

M.J. VERKERK, J. VAN HOOF, P.G.S. RUTTEN. *Designing housing for people with dementia using an integrated ethical model*. *Gerontechnology* 2012;11(2):311; doi:10.4017/gt.2012.11.02.375.00 **Purpose** The development of an integrated ethical or normative model to design housing for persons with impairments and diseases, focusing on older persons with dementia. **Method** The development of an integrated ethical model in three steps: (i) description of two cases; (ii) evaluation of the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization and the Model of Integrated Building Design (MIBD)¹; (iii) a philosophical exploration of complexity to determine ethical or normative aspects of housing². **Results & Discussion** The design of housing for persons with dementia is a complex and dynamic process. It requires an interdisciplinary dialogue between care recipients, family, care professionals and designers. In practice it is difficult to combine the ICF-model and the MIBD-model into an integrated ethical model for healthcare facilities for people with dementia. The basic reason is that both models have a different conceptual or philosophical basis with respect to the complexity of reality. Based on the ontology of the philosopher Dooyeweerd³ we developed a model to connect the complex functioning of people with dementia with the complexity of healthcare facilities. This model is based on three pillars: (i) theory of model aspects—we found that about fifteen different aspects or dimensions are necessary to describe the complexity of health care facilities (for instance, spatial, physical, biological, social, power, economical, esthetical, moral, and so on); (ii) theory of technological complexity—in modern buildings all kinds of different technologies are integrated and these technologies and their impact on persons with dementia have to be investigated; and (iii) theory of stakeholders—the design of health care facilities implies the involvement of different kinds of stakeholders. The interests of these stakeholders have to be analysed from the perspective of their own qualifying nature. Our philosophical analysis results in an integrated ethical model that supports designers to analyse the interests of different stakeholders, to categorise and prioritise their interests, and to ask the appropriate questions about the building design. Our analysis shows that our insight in people with dementia and their experience of the built environment needs to improve in order to develop evidence-based designs for buildings.

References

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Keywords: housing, daily living, dementia, ethical model, philosophical basis, complexity

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Full paper: No