“Buildings talk,” noted California-based healthcare architect Don McKahan at the 2000 annual conference of the Planetree Alliance. If so, what do our hospital buildings have to say about the relationship between the healthcare system and the surrounding community and the environment? Are we conveying the right message? After all, the way in which a hospital is designed and constructed can have significant implications for the environmental impact of healthcare for decades into the future, affecting the health of the environment and the people who live in it, not just locally, but globally.

For years there has been an interest in the residential, commercial and municipal sectors in “green architecture.” This is an approach that seeks to minimize the environmental and health impacts of the built environment in which we spend 80 to 90% of our time. Now healthcare architects are turning their attention to green design for hospitals.

• In Canada, the Canadian Coalition for Green Healthcare is developing a “green hospital building checklist” that addresses a wide range of issues. The Coalition plans to publish this checklist, and put it on its website (www.green-healthcare.ca) prior to the 2002 OHA Convention in November. At the convention, one-half of the Coalition’s educational session will be devoted to the topic of green healthcare architecture, while several of the case studies in the Coalition’s “Greening Healthcare” publication (available from the resources section of the website) feature some aspect of green healthcare architecture. Canadian healthcare architects have also begun to address this issue. The 2003 conference of the Ontario Association of Architects included a session on green healthcare architecture, while the Fall 2000/Winter 2001 edition of the Royal Architectural Institute of Canada’s Wastenot newsletter (www.raic.org/wastenot) featured the healthcare system.

• In the United States, the American Society for Healthcare Engineering (part of the American Hospital Association), in conjunction with the American Institute of Architects’ Academy of Architecture for Health, has just introduced a Sustainable Design Award. This award will “recognize healthcare sector design professionals and facilities that have completed projects in the area of green design and construction.” Applicants for the award will be judged on their efforts in the areas of healthy indoor environments; reducing emissions of greenhouse gases, toxic substances and substances that reduce the stratospheric ozone layer; minimizing the depletion of natural resources and reducing consumption of energy and water.

In support of this effort, the ASHE has also issued a Green Healthcare Construction Guidance Statement, which suggests that green building design and construction can protect health at three scales:

• The immediate health of building occupants (patients, staff and visitors), particularly through measures to ensure good indoor air quality, as well as access to daylight.

• The health of the surrounding community, particularly by reducing toxic emissions to water and air, and through energy conservation and water management.

• The health of the larger global community and natural resources, through reducing greenhouse gas emissions, avoiding the use and release of persistent organic pollutants, and preventing the release of substances that damage the stratospheric ozone layer.

The Guidance Statement addresses a number of issues, including integrated design, site design, water management, energy use, indoor environmental quality, materials and products, construction practices, commissioning, operations and maintenance, and innovation. For details, see www.ashe.org.

Another U.S. initiative is a recent statement on green building priorities for healthcare produced by a joint working group of the Healthy Building Network and Healthcare Without Harm. A number of related resources are available online at www.healthybuilding.net/healthcare/hindex.html.

• In the United Kingdom, the NHS Estates (responsible for overseeing the construction and maintenance of healthcare facilities) has issued guidance and provided assessment tools to help the NHS build more sustainable buildings. More recently, the NHS Estates has issued a new environmental strategy for the NHS and a supporting document on sustainable development in the NHS; see (www.nhsestates.gov.uk/sustainable_development/index.asp). A new report from the Kings Fund, “Claiming the Health Dividend,” has called for the NHS to move from “destructive cycles” in which resources are used wastefully and in ways that potentially damage people’s health and the environment, to a “virtuous circle” where the NHS promotes economic, social and environmental sustainability while also improving health. Among the issues identified in this report is the need for energy conservation to be designed into buildings and for healthcare facilities to be sited so that public transport, biking and walking is possible and car use is reduced (British Medical Journal 2002, 324:1178 – May 18).
In short, there is a growing recognition that healthcare architecture needs to be “greened” for the benefit of patients, staff, visitors, the community’s environment and the global environment. Surely it stands to reason that the hospital – a beacon of health – should be the greenest, healthiest building in the community. It is time for Canada’s hospitals to step aboard the green healthcare architecture train – and for the provincial Ministries of Health that set funding policies to recognize that investing in healthy and environmentally friendly design is an investment in better health that cannot be ignored.

About the Author
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