

Figure 1

Atmospheric drawing found in *The Architecture of Hope*

## Healing Spaces: Maggie Centres

How healing environments enhance the healing process of cancer patients in the UK?



Note: Jencks & Heathcote, (2010).

## ABSTRACT

While architecture cannot cure cancer, it can improve the quality of life of patients. With almost 950 people diagnosed daily in England (England, N, 2024, October 17), there is a significant shortage of UK care centres offering comprehensive physical, mental and social support. In the UK, many hospitals have yet to pursue innovative design strategies that create healing spaces for patients in critical stages of illness. Growing evidence suggests that recovery and healing are closely tied to the environments in which care is provided. Across the UK, hospitals are increasingly incorporating the concept of a “healing space” - a physical environment that promotes calmness, control and privacy, thereby enhancing the healing process. Jennifer DuBose et al’s framework depicts key variables that contribute to effective healing spaces. This dissertation uses DuBose’s matrix to analyse the design of Maggie Centres, specifically exploring how these spaces influence the healing of cancer patients. By examining three Maggie Centres in the UK (one being the first ever Maggie’s, one being operational and one unrealised). This study identifies design elements that foster a positive relationship between patients and their environment. The findings underscore the importance of these elements in creating effective healing spaces. The goal of this research is to deepen our understanding of the design features that can enhance the quality of life for cancer patients, encouraging the expansion of healing spaces in cancer care.

## TABLE OF CONTENTS:

ABSTRACT .....	2	CONCLUSION .....	23
TABLE OF CONTENTS .....	3	LIST OF REFERENCES .....	25
LIST OF ILLUSTRATIONS .....	4	SOURCES OF ILLUSTRATIONS .....	26
1. INTRODUCTION .....	5	APPENDICES.....	27
2. CONTEXT .....	6	Appendix A- Maggie’s Architectural and Landscape Brief.....	27
Healing Spaces .....	6	Appendix B- Maggie’s Evidence-based Programme.....	30
Maggie Centres.....	7		
3. UNDERSTANDING AND ANALYSING THE DESIGN ELEMENTS OF MAGGIE CENTERS AND THEIR CONTRIBUTION TO THE HEALING EXPERIENCE.....	8		
Introduction to Case Studies.....	9		
Methodology.....	9		
Methods.....	9		
Case Study One – First Ever Centre			
Maggie Centre, Edinburgh .....	10		
Analysis and Discussion .....	15		
Case Study Two – Operational Centre			
Maggie Centre, Gartnavel .....	16		
Analysis and Discussion .....	19		
Case Study Three– Unrealized Centre			
Maggie Centre, Sheffield .....	20		
Analysis and Discussion .....	22		



## LIST OF ILLUSTRATIONS

Figure 1- Atmospheric drawing found in *The Architecture of Hope* (Jencks & Heathcote, 2010).

Figure 2- Healing Body Drawing. (Author's Own, 2025)

Figure 3- Maggie's Oxford. (Eyre, n.d.)

Figure 4- Cover of *Revista Nacional de Arquitectura*, found in *X-Ray Architecture*. (Colomina, 2019)

Figure 5- Maggie's Yorkshire. (Heatherwick Studio, 2023)

Figure 6- Design Criteria. (Author's Own, 2025)

Figure 7- Maggie's Edinburgh (Murphy, n.d.)

Figure 8- Maggie's Edinburgh site analysis. (Authors own adapted from Google, 2019)

Figure 9- Maggie's Edinburgh exterior facade. (Murphy, n.d.)

Figure 10- Maggie's Edinburgh stairwell. (Murphy, n.d.)

Figure 11- Maggie's Edinburgh atrium. (Murphy, n.d.)

Figure 12- Flow Diagram. (Author's Own, 2025)

Figure 13- Drawing of Maggie's Edinburgh kitchen area. (Author's Own, 2025)

Figure 14- Maggie's Edinburgh Garden. (Murphy, n.d.)

Figure 15- Maggie's Edinburgh Plantation (Scotlandsgardens.org, n.d.)

Figure 16- Maggie's Edinburgh Garden Path. (Scotlandsgardens.org, n.d.)

Figure 17- Drawing of Counselling Room. (Author's Own, 2025)

Figure 18- Maggie's Edinburgh architectural drawings. (Murphy, n.d.)

Figure 19- Indoor environmental quality diagram. (Author's Own, 2025)

Figure 20- Design Criteria. (Author's Own, 2025)

Figure 21- Maggie's Gartnavel atmospheric drawing. (n.d. In *OMA*).

Figure 22- Maggie's Gartnavel site analysis. (Authors own adapted from Google, 2019)

Figure 23- Maggie's Gartnavel model. (OMA, n.d.).

Figure 24- Drawing of Maggie's Gartnavel kitchen. (Author's Own, 2025)

Figure 25- Flow Diagram. (Author's Own, 2025)

Figure 26- Model of Maggie's Gartnavel's internal courtyard. (n.d. In *OMA*).

Figure 27- Drawing of Maggie's Gartnavel. (Author's Own, 2025)

Figure 28- Diagram of indoor environmental quality. (Author's Own, 2025)

Figure 29- Model of Maggie's Gartnavel's Typography. (n.d. In *OMA*).

Figure 30- Design Criteria. (Author's Own, 2025)

Figure 31- Maggie's Sheffield model found in *The Architecture of Hope*. (Jencks & Heathcote, 2010).

Figure 32- Maggie's Sheffield 3D model found in *The Architecture of Hope*

Figure 33- Maggie's Sheffield kitchen drawing. (Author's Own, 2025)

Figure 34- Design Criteria. (Author's Own, 2025)

Figure 35- Quote found in Maggie's Evidence-based Programme. (n.d.).

Figure 36- Statue of Maggie Keswick Jencks. *Art UK*. (n.d.).

Figure 37- Maggie Keswick Jencks in her garden in Portrack, Scotland. *Art UK*. (n.d.).

**Figure 2**  
Healing Body Drawing



*Note:* Authors own, (2025)

## 1. INTRODUCTION

The concept of healing spaces has undergone significant evolution in recent years, reflecting a growing understanding of the interplay between architectural design and well-being. Designers have the unique ability to influence the experience of patients, transforming challenging periods into more bearable ones. As Jencks and Heathcote (2010) argue, 'Architecture cannot change society, ..., but it can underwrite and enhance the basic activities of those who work in it' (p. 10). While the relationship between design and patient recovery is indirect, its role in improving quality of life cannot be overlooked. This dissertation seeks to explore how healing spaces, particularly Maggie Centres in the UK, contribute to the healing process for cancer patients.

Conventional hospital design is often criticized for its sterile and impersonal atmosphere, which can exacerbate stress and anxiety for patients and their families. Healing spaces challenge these norms by fostering environments that support mental, physical and emotional well-being. The built environment offers an opportunity to reshape perceptions of

healthcare spaces, moving beyond utilitarian functionality to embrace holistic healing. This dissertation explores the variables that influence healing, drawing on prior research of Maggie Centres, to examine how design elements such as light, acoustics and natural elements contribute to recovery.

A foundational study by DuBose et al (2018) in the Health Environments Research and Design Journal identified six key variables influencing healing in architectural spaces: home-like environments, access to nature, lighting, noise control, barrier-free environments and room layout. These variables were further categorized into four overarching domains: psychological, social, self-efficacy and functional. This framework provides a critical lens through which to evaluate the relationship between design and healing, offering insights that inform this dissertation's analysis of Maggie Centres.



Maggie Centres exemplifies the integration of architectural design with healing principles, redefining the concept of healing spaces and setting a precedent for future designers. Located within the grounds of hospitals across the UK, these hybrid buildings provide a blend of social, mental and physical activities aimed at enhancing the healing process. Specifically designed to support cancer patients, Maggie Centres serve as a response to the multifaceted challenges of cancer

care, offering environments that promote well-being and recovery. As Jencks and Heathcote (2010) describe, the centres embody an “architecture of hope” (p.13), distinguishing themselves from the traditional, institutionalized aesthetics of hospital design.

This dissertation examines three Maggie Centres in the UK: Maggie’s Centre Edinburgh, Maggie’s Centre Gartnavel and Maggie’s Centre Sheffield. The study employs three

design criteria to analyze these spaces: the first, inspired by Dubose et al. (2018), focuses on healing constructs; the second is the relationship between design fundamentals and human interaction with space; and the third evaluates the physical elements necessary for creating a healing environment. The research incorporates a combination of qualitative methods, including the analysis of photographs and site drawings, sketches produced by the author, and second-

ary data from books and architects’ websites. These methods enable a comprehensive examination of how Maggie Centres enhance the healing experience for patients. By applying these criteria, the study aims to establish the architectural and environmental factors that contribute to the therapeutic qualities of these spaces.

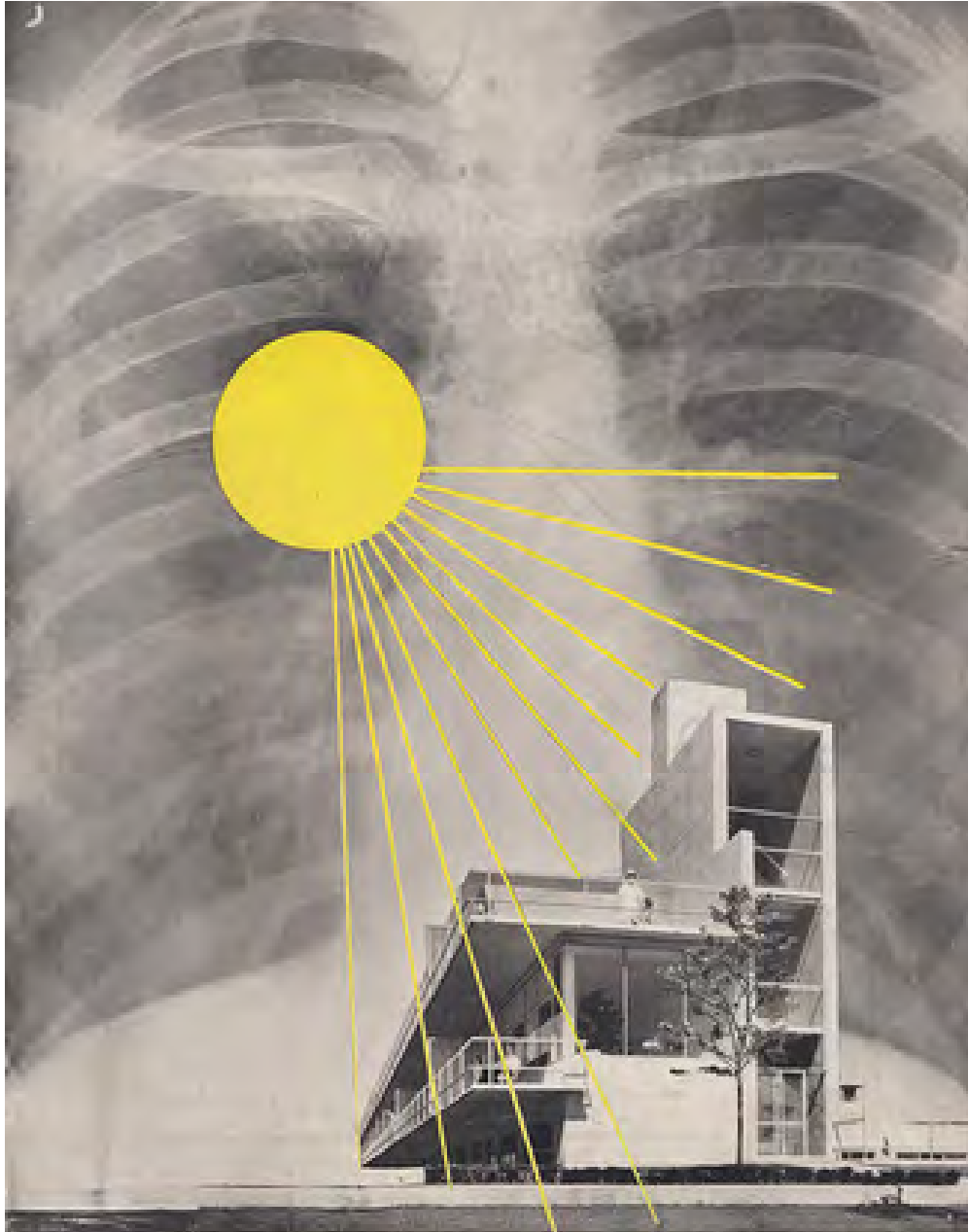
**Figure 3**  
Maggie Centre Oxford



Note: Eyre, (n.d.)

**Figure 4**

Cover of *Revista Nacional de Arquitectura*, found in *X-Ray Architecture*



Note: Colomina, (2019)

## 2. CONTEXT

### Healing Space:

For generations, the design of hospitals has adhered to a clinical, orderly aesthetic, prioritizing functionality over the emotional well-being of patients. This modernist approach often contributes to feelings of alienation and depression, a phenomenon architectural historian Beatriz Colomina describes as “the melancholy of modernity” (Colomina, 2019, p11). Contemporary research, however, highlights that healing extends beyond the medical expertise of nurses and doctors; the environment itself plays a crucial role in the healing process.

A healing space aims to facilitate the patient’s recovery through intentional design and architectural principles. The human body inherently responds to its environment, raising the question of how aesthetics influence healing. As Day (2016) asserts, “All aspects of our environment work on us, through all our senses, on all levels of our being and at three levels of social scale: personal, cultural and universal” (p111). While individual preferences shape responses to

design, certain elements, such as colour psychology, have universal implications. Warm colours can inspire energy and positivity, while cool colours often evoke relaxation or melancholy. The deliberate application of colour in a healing space can significantly transform its atmosphere, fostering an environment conducive to recovery.

It is important to distinguish healing from curing. Healing spaces are not designed to eradicate illness but to support patients as they process the physical and emotional trauma of their condition. These spaces are carefully crafted to address the mind, body and spirit, enabling individuals to regain a sense of control and humanity during a time when their health is beyond their control. Maggie’s Centres exemplify this philosophy, providing environments where cancer patients feel supported and humanized through thoughtful and intentional design.



**Figure 5**  
Maggie Yorkshire



*Note:* Heatherwick Studio, (2023)

#### Maggie Centres:

Maggie Centres serve as innovative cancer care facilities located within hospital grounds across the UK. The concept was inspired by writer, gardener and designer Maggie Keswick, who drew on her personal experience with cancer. Reflecting on her treatment, she described an “awful interior space with neon lights and sad people sitting exhausted on chairs” (Keswick, 2010, p. 13). In 1993, Keswick and her husband, Charles Jencks, envisioned a new approach to cancer care by transforming a small space with a large window to connect patients with their environment. In 1994, Keswick and nurse Laura Lee identified a site on the grounds of the Western General Hospital in Edinburgh. After persuading John Connaghan, the hospital’s Chief Executive, they secured the location and began work on the first Maggie Centre (Jencks et al., 2010, p. 205). This centre, designed by architect Richard Murphy, was completed in 1996, shortly after Keswick’s passing.

The architectural brief for Maggie Centres establishes them as hybrid spaces- small, domestic and

welcoming- designed to create a safe and comforting environment. These spaces aim to instil hope and inspire patients. As Jencks (2010) explains, “A place to turn to which is surprising and thought-provoking- and even inspiring- will give them a setting and benchmark the qualities they will need in themselves” (p. 219). Maggie Centres emphasises openness, connecting patients with themselves, others and nature, while also offering private areas for consultations and support.

Ultimately, Maggie Centres aims to counter the dehumanizing qualities often associated with hospitals. Their ambitious design brief proposes a more compassionate and empowering approach to cancer care, offering individuals a chance to regain a sense of control during a period of uncertainty. With plans for continued expansion both in the UK and internationally, Maggie Centres are poised to extend their impact and support to a broader network of patients.



**Figure 6**  
Design Criteria

Physical Elements	
Art	
Communal Area	
Counselling Area	
Ergonomic Furniture	
Indoor Environmental Quality	
Information Richness	
Mobility and Wayfinding	
Natural Landscape	
Natural Light	
Natural Elements	
Noise Reduction	
Private Area	
Transitional Spaces	
Design Elements	
Line	
Shape	
Form	
Value	
Colour	
Texture	
Space	
Typography	
Balance	
Unity	
Healing Constructs	
Psychological	
Self-Efficacy	
Social	
Functional	

Note: Authors own, (2025)

3. UNDERSTANDING AND ANALYSING THE DESIGN ELEMENTS OF MAGGIE CENTRE’S CONTRIBUTING TOWARDS THE HEALING EXPERIENCE

**Introduction to Case Studies**  
This research seeks to explore the positive attributes of Maggie Centres, focusing on their overall success as healing spaces through a detailed examination of design elements. The investigation aims to evaluate the role of design in enhancing the healing experience for cancer patients. The primary objective is to understand how Maggie’s Centres have set a new benchmark for design in healing environments, positively influencing the recovery process of individuals undergoing cancer treatment.

**Methodology**  
The primary research question this dissertation seeks to answer is: How do healing environments contribute to the healing process of cancer patients in the UK? The author believes that evaluating case studies is the most effective approach to answer this question. Three Maggie Centres have been selected for detailed study: Maggie’s Edinburgh, Maggie’s Gartnavel, and Maggie’s Sheffield. These UK-based centres provide a focused analysis, allowing the author to assess the evolution of design and its impact on the healing experience. The temporal range between these case studies offers valuable insight into the progress-

ion of design over time and its role in enhancing the therapeutic qualities of these spaces.

Due to time constraints, the author was unable to personally visit these centres; however, extensive research has been conducted into each case study. This research includes a combination of qualitative methods, such as the analysis of photographs, site drawings, sketches created by the author, and secondary data sourced from books and architects’ websites. These methods provide a comprehensive understanding of how Maggie Centres foster a healing environment for patients.

It should be noted that, due to the nature of the chosen methodology, the author’s personal perspective may influence the results and interpretations.

**Methods**  
The author will apply a structured analysis to the case studies, focusing on three design criteria (Figure 6). The first criterion comprises physical elements, informed by Maggie’s Architecture and Landscape Brief (2015). The second criterion was developed by the author and focuses on essential design elements that contribute to an individ-

ual’s overall experience within the space. The final criterion, inspired by DuBose et al. (2018), examines the personal experience of healing and assesses how the design addresses these aspects. The author believes that these three criteria will provide a comprehensive investigation into Maggie Centres and their contribution to the healing process.

**Figure 7**  
Maggie's Edinburgh



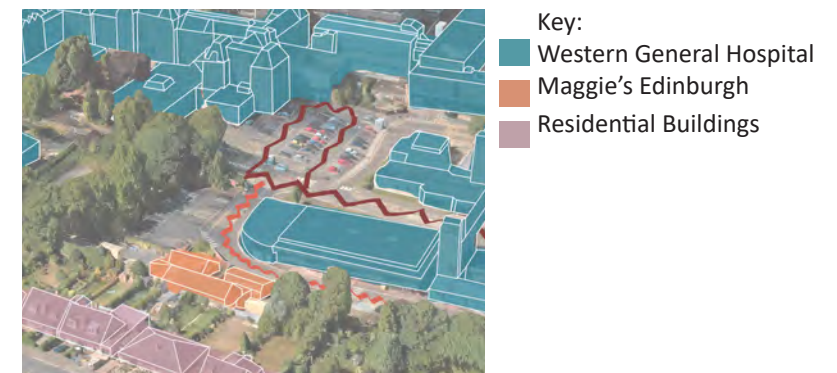
Note: Murphy, (n.d.).

#### Case Study One- First Ever Centre: Maggie Centre, Edinburgh

The Maggie Centre in Edinburgh (Figure 7) represents a pivotal moment in the evolution of cancer care facilities. It was first built, unlike subsequent centres, the architects worked directly with Maggie Keswick throughout the design process. Located on the grounds of Western General Hospital, where Keswick underwent her final treatments, the centre was completed in 1996, designed by architect Richard Murphy (Jencks & Heathcote, 2010).

A site analysis (Figure 8) reveals that while the larger scale of the Western General Hospital may evoke feelings of intimidation, the smaller scale of the Maggie Centre contrasts this, contributing to a sense of intimacy and privacy. As Jencks et al. (2010) note, the center's design prioritizes warmth and informality, with the building's domestic scale aligning with its intended purpose as a welcoming space. The surrounding residential buildings also reinforce this scale, creating a sense of community between the centre and its environment.

**Figure 8**  
Maggie's Edinburgh site analysis



Note: Authors own adapted from Google, (2019)



**Figure 9**  
Maggie's Edinburgh exterior facade



Note: Murphy, (n.d.).

**Figure 10**  
Maggie's Edinburgh stairwell



Note: Murphy, (n.d.).

**Figure 11**  
Maggie's Edinburgh atrium



Note: Murphy, (n.d.).

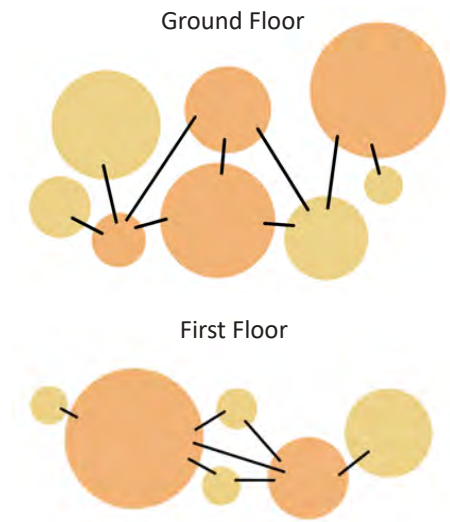
Murphy retained the historic features of the existing stables (Figure 9), introducing a modern, minimalist intervention that respects the site's history (Jencks & Heathcote, 2010). While the design succeeds in creating an organic flow through the building, there are moments where the unity between design elements, such as the timber façade and the organic curves of the roof, could be further explored.

Despite this, the building's functional layout, particularly the double-height atrium and brightly coloured stairwell (Figure 10), contributes to a homely atmosphere, aligning with the intended goal of creating a non-institutional space. The staircase leads to intimate spaces within the building, which Murphy designed as retreats for the users (Figure 11).

However, the author suggests the design pertains to the wayfinding experience. From the author's analysis, there appears to be a lack of clear guidance within the building. Although the design aims to facilitate a free-flowing movement through space, this approach may

inadvertently lead to confusion for users, particularly due to the absence of informative cues upon entering the building (Figure 12).

**Figure 12-**  
Flow Diagram



Note: Authors own, (2025)

Key:  
● Public  
● Private



The kitchen serves as the heart of the centre, offering an open, welcoming space that encourages interaction among patients, staff and visitors. Its double height serves as the central focal point of the building, embodying the domestic character of space. It is strategically designed to represent the heart of the centre. The kitchen features tall, frosted glass windows with

floor-to-ceiling doors on either side, providing privacy while maximizing the influx of natural light. This optimal exposure to natural light is particularly significant in contributing to healing processes, as research suggests that natural light can have a positive psychological impact on the human body (Day, 2016).

The open-plan design of the kitchen facilitates a seamless flow of movement throughout the centre, promoting a sense of openness and avoiding the feeling of confinement. This design creates a welcoming atmosphere that may encourage social interaction among patients, staff, and visitors, which, in turn, could enhance the psychological well-being of users (Figure

13). The kitchen, as a social space, fosters opportunities for communication, further supporting the psychological benefits of the environment.

**Figure 13**  
Drawing of Maggie's Edinburgh kitchen area



Note: Authors own, (2025)



**Figure 14**  
Maggie's Edinburgh Garden



*Note: Murphy, (n.d.).*

**Figure 15**  
Maggie's Edinburgh Plantation



*Note: Scotlandsgardens.org, (n.d.)*

**Figure 16**  
Maggie's Edinburgh Garden Path



*Note: Scotlandsgardens.org, (n.d.)*

A spacious outdoor seating area, situated opposite the kitchen, leads to an expansive garden (Figure 14) and a thoughtfully designed garden walk, curated by Emma Keswick. The area provides an opportunity to transform unused hospital grounds into a visually appealing and therapeutic space.

The integration of a diverse range of colourful plants and foliage (Figure 15) brings elements of nature into the centre, offering a contrast to the often-sterile environment of a hospital. The garden's design, characterized by its careful consideration of texture, material and form, evokes a sense of tranquility, allowing users to immerse themselves in nature.

This contrasts the artificiality of the interior materials, highlighting the potential benefits of nature in a healing environment. However, it could be argued that a stronger connection between the interior and exterior spaces would further enhance the user experience. Incorporating more organic and natural elements within the interior space could create a seamless transition and reinforce the therapeutic atmosphere, ultimately fostering self-efficacy and inspiring users to

engage with the healing environment more fully.

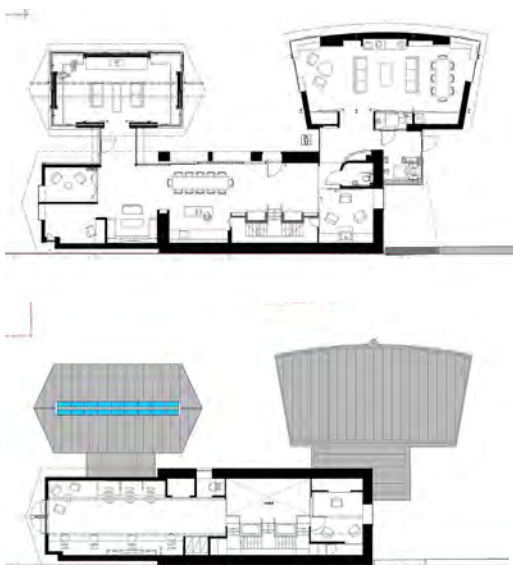
The garden path extends eastward (Figure 16), leading to a smaller, more intimate building designated for one-on-one counselling sessions. This private space offers users an opportunity to reflect, alleviate stress, and discuss their challenges with a supportive professional. Such areas provide essential emotional support and contribute to the overall healing process by addressing the psychological needs of patients.

**Figure 17**  
Drawing of Counselling Room



Note: Authors own, (2025)

**Figure 18**  
Maggie's Edinburgh architectural drawings



Note: Murphy, (n.d.).

**Figure 19**  
Indoor environmental quality diagram



Note: Authors own, (2025)

The centre's design incorporates Japanese influences, such as the use of natural materials like timber and stone, which contribute to a calming environment. Bold colours, such as yellow and orange, are combined with neutral tones, reinforcing a sense of warmth and comfort (shown in Figure 17). By avoiding clinical functionalism, it demonstrates it's not a hospital building. (Jencks & Heathcote, 2010). Although the design avoids the clinical feel of a hospital, some critics argue that a more domestic approach could have been achieved by minimizing the use of minimalist elements.

Paolozzi prints on the walls add character to the space. Inviting creativity into the space provides an opportunity for the user to distract themselves from reality and further enhance the healing process.

An analysis of the floor plan (Figure 18) highlights the indoor environmental quality (IEQ) within the space, focusing on how air circulation, access to natural light, and noise travel throughout the building (Figure 19). The interior layout fosters a sense of connection between spaces, facilitating optimal airflow and the

inclusion of floor-to-ceiling windows further enhances the quality of the indoor environment by maximizing exposure to daylight and providing unobstructed views of the exterior landscape. These design choices may significantly contribute to the healing process by addressing both the physical and psychological well-being of users. Studies have shown that natural light and improved air quality positively impact mental health and recovery rates (DuBose et al., 2018), suggesting that the careful consideration of environmental elements within the design can promote a more therapeutic atmosphere.

In conclusion, the design elements of the Maggie Centre in Edinburgh, from the layout to the use of colour and materials, work together to create a space that fosters healing and well-being for cancer patients. The emphasis on privacy, social interaction, and connection to nature reflects the broader goals of the Maggie Centres in promoting holistic health.



**Figure 20**  
Design Criteria

Physical Elements	
Art	
Communal Area	
Counselling Area	
Ergonomic Furniture	
Indoor Environmental Quality	
Information Richness	
Mobility and Wayfinding	
Natural Landscape	
Natural Light	
Natural Elements	
Noise Reduction	
Private Area	
Transitional Spaces	
Design Elements	
Line	
Shape	
Form	
Value	
Colour	
Texture	
Space	
Typography	
Balance	
Unity	
Healing Constructs	
Psychological	
Self-Efficiency	
Social	
Functional	

Note: Authors own, (2025)

## ANALYSIS AND DISCUSSION

The author conducted a checklist to assess Maggie’s Centre, Edinburgh, evaluating its physical properties, design elements, and healing constructs to determine their contribution to the overall success of the healing environment.

### Physical Elements (Figure 20)

Maggie’s Edinburgh demonstrates significant success in introducing physical elements that enhance a healing space. However, certain aspects of the design present limitations. Art plays a pivotal role in healing, as it evokes personal emotions and fosters well-being. As highlighted by Art UK (n.d.), “Some 15 years ago, a Maggie’s Art Group was established to advise on which artists and works might work best for the centres.” Despite this emphasis, the Edinburgh centre could enhance its implementation of art throughout the building. A broader range of stimulating artwork might provide alternative therapeutic benefits, further enriching the users’ healing experience (Figure 20).

The centre also lacks sufficient informational guidance for visitors upon arrival. Through the author’s research, it was noted that the absence of clearly provided information could hinder a

user’s experience by increasing the potential for anxiety in navigating an unfamiliar environment. Ensuring that visitors receive guidance and clarity could improve their ability to engage with the space, thereby reducing stress and contributing to a more positive overall experience.

Additionally, the analysis was limited in understanding how noise might travel through the building. Due to reliance on sketches and photographs rather than direct observations, the author was unable to evaluate the acoustic properties of the centre and their potential impact on the users. Noise is a key consideration in healing spaces, as sound levels can influence stress and comfort (DuBose et al., 2018).

### Design Elements (Figure 20)

The architectural design elements of Maggie’s Edinburgh present both strengths and areas for improvement. The relationship between the roof and facade raises questions regarding the flow and continuity of the structure. This disconnection may lead to a sense of disunity in the external design, detracting from the overall coherence of the space.

Furthermore, the centre’s interior tex

ture appears inconsistent. Texture is a vital design feature, as it provides a sensory experience that can engage users on multiple levels. A more cohesive use of texture throughout the site could elevate the user experience, stimulating the senses and contributing to the healing environment. Research indicates that multisensory stimulation supports emotional and psychological well-being, enhancing the healing process (Day, 2016).

### Overall Evaluation

Maggie’s Edinburgh stands as a highly influential design, setting a foundational structure for subsequent Maggie Centres. While its achievements in creating a healing environment are commendable, addressing the identified limitations—such as expanding the integration of art, providing better navigational information, and ensuring consistent sensory elements—could further enhance its efficacy. As the blueprint for future centres, its design continues to inspire innovation in healing architecture.

**Figure 21**  
Maggie's Gartnavel atmospheric drawing



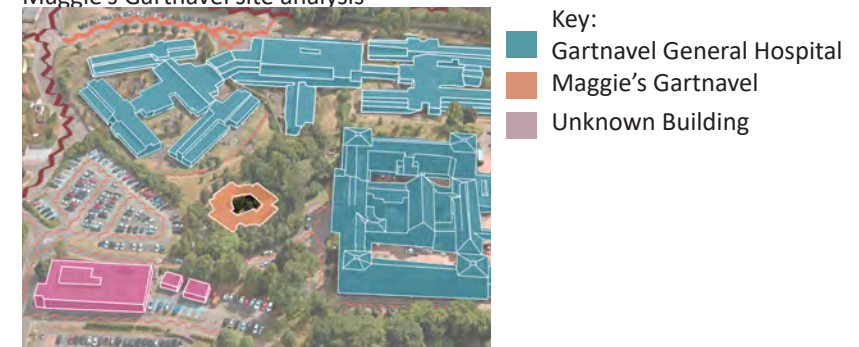
Note: (n.d.). In OMA.

## Case Study Two- Operational Centre: Maggie Centre, Gartnavel

Maggie's Centre, Gartnavel (Figure 21), is located within an internal courtyard overlooking Gartnavel General Hospital in Glasgow, UK. It is the eighth Maggie's Centre built in the UK and was designed by renowned architect Rem Koolhaas and the Office for Metropolitan Architecture (OMA). Koolhaas envisioned the building as a sequence of interconnected rooms, describing them as "a series of scenes of domesticity in which the kitchen, dining room, and library appear in succession" (Koolhaas, n.d.). The design embodies the concept of a refuge, with single-level rooms seamlessly connected to align with the requirements of a Maggie's Centre. While the building's exterior reflects sleek modernism, its interior programs reveal an inherent domesticity.

To gain insight into the site, the author conducted a site analysis of the external features (Figure 22). Maggie's Gartnavel is significantly smaller than the adjacent hospital, giving it a domestic scale that reduces the potentially intimidating atmosphere often associated with institutional buildings. The centre is enveloped by vegetation, fostering a strong connection to nature. The surrounding trees and shrubs help isolate the building from the hospital grounds, likely contributing to the therapeutic environment for patients. Furthermore, the analysis identified that nearby roads experience light traffic, ensuring minimal noise disruption around the centre.

**Figure 22**  
Maggie's Gartnavel site analysis



Note: Authors own adapted from Google, (2019)



**Figure 23**  
Maggie's Gartnavel model



Note: (n.d.). In OMA.

**Figure 24**  
Drawing of Maggie's Gartnavel kitchen



Note: Authors own, (2025)

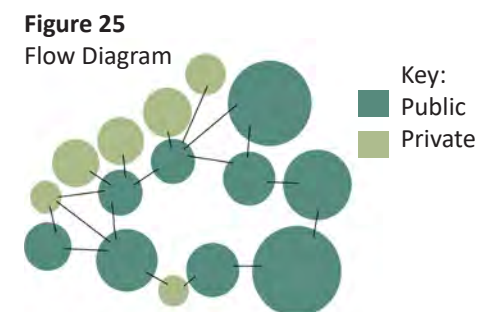
The centre's layout forms a ring of interconnecting rooms structured with L-shaped configurations (shown in Figure 23). This design minimizes the need for traditional corridors, thereby avoiding institutionalized circulation.

The kitchen (Figure 24) stands apart as a focal space within the centre. It is defined by a large solid L-shaped wall and a spacious open room with floor-to-ceiling windows facing the external surroundings. The windows allow natural light to flood the space, creating a welcoming atmosphere. Consistent with the principles of other Maggie's Centres, the kitchen fosters healing constructs by promoting self-sufficiency and encouraging social interaction. By enabling individuals to engage in activities such as preparing meals or making tea, the space supports essential aspects of psychological and emotional well-being.

The fragmented floor plan guides users through the building, with floor-to-ceiling windows maintaining a visual connection to the exterior landscape. While this approach enhances the bond between the body and nature, it also limits natural wayfinding. The design lacks

elements that encourage exploratory movement, which may leave users feeling confined to predetermined paths. Incorporating bold colours along these pathways could create a warmer ambience and inspire users, energizing their experience as they navigate the centre.

The irregular layout of Maggie's Gartnavel creates communal spaces that are interconnected yet distinct in purpose (Figure 25). The structure naturally forms small nooks, offering private and secluded areas where users can retreat for solitude. While this simplicity aligns with the needs of a cancer care facility, a potential drawback is the lack of complexity in the design. Although simplicity may be appropriate in this context, a more challenging spatial arrangement could have further stimulated users' cognitive and emotional engagement, potentially enhancing the healing process.



Note: Authors own, (2025)



**Figure 26**  
Model of Maggie's Gartnavel's internal courtyard



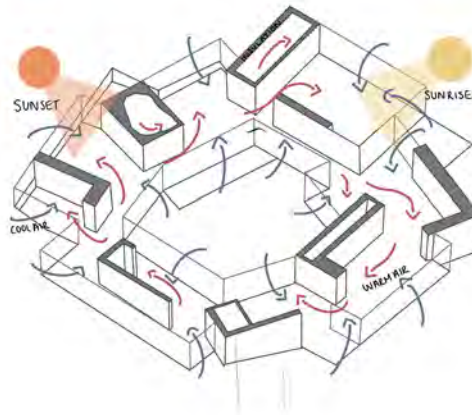
Note: (n.d.). In OMA.

**Figure 27**  
Drawing of Maggie's Gartnavel



Note: Authors own, (2025)

**Figure 28**  
Diagram of indoor environmental quality



Note: Authors own, (2025)

One of the most intriguing design features is the building's interaction with its internal courtyard (Figure 26). The rooms encircling the courtyard are predominantly structured with floor-to-ceiling windows, except for the kitchen wall. This design strategy creates a visually stimulating environment, engaging the user's senses and potentially activating healing constructs (Figure 27). Each space within the building offers a unique perspective of the surrounding woodland, which serves as the sanctuary of the centre. Additionally, the site establishes a connection to Glasgow by framing views of the city's architecture and landscape beyond the hospital grounds. This feature enables individuals to detach from the hospital environment and immerse themselves in nature, fostering a sense of relaxation that contributes to the healing process.

Figure 29 illustrates the typography of the site, where the building is situated on a slight incline. Koolhaas capitalized on this natural feature by designing spaces that subtly rise and fall with the landscape, introducing gentle height variations within the interior. While this approach is effective in creating

a natural setting, the centre might have been further enhanced by the inclusion of additional levels. This design choice could have provided new vantage points for scenic views and offered opportunities for more dynamic social or private spaces. A multi-level structure might have added complexity to the spatial experience, enriching the overall design.

In conclusion, the design elements of the Maggie Centre in Gartnavel—including its layout, choice of materials, and variation in form—harmoniously contribute to creating an environment that supports healing and well-being for cancer patients. The focus on privacy, social engagement, and integration with nature aligns with the overarching mission of Maggie Centres to promote holistic health and care.

**Figure 29**  
Model of Maggie's Gartnavel's Typography



Note: (n.d.). In OMA.

**Figure 30**  
Design Criteria

Physical Elements	
Art	
Communal Area	
Counselling Area	
Ergonomic Furniture	
Indoor Environmental Quality	
Information Richness	
Mobility and Wayfinding	
Natural Landscape	
Natural Light	
Natural Elements	
Noise Reduction	
Private Area	
Transitional Spaces	
Design Elements	
Line	
Shape	
Form	
Value	
Colour	
Texture	
Space	
Typography	
Balance	
Unity	
Healing Constructs	
Psychological	
Self-Effency	
Social	
Functional	

Note: Authors own, (2025)

ANALYSIS AND DISCUSSION

Following a comprehensive examination of Maggie’s Gartnavel, the author reflected on the findings based on the established criteria.

**Physical Elements (Figure 30)**  
It was observed that Maggie’s Gartnavel lacks a consistent display of artwork throughout the space. A more uniform integration of artwork could enhance the psychological aspects of the environment, significantly contributing to the overall healing experience. Art has been widely recognised as a key component in fostering emotional well-being, making its consistent presence in such spaces a critical consideration.

In addition, the findings indicate a deficiency in guidance and navigation within the centre. Maggie’s Centres aims to create a welcoming and supportive environment for their users. However, the lack of clear informational or navigational aids may detract from this intention, potentially increasing feelings of uncertainty among users. Addressing this gap could improve the centre’s functionality and enhance user experience.

**Design Elements (Figure 30)**  
Unlike Maggie’s Edinburgh, Maggie’s Gartnavel exhibits an organised flow

that, as noted by Jencks et al. (2010, p. 180), reflects “the language of the contemporary hospital.” While this structured approach ensures spatial clarity, it risks conveying an overly directive atmosphere, where users may feel led through the space rather than navigating it freely. In contrast, Maggie’s Edinburgh exhibited a more domestic design approach, which appeared to be less evident in this study. In Maggie’s Architecture and Landscape brief it states: “We want Maggie’s to shelter you but to be open to the outside world, to encourage you to look out” (Maggie’s, 2015). The design does achieve this, particularly through its use of floor-to-ceiling windows that seamlessly connect the external and internal courtyards.

Maggie’s Centres aim to create an impression where users think, “I can imagine feeling different here” (Maggie’s, 2015). While this sentiment is partially achieved, the integration of bold, uplifting colours in the interior design could further enhance the environment’s capacity to transform and inspire healing. The use of vibrant colours would contribute to a more inviting atmosphere, positively impacting users’ emotional well-being.

**Healing Constructs (Figure 30 )**  
According to Kligler et al. (2011), “homelike environments can reduce patients’ pain and emotional distress.” However, the findings suggest that Maggie’s Gartnavel does not fully harness this potential compared to Maggie’s Edinburgh. Although the environment is well-designed overall, certain psychological aspects of the space appear less impactful, limiting the centre’s ability to evoke positive thoughts and feelings effectively.

**Overall Conclusion**  
In conclusion, while Maggie’s Gartnavel is a well-executed healing environment, a few enhancements—such as the consistent display of artwork, improved navigation aids, and the incorporation of bold colours—could further elevate its effectiveness as a cancer care facility. These changes would not only align with the centre’s core objectives but also enhance the overall healing experience for its users.



**Figure 31**

Maggie's Sheffield model found in *The Architecture of Hope*



Note: Jencks & Heathcote, (2010).

### Case Study Three- Unrealized Centre: Maggie Centre, Sheffield

The Maggie Centre in Sheffield, designed by architect Hawkins Brown, was never realised beyond the design stage in 2002. While the centre did not become operational, several models and drawings offer insight into the envisioned space. The *Architecture of Hope* includes a design statement from Hawkins Brown Architects, outlining the site, context, and aspirations for the project.

In contrast to the previous case studies, the Sheffield site was intended to be housed within the existing structure of an Edwardian villa (Figure 31). This unique context provided the centre with a domestic scale not seen in the other Maggie Centres. The design layout was conceived to replicate a residential property, which would have elevated the centre, incorporating a variety of forms and structures to create a welcoming environment.

Given that the existing structure was inherently domestic, it featured many smaller rooms, ideal for privacy. However, the architects had to open more expansive spaces to meet Maggie's design brief. As a result, internal walls would have been removed to create a more open plan. The design aimed to overlap spaces to maintain connectivity, incorporating sliding doors to offer flexibility in the layout. One potential drawback of this approach was the complexity of stripping back the layers of the existing walls while maintaining the domestic feel.

Furthermore, the limited size of the pre-existing structure could have posed challenges, as it may not have allowed for enough space to accommodate a larger number of users comfortably. Constructing a Maggie's Centre requires substantial financial investment, and the complexity of this project may have contributed to why it did not progress beyond the design stage.



**Figure 32**

Maggie's Sheffield 3D model found in *The Architecture of Hope*



Note: Jencks & Heathcote, (2010).

**Figure 33**

Maggie's Sheffield kitchen drawing



Note: Authors own, (2025)

The materials selected for the building were a defining design element. The building's stone shell, which had blackened over time, provided a dark, earthy theme that permeated the entire centre. For the more intimate and private areas, Brown created "cave-like" spaces that served as relaxation areas. The alcoves potentially serve as a retreat, offering users a secluded space for personal escape. The dark, enclosing walls foster a cozy atmosphere, while the soft, warm lighting further enhances relaxation. This combination creates a calming psychological effect, promoting a sense of peace and tranquillity for the user.

The solidity of the earthy walls merged seamlessly with the garden, fostering a connection between the interior and exterior. In contrast to this "cave" aesthetic, the new extension, including the kitchen (Figure 33), was designed with light, translucent polycarbonate cladding and floor-to-ceiling windows. This choice of materials maximised natural daylight and contributed to a welcoming atmosphere for users.

This centre represented a

departure from conventional domestic design and pushed the boundaries of what a Maggie Centre could be. A theme of adaptive reuse was central to the project, incorporating innovative design details that would have made the space engaging and stimulating. Examples of these details include: "polycarbonate cladding... is tattooed with a semi-transparent pattern; earth normally found underfoot forms walls and seatbacks; old drawers are given new life embedded into the earth walls; a sedum bed forms the roof and crowns the extension with a shaggy hair-do; recycled and compressed washing-up liquid bottles make fitting doors and worktops for a fitted kitchen" (Jencks & Heathcote, 2010, p. 197).

In conclusion, while the site's design proposed complex ideas that would have resulted in a new interpretation of the Maggie Centre, several limitations likely contributed to its failure to progress past the design stage. The author would describe this proposal as ambitious, and it is possible that the success of other Maggie Centres presented challenges that the Sheffield project could not overcome.

**Figure 34**  
Design Criteria

## ANALYSIS AND DISCUSSION

### Physical Elements

Art	
Communal Area	
Counselling Area	
Ergonomic Furniture	
Indoor Environmental Quality	
Information Richness	
Mobility and Wayfinding	
Natural Landscape	
Natural Light	
Natural Elements	
Noise Reduction	
Private Area	
Transitional Spaces	

### Design Elements

Line	
Shape	
Form	
Value	
Colour	
Texture	
Space	
Typography	
Balance	
Unity	

### Healing Constructs

Psychological	
Self-Efficiency	
Social	
Functional	

After conducting thorough research, the author performed an analysis of Maggie's Centre, Sheffield, based on criteria outlining the physical, design, and healing elements of the space.

### Physical Elements (Figure 34)

Referring to Figure 34, Maggie's Centre, Sheffield, lacked artwork, as the project was unrealized. It was difficult to determine whether artwork would have been incorporated in the same way as in Maggie's Centres in Edinburgh and Oxford. Given the centre's cave-like design, artwork could have played a significant role in transforming the space. As Maggie's (2015) notes, "the way they are furnished, the art on the walls or in the garden, are designed to help people draw on strengths they may think they no longer have."

Additionally, the pre-existing landscape raises concerns regarding the relationship between the built environment and its natural surroundings. Maggie's (2015) highlights that "The landscape gives a bit of breathing space between the two worlds of hospital and normal life." However, it appears the project may not have fully embraced the potential healing benefits that the landscape could offer. Unlike the sweeping

views available at Maggie's Gartnavel, research suggests that this centre would have lacked extraordinary vistas that might enhance the user experience. The centre's location, nestled within a residential context, would not have provided the same stimulating environment as other Maggie's Centres. This limitation may have restricted the healing potential of the space, potentially affecting the overall therapeutic experience for users.

### Design Elements (Figure 34)

Figure X illustrates the design elements, and my findings suggest strengths in this area. The Edwardian villa's design elements would have contributed positively to the success of this healing environment. However, I noted the absence of colour defining the spaces. Incorporating bold, warm colours could have had a significant impact on the healing environment by engaging users and fostering feelings of courage and self-confidence, qualities that patients may have lost during their battle with cancer.

A key weakness of the centre is its ambitious structural foundations within the existing Edwardian villa. The complex layout of the building could have

a significant impact on an individual's emotional well-being, particularly due to the confusion caused by the interior path.

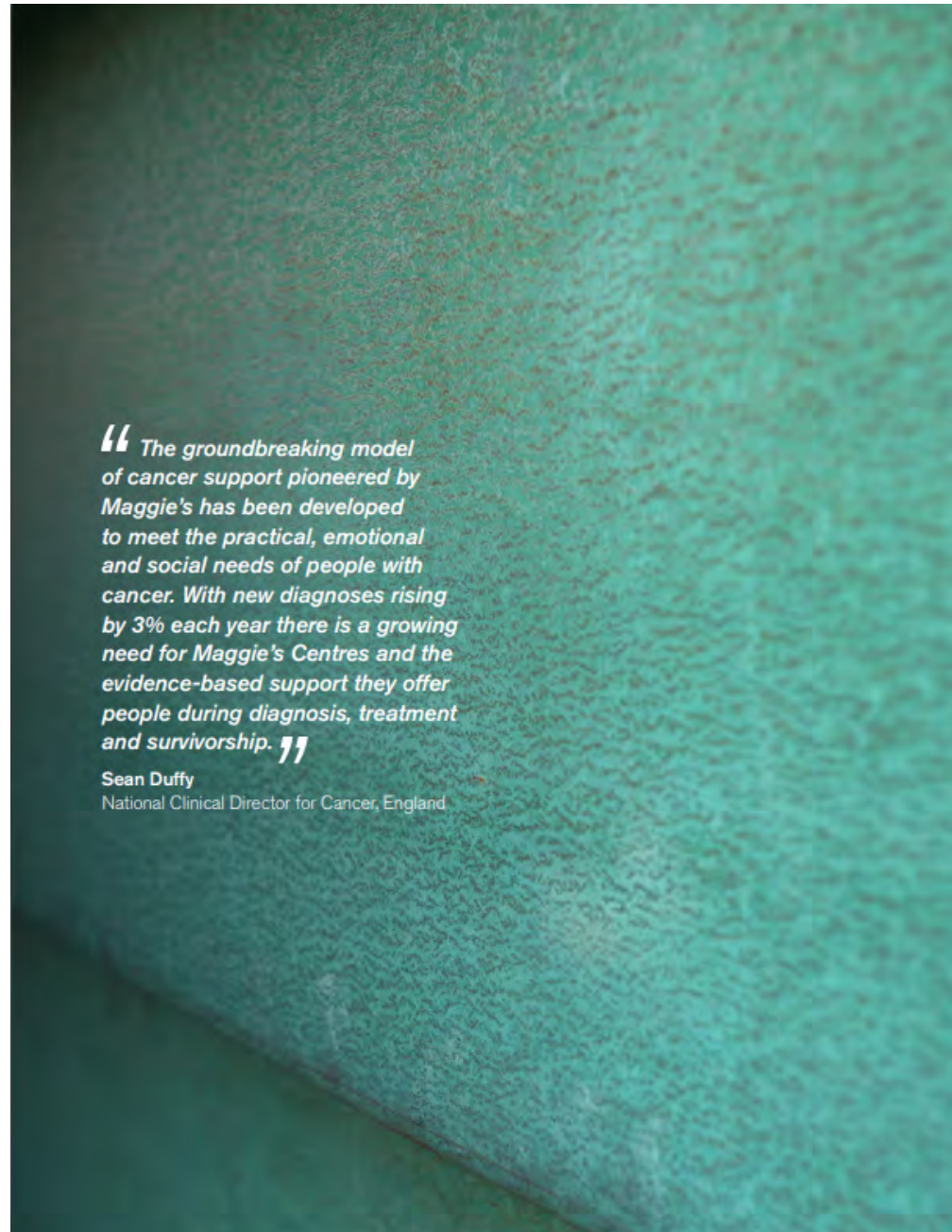
### Overall Conclusion

Maggie's Sheffield features a highly complex structural design, distinguishing it from the previous case studies. While its proposal to create a healing environment is commendable, addressing the identified limitations—such as improving the integration of the natural landscape, enhancing the separation between public and private spaces, and ensuring the consistency of sensory elements—could significantly improve its therapeutic effectiveness. This case study provides valuable insights into the challenges faced, offering an opportunity to learn from these inefficiencies and better prepare for the design of future centres



**Figure 35**

Quote found in Maggie's Evidence-based Programme. (n.d.).



Note: Maggie's Evidence-based Programme. (n.d.).

## CONCLUSION

Reflecting on a quote I previously addressed, "Architecture cannot change society... but it can underwrite and enhance the basic activities of those who work in it" (Jencks, C., et al., 2010), Maggie's Centres have established a new standard for improved design in healing spaces, positively influencing the healing process of cancer care patients.

This dissertation aimed to explore how design elements contribute to the healing experience. Through an analysis of three case studies, it is evident that Maggie's Centres are successful healing spaces due to their thoughtful design. The exceptional development of Maggie Centres has the potential to broaden the knowledge of other designers, ultimately leading to the creation of more effective healing environments for cancer patients. All elements of the programme have been selected based on evidence of their effectiveness in meeting the needs of those affected by cancer (Leonard, n.d.).

The research framework by Jennifer DuBose et al. has expanded my

understanding by exploring the relationship between design and the body. This framework has been integral to analysing how Maggie's Centres use design to positively impact cancer patients. Despite some flaws in Maggie's approach, which may affect the healing experience, the positive qualities of the Centres highlight their overall success as healing spaces.

The three case studies analysed offer valuable insights into the development of Maggie Centres. The first case study, Maggie's Edinburgh, was the inaugural centre, followed by Maggie's Gartnavel, which opened almost 15 years later. Over the years, various architects have pushed the boundaries of design while aligning with Maggie's Architecture and Landscape brief, resulting in different iterations of a healing space.

Although the design approaches of the two case studies differ, both incorporate natural light through expansive floor-to-ceiling windows, a design strategy common to all Maggie Centres.

**Figure 36**  
Statue of Maggie Keswick Jencks



Note: Art UK. (n.d.).

The third case study, Maggie's Sheffield, remains unrealized, offering an opportunity to explore why it did not progress beyond the design stage, unlike the first two case studies. While it was never built, sketches and written statements allowed me to visualize the proposed space. Although each case study featured distinct exterior materiality and form, a noticeable pattern emerged within the interiors. All centres embraced a domestic scale, fostering an inviting environment for the users.

Maggie's Centres provide cancer patients with an opportunity to regain control over their lives. Cancer is a traumatic experience that deeply impacts not only patients but also their families and friends. I believe the programme has the potential to reach people beyond the UK and be implemented in other medical care facilities globally. The objective now is for other healthcare facilities to take inspiration from Maggie's Centres and expand these healing spaces worldwide, making them accessible to all. What barriers exist preventing the wider adoption of

such healing environments? I am confident that Maggie's Centres represent just the beginning of a brighter future for healthcare facilities. A healing experience like that of Maggie's should be available to everyone, regardless of location or background.

While architecture may not be able to cure cancer, it can undoubtedly improve the quality of life for patients. Overall, I assert that Maggie's Centres provide a stable and supportive environment that offers patients an opportunity to regain control over their lives. Through design, Maggie's Centres enhance the quality of life for cancer patients, ultimately facilitating a successful healing experience.



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## Appendix A- Maggie's Architectural and Landscape Brief

# Maggie's Architecture and Landscape Brief

*maggie's*



**Maggie's Highlands**  
Architect: Page / Park  
Opened in 2005

## Maggie's Centres

### Background

In 1995, our founder, Maggie Kesswick-Jencks, wrote this about her experience of cancer:

*"A diagnosis of cancer hits you like a punch in the stomach... No road. No compass. No map. No training... At one time, I could not sit, or lie, or stand, listen or speak coherently because my shattered mind vibrated so violently through my body I felt I might disintegrate."*

Over the course of seven years, Maggie experienced cancer diagnosis, treatment, remission and recurrence. During that time, she took the insight and experience she had gained and transformed it into a pioneering approach to cancer care.

Among Maggie's beliefs about cancer treatment was the importance of environment to a person dealing with cancer. She talked about the need for "thoughtful lighting, a view out to trees, birds and sky," and the opportunity "to relax and talk away from home cares". She talked about the need for a welcoming, reassuring space, as well as a place for privacy, where someone can take in information at their own pace.

We've taken Maggie's blueprint for a model of cancer care and grown it into a network of Centres across the UK, supporting and empowering hundreds of thousands of people with cancer, as well as their families and friends.

Maggie's Centres give people with cancer, their families and friends somewhere to turn to at an extremely difficult moment in their lives. Always close to a major cancer hospital, they are informal "domestic" buildings where people can draw on practical, emotional and social support when they need it, without the need for a referral or an appointment.

They are calm, friendly places whose object is to help ordinary people who have cancer find the hope, determination and resources they need to cope with one of the toughest challenges any of us is likely to have to face.

Maggie's has learned to ask a lot of its buildings and their landscapes, and hence a lot from its architects and garden designers. Our buildings are special, not for some luxury add-on value, but because we need them to do so much for us. They set the scene and the tone for everything that happens at Maggie's.

The job of those who work at Maggie's is to help people work out how to live with cancer. Each person needs to find the way that is right for him or herself, but most people will need some help, at some stage, in finding out what their own way is. Maggie's has a carefully worked out series of options, a "set of tools" to choose from... from individual to group support, workshops on different aspects of living with cancer, relaxation strategies and help with information.

## Architectural Brief

### The work of the building, the landscape and the environment

Please be patient with us if this seems like a long preamble to the specific spatial requirements of a Maggie's Centre. More than anything else this brief is about the feelings we need the design of these places to convey to the people who will be visiting them.

The building, the landscape, the design of the interior, the art on the walls all give a different dimension and depth to the help and support people derive from Maggie's. They have a significant emotional impact on those who come. If they raise your spirits even for a moment, they will have done a good job. We know how much more they can do than that. Our buildings must look friendly. They must have clarity.

All too often the first time someone comes over to Maggie's, that person is feeling both frightened and vulnerable. We know that it often takes three or four attempts before someone makes it through the door. It takes courage to come in. Coming in means accepting that you have cancer. People won't come in if they feel intimidated. We have to make it as easy as possible.

The Centre footprint will be minute in relation to the hospital and Maggie's must shine out like a beacon of hope. We want people who see it to say to themselves "That must be the Maggie's Centre they were talking about, that bright red building" or "By the giant Wellingtonia, it looks great. I'll go over and have a look."

Our buildings and our garden landscapes have to invite you in. The path to the Centre must beckon and guide you to what is clearly the front door. The way the path is planted can help you shed a little of the stress of the hospital atmosphere before you even reach the front door. The landscape gives a bit of breathing space between the two worlds of hospital and normal life (which isn't quite so normal anymore).

Whilst our buildings should look friendly and welcoming, they should not belittle what people are going through by being too 'cosy'. Having cancer is not all right... facing the brutal possibility that you could die and what that means for you and your family is not something you can live with some comfy armchairs and cheerful paint on the walls. These places should look as if they are acknowledging what people are going through, saluting the magnitude of the challenge they are facing and themselves rising to the challenge of trying to help. They should be beautiful.



**Maggie's Wind London**  
Architect: Rogers Stirk Harbour + Partners  
Opened in 2008



**Maggie's Dundee**  
Landscape design: Arabella Lennox-Boyd  
Opened in 2003

All too often the person who turns to Maggie's for help does so because cancer has turned their world upside down. Even if the first time they venture in they only want a small thing, maybe just a cup of tea and a chance to catch their breath, they are hoping for more. Of course, they wish it was all a mistake and that they didn't have cancer, but failing that they are hoping, who wouldn't, for a bit of transformation.

Our buildings and their landscapes offer them that possibility.

Maggie's Centres can and should look (and feel) bold and self-confident, as well as inviting and safe. They must look and feel joyful, they must have zest as well as calm. The impression they must give is "I can imagine feeling different here."

People who are living with cancer need courage, self-confidence and resourcefulness to get on with their lives... and yet courage and resourcefulness crumble under the all too common attacks of fear, helplessness and intense loneliness that so often come with a cancer diagnosis. How do you re-gain your confidence, in circumstances so withering to your capacity to hope?

These buildings and gardens, the way they are furnished, the art on the walls or in the garden, are designed to help people draw on strengths they may think they no longer have. We want Maggie's to kindle people's curiosity and imagination, to nudge them towards possibilities beyond being "just another cancer patient."

If people are going to live, they need to feel as if they, not cancer, are in charge of their lives.

We ask the spaces in our buildings and landscapes to allow the people who use them to take charge of how they want to use them. We want to encourage them to make choices.

Even something quite small, like choosing where you want to make yourself comfortable, is important. Knowing that it is fine to pick up a chair and move it where you want, outside maybe, if it's warm enough; to choose the cushion that makes the chair just the right height for you, or to be able to make your own cup of tea, breaks the rigidity of "I have no choice, I've got cancer."

Distress paralyses you, locks you in. The temptation, when things are tough, is to curl up, to withdraw... We don't want our Centres to be citadels with the drawbridge drawn up. That is much too close to the frame of mind that cancer throws you into. We want Maggie's to shelter you but to be open to the outside world, to encourage you to look out.

We ask our landscape designers and our architects to work closely together from the beginning of a project. It would be wonderful if we could work with a particular artist from the very beginning of the project too. The interplay between outside and inside space, the built and the "natural" environment is an important one. Sheltered inside, it helps to be reminded by a seasonal and changing scene outside, that you are still part of a living world.

We hope that our landscape gardeners will use their planting plans to incorporate scent as well as sight, to think about how their planting will behave in the rain as well as in the sun, to create areas which will have filtered privacy, to plant bulbs which will come up each year, trees and shrubs that bud and blossom and berry, plants that even "die well" before returning next year.

Sometimes, all that a person can bear, if they are in acute distress, is to look out of the window from a sheltered place, at the branch of a tree moving in the wind. We would like there to be as many opportunities as possible to look out from wherever you are in the building, even if it is to an internal planted courtyard.

We want our buildings to coax people out of their feeling of isolation and to help them feel less locked in. We need spaces that make it easy for people to talk to each other and to feel less alone. We need to think about the degree to which people want to be private, to offer them corners to tuck up in with a book, but also places where they can sit and watch, but not necessarily join in. We need to think about how our rooms are going to work, how they are going to be furnished. If they are sitting rooms, the shape needs to take into consideration sofas, chairs and how they will group together, including the incline of the walls allowing for that.

We know we are asking a lot. What we are looking for in our architects and our designers is an imagination and thoughtfulness which looks beyond the normal boundaries of function. We want them to show us how a building and a landscape can do the things we are asking of it (and more) without us having pre-conceived ideas about how they are going to do it.

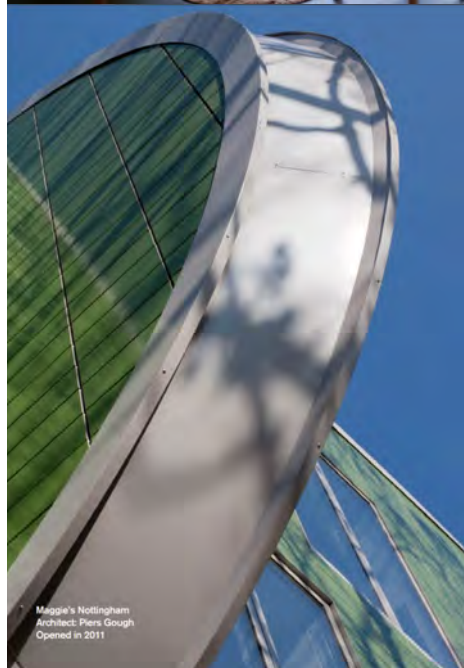




Maggie's Glasgow  
Architect: Rem Koolhaas  
Opened in 2011



Maggie's Limerick  
Architect: Reich and Hall  
Opened in 2014



Maggie's Nottingham  
Architect: Piers Gough  
Opened in 2011



Maggie's Aberdeen  
Architect: Sinahetta  
Opened in 2013

#### Relationship between Maggie's and the hospital it is supporting

Maggie's Centres are built within the grounds of cancer specialist hospitals. In almost every case the leadership team which runs the hospital has asked us to build them a Maggie's Centre.

The hospital's job is to diagnose and treat cancer. The job of Maggie's is to help the person who is being treated for cancer (or has had treatment for cancer) with the major upheaval it brings to their lives and to the lives of those who care for them. The hospital and Centre play different but complementary roles: each recognises that in order to recover from cancer you need both kinds of help.

Hospitals are geared to the delivery of their medical services, and their effectiveness depends on processing the needs of the thousands of people who pass through as efficiently as possible. Hospital sites are enormous. Mostly they grow incrementally as more and more treatments and equipment become available. They seem hopelessly confusing to the uninitiated, a confusion compounded rather than simplified by the proliferation of sign-posting, endless corridors and long treks between departments. The patients who have to negotiate them are likely to feel like very small cogs in a very large machine. It isn't a good feeling.

Maggie's scale is deliberately a domestic one, the antithesis of the hospital's. The concern is for you as a person; the focus is on you, not the disease.

We need to think of all the aspects about a hospital layout which are so demoralising: the closed doors implying secrets withheld, the endless corridors, the signposting, the artificial light, and then unpick and unravel these.

At Maggie's we don't have signs, even on the toilets...you wouldn't in your own home, would you?

#### Maggie's and its local community

Each Maggie's Centre is unlike any of the others. We need the local community to be proud of their own Maggie's...we need the people who live near them to know that they have somewhere wonderful to turn to should they need to use it. It is "their" Maggie's, it belongs to them and they are proud of it.

We hadn't realised, until it happened, how important this element was for the fundraising that is needed for each Maggie's Centre, as each Centre is self-funded. Both the capital costs of the building in the first place and then the annual running costs thereafter have to be raised. The building and landscape need to be their own ambassador in their local community. We rely on people knowing and talking about "their" Maggie's.

#### How the building and garden will be used

Some will visit a Maggie's Centre for the first time when they get diagnosed. Others will not be ready to address the emotional fallout of having cancer, sometimes until long after their treatment. If you have or have had cancer, everything is not necessarily done and dusted by medical treatment.

Families and friends might visit during or after the treatment of someone they love, or perhaps even after someone they love has died. People are very likely to come in for one reason: for example benefits advice or because they are brought in by a friend, and end up using the Centre in a different way to the one they had originally envisaged. With guidance from one of the professional staff who works there, they may then make use of some other part of the carefully tailored programme of support Maggie's offers.

#### Spatial Requirements

We want the ethos to be domestic. There should be as much natural light as possible.

**Entrance:** The entrance should be obvious, welcoming, and not intimidating, with a place to hang your coat and leave your broody. The door should not be draughty, so perhaps there should be a lobby.

**Entrance/welcome area:** We think of this as a "pause" space, in which a newcomer can see and assess what's going on without feeling they have to jump right in. The first impression must be encouraging. There should be somewhere for you and a friend or relative to sit, a shelf with some books and an ability to assess, more or less, the layout of the rest of the building.

**Office:** The office space should be discreet but positioned so that a member of staff working at their desk can spot somebody new coming in to the Centre, (there will be no reception desk). There should be generous storage room for stationery and leaflets. Space will be needed for a photocopier, printer, server etc. Each of the three main workstations needs a telephone, computer point and light, shelf and drawer space. As well as the main ones there should be six smaller workstations.

**Kitchen:** The kitchen area should have room for a large table to seat 12 and is usually the main hub of the building. A fairly large "island" with additional seating for two or three people is essential for nutrition workshops, and extra space for setting up food or drinks. You need to be able to move around the table, and between it and the island. The layout of the kitchen should encourage people to help themselves to tea and coffee. We need ideally two dishwashers (or one large and one small), a large fridge or two smaller ones, one and a half sinks, an oven and a hob.

**Computer desk:** We need two computer areas for people visiting the Centre who want to access information online, and these need to be within shouting distance of the office area for help if needed...the two areas don't have to be side by side.

**Notice board:** There should be space for a notice board to include fundraising and programme messaging - somewhere subtle, not too "in your face" but visible.

**Library:** A place to find books and information and be able to sit and look at them comfortably. Some part of the library needs to have shelving for leaflets and booklets. This space could well be integrated with the "pause space" or an extension of it.

**Sitting rooms:** We need three "sitting rooms" which can be shut off from each other or opened up depending on how they are to be used:

1. The first large room will be used for relaxation groups, tai chi, yoga, lectures or meetings and should provide space sufficient to accommodate 12 people lying down and storage room for folding chairs and yoga mats. It also needs to be able to store table(s) for up to 10 people. A flexible space with options to provide more or less privacy would be helpful. The noise from the main hub area of the building needs to be buffered...it doesn't have to be completely sound-proof. It helps if this room is contiguous to the kitchen area, so that it is also possible to have fundraising events there.
2. The second medium-to-large sized room will be used for workshops and sessions, and needs a table able to seat 12 people, which could be permanent or easy to assemble and store. This room doesn't have to be completely sound-proof either, but should be able to be private and not to be looked in on.
3. A third smaller sitting/counselling room for up to 12 people with a fireplace or stove which doesn't have to be very big - it makes for a firendler atmosphere if people have to budge up a bit.

**Consultation rooms:** Two small rooms used for counselling or therapy, these need windows looking out to grass/trees, or at least a bit of sky. One of the rooms should be able to take a treatment bed. Both should be sound-proof and private when in use, but could be open when not in use.

**Toilets:** Two toilets with washbasins and mirrors, which should be big enough to take a chair and a bookshelf and one of them must have disabled access. They must be private enough to cry. They must be nice places; they should NEVER have gaps beneath the doors.

**Retreat:** A very small quiet space to have a rest or a lie down would be good.

**Views out:** It is important to be able to look out and even step out from as many of the internal spaces as possible even if it is only into a planted courtyard. Planting works well here too. It not only gives a focus to look out at, it can filter privacy in a room with glass doors or windows to the outside. We want the garden, like the kitchen, to be a space for people to share and feel refreshed by.

**Views in:** The interior shouldn't be so open that people feel watched or unprotected.

**Parking:** Most projects require some parking spaces.





Maggie's Oxford  
Architect: Wilkinson Eyre  
Opened in 2014



Maggie's Newcastle  
Architect: Ted Cullinan  
Opened in 2013

#### Budget

Our buildings need to be built as economically as possible, without compromising what we are trying to achieve. We know that any kind of "complex" building costs more to build, but it will have to be borne in mind, at design level, that we have a finite building budget and that subsequent building maintenance and cleaning should be as economical as possible. We don't want to have to assemble scaffolding to change a light bulb, for instance. We won't be employing full time gardeners.

This brief is a generic one. Each new Centre will vary in size in proportion to the local cancer population, and there will be site specific variations.

What will not vary is the requirement to build a beautiful, small, humane building, which raises your spirits when you walk into it.

#### Client Team

Maggie's has a small client team and we like to be involved at every stage of the design from the commissioning of the building right through to the opening and beyond. This is a personal not a "committee" project.

As clients, we see our job as trying to imagine, at every level, how these buildings will work for the people who will be using them. We want to enjoy ourselves, and for you to do so too. We think we will get a better result if we do. We want to be surprised and delighted. If we are, the people who come to them will be too.

[www.maggiescentres.org](http://www.maggiescentres.org)

Maggie's Research Centre Cancer Care Unit (Maggie's) is a registered charity. No. 3032414

## Appendix B- Maggie's Evidence-based Programme.



**Maggie's Evidence-based Programme**

*maggie's*

**“ The groundbreaking model of cancer support pioneered by Maggie's has been developed to meet the practical, emotional and social needs of people with cancer. With new diagnoses rising by 3% each year there is a growing need for Maggie's Centres and the evidence-based support they offer people during diagnosis, treatment and survivorship. ”**

**Sean Duffy**  
National Clinical Director for Cancer, England

**Maggie's Centres**

As Chairman of Maggie's Professional Advisory Board I am pleased to introduce this Medical Brief which provides an outline of Maggie's programme of cancer support. All the elements of our programme have been chosen on the basis of evidence of their effectiveness in meeting the needs of people affected by cancer.

The Professional Advisory Board, which includes eminent clinicians and other healthcare related professionals, plays a key role in supporting our Centres to deliver Maggie's programme in a coherent and consistent manner. It also evaluates the delivery and development of the programme and advises on the implementation of recommendations from programme reviews and audits, ensuring that the programme is effective and of a high quality across our network of Centres.

**Professor Bob Leonard**  
Chair of Maggie's Professional Advisory Board

**What is Maggie's**

Since 1996, Maggie's has been pioneering a new concept of cancer support in the UK. We provide practical, emotional and social support to people with cancer, their family and friends. Built in the grounds of specialist NHS cancer hospitals, our Centres are warm and welcoming places, with qualified staff offering an evidence-based core programme of support developed to complement medical treatment.

**How we started**

A diagnosis of cancer hits you like a punch in the stomach. These are the words of Maggie Keswick Jencks, our co-founder with her husband Charles Jencks, who was diagnosed with breast cancer in 1988. During her treatment process and the challenges it brought, Maggie formulated a vision of a cancer support Centre that could make the experience of diagnosis and treatment easier to bear.

Maggie believed professional, emotional and psychological support could change the way people lived with cancer. She felt that people should be encouraged to become active participants in their treatment and to take control of the process where they could. Her key idea was to bring people together, in a place which would help them to find comfort in the experiences of others and where they could be provided with structured information and professional support.

Supported by her oncology team, including Professor Bob Leonard and nurse Laura Lee, Maggie's vision became a reality in 1996 with the opening of the first Maggie's Centre in Edinburgh. There are now eighteen Centres across the UK, online and abroad, with more planned for the future.

**An experience of cancer**

A diagnosis of cancer can have a devastating effect on people's lives. It can provoke a range of emotions including severe distress, feelings of anxiety, depression, helplessness and uncertainty.<sup>1,2</sup> For many, having a serious illness such as cancer, can trigger an existential crisis, challenging people's perception of themselves, their existence in the world and their sense of purpose and meaning in life<sup>3</sup>. This impact goes beyond the person with cancer to affect families, friends and carers too<sup>4</sup>.

In addition to facing the emotional and psychological consequences of a cancer diagnosis, people often need help with accessing information appropriate to their circumstances<sup>5</sup>. They may need advice regarding treatment or managing side effects, or seek details on nutrition, benefits or making changes that will improve their physical and psychological well-being.



**“ Maggie's provided me with a refuge – a sanctuary – part of the real world but somehow detached. The world hadn't changed but cancer had totally changed who I was and I needed help to learn how to live again. ”**

**Nobel Butler**  
Centre visitor

**Complementing NHS services**

Since our inception we have worked alongside the NHS as a partner in pioneering effective cancer care. We have close working relationships with our partner hospitals and approximately 50% of Maggie's visitors are referred to a Centre by their doctor or nurse.

Our focus on psychological support and clear information for all cancer patients links into the NHS's ongoing implementation of improved care. The Government's Cancer Reform Strategy (2007) also points to the need to support and empower people through and beyond their cancer journey and uses Maggie's as a case study, recognising us as a leading provider of this kind of support.

Over two million people in the UK are now living with cancer<sup>6</sup>. Survival rates for many of the most common cancers have improved considerably in the last decade<sup>7</sup> and the number of survivors is likely to increase by over 3% per year<sup>8</sup>. This means we now have a larger percentage of the population potentially in need of what we offer.

**Maggie's programme of support**

Maggie's Centres welcome people with cancer, their family and friends, at any point in the cancer experience: diagnosis, treatment, post-treatment, recurrence, end of life and bereavement.

Anyone can drop in to a Centre whenever they want. Our programme is free of charge, with no referral or appointment required and people can access our support for as long as they need it.

Every visitor has access to our cancer professionals and to our core programme of support which encompasses practical information, psychological and emotional support, stress and distress management and help to make choices to live differently.

We work with each individual to identify their needs, and elicit their concerns and fears. Understanding each individual's circumstances is central to what we do and allows us to guide each person through aspects of the programme most appropriate to them.

The Maggie's programme is evaluated regularly, in line with evidence-based practice and informed by external research findings, and by drawing on advice gained from our external reviews.

**Details of our programme**

**Accessing and understanding information**

It is known that people affected by cancer have varying informational needs<sup>9,10,11</sup>. The provision of information and support in understanding the information about their cancer has been demonstrated to be a key element in decreasing anxiety and uncertainty and regaining a sense of control<sup>12</sup>. The aim at Maggie's is to help people find and understand the relevant information for their particular situation. We do not give advice regarding individual treatment plans but provide support to clarify people's understanding and to formulate questions, which they can take back to their healthcare team.

Although people receive excellent information directly from their healthcare team, many people fail to recall the information given in a consultation with medical staff<sup>13</sup>, so additional help here can be necessary. Every Maggie's has a library and utilises information provided by other cancer charities such as Macmillan and Cancerbackup, Breast Cancer Care and Cancer Research UK. At each Centre, visitors are provided with an opportunity to request and discuss information at a pace that is tailored to their individual needs. This combination of providing support through information and using it as a vehicle to elicit concerns is a fundamental aspect of Maggie's core programme.

Each Centre also has a Benefits Adviser who is available to support visitors and carers with organising their finances and securing benefits. Disability due to illness can mean that people are unable to work for periods of time and sometimes indefinitely, leading to a reduction or loss of income. Many cancer patients report needing advice on these issues<sup>14</sup>.

**Emotional and psychological support**

People visiting a Maggie's Centre can find support related to any emotional or psychological difficulty they are experiencing. We provide this support in a flexible way as some people feel more comfortable speaking with a cancer support specialist in the drop-in service, while others may need structured, individual sessions with one of our psychologists.

Underpinning all the services at Maggie's is the opportunity for people to meet others with whom they can identify, either around the kitchen table or in any of the workshops or support groups. To hear personal stories of how others have overcome cancer obstacles can be one of the most powerful means of helping people increase self efficacy and gain confidence that they can take on the challenge of cancer<sup>14,15</sup>. Participating in a cancer support group can also complement and enhance the supportive relationships a person may have amongst family and friends<sup>16</sup>. For those unable to visit a Maggie's Centre, we also host a thriving Online Programme which provides an opportunity for those unwell or living in remote areas to receive professional support as well as encouragement from other members of the Maggie's community.

In addition to opportunities to meet other people with cancer, their family or friends, Maggie's provides groups and courses aimed at addressing the unique needs of patients and carers throughout the cancer experience<sup>17</sup>. From our pre-treatment workshops, 'Getting Started with Cancer Treatment', to the post-treatment course, 'Where Now?', Maggie's provides a range of psycho-educational and supportive opportunities for cancer patients and their loved ones to take charge of their well-being and feel a part of looking after their health.

Some individuals may require more individualised support. Prevalence rates estimate that over one-third of cancer patients experience heightened levels of distress<sup>18,19</sup>. However, the majority of these go undetected and untreated<sup>20</sup> and may interfere with patient satisfaction with care, treatment compliance<sup>21</sup> and quality of life<sup>22</sup>. To respond to this potentially heightened need for individualised care, each Maggie's Centre has a Clinical Psychologist accessible by both self and professional referral.



## Living well

Experiencing a serious illness such as cancer can lead people to reflect deeply on how they have been living their lives. A 'teachable moment' can occur here, where people find themselves motivated to adopt healthy behaviour patterns<sup>25, 26</sup>. At Maggie's, we have the facilities, support and knowledge to help people capitalise on this enthusiasm. This can optimise their physical, emotional and psychological health, enabling them to cope as best they can with their experience. These changes can be applied to nutrition, exercise, stress management and other lifestyle factors.

## Diet and nutrition

Patterns of diet and nutrition can be linked with the incidence of cancer<sup>27</sup>, with poor diet considered to be the second largest risk factor after smoking. It may be responsible for up to one-third of all cancer deaths<sup>28</sup>. Our Centres offer nutrition courses and workshops which inform and support our visitors in making nutritional choices that can modify the risk of cancer recurrence, off-set the side effects of treatment and improve their physical and psychological well-being.

## Physical activity

The evidence base for the benefits of physical fitness programmes is growing, with a number of studies affirming the effects of exercise on managing side effects and increasing vitality<sup>29, 30, 31</sup>. Maggie's supports people to incorporate physical activities into their lifestyle through the opportunity to take part in tai chi, yoga, fatigue management workshops, courses and group or individual psychological sessions to build the confidence to take exercise again.

## Stress management and relaxation

To support patients and their family and friends in reducing their levels of distress and increasing their sense of well-being at all stages of the cancer experience, Maggie's offers cognitive behavioural and mindfulness-based stress-reduction courses. During these courses, participants have the opportunity to learn and practise coping skills empirically demonstrated to contribute to reducing distress, improving sleep, and increasing quality of life<sup>32, 33, 34, 35</sup>. Drop-in relaxation, meditation, and mindfulness courses also provide an opportunity for people to continue to develop and practise these skills.

## Environment

Maggie's Centres are unique physical environments, designed by some of the most significant and original architects in the world. All are built with certain fundamental themes in mind and an appreciation of how environment can affect wellbeing<sup>36, 37, 38, 39</sup>. They are spaces that feel warm and supportive whilst also being stimulating and intriguing. They help to inspire people to explore the things they can do to help themselves to live with, through and beyond cancer in their lives.

Each building has been designed to accommodate the full breadth of our programme, keeping everything under one roof. At the same time, they are domestic in scale, with a kitchen at the Centre to facilitate social interaction and a sense of community. The interiors are comfortable and home like but also aesthetically sophisticated, conveying the value we place on therapeutic environments and our aim to make people feel better simply by being inside a Centre.

As Charles Jencks, landscape architect, writer and husband of Maggie, writes in his recent book *The Architecture of Hope*, 'For cancer sufferers, the architecture acknowledges their plight and affirms their worth'.



## Open Centres

Edinburgh 1996  
Glasgow (Gatehouse) 2002  
Dundee 2003  
Highlands 2005  
File 2006  
West London 2008  
Online 2008  
Cheltenham 2010  
Glasgow (Garnavel) 2011  
Nottingham 2011  
South West Wales 2011  
Hong Kong 2013  
Newcastle 2013  
Aberdeen 2013  
Lancashire 2014  
Oxford 2014

## Interim services

Wallace (Cambridge)  
Merseyside at the Clatterbridge

## In development

Forth Valley  
Manchester (The Christie)  
North East London (St Bartholomew's)  
Oldham  
Southampton  
South East Wales  
South West London (The Royal Marsden)  
Yorkshire



**“ Good medicine necessitates scientific and technical excellence. It also demands engagement with patients as individual human beings with unique values, fears and hopes. Patient care is much more than the treatment of disease; it requires human understanding. Maggie's contributes hugely to the human side of cancer care and by working in partnership with NHS oncology units ensures that the whole patient is supported. They do this both through the programme of support and through the Centres themselves – the effect of a patient's environment on their wellbeing should not be underestimated. ”**

**Dr Sam Guglani**  
Consultant Oncologist, Cheltenham General Hospital

**“ I have seen the work of Maggie's Centres first hand and was impressed by the quality of emotional and psychological support they provide to cancer patients and their families. A patient support network makes a real difference to their health outcomes and I can't speak highly enough about the evidence-based programme of support offered at every Maggie's Centre both in the UK and in their growing international presence. ”**

**Professor the Lord Denzi of Denham**

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Please note: Reference update planned.

**“ As an oncologist I know that no one underestimates the difficulties involved in receiving the news that one has cancer. The emotional trauma can be just as difficult as the physical effect. Maggie's Centres help in a way that is a natural extension of our clinical work. For our cancer patients what Maggie's does is vital. ”**

**Professor Bob Leonard**  
Chair of Maggie's Professional Advisory Board

[www.maggiescentres.org](http://www.maggiescentres.org)

Maggie's Research Centre Cancer Care Trust (Maggie's) is a registered charity. No. SC034414



**Figure 37**

Maggie Keswick Jencks in her garden in Portrack, Scotland



*Note: Art UK. (n.d.).*