Towards accessible sustainable architecture, source of autonomy

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The law of February 11th, 2005 revolutionizes the consideration of the disabled person in our French society. It applies to any type of disability, even crippling situations, by creating statutory obligations in a consideration of accessibility in the widest sense of the term, considering the entire chain of movement. Though the law was much awaited, many obligations it instituted remain to be fulfilled particularly in the field of the construction. The requirement for accessibility by January 1st, 2015 will undoubtedly not be achieved. Nevertheless, shouldn’t we see in this law as an asset rather than an obligation? Architecture, the primary art, has always had for its essential function to protect human being and as such cannot do without an analysis on the wide variety of persons constituting the human population, and in particular, the disabled person who, at any age of life, can experience an impairment in physical, or even cognitive integrity. Taking disability into account in the architecture of tomorrow, with for objective restoring autonomy of dependent persons, whether elderly or disabled, makes architecture a source of better life and greater welfare, but also of higher profit, despite the fact that may professionals still consider this new approach as one more restriction on construction. My contribution to this congress is thus to put forward this ideal of a universal architecture, based on new criteria, a new architecture a source of better life and greater welfare, but also of higher profit, which requires a specific programmation around the notions of utilization, flow, rhythms, mobility, light, atmosphere, and perceptions.

Towards a non-standard project: Conception of a rehabilitation center

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Rehabilitation centers are often last on the list of healthcare construction projects. General contractors and conceptors are more interested in acute-care or surgical centers where “high-tech” installations take priority over other dimensions, including patient-centered concerns, which nevertheless constitute the heart of the project. These projects are similar to industrial projects where the ongoing process of medical care predominate over the human (patient and caregiver) aspect. People stay in acute-care establishments for only a short period during which time the system takes over completely. Considering its mission, the rehabilitation center must be reinterpreted and reorganized as a differentiated space for specialized activities, for readapting to life after returning home. The rehabilitation center is thus a transitional space, which requires a specific programmation around the notions of utilization, flow, rhythms, mobility, light, atmosphere, and perceptions. The aesthetic dimension often neglected or considered as an anecdotal superlative, should be an integral part of this type of project, allowing the patient to focus on something other than his/her own suffering body.

An adapted conceptual approach proposes an analysis of different scenario for using a unique space, in relation with the environment, and with the goal of producing a combined, balanced and functional project fulfilling its mission of patient care and rehabilitation.