

# 2

## DESIGN TASK

### 2.1 Problem Statement

Before an attempt can be made to develop a design, note must first be taken of the possible factors that, if left unresolved, may affect the integrity of the intervention. In this instance, two main groups of problems have been identified and will be discussed accordingly. These are the *programme* and the *building*. The study should identify possible problems relating to the specific intervention introduced to the building. Building section will focus on problems possibly influencing the built fabric if left unattended.

#### 2.1.1 The Programme

It is possible for the anatomic display to become only an oddity. Specimens intended to convey scientific information can then be wrongly interpreted as social commentary on death. Anthropologist, Trafford (2003:4), criticises such displays

by stating that the act of dying is sometimes manipulated beyond the realm of medicine or even that of art.

In contrast, most institutions view the anatomy museum as a private entity, with human remains used only to provide scientific education. The result is that anatomy museums become storage space instead of an interactive display. Mr. Lewis (2011) and Prof. Meiring (2010) presume that the expansion of an anatomy museum implies simply the addition of shelving to an existing student resource.

Harbison (1977:140) analyses the notion of adding objects to a museum in the book entitled *Eccentric Spaces*:

*“[The museum] takes an object out of use and immobilises it in a secluded attic like environment among nothing but more objects. If a museum is a place of things, its two extremities are the graveyard for things entombed and the department store for things for sale (1977:140).”*

In order to rid itself of the stigma associated with the museum, The Department of Anatomy at The University of Pretoria (UP) has chosen to rename the W.G. de Haas Museum to the W.G de Haas Student Resource Centre, to suggest a dynamic and interactive resource. However, it appears to be only the name that changed and not the approach as is evident in the in the presentation of the material. The lack in providing an interactive medium to acquire physical anatomical information is an educational opportunity lost for the non-academic visitor.

Although primarily used by medical students (Meiring, 2010), the resource is often used by medical professionals who cite dissections before performing surgical procedures. Access to this student resource seems to be a challenge, thereby limiting the possible value such resource could have added, had it been more accessible.

It seems that human anatomy is either displayed to provoke or to provide specialised medical education. The difficulty seems to be in finding a compromise between academia and mere entertainment. This document will seek means to facilitate this compromise by altering the existing programme and function of the building in order to facilitate new work.

The existing programme of the Administrative Building will be questioned by introducing a new programme. Rather than ‘erasing’ architecture that is not optimally utilised from the urban context, this study should indicate

that a possibility exists to reinterpret the existing by minimal alteration and intervention.

### 2.1.2 The Building

According to the South African Heritage and Resources Act, buildings older than 60 years are automatically protected by law. As a result, the Administrative Building of the Tshwane District Hospital can be regarded as a national monument.

Prof. Karel Bakker argues that South Africa has mainly two categories of monuments namely: the apartheid epoch and struggle events (Bakker 2007:14). This statement implies that there is a significant contrast in public attitudes toward monuments celebrating principles of apartheid.

It might be argued that the architectural envelope in which a programme is housed, also houses the metaphysical ideals of the institution it represents. As a result, the deterioration of the institutional building is perceived as the failure of the institution to communicate these ideals. This is despite the fact that all buildings deteriorate.

Often such buildings are renamed or claimed by a different institution, but it is not possible to return it to its original state. The Tshwane District Hospital is both an institutional building and a monument. Still being utilised as a governmental healthcare institution (although not as extensively as in the past), the development into its current state bears cultural significance to its immediate setting, and the community it serves. In this context, the sensitivity of this project is evident (see *Illustration 2.2*)

## 2.2 Hypothesis

A human anatomy centre is an appropriate new function for the Administrative Building of the Tshwane District Hospital.

## 2.3 Proposal

This study proposes a human anatomy centre to the premises of the Tshwane District Hospital (1927). The investigation will seek to clarify the need for an upgrade of the existing facility and indicate how the educational capacity of the field of Human Anatomy can fulfil such a need.



*Illustration 2.1 Entrance to the administrative building of The Tshwane District Hospital indicate the historical nature of the architectural envelope*

The project should provide opportunity for engaging with human anatomy on different educational levels, and in doing so, satisfy the educational demand of both the academic and non-academic user.

The scale of the intervention is focussed on the interior of the administrative building, but the impact thereof may extend beyond its physical boundaries. In such instances the clarity will be provided in this regard. In order to introduce a new programme to the building, this study will propose to alter the existing built fabric to accommodate a new programme, and also design the user interface to allow for the effective communication of the anatomic

information.

## 2.4 Theoretical Approach

The argument will indicate that the reinterpretation of the built structure will reactivate it and a legitimate argument for the reuse thereof.

Reinterpretation is proposed to be achieved by:

- reintroduction of a new narrative,
- providing the opportunity for activity driven space,
- investigating the interior's role as user interface,
- the interior designer as taste maker.

For the purposes of this study it will be presumed that the scale will constantly be altered to accommodate the impact of various elements in the interior realm, pertaining to various scale levels.

The theoretical design component will inform the design and aim to propose an alternative to the current preconception regarding the institutionalised building and the provocative nature of the proposed programme.

## 2.5 Pragmatic responses

The anatomist has to analyse the anatomic structure of an element critically before he can isolate individual elements and systems for further investigation. This assures that the correct segment is dissected in order to study a particular muscle group, for instance.

The complexity of buildings that have been continuously altered could benefit from the anatomist's approach.

Scott (1998:120) implies that the alteration of the existing requires that the architect should understand the relation of the existing to the "ideal form". He argues that the ideal form is impossible to reach, since the actual building is removed from the ideal utopian intent by the deterioration through everyday use, the misinterpretation of the intention of the architect and the addition of elements to the building over time. As solution, Scott proposes that the interventionist designer aims to understand the intention of the architect as initial impulse and use that as point of departure to inform the alteration. It is suggested that this process of understanding borders both on the intellectual and the intuitive at the same time.

Fred Scott (*ibid.*:138) calls this strategic process stripping back. The process of stripping back entails the removal of immediately definable elements that can be defined as deteriorated or affecting the immediate function of the building on a physical level. In order to do this, however, Scott (*ibid.*) suggests an investigation on an intangible level. This implies an understanding of the architectural building within its physical, cultural and spatial context.

The anatomist now continues dissecting the anatomic sample and de-contextualises it by removing it from the host (the human body) and adding it as a possible new addition to an anatomy centre.

In the same light as the anatomist performs a dissection, Scott proposes the principle of enabling works as the manipulation of the built form with the intention of adding new works to the existing (*ibid.*). It can be seen as a transitional phase, linking the old with the new.

The final step is that of new work. The architect should see the preceding steps as the informant to the new work. New work, as is often the case, is considered in isolation. This contributes to the clutter within the built environment and lacks the relevance that would make it accessible to the user.

The intended site of intervention has both historic as well as cultural significance. The ICOMOS Burra Charter suggests the cautious approach where “existing *fabric, use, associations* and *meanings* are changed as much as necessary, but as little as possible” (The Burra Charter 1999:3).

## 2.6 Client

It is proposed in this dissertation that the client be collaboration between education, art and medicine. Role players that fulfil this immediate role have been identified as:

- The University of Pretoria (Medical Campus),
- Tshwane District Hospital,
- Department of Arts and Culture.

## 2.7 The Visitor

Two typical types of users are mentioned in this section. The academic and non-academic user. The implication would be to accommodate both in the programme of the Human Anatomy Centre.

### 2.7.1 The Academic User

The academic association between the Medical Campus of the University of Pretoria and the Prinshoff Campus provides an integrated educational opportunity. As part of the curriculum, medical students have to study human anatomy through dissection. An Anatomy Centre will provide the academic-user with the facilities required to practically engage with the subject matter of human anatomy.

For the anatomist it will provide the opportunity to display his dissecting skill. Lewis (2011) remarked that the W.G. de Haas student resource, although focussing mainly on the field of human pathology, provides the academic user the opportunity to access anatomic subject matter as knowledge database before performing medical procedures that would otherwise not be available.

Typical academic users would include:

- doctors/surgeons,
- medical students,
- scholars,
- pathologists,
- dentists.

### 2.7.2 The Non-Academic User

The value of The Anatomy Centre should extend beyond the academic realm. It should be possible for the visitor to interactively obtain information pertaining to, amongst others, general principles of human health.

The non-academic user will be able to engage with the subject material on different levels. A clear indication will be provided of the content of each allocated area in the display and what is to follow, thereby providing the user with the choice to interact on a level with which he feels comfortable.

Typical non-academic users would include:

- a family on an educational outing,
- a prospective patient, about to undergo an operation and requires information about the procedure.

## 2.8 Location

Illustration 2.2 indicates the placement of the site within the Urban setting

## 2.9 Delimitations

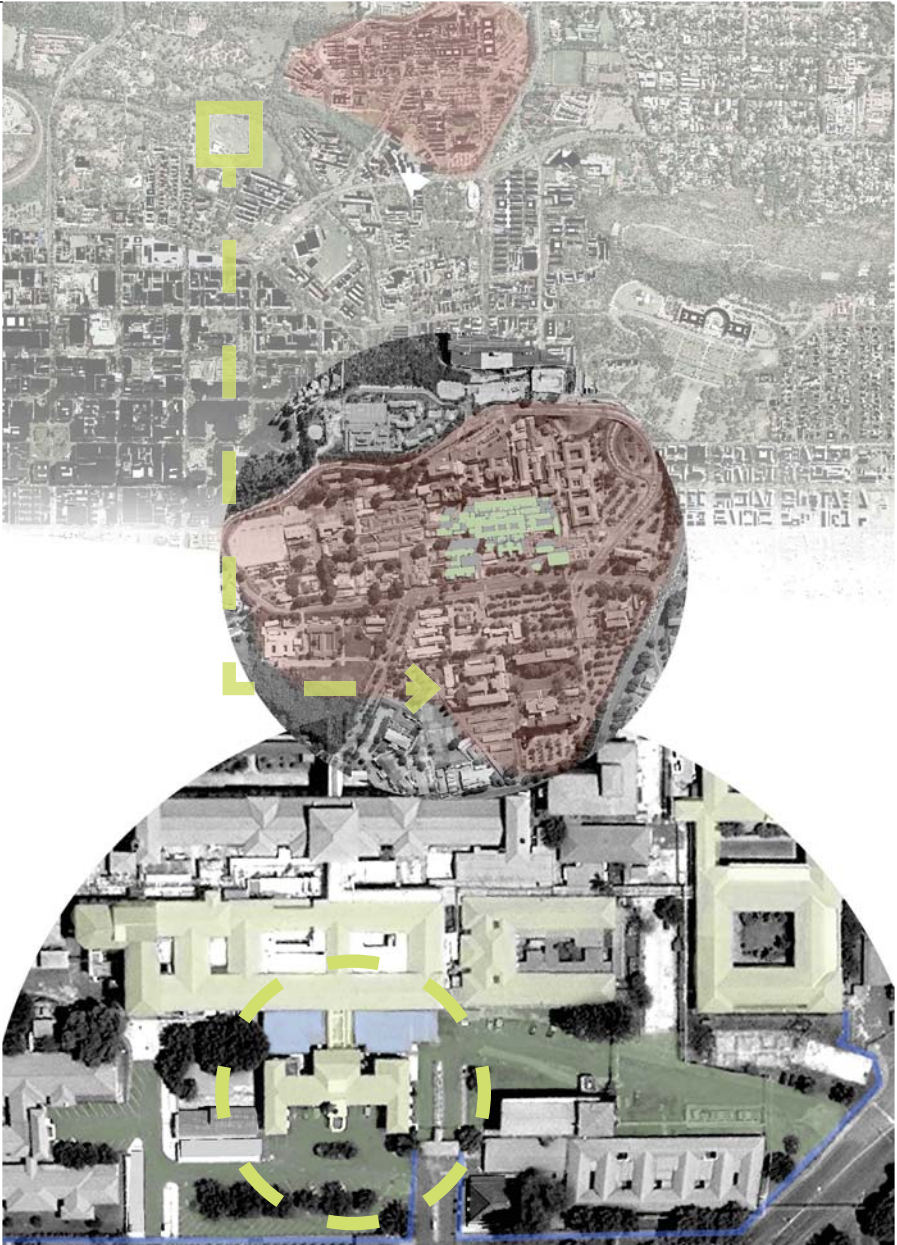
For the purposes of this study, the specialised treatment of human tissue must be accommodated in the programme. Currently this role is fulfilled by the Basic Medical Sciences Building (1962) on the Prinshoff Campus. The complexity of these procedures involves a process of procedures that, if included, has the capacity to detract from the original design intent. This dissertation will therefore not engage with the entire process, but rather focus on the process of plastination, specialised dissection and the specialised preservation of tissue samples, as explained in *Chapter 6*.

This study will not investigate the psycho-social process implied by death or the act of dying.

## 2.10 Assumptions

This study will assume that it is possible to relocate the existing administrative functions of the Tshwane District Hospital from its current location to the ground floor of the adjacent hospital complex. This implies that the interior of the Administration Building at The Tshwane District Hospital will be a viable site to introduce the anatomy centre.





*Illustration 2.2 The placement of the site within the Urban setting*

## 2.11 Aims and Objectives

The aims of this study are to:

- provide an extended human anatomy study resource for both students and medical professionals,
- allow for the specialised dissecting facilities and the housing of the appropriate services to maintain the Anatomy Centre,
- renew public interest by altering the existing structure and introducing a new programme to the existing Administrative Building,
- provide the opportunity for the visitor to engage with the anatomic subject matter on different levels of sensitivity. This can be facilitated by interior design by manipulating the user interface,
- provide renewed interest by facilitating the continuous introduction of new material to the centre.

The reinterpretation of the existing architectural envelope has the opportunity to provide a lower environmental impact. The reduction of newly specified materials and building requirements may be reduced by manipulating the existing built fabric, rather than designing the aforementioned from scratch.

## 2.12 Review and Research Methodology

### 2.12.1 Legislation

From a legislative viewpoint the following material will be used to inform the study:

- The Australia ICOMOS charter for places of cultural significance, with associated guidelines and code on the ethics of co-existence,
- The National health Act Section 81: The Law on Human Tissue,
- The SANS 0400 and other appropriate building legislation.

## 2.13 Context Study

### Anatomy centre within urban context

Context will be identified by a series of studies. This will include the relationship of the proposed architectural fabric of the site in relation to the gateway node it is positioned within. Furthermore, it will investigate the intended site building according to Scott's theory focusing on the stripping back of old material, the making good, and enabling works that will enable the site to accommodate new work (Scott, 2008:120).

## 2.14 Interviews

The complexity of the information, as well as the lack of information, justifies the use of interview as a method of qualitative research.

Prof. Meiring (recently retired Head of Department of Anatomy, UP)

Aim: To provide insight into the relationship between the UP and the Prinshoff Campus and outline the role and workings of the current W.G. Haas student resource.

Mr. Lewis (anatomist and technical assistant in the Department of Human Anatomy, UP)

Aim: To outline the requirements and typical procedures involved in the dissection and the handling of human tissue.

Dr. Soe (CEO of the Tshwane District Hospital)

Aim: Provide insights as to the current role of the Tshwane District Hospital, its relationship to the Steve Biko Academic Hospital and a basic understanding of the current functionality of the hospital.

Prof. Mieney (Department of Surgery, Tshwane District HospitalUP)

Aim: To obtain information on the development of the Prinshoff Campus to establish a timeline.