Chapter 1
Preface

Introduction

"Isn't what is wrong with [healthcare buildings] is that their forms follow narrow (accurate/inaccurate notions of function, and fail to take into account the multifarious realities of (human) behaviour?"

An analysis of healthcare systems throughout the world bears witness to a change in emphasis away from the provision of large hospitals throughout smaller, satellite facilities situated within local communities. This is in response to the almost universal economic crisis in funding large hospital programmes, and has coincided with advances in technologies of healthcare and preventive medicine.

In Singapore this new direction has given birth to the establishment of the neighbourhood polyclinic. The latest generation of polyclinic² are much more efficient and varied in the delivery of its services, acting as a one-stop health-care facility for all age groups. Nevertheless, the institutional atmosphere which has dogged medical institutions still prevailed. Poor circulation layouts caused many crossed routes creating disorder and confusion. Accompanying children and non-committed crowds (those not seeking medical treatment) dallied around since no facilities have been created for them. Waiting spaces are inward looking and claustrophobic with limited views of the outdoors. These are some of the drawbacks encountered by the health service patrons, thus making it extremely unattractive for them to visit the polyclinic.

With increasing affluence and the emerging need for preventive medicine, it is essential that the polyclinic shed its institutional image. In this way, the public will be motivated to make use of this facility, not only to get medical services but also for the purpose of gathering and to interact with other members of their community.

As a reflection of these new concerns while keeping up with new directions in the design of a health care facility, opportunities have been created for new forms of architecture for primary healthcare. Consequently, it has also created the opportunity for a new format of dialogue between contemporary medicine and architecture within a community-based context.

² The new generation of polyclinics in neighbourhood areas offered more in terms of services provided than their older counterparts. This is in response to firstly, changing demographics in Singapore's population structure and secondly to increasing affluence in the society causing larger demand for specialised medical services.