



Historical perspective

Putting the child into the children's hospital

The arts offer social commentary and importantly serve as a record of the times: reflections of prevailing attitudes and conventions, and realities of life, authentic or not. Artist Sir Luke Fildes—a contemporary of social reformer and author Charles Dickens—painted the popular 1887 work, *The Doctor*. It portrays a doctor on a home visit watching over an impoverished labourer's sick child, with a stoic, compassionate gaze. There is nothing more he can do, but he dutifully remains by the child's bedside. The most efficacious (and comfortable) way to be seen quickly by a doctor was at home, but the reality was that house calls were a commodity reserved for the middle and upper classes. Home visits steadily declined in early 20th century as more doctors became specialists, reducing the number of available general practitioners, and as intake in the evolving modern hospital was increasing.

Specialisation has characterised scientific progress in medicine for nearly two centuries. The indication from Ancient Greek and Indian medical texts is that paediatric medicine has been around for even longer. Pre-19th century, and before hospital reform, mothers were generally expected to nurse their sick children at home. Only orphanages, dispensaries, and foundling hospitals accepted children. Philanthropist Thomas Coram set up the revolutionary charity-funded Foundling Hospital in London, UK, as early as 1741, in direct response to the high infant mortality rate and to redress social injustices, such as child poverty and abandonment, that appeared to be tolerated and largely ignored by society.

Until children's hospitals were established, private houses were sometimes converted to treat ill children but could not offer long-term intensive care. In the north of England, a small dispensary opened in Manchester in 1829, becoming a six-bed children's hospital by 1855. In Liverpool, UK, the Children's Infirmary was founded in the early 1850s. However, relying heavily on donations, these early hospitals were often underfunded, overcrowded, and lacking in medical resources.

It took more than 100 years from Coram's Foundling Hospital for a children's hospital to open in London, UK. In 1852, with ten beds, Great Ormond Street Hospital for Children (GOSH) was established. Go back half a century to 1802, a converted orphanage with about 300 beds, The Hôpital des Enfants-Malades in Paris, France, started to treat children younger than 15 years old. Following a visit to GOSH in 1855, American doctor Francis West Lewis returned home and, with two others, set up the Children's Hospital of Philadelphia (Philadelphia, PA, USA), the first of its kind in the USA, with 12 beds and

a dispensary. With children's hospitals firmly on the map, a new era in paediatric medicine emerged.

"30 years ago, ward design and its staffing centred around the delivery of specific medical interventions. Now the emphasis is on creating environments that help staff provide a more holistic approach to care", Mandy Bryon, Head of Psychological Services at GOSH, tells *The Lancet Child & Adolescent Health*. This makes perfect sense. Hospitals exist to save lives. Consequently, they are associated with illness and death. Traditionally characterless and sterile, with plain walls and shiny heel-trodden floors in the long corridors that lead to yet more corridors, coming to the hospital is understandably daunting for a child. Byron says how "creating a familiar, calm, and relatable environment increases the chances that children and their families are comfortable, relaxed, and able to engage with treatments, including ones that might be invasive or uncomfortable". A lot has changed to advance medical treatment in the past 30 years—including technology, therapeutic treatment and interventions, attitudes towards patient care, patient-doctor relationships, and our understanding of diseases—so how specifically has the hospital space developed to adapt to these changes?

With hi-tech care being the norm, everything is now bigger to accommodate the latest equipment for rapid diagnosis of genetic disorders, for example, or life-saving defibrillators, or the most up-to-date scanning devices. Crispin Walkling-Lea, Head of Healthcare Planning at GOSH, tells *The Lancet Child & Adolescent Health*. Restrictions imposed by visiting hours, and traditional models of health care that conferred decision-making on doctors, meant the role of the family was peripheral. This has changed substantially. "We are determined to design wards that are welcoming for our patients and their families while also achieving functionality for our staff. Parents are now partners in their child's care and we need to create environments that allow parents to rest, sleep, eat, and socialise both with their child and with other adults." Susie Hall, Head of GOSH Arts, adds that "the impact of the hospital environment on the patient's wellbeing [is] increasingly being linked to clinical outcomes". The recent All Party Parliamentary Group report on the arts for health and wellbeing, which GOSH Arts contributed to, recommended that art and design be considered when building hospitals for this very reason. As noted in the report, when Bristol Royal Hospital for Children opened in 2001, art and design was given substantial weight: interactive artworks, vibrant colours, and a welcoming lollipop-shaped stick figure at the entrance earned the hospital a greater satisfaction rating among parents (94% compared with 71% in the old

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For more on **The Doctor** painting see <http://www.tate.org.uk/art/artworks/fildes-the-doctor-n01522> and *Br J Gen Pract* 2008; **58**: 210-13

For more on the **All Party Parliamentary Group** report see http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

For **Queen Silvia Children's Hospital** see <http://healthcare.wsp-pb.com/portfolio/queen-silvias-childrens-hospital/>

For **Vital Arts** see <http://www.vitalarts.org.uk/>

For more on **artwork at the Royal London Children's Hospital** see <http://www.vitalarts.org.uk/hospitals/childrens-hospital-royal-london/>



Owen Richards

Kaleidoscopic Reflections by Tatty Devine in the Children's Imaging Department, Royal London Hospital (London, UK)

hospital). Qualitative evaluation data show how design features help to divert children “from fear, pain, illness and unfamiliar surroundings”.

Checking out the recently opened GOSH Mittal Children's Medical Centre, part of the ambitious rebuilding and redevelopment programme funded by GOSH Charity, it is immediately evident that a large dose of fun has been injected into the design. Spacious en-suite rooms accommodate a parent or carer to stay by the bedside; virtual windows look out onto a lake or a beach; each specialist ward is decorated with animal artwork; and relaxing rooms use sense-stimulating lights, while others are kitted out with game consoles—a million miles away from bare soulless corridors, intimidating wards, and alien-looking medical equipment.

In Sweden, the Queen Silvia Children's Hospital in Gothenburg is currently undergoing a makeover. Built in the early 1970s, the current building is struggling to meet the requirements of modern health-care delivery, so with the help of The Centre for Healthcare Architecture at Chalmers University (Gothenburg, Sweden)—a national arena for the creation, translation, exchange, and dissemination of knowledge about health-care architecture—the new hospital aims to put the patient at the heart of its operations and design. Project Manager, Monica Johansson, gives *The Lancet Child & Adolescent Health* a taste of things to come: “we are building a hospital designed by architects but with involvement from children, parents, and staff. Our focus is on the whole family: the play therapy unit and library is located near the entrance, the atrium has a green area designed to help children and parents relax, a small wooded area outside provides a space to play, and on each floor there is a kitchen for families to use. And obviously we will have all the equipment necessary to provide the best health care, including a swimming pool for rehabilitation purposes.” The new hospital is planning to open its doors in 2020.

With specialised clinical teams, the best medical technology, and smart building designs, a vision of the ultimate children's hospital is almost complete.

The GOSH charity-funded arts programme has an in-depth commissioning process for new pieces of art, some with a special twist in the collaborative process between artists and patients. “When a child or young person sees that their poem or painting is a central part of our high-quality commissioned artwork, we hope it reinforces that GOSH is a space for them to feel at home”, Hall says. The previously sterile environments are now bursting with colour and energy. Byron points out how “engaging and meaningful distractions from invasive and uncomfortable procedures are beneficial [and] create a good memory of their time in hospital”. Returning is therefore not so frightening.

One woman who wants to see art commissioning in health care go a whole lot further is Catsou Roberts, Director of Vital Arts, a pioneering arts organisation for Barts Health National Health Service Trust, London, UK. She rightly points out that hospitals are “key civic spaces that form a crossroad of human activity. From traumatic incident to incidental prescription collection, these large municipal buildings serve a vast, diverse public who, in their thousands, pass through daily—whether arriving on foot, wheelchair, or stretcher”. As Roberts tells *The Lancet Child & Adolescent Health*, the aim of Vital Arts is to offer a “cultural encounter”. “We are committed to real curatorial practice and scholarly research, instead of rolling out off-the-shelf, already-discovered art solutions. Just because it's a hospital doesn't mean the art should be insipid or unambitious.”

Curatorial strategies, Roberts explains, respond to location, demographics of patient groups, and the services and treatments that are being accessed. How does a patient occupy the space? Are they ambulant through the corridor, confined in an isolation ward, supine in bed, anxious, bored, distressed, or irritated? These factors inform the commissioning process. For example, artist Jacques Nimki went to the Accidents & Emergency Department at the Royal London Children's Hospital (RLCH; London, UK) to experience the night shift. Ella Doran designed the furniture surfaces and privacy curtains for the RLCH: gone are the pale blue hospital curtains; instead, Doran has created an “array of friendly elements—cats, rabbits, origami sail boats, flowers, kites [that] are montaged onto an image of the Thames”. Vital Arts is all about creating a unique and positive space, and each part of the hospital needs a different design eye, depending on the age of the child, the length of stay, and the nature and complexity of the treatment.

British Designer, Morag Myerscough, has gone on to transform hospital wards around the world, but first lit up RLCH with her intensely coloured geometric tiles, shifting patterns of LED lights, and welcoming words that change throughout the day. Other designers have stamped their mark on the white walls, many working with three-dimensional space for the first time: Donna Wilson created a rural landscape in bright blocks of greens and blues; Chris Haughton, Miller Goodman, and Tord Boontje have individually contributed to a menagerie—fun, vibrant narratives of animal adventure. Jewellery designers, Tatty Devine—known for their laser-cut, articulated Perspex figurations—added their brand of sparkle.

Our visiting hours are over, and so ends the journey through time. Art and science, the disciplines that were considered disparate, might work with different tools but they are now learning to work together in a children's hospital setting, with exceptional results.

Jules Morgan