to bring their visions to reality. The honesty displayed engendered a closeness amongst the 21 that would energise all the discussions throughout the week. Despite the modest size of the group, I discerned a feeling of strength in numbers, amongst these ‘vigilantes’ for good design. However healthy dissent began to emerge even early on, with attendees voicing their intent to create a robust agenda for the group, in the face of a leader who did not want to force the issue. Ruga, founder of the Center of Health Design and its groundbreaking series of symposia, dedicated considerable time and effort to staging this event, engaging the support of attendee Kay Trimmer to raise funds from its US sponsors. However he was keen not to rest on his laurels as leader ‘by default’, and for the group to simply be another organisation putting on events. In short, he wanted to break the mould.

Ruga told the group: “It’s important to not get confused with the business-ness at the expense of the human stuff”. And, with even more intent, after the early discussions: “One of the things that concerns me about what’s been said is that it’s more of the same”. He added: “Bigger and better of what we already have isn’t interesting”, alluding to his unwillingness to merely let Caritas exist as a mechanism for presenting case studies. He feels the goal is more about “activating people’s capacity” for health, from managers in healthcare to patients, ie changing people rather than just facilities. He explains this by saying that “healthcare isn’t really about hospitals – it has more to do with people’s lives”. He was also frank on the subject of whether the agenda of Caritas should be to ‘convert the unbelievers’, saying: “I don’t really want to hang around with anyone who doesn’t want to listen”.



Above: The tranquil setting, overlooking the Pacific Ocean, aided the meeting's relaxed atmosphere; Below: The event's organiser Wayne Ruga stresses his desire to create a new kind of network

However, while we continue with the model of facilities treating people whose "capacity" may not be fully realised, members of the group were keen to hear of examples of physical improvements, as well as ambitious desire to bring joy to the world, despite its seductiveness. One example given was Marie DiCowden's inspiring project to create a community healthcare facility in Miami, Florida, initially for brain injured patients, but with a view to expanding to become a truly integrated healthcare unit, with roving clinical teams. However, due to a huge chunk of its annual budget being removed (running to hundreds of millions of dollars), full realisation of the project's goals looks unlikely. Stories such as this began to reveal the at times disheartening and fickle nature of healthcare, in stark contrast to the

elevated vision presented by Ruga. The group backed the idea of lobbying authorities to prevent such potential being held in limbo. As Kay Trimmer succinctly put it, "When it becomes about money, you lose the ability to capture the soul".

On the practical side, John Zeisel, president of Hearthstone Alzheimer Care, a provider of forward-thinking facilities for Alzheimer's patients, fervently stressed the benefits of using the "linkages" possible within the group. He also emphasised the fact that relationships with fellow professionals are often frozen in time in specific projects, only preserved as a "snapshot". He affirmed that with Caritas being an ongoing supportive professional organisation, the potential exists for much more flexible interaction over time. Meanwhile Dave Reid advocated a "mechanism to mobilise and engage our constituents, eg nurses. We need a way that they can mobilise at the grass roots level. If this is going to be bottom-up, we can't do it in its entirety from the top".

However, with much of the discussion revolving around what sort of organisation Caritas should be, sharing of experience within live projects was limited. The group agreed that a 'Bible' of exemplar projects should be published, to demonstrate the vision of Caritas, together with a website. Another proposal that was cemented in the later sessions of the meeting was to stage an international conference in Manchester, UK in May 2003, which will bring together professionals with a similar passion, and should enlighten those as yet unconvinced. A major early project is to achieve an agreed set of Caritas 'gold standards' for healthcare facilities, ie criteria that qualify them as truly "healing". This project will be overseen by Rosemary Glanville, of the Medical Architecture Research Unit at South Bank University, London. One can foresee this being used in the briefing process by clients, to judge schemes against an international benchmark. Dave Reid expressed a reservation that this might exclude worthy facilities that may not be as aesthetically pleasing as some, while relatively speaking they were a "jewel" in their community. Assurances were given that the criteria would not be merely aesthetic, but would also reflect the management culture and care ethos.

Ruga pinpointed a crucial element of this as-yet loosely-affiliated organisation – that of commitment – in the light of the fact that some of the group were

more able to commit than others due to their daily responsibilities. However, while his goal of changing society at grass-roots level may be a long way off, surely sharing experiences of successful projects, both amongst the group and elsewhere, will help raise standards, or, at least, expectations.

Some attendees may have left with only a hazy idea of the way forward, but a burning desire to find ways of making the exciting potential of the Caritas network burst into life. Marilyn Cintra, director of the Arts for Health Research Center in Australia, (and the organiser of a major healthcare arts conference to be held in Sydney in 2002), summed up the achievement: "Whatever happens, it will always be built on the values that we have as a group".

