

THE STILL POINT: ARCHITECTURAL PERSPECTIVES ON EUTHANASIA CLINICS

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ABSTRACT

Euthanasia remains a contentious and complex issue globally, yet architecture offers an opportunity to shape end-of-life experiences with dignity and compassion. This article, based on Madara Žeikare's master's thesis, provides an in-depth exploration of how architectural design can support euthanasia clinics by emphasizing patient autonomy, privacy, and emotional comfort. The thesis discusses the historical evolution of healthcare architecture, highlighting the transition from sterile medical environments to spaces that prioritize well-being, dignity, and holistic care. It delves into the architectural challenges of end-of-life facilities, including the need for privacy, integration of natural elements, and culturally sensitive design. Drawing from extensive sections of the thesis, including theoretical frameworks, design concepts, and case studies from Switzerland, the Netherlands, and Canada, this article highlights best practices such as flexible spatial organization, biophilic elements, and inclusive design solutions. The architectural framework proposed aims to foster ethical discourse and provide humane end-of-life

care environments, particularly in regions like Latvia where euthanasia is not yet legal. The research underscores the importance of integrating positive distractions like art, music, and nature, ensuring privacy through soundproofing and thoughtful layouts, and promoting sustainability through eco-friendly materials and energy-efficient systems. Furthermore, the thesis explores the potential of architecture to serve as a catalyst for societal dialogue, bridging legal and cultural gaps, while offering spaces that respect and support the emotional well-being of patients and their families. This comprehensive perspective demonstrates how architecture can address emotional, ethical, and practical needs in end-of-life care, contributing significantly to academic discourse, design innovation, and practical applications in healthcare architecture.

KEYWORDS

Euthanasia clinics, healthcare architecture, patient autonomy, end-of-life care, architectural design, cultural sensitivity, ethical discourse, biophilic design.

INTRODUCTION

Euthanasia, the deliberate ending of life to alleviate suffering, evokes profound ethical, legal, and emotional debates. The architecture of euthanasia clinics is not merely about functionality but also about creating spaces that provide solace, respect, and dignity to individuals facing the end of life. Madara Žeikare's master's thesis, *The Still Point: Where Choice Meets Serenity*, provides a comprehensive exploration of how architectural design can address the unique needs of patients, families, and healthcare providers in end-of-life care settings. The introduction in the thesis sets a detailed context by discussing the historical evolution of healthcare architecture, the ethical debates surrounding euthanasia, and the need for specialized facilities that cater to these sensitive circumstances. It emphasizes the importance of privacy, emotional support, and cultural sensitivity in designing euthanasia clinics. Žeikare also highlights the growing global

discourse on euthanasia and the architectural challenges faced in creating spaces that honor patient autonomy while adhering to legal and ethical standards. This article distills key insights from the thesis, focusing on the necessity of specialized euthanasia clinics, their design principles, cultural and regional sensitivity, sustainability considerations, and the broader societal implications of integrating architectural design into end-of-life care. It also draws attention to the Latvian context, where euthanasia remains illegal, and explores how architectural design can foster ethical discussions and contribute to potential legal and healthcare advancements in the future.

THE NEED FOR SPECIALIZED EUTHANASIA

CLINICS

Traditional healthcare facilities often struggle to balance clinical efficiency with emotional support, particularly in end-of-life care. The master's thesis highlights that existing healthcare spaces, such as hospitals and hospices, often prioritize medical functionality over emotional well-being, leading to environments that may feel sterile and impersonal. Euthanasia clinics, as distinct entities, address this gap by prioritizing patient autonomy, privacy, and emotional well-being. Madara Žeikare's work emphasizes that architectural design in euthanasia clinics must integrate thoughtful spatial organization, sensory comfort, and ethical considerations to provide a humane end-of-life experience. The thesis explores international examples where specialized clinics have successfully created environments that respect patient choices, offering design solutions such as separate circulation paths for patients and staff, nature-integrated spaces for reflection, and private rooms that allow personalization. The research also delves into the challenges posed by the absence of such facilities in regions like Latvia, where euthanasia is not legal, and suggests that architectural design can play a pivotal role in encouraging dialogue and advocating for humane end-of-life care. By analyzing case studies, the thesis illustrates how design elements like soundproof rooms, soothing color

palettes, and flexible spaces contribute to a sense of peace and dignity. This article expands on the thesis by underscoring that architecture can foster environments where patients feel empowered in their choices, supported by spaces designed for tranquility, dignity, and ethical sensitivity.

DESIGN PRINCIPLES FOR EUTHANASIA

CLINICS

The design principles for euthanasia clinics outlined in Madara Žeikare's thesis emphasize creating spaces that provide comfort, dignity, and emotional support during the end-of-life journey.

Patient-Centered Design:

Architectural layouts must prioritize patient autonomy, with private rooms that offer personalization opportunities such as bringing personal belongings, artwork, and photographs. Seamless movement flows are essential to minimize stress, ensuring that patients experience minimal disruptions. The thesis details the importance of spacious rooms with natural views, soundproof walls for privacy, and ergonomic furnishings that enhance physical comfort.

Incorporation of Nature:

Biophilic design elements, such as botanical gardens, natural light, and water features, are essential for creating calming environments. The thesis describes how connecting patients with nature through large windows, indoor greenery, and sensory gardens contributes to psychological well-being. Nature-inspired textures, materials, and color palettes further enhance the therapeutic atmosphere.

Cultural Sensitivity:

Facilities should accommodate diverse cultural and spiritual practices, providing spaces like prayer rooms and incorporating regional architectural influences. Žeikare's work

highlights the need for flexible spaces that can be adapted for different rituals, cultural ceremonies, and spiritual counseling, ensuring inclusivity and respect for all beliefs.

Positive Distractions:

Integrating art, music, and sensory stimuli helps alleviate anxiety, offering patients and families moments of peace. The thesis emphasizes the use of visual art installations, ambient music systems, aromatherapy, and tactile elements like soft fabrics and interactive features. These distractions provide emotional respite, helping patients and their families navigate the challenging end-of-life process with greater ease.

Patient-Centered Design:

Architectural layouts must prioritize patient autonomy, with private rooms, personalized spaces, and seamless movement flows that minimize stress.

INTERNATIONAL CASE STUDIES: BEST

PRACTICES IN DESIGN

The master's thesis by Madara Žeikare offers a detailed examination of international euthanasia clinics, showcasing best practices in architectural design that balance legal, ethical, and emotional considerations.

Switzerland (Dignitas):

Emphasizes patient autonomy with flexible spaces that adapt to individual needs. The Dignitas facility integrates minimalist design with natural elements such as open spaces, wooden textures, and large windows offering views of nature, creating a serene atmosphere. The thesis highlights how Dignitas offers patients control over their environment, including room personalization and choice of surroundings, reinforcing their autonomy and dignity. Separate spaces for counseling, reflection, and final moments ensure privacy and comfort, while legal and ethical safeguards are embedded in the architectural design.

The Netherlands (End of Life Clinic):

Balances functionality with emotional support, offering private consultation spaces, family meeting rooms, and areas for reflection. The thesis details how the clinic incorporates nature through interior gardens, water features, and natural lighting, reducing stress for patients and families. Flexibility in room design allows for different cultural and spiritual practices, with designated spaces for rituals and farewells. Architectural elements like soundproofing and comfortable furnishings ensure a supportive atmosphere, while legal requirements for patient consent and medical assessments are seamlessly integrated into the spatial organization.

Canada (MAID Facilities):

Highlights adaptability, privacy, and inclusivity, ensuring that spaces are accessible and emotionally supportive. The thesis explores Canadian clinics' use of modular design, allowing spaces to be adapted for different patient needs. Accessibility features include barrier-free entrances, wide corridors, and adjustable lighting. Emotional support is provided through art therapy rooms, music installations, and sensory gardens. Canadian facilities also prioritize cultural sensitivity, offering spaces for diverse spiritual practices and counseling services, ensuring that every patient's journey is respected and supported through thoughtful architectural design.

ARCHITECTURAL CONCEPT AND DESIGN

DECISIONS

Madara Žeikare's master's thesis presents a detailed conceptual design for a euthanasia clinic in Latvia, weaving natural forms, cultural sensitivity, and sustainability into every aspect of the facility. The architectural concept is built around the philosophy of providing patients with a serene, respectful environment for end-of-life care while addressing the complex emotional, legal, and ethical dimensions of euthanasia.

Botanical Garden:

Central to the design, the botanical garden serves as both a physical and symbolic anchor. It symbolizes growth, serenity, and the cycle of life, providing patients and families with a peaceful environment for reflection. The garden includes carefully selected flora such as lavender for relaxation, olive trees for peace, and flowing water features for tranquility. Pathways and seating areas are strategically placed to encourage quiet contemplation and emotional healing.

Patient Rooms:

Designed to offer maximum comfort and privacy, patient rooms are oriented towards the west to capture calming sunset views, symbolizing the transition and uniqueness of each life. Large windows flood the rooms with natural light, while soft materials, warm tones, and personalized decor options provide a home-like atmosphere. Each room includes a private terrace, allowing patients to connect with nature.

Positive Distractions:

The clinic integrates a variety of positive distractions, including Zen gardens with raked sand patterns for mindfulness, aquariums with koi fish symbolizing perseverance, and rotating art installations that inspire and comfort. Sensory elements like soft lighting, calming scents, and ambient music further enhance emotional well-being.

Privacy Measures:

Architectural solutions prioritize privacy and security through separate entrances for patients, families, and staff, soundproofed walls for confidential conversations, and visual barriers like landscaped screens and frosted glass. These measures ensure that patients and families experience the highest level of comfort, dignity, and peace during their time at the clinic.

The thesis also emphasizes sustainability, with energy-efficient materials, natural ventilation, and solar panels integrated into the design. Cultural sensitivity is reflected in the choice of materials, architectural forms, and the inclusion of spaces for diverse spiritual practices, ensuring that the clinic aligns with Latvia's cultural context while fostering a supportive and dignified environment.

CONCLUSIONS AND PROPOSALS

Madara Žeikare's master's thesis offers a thorough exploration of architecture's potential to influence ethical discourse on euthanasia, particularly in regions like Latvia, where legal and cultural hesitations persist. The research highlights that architecture is not just a physical framework but a medium through which compassionate care, dignity, and autonomy can be expressed.

The thesis proposes developing adaptable spaces that cater to diverse patient needs, cultural practices, and spiritual beliefs. It delves into the importance of flexible architectural designs that can accommodate various end-of-life preferences, including spaces for family gatherings, private reflections, and spiritual rituals. The thesis emphasizes modular designs that allow easy customization, ensuring patients from different cultural and religious backgrounds feel supported and respected.

Public dialogue can be encouraged through architectural exhibitions, workshops, and public consultations where design concepts for euthanasia clinics are showcased. The thesis suggests that these forums can engage policymakers, healthcare professionals, and the general public, fostering awareness, empathy, and understanding. Architectural visualizations and models can serve as powerful tools to demonstrate how thoughtfully designed spaces can transform the end-of-life experience.

Integration of advanced technologies is highlighted as a key proposal in the thesis. AI-based patient monitoring systems can ensure continuous care, while virtual reality can offer therapeutic experiences, such as serene landscapes or familiar settings, to comfort

patients. Smart building management systems, including automated lighting, climate control, and energy management, contribute to operational efficiency and sustainability.

Sustainability is a cornerstone of the thesis's architectural proposals. It advocates for the use of eco-friendly materials, renewable energy sources like solar panels, natural ventilation systems, and rainwater harvesting. The design also emphasizes biophilic elements such as indoor gardens, green walls, and natural lighting, which not only reduce the environmental impact but also promote healing and emotional well-being.

The thesis reinforces the vision of architectural design as a transformative tool in end-of-life care, advocating for spaces that honor dignity, autonomy, and emotional well-being while addressing complex ethical considerations. It calls for interdisciplinary collaboration among architects, healthcare providers, ethicists, and policymakers to create humane, supportive environments for patients facing the end of life, offering a blueprint for future development in this sensitive area.