

ARCHITECTURE AND PALLIATIVE CARE: DESIGNING AN URBAN HOSPICE FOR RIGA'S EVOLVING HEALTHCARE LANDSCAPE

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ABSTRACT

The integration of hospice care within the urban fabric presents both architectural and societal challenges, particularly in Latvia, where dedicated hospice facilities are lacking. This article examines the evolution of hospice design and its application in the context of Riga, proposing an urban hospice by Māras Pond as a model for palliative care infrastructure.

The site's strategic location, combining urban accessibility with therapeutic natural surroundings, informs a design that balances medical functionality, historical sensitivity, and community engagement. Spatial strategies prioritize patient well-being through carefully integrated indoor and outdoor environments, fostering psychological comfort and social inclusion.

This article highlights the critical need for dedicated hospice facilities in Latvia, advocating for a comprehensive approach that integrates evidence-based design principles, sustainability,

policy support, and public awareness to transform the future of palliative care in Latvia.

KEY WORDS

Palliative care architecture, hospice design, end-of-life care, Urban hospice, Evidence based design, healthcare facility planning.

THE EMERGENCE OF MODERN HOSPICE AND PALLIATIVE CARE

Medical advancements in the 21st century have significantly altered perceptions of health, illness, and mortality. While technological progress has extended human life expectancy, it has also distanced society from the natural process of dying. Historically, death was a communal experience, integrated into daily life and addressed within religious or familial settings. In contrast, contemporary Western healthcare often isolates terminally ill patients, reinforcing a medical culture that perceives death as a failure rather than an inevitable conclusion of life (Verderber & Refuerzo, 2019).

The concept of hospice originates from the Latin *hospitium*, meaning "guesthouse," reflecting early European monastic practices that provided respite for the sick and weary. Throughout history, the role of family in end-of-life care was central, particularly within Christian traditions, where the dying were surrounded by loved ones awaiting judgment in the afterlife. However, societal shifts during the Industrial Revolution led to the privatization of mourning, with professional undertakers and funeral homes assuming responsibilities previously held by families. By the 19th century, the term "hospice" had evolved to denote dedicated institutions for dignified dying, marking a fundamental change in the architectural and philosophical approach to end-of-life care (Kutscher et al., 1983).

The modern hospice movement emerged in 1967 with the founding of St. Christopher's Hospice in London by Cicely Saunders. Her vision was shaped by personal encounters with terminally ill patients, particularly David Tasma, a Polish émigré with cancer, who inspired the creation of a facility where patients could receive



Figure 1. St Christopher's Hospice 1964, UK
Source: www.stchristophers.org.uk/about/history



Figure 2. St Christopher's Hospice 1967, UK – First patient admitted
Source: www.stchristophers.org.uk/about/history



Figure 3. Connecticut Hospice in New Haven, USA, 2016. Source: www.youtube.com, The Connecticut Hospice - View from Above

not only medical care but also emotional and spiritual support. His parting words, "Let me be a window in your home," became a symbol for hospice design, emphasizing the need for uplifting, human-centered environments (Clark, 2016). St. Christopher's Hospice (Figure 1&2) established by Cicely Saunders pioneered an interdisciplinary approach that integrated clinical research, pain management, and patient-centered care. This model influenced the global expansion of hospice care, leading to the establishment of the first North American hospice, Connecticut Hospice in New Haven, 1974 (Figure 3), and Denmark's Sankt Lukas Hospice, 1992 (Figure 4), further shaping architectural innovations in palliative care facilities (Worpole, 2023).



Figure 4. Denmark's Sankt Lukas Hospice, Denmark
Source: www.fof.dk

Efforts to improve palliative care have often been driven by personal experiences with terminal illness. In 1911, Douglas Macmillan founded Macmillan Cancer Care in response to his father's suffering. Similarly, in 1988, artist Maggie Keswick Jencks and architect Charles Jencks established Maggie's Centres, creating therapeutic spaces for cancer patients that emphasize architecture as a healing tool (Worpole, 2023).

PALLIATIVE CARE

Palliative care is a multidisciplinary approach aimed at improving the quality of life for individuals with life-limiting illnesses. The World Health Organization (WHO) defines palliative care as an approach that optimizes well-being through early intervention, pain management, and psychosocial support, addressing the physical, emotional, and spiritual needs of both patients and their families.

According to Latvia's 2023 Informational Report on Hospice Care Services, palliative care is intended for patients whose illnesses are no longer responsive to curative treatments. Its primary objectives include pain relief, symptom management, and psychological support, ensuring that patients experience dignity and comfort in their final stages of life. Additionally, palliative care extends its services to family members, offering emotional and practical support before and after the patient's passing.

Palliative care can be provided in various settings, including hospitals, nursing homes, hospice facilities, and patients' homes. While some patients receive inpatient palliative care, others benefit from daycare hospice services, which offer medical consultations, social engagement, and respite for caregivers.

HOSPICE CARE: END-OF-LIFE CARE AS A SPECIALIZED SERVICE

Hospice care represents the final stage of palliative treatment, designed for patients with a prognosis of six months or less, when curative treatment is no longer effective. The National Hospice and Palliative Care Organization (NHPCO) defines hospice care as a comprehensive support system that focuses on comfort, dignity, and quality of life, without hastening or prolonging death.

A core principle of hospice care is its family-centered approach, ensuring that end-of-life decisions are made collaboratively with patients, caregivers, and medical professionals. Hospice services encompass pain and symptom management to ensure comfort and maintain

quality of life. They also provide psychosocial and emotional support, including counseling and grief assistance, to help patients and their families navigate the challenges of end-of-life care. Spiritual care is offered in accordance with individual beliefs and cultural needs, ensuring a holistic approach to support. Additionally, bereavement counseling extends to families following a patient's death, helping them cope with loss and grief. Hospice services are available around the clock and can be delivered in residential hospice facilities, hospital-based hospice units, or home care settings. This interdisciplinary model, involving doctors, nurses, social workers, chaplains, and trained volunteers, ensures a holistic approach to end-of-life care (Connor, 2017).

THE CURRENT STATE OF PALLIATIVE AND HOSPICE CARE IN LATVIA

In Latvia, palliative care is provided by both state-managed institutions, primarily hospitals or their specialized departments, and private companies. Services for providing palliative care in Latvia include consultations with care specialists, such as family doctors, office-based palliative care services, mobile palliative care teams for in-home treatment, which commenced their operations in the spring of 2024, are viewed as a substantial advancement in the evolution of the existing palliative/hospice care system in Latvia. Unlike countries with dedicated hospice facilities, palliative care in Latvia is primarily hospital-based, often provided within general medical wards rather than specialized units, as there are currently no buildings specifically designed for this purpose (Figure 5).

According to the State Audit Office's report "Palliative Care in Latvia: Does It Exist or Not?" (2024), palliative care remains poorly integrated within the national healthcare system, hindered by inadequate infrastructure, an underdeveloped regulatory framework, and insufficient service provision. The Ministry of Health lacks comprehensive data on the actual demand for palliative care, resulting in significant gaps in accessibility. In 2022, state-funded palliative care was provided to 12,443 patients, yet

international estimates suggest that at least 21,131 individuals required such care. The report further highlights severe shortages in both ambulatory and inpatient services, with only 92 available beds, despite a projected need for at least 188, leaving many patients on waitlists. Additionally, palliative care remains disease-specific rather than need-based, contributing to unequal access to services. A shortage of specialized personnel and the absence of clear staffing regulations further exacerbate inefficiencies, with palliative care often overseen by non-specialized professionals, such as surgeons or infectious disease specialists, rather than dedicated palliative care providers.

The next phase of palliative care development, as mandated by the Social Services and Social Assistance Law, requires long-term social care and rehabilitation institutions with 49 or more adult clients to establish a healthcare service unit (health post) by January 1, 2026. This initiative aims to enhance healthcare accessibility, reduce inpatient care demand, and foster collaboration with healthcare providers to develop an integrated service and funding model. However, there is currently no publicly available information indicating plans for the establishment or construction of a dedicated facility designed specifically for palliative or hospice care functions.



Figure 5. Availability of Inpatient Palliative Care Services in 2023

Source: Baiba Riekstina, Riga 2025

THE SIGNIFICANCE OF LOCATION IN INTEGRATING HOSPICE CARE INTO RIGA'S URBAN FABRIC

The selection of Māras Pond as the site for an urban hospice was intentional, offering a strategic combination of historical depth, natural surroundings, and urban connectivity, while also ensuring direct access to two of Riga's largest hospitals—Pauls Stradiņš Clinical University Hospital (PSKUS) and Children's Clinical University Hospital (BKUS) (Figure 6).

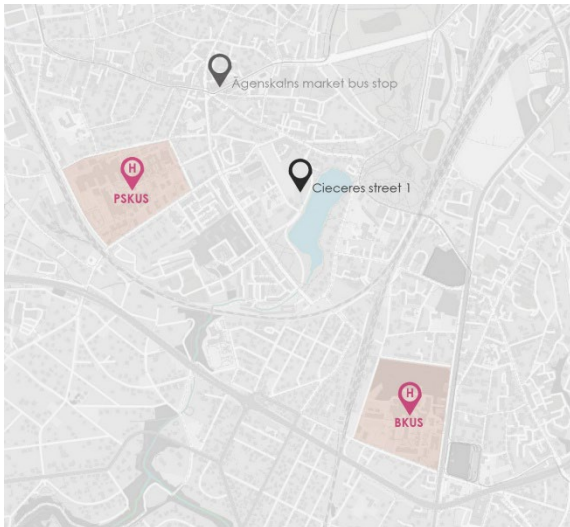


Figure 6. Location of the Land Plot at 1 Cieceres Street within the Urban Fabric
Source: Baiba Riekstina, 2025

The site at 1 Cieceres Street has undergone significant transformations, evolving from a natural meadow by Māras Pond to an industrial zone, and later serving various social welfare functions—initially as a kindergarten for Aurora factory workers, then as the Māra Crisis Center (Krīzes centrs “Māras centrs”), and currently as the Youth Support Center “Palēciens”. Now, the site is being strategically reconsidered for the integration of a healthcare function, addressing the contemporary need for specialized palliative care within an urban setting. This historical layering not only enriches the site's cultural identity but also introduces a new civic impulse, transforming it into a community-serving, socially impactful project.

A key advantage of the location is its direct proximity to Māras Pond, which fosters a therapeutic environment essential for palliative care patients. The site forms a convergence of urban infrastructure and natural landscape, creating an “edge condition” that uniquely integrates the spatial and experiential qualities of both urban and rural contexts. Studies on healing environments highlight the psychological and emotional benefits of natural elements in reducing stress and enhancing well-being, further reinforcing the site's suitability for an urban hospice. Moreover, the site's landscape evolution and its preserved green, almost countryside-like atmosphere create a sense of retreat from the city, fostering a restorative environment for patients and visitors alike. The historically modified terrain, which originally sloped towards the pond, has resulted in a distinct topography that has been strategically integrated into the hospice's architectural design, ensuring privacy, seamless visual connections to nature, and accessibility.

The urban context of the site further reinforces its suitability, with its exceptionally large land plot, rare within the contemporary cityscape, providing flexibility for strategic site planning and potential future expansions. Despite its tranquil setting, the location remains highly accessible from major districts in Riga, with public transportation links within three to ten-minute walking distance. This ensures that families, healthcare providers, and volunteers can reach the hospice conveniently, fostering a stronger integration of palliative care into the local community.

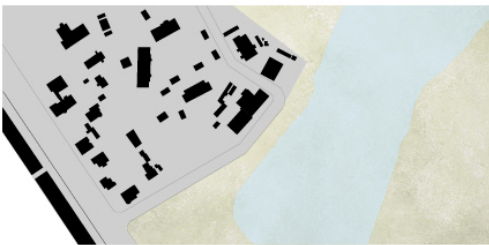
Furthermore, the area around Māras Pond is a well-frequented recreational space, popular among local residents for walking, running, fishing, and other outdoor activities, reinforcing the site's potential to serve as a community-integrated care facility. However, the area lacks indoor spaces, such as cafés or public gathering points, that offer year-round views of the water. Hospice development presents an opportunity to introduce a publicly accessible space, enriching the neighborhood while maintaining its primary function as a care facility.

This approach aligns with a broader community-oriented vision for hospice care, encouraging social inclusion and engagement, while ensuring that the facility remains a place of dignity, healing, and connection to the urban fabric. Additionally, it provides an opportunity to reshape societal perceptions of death and dying, fostering a more open and supportive dialogue on end-of-life care within the community.

DESIGN PROPOSAL FOR AN URBAN HOSPICE BY MĀRAS POND

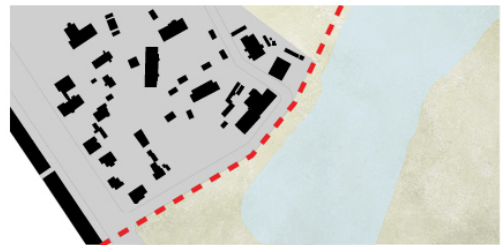
The design concept for the Urban Hospice by Māras Pond is fundamentally shaped by the site's distinct advantages, aiming to integrate the best qualities of both urban and rural environments within a hospice setting. A key consideration was ensuring a compact architectural footprint that harmonizes with the cultural and historical character of Āgenskalns while seamlessly incorporating the site's natural landscape into the built surrounding environment (Figure 7).

The architectural placement of the facility is carefully designed to integrate healthcare infrastructure into the urban fabric while preserving the site's natural qualities. Positioned in the southwestern portion of the land plot, the building is deliberately rotated to retain the maximum number of existing trees and to maintain visual permeability, ensuring that the new facility does not overpower or obscure the existing Youth Crisis Center in the land plot. This orientation enhances the hospice's connection to Māras Pond, leveraging the therapeutic benefits of the surrounding landscape to foster a calming and restorative environment for patients, caregivers, and visitors. By aligning with contemporary palliative care principles, the design prioritizes spatial openness and natural engagement while meeting essential regulatory requirements, including fire safety distances and zoning constraints.



Urban Meets Natural Landscape

The scheme illustrates the intersection between the urban environment and the natural landscape, highlighting their coexistence.



Edge Condition as an Opportunity

The "edge condition" emerges, offering a unique opportunity to integrate qualities from both urban and rural contexts.



Compact Volume Placement

The design proposes a compact building volume on the site, ensuring efficient land use and spatial organization.



Dialogue with Context

The inserted volume establishes a dialogue within the edge condition, seamlessly connecting with both nature and the surrounding built environment.

Figure 7. Design concept formation

Diagrams Source: Baiba Riekstiņa 2025

Although the overall building form varies across different floors, the compact footprint remains respectful of the historical and architectural context of Āgenskalns, ensuring harmony with the predominantly low-rise residential character of the area.

The spatial organization of the Urban hospice premises follows a carefully structured hierarchy, ensuring a balance between medical functionality, patient comfort, and environmental sensitivity. The architectural composition is distributed across four levels, each responding to specific programmatic requirements while collectively fostering a holistic healing environment.

The architectural organization of the Urban Hospice by Māras Pond is designed to balance functionality with a restorative, human-centered environment. The basement level (-1) accommodates essential service and operational functions, including underground parking, storage, laundry, technical rooms, and a temporary morgue. Staff facilities, such as dressing rooms and showers, are strategically positioned to optimize workflow while maintaining discretion. The integration of underground parking reduces surface congestion, preserving the site's natural character and reinforcing the hospice's commitment to a therapeutic setting (Figure 8).

The ground floor serves as the primary point of access, structured to facilitate intuitive circulation for patients, visitors, and staff. The building features three distinct entrances: a publicly accessible entrance for the café facing Māras Pond, a main hospice entrance leading to the central reception and lobby, and a dedicated staff entrance providing direct access to the basement changing rooms. Upon entering the hospice, visitors are welcomed into a reception area overlooking a landscaped inner courtyard, creating a calm and familiar atmosphere that enhances the healing experience.

A key function of the ground floor is the day hospice unit, which provides palliative care services, medical consultations, and community support for individuals diagnosed with life-limiting illnesses who do not yet require inpatient

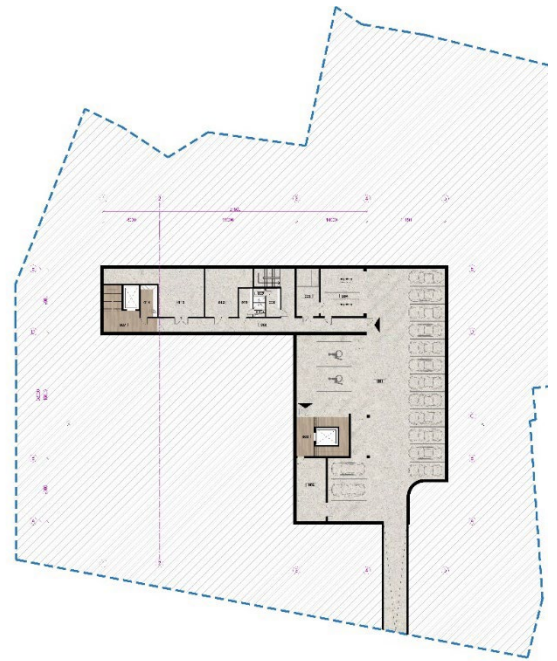


Figure 8. Basement Floor Plan
Source: Baiba Riekšņa, 2025

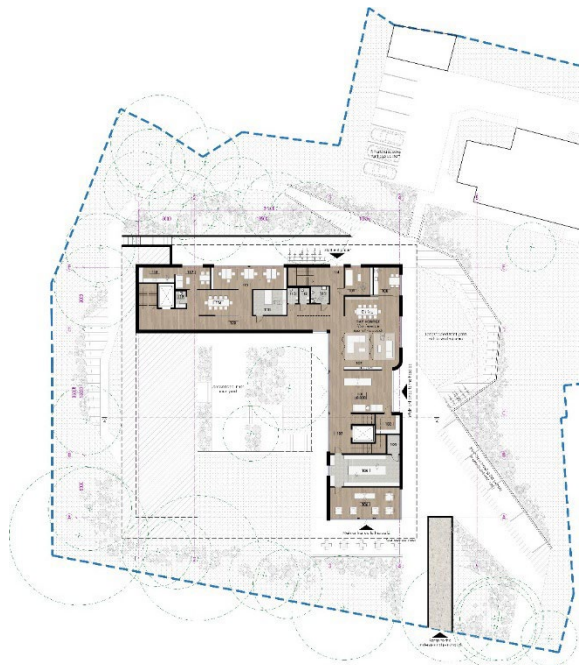


Figure 9. Ground Floor Plan
Source: Baiba Riekšņa, 2025

care. Positioned adjacent to the day hospice, consultation rooms for medical and therapeutic services are integrated to offer accessible yet

discrete healthcare support. The spatial layout prioritizes a seamless connection to nature, with a landscaped front yard and an enclosed inner courtyard that extend communal spaces outdoors, enhancing the healing environment. The day hospice's adaptable design allows for a range of therapeutic activities and community programs, reinforcing the facility's role as an inclusive and patient-centered space (Figure 9).

The second floor is dedicated to residential hospice care, ensuring privacy and comfort for patients. It houses two wards, each containing five suites with private bathrooms, with two of these suites specifically designed as family accommodations to facilitate close connections between patients and their loved ones. The floor also includes therapeutic spaces, such as spa and bathing rooms, which provide sensory relief and relaxation. A communal lounge with a fireplace, library, and TV area offers spaces for social interaction, reflection, and respite. Outdoor terraces and a sheltered inner courtyard are seamlessly integrated, maintaining a constant visual and physical connection with nature. The communal lounge directly opens onto the courtyard, creating a tranquil retreat while preserving a visual link across all above-ground levels, including administrative areas. This design approach reinforces a therapeutic atmosphere, fostering openness and engagement with the natural environment - an essential element in palliative care architecture (Figure 10).

The third floor continues the residential character of the hospice, incorporating an additional guest ward with five apartments. A green roof system enhances both environmental sustainability and aesthetic appeal, contributing to biodiversity while improving thermal insulation and overall energy efficiency. A rooftop terrace, designed for therapeutic gardening, provides residents with an elevated perspective of Māras Pond, reinforcing the facility's integration with its natural surroundings. This elevated outdoor space serves as a peaceful retreat within the urban landscape, fostering a sense of well-being and tranquility for patients and visitors alike (Figure 11).

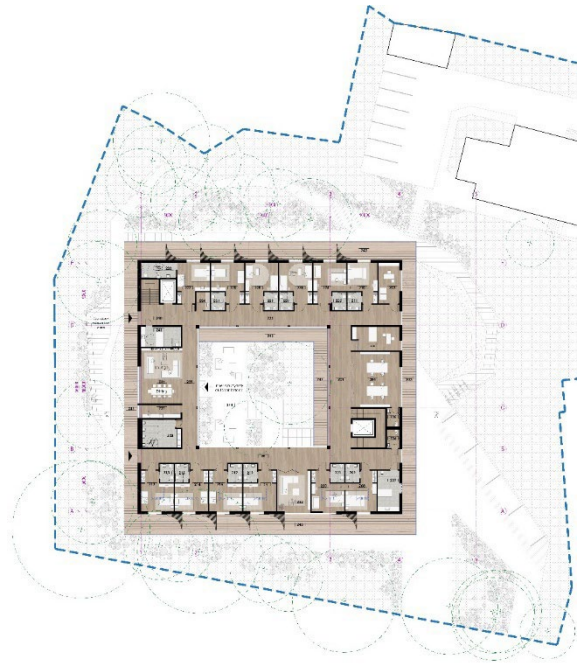


Figure 10. Second Floor Plan
Source: Baiba Rieksīņa, 2025

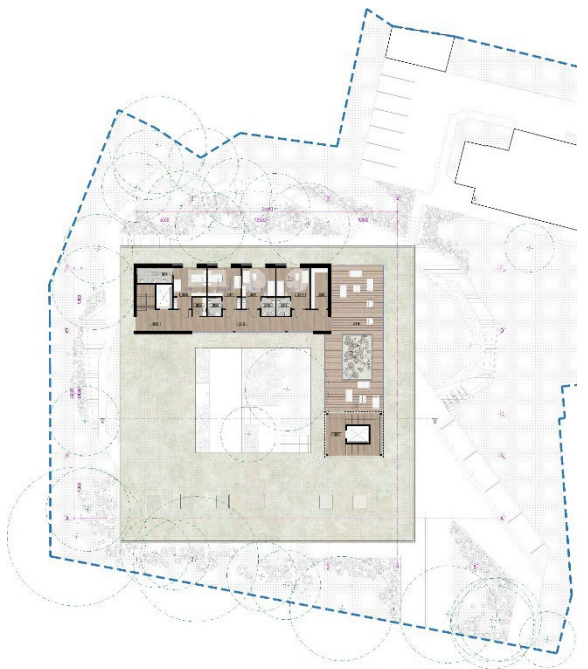


Figure 11. Third Floor Plan
Source: Baiba Rieksīņa, 2025

Outdoor spaces are woven into the architectural composition at all levels, ensuring a continuous relationship between interior and exterior environments. A carefully planned sequence of courtyards, terraces, wooden pathways, and green spaces immerses patients, visitors, and caregivers in nature, underscoring its vital role in psychological well-being. The landscape design, in conjunction with the site's proximity to Māras Pond, enhances the hospice's therapeutic potential, fostering moments of solitude and reflection as well as opportunities for communal interaction and engagement with nature.

The building's façade is composed of three primary materials, each carefully selected for both functional and aesthetic coherence. Sand-colored brick, identified as the most contextually appropriate material based on an analysis of the surrounding built environment, serves as the dominant element. It is applied in two variations - either as a solid masonry surface coated with mortar or arranged in a perforated pattern, strategically used in areas requiring enhanced privacy or shading.

Exposed concrete elements provide structural clarity and a sense of permanence, while vertical wooden slat cladding introduces warmth and a tactile connection to the natural setting.

Due to its strategic placement within the site's sloping terrain, the building, despite being a four-story volume, does not visually dominate its surroundings. Instead, it integrates harmoniously with the landscape, ensuring a balanced relationship between built and natural elements. As a distinctive architectural feature, custom-designed wooden shutters for the patient rooms draw inspiration from the profound words of David Tasma in his conversation with Dame Cicely Saunders: "Let me be a window in your home." These shutters symbolically represent a gently curved curtain caught in a soft breeze, evoking the serene movement of fabric when a window is opened, allowing fresh air to flow in. This detail not only enhances the building's expressive identity but also reinforces the hospice's commitment to creating a comforting, human-centered environment that prioritizes both privacy and connection to the outside world.



Figure 12. View of the Urban Hospice from Māras Pond. Source: Baiba Rieksīņa, 2025

The carefully curated material palette ensures durability, climatic resilience, and seamless integration with the hospice's surroundings, reinforcing its therapeutic and architectural intent (Figure 12, 13, 14).



Figure 13. View of the Urban Hospice from Saules alley. Source: Baiba Rieksīņa, 2025

CONCLUSIONS AND PROPOSALS

Hospice and palliative care have evolved significantly, shifting from religious institutions to patient-centered environments that integrate pain management, emotional support, and therapeutic spaces. Figures like Cicely Saunders have been instrumental in shaping hospice care into an interdisciplinary approach that prioritizes dignity and holistic well-being.

In Latvia, hospice care remains underdeveloped, primarily confined to hospital settings rather than dedicated facilities. Regulatory and infrastructural limitations restrict accessibility, and while initiatives like mobile palliative care teams represent progress, they remain insufficient. The absence of publicly available plans for hospice construction further exacerbates these challenges.

Integrating hospice care into Riga's urban fabric offers an opportunity to redefine healthcare within the city. The proposed site at Māras Pond provides strategic advantages, including proximity to major hospitals, strong public transport links, and a natural setting that enhances therapeutic benefits. The design balances urban density with environmental sensitivity, maintaining a compact footprint that respects the historical and cultural character of Āgenskalns. Courtyards, terraces, and green spaces enhance psychological well-being, while the inclusion of day hospice services and a publicly accessible café fosters social inclusion and challenges societal stigmas surrounding death. The façade design, incorporating contextual materials and custom wooden shutters, reflects both functional needs and symbolic meaning.

To address the gaps in Latvia's palliative care infrastructure, dedicated hospice facilities must become a priority. Future hospice development should focus on urban accessibility, community integration, and therapeutic environments that provide patients with exposure to nature and sensory-rich spaces. Sustainability should also be emphasized through energy-efficient materials, green roofs, and climate-responsive design. Where feasible, adaptive reuse of existing structures can preserve architectural heritage while repurposing underutilized buildings for hospice functions.



Figure 14. Various Views from the Urban Hospice Design Proposal. Source: Baiba Rieksīņa, 2025

Beyond architecture, public awareness and policy support are crucial to reshaping perceptions of hospice care. Education initiatives and policy reforms should promote a compassionate, patient-centered approach, ensuring that hospice care is integrated into the broader healthcare and social framework. A redefined hospice model in Latvia should be accessible, community-oriented, and aligned with global best practices.

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