

LifeHouse

by

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in

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## Abstract

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### LifeHouse

In 2016, Bill C-14 was passed by the Supreme Court of Canada, outlining the legalization of medical assistance in dying. The language of the bill determines the eligibility or ineligibility for death, making it either accessible or inaccessible. Following the route of the institutionalized life, the natural event of death becomes institutionalized under a governing language.

This thesis strives to create a space for those receiving medical assistance in dying, that serves as another option for a place of death, rather than a prescribed location. In contrast to the language of Bill C-14, LifeHouse is created from the poetic descriptions of life and death; light and dark, as I have interpreted it, from Dylan Thomas', *Do not go gentle into that good night*. From here, a sequence of observation and creation escalate into the built form of LifeHouse – the meeting place of life and death.

## Acknowledgements

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To Rhys, Joyce and Kathleen - the three who I could always count on. Thank you for being there for me, always.

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And, to Brett - you're my forever reminder of what's truly important. "We're going to have such a cool life."

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Do not go gentle into that good night,  
Old age should burn & rave at close of day;  
Rage, rage against the dying of the light!

Though wise men at their end know death is right,  
Because their words had forked no lightning they  
Do not go gentle into that good night.

Good men, the last wave by, crying how bright  
Their frail deeds might have danced in a green bay,  
Rage, rage against the dying of the light

Wild men who caught & sang the sun in flight,  
And learn, too late, they grieved it on its way,  
Do not go gentle into that good night.

Grave men, near death, who see with blinding sight  
Blind eyes could blaze like meteors and be gay,  
Rage, rage against the dying of the light

And you, my father, there on sad height,  
Curses, bless, me now with your fierce tears, I pray  
Do not go gentle into that good night,  
Rage, rage against the dying of the light.

figure 1.

## Introduction

---

According to Ivan Illich in, *Medical Nemesis: The Expropriation of Health*, the medicalization of healing and the institutionalization of life has encouraged a standard form of well-being. This standard has evolved and been perpetuated as a nearly unattainable commodity for the reality of economic well-being.<sup>1</sup> While doctors are revered as the messenger of miracles, patients have learned to mistrust their bodies, seeking to alleviate symptoms that misconstrue what the norm is for healthy life. Through the medicalization of life, the patient becomes released from his, or her agency, and autonomy of choice when it comes to the method, which they deem necessary to achieve the quality of life that they desire, versus the quality of life they are told is correct. This shift is in part, due to the technology, of health, which has pushed medicalization into a direction towards prolongation of life, and thus has created a further divide from that which is universal and natural – death. This focus has detracted society from the reality of dying, where death has evolved into a tragedy, an interruption of life and a

fault, it has become something society must rectify and avoid at all costs.

Recently, a new language for (or against) death has surfaced in the form of Canada's Bill C-14, outlining the legalization of medical assistance in dying. This recent shift in the Canadian healthcare system has pushed the topic of death to the foreground of Canadian consciousness. Legislators have set forth eligibility criteria that remains at the hands of healthcare professionals to determine who qualifies for this end-of-life option. The Carter vs. Canada case brought this fight to the Supreme Court of Canada, but family members of Kay Carter, the woman whom the case was named after, say that the eligibility criteria as it is now would, in fact, prevent their mother from being eligible if she were still alive.<sup>2</sup> In the first year of its legalization, five Canadians travelled to Switzerland,<sup>3</sup> where "Suicide Tourism"<sup>4</sup> has enabled foreigners to receive medical assistance in death through their decades old, yet liberal, law. The language that encompasses the essence of Bill C-14 has both created and closed doors for those seeking the right to die. What has occurred is a parallel to the phenomenon Illich describes in, *Limits to Medicine: The Expropriation of Health*, where the loss of autonomy is veiled under the guise of progression<sup>5</sup>. Rooted in language, the regulation of death persists to

prevent it from being a natural right and categorizes an individual into eligible or ineligible, a death that is accessible, or inaccessible.

While legislation and the language of medicalization are in constant change, the language of death in arts and literature remains timeless. What Bill C-14 has done, is simply create a platform by which to emphasize the strength of death's language. Dylan Thomas' poem, *Do not go gentle into that good night*, describes different types of men who are facing death, but tells all of them to both, "Rage, rage, against the dying of the light"<sup>6</sup> and to "Not go gentle into that good night".<sup>7</sup> What comes from this poem, is not an encouragement to fight against the inescapable death, but rather the encouragement to not fight against our choices in life, which bring an individual to their moment of death. It is a call to meet death with unwavering resolve, and through this to reconcile oneself with dying.

Light has played a strong representational role in history as the counterpart to the darkness of death. The emphasis of light in my understanding of Thomas' poem, is that light represents one's will and reconciliation in the face of death. It is a light that is not engulfed by darkness, but one that meets death's darkness with equal force; a balance. Rules and regulations expressed in the language of Bill C-14 challenge the will of an individual seeking death, perpetuating fear to discourage and dim the resolve they have carried until that moment. Through architecture, I hope to use light as a representation of life's will and resolve, to create a space of reconciliation with death for those who have made it through the system of Bill C-14. In this space, life and death are equal, while one is the ultimate force to which we meet, it does not seek to take away the autonomy of the individual, who lived his, or her life by the means they saw fit – despite illness and regulation. It becomes the LifeHouse, the threshold between life and death, where death is welcome, and life is celebrated

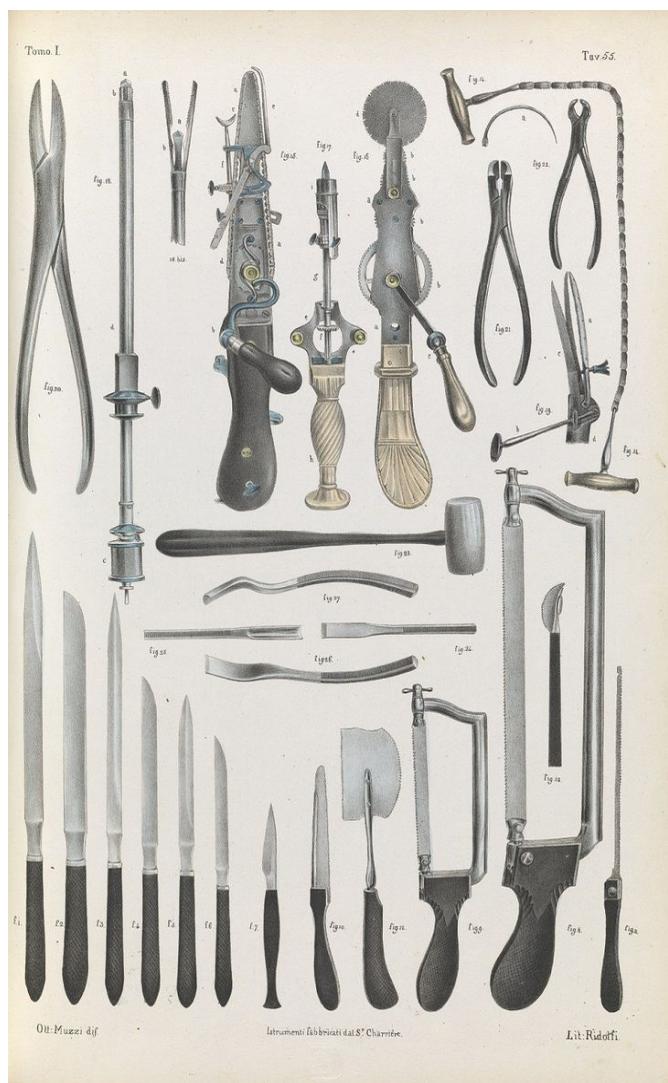


figure 2.

## The Power of Medicine\*

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\*symptoms include (but not limited to): egoism

### Introduction

#### *Institutionalized(1)*

a. A significant practice, relationship, or organization in a society or culture

#### *Institutionalized(2)*

c. A facility or establishment in which people (such as the sick or needy) live and receive care typically in a confined setting and often without individual consent

Source: Merriam-Webster, s.v. "institution", accessed December 4, 2017.

The practice of medicine has evolved from coping strategies developed as a response to suffering and unfortunate events that primitive humans experienced in their environment.<sup>8</sup> Inherently, medicinal practices in early humans is an *institutionalized(1)* social construct that revolves around the balance of sickness and healing,<sup>9</sup> creating a relationship with the self through self-awareness, and with others via communication, to help with the relief of negative symptoms.<sup>10</sup> From this, the development of technologies and new scientific awareness has transformed the biological response of sickness and healing into the regulatory *institutionalized(2)* practice that is seen today. The initial sequence of self-awareness, communication, aiding, and healing has transformed into a relationship of regulation and control of the healer to the sick. The result of this new institutionalization of the sick is a loss of their autonomy.

## Loss of Autonomy

### *Body snatching*

The practice of illegally obtaining human remains.

### *Louis Pasteur*

French chemist, microbiologist and biologist. Known as the “father of microbiology”.

Source: Stephen Feinstein, *Louis Pasteur: The Father of Microbiology*, (New York: Enslow Publishers Inc., 2008): 11.

### *altruism*

1. unselfish regard for or devotion to the welfare of others,  
2. behavior by an animal that is not beneficial to or may be harmful to itself but that benefits others of its species

Merriam-Webster, s.v. “altruism”, accessed December 4, 2017.

### *egocentric*

1. concerned with the individual rather than society  
2. limited in outlook or concern to one’s own activities or needs

Merriam-Webster, s.v. “egocentric”, accessed December 4, 2017.

The pursuit of scientific discovery and medical advancements is embedded within a long history of unethical experimentation and exploration of the human body. As early as the 1400’s there have been documented cases of this exploitation for anatomical understanding by those in the medical field.

*Body snatching* became a global issue when corpses were extracted from graveyards to be sold to medical schools and practicing doctors for anatomical research.<sup>11</sup> Major medical breakthroughs and discoveries were not without ethically questionable events. French microbiologist, *Louis Pasteur*, is both revered for his work on vaccination while also shadowed by his history of using live subjects, for his experiments.<sup>12</sup> Slaves and both victims and prisoners of war have often been subjected to medical experimentation that were often permitted by the government in secrecy.<sup>13</sup>

This disregard for the patient as owner of his or her body in the eyes of the medical system can be traced back due to the influence of culture and social reward on early compassion and *altruism*. Systems of recognition, reward and funding have been crucial in driving medical advancements at a similar pace to technological advancements. The result has perpetuated a system of personal gratification and an *egocentric* direction of

healing. The altruistic guide that had once driven the vehicle towards medical discovery has consequently created a very specific, self-righteous theoretical framework for conceptualizing medicine that is understood by the few privileged intellects, and very rarely the patient themselves.<sup>14</sup> In effect, the act of healing has been elevated into a higher status of understanding and social status, detaching it from the basis of human feeling and response.

### Body as Machine

In, *Medical Nemesis: The Expropriation of Health*, Ivan Illich discusses the experience of pain being detached from the patient and affixed to medical terminology and prescribed solutions.<sup>15</sup> Some say that the mentality of fixing the body comes from the dualistic approach of medicine being separate from the physical, creating a realm of study and the body as a tool.<sup>16</sup> As well, there is the view of the body as a machine that is at the disposal of a developed scientific and technical framework.<sup>17</sup> This evolution runs parallel with the evolution of the technical knowledge, with the need for specialization in all areas that have been discovered or created but not necessarily understood fully.<sup>18</sup> This distancing of the self from the body and the body as the machine renders a patient at the will of the doctor,

creating a relationship of needing and providing and a culture of standard, consistent medical intervention. In, *Patient Empowerment and Control: A Psychological Discourse in the Service of Medicine*, the idea of the disease is integral to being owned by the doctor.<sup>19</sup> With the development of the disease, the authority of the doctor is heightened and the field of medicine strengthened, for the disease is seen by the doctor and only felt by the patient.<sup>20</sup> It becomes easy, then, for the doctor to dictate and direct the method of treatment and “correct” the patient’s reaction to his, or her symptoms.

## Conclusion

The evolution of healing from a social institution to one of regulation, has been pushed forward at a fast pace with the transformation of altruism to egoism that had been brought forth via external reward. At a parallel pace, technology has pushed for improvement and discovery, disregarding the experience of the patient and placing focus on categorization of causes and symptoms. The body that was once owned and understood by its owner now encounters a mechanized state of being, unable to be understood by the owner themselves, and relying on the intellect of the medical practitioner. What becomes of this is a mistrust of the body that is unable to function by the standards of

well-being set forth by the medical field, and thus, a constant need for maintenance and improvement.

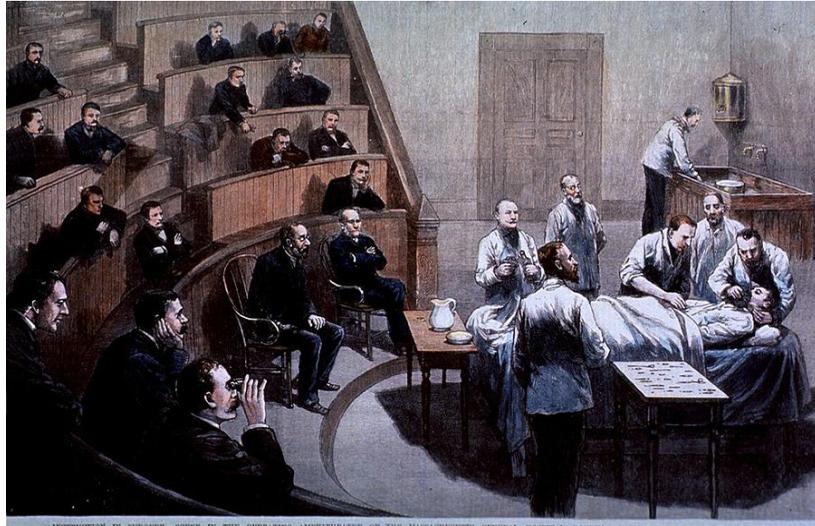


figure 3.

## Extending Life\*

\*side effects include: fear of death

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### Introduction

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#### *Pandora's casket*

Of Greek mythology. Often used to describe the unleashing knowledge and its consequences.

Richard Sennett, *The Craftsman* (New Haven: Yale University Press, 2008), 6.

#### *Richard Sennett*

Professor of Sociology and Professor of Humanities.

#### *Hannah Arendt*

American political theorist of German-Jewish descent. Often viewed as one of the most important political theorists of the twentieth century.

#### *Animal Laboren*

A human akin to a “beast of burden.”

Source: Maurizio Passerin d'Entreves, “Hannah Arendt,” Stanford Encyclopedia of Philosophy Archive, July 27, 2006. Retrieved December 6, 2017. <https://plato.stanford.edu/archives/win2016/entries/arendt/>.

While there are societal implications that affect the views of bodily ownership, technological advancements also play a role with the overall mindset of such ownership, as well as on the views of life and death. Early medicine would not have been developed without the primitive human experimentation of the 1400's, but it would not have evolved at such an exponential rate without the advancement of technology. The result of these advancements is akin to the metaphor of *Pandora's casket* that *Richard Sennett* speaks of in, *The Craftsman*, where with revelations and possibility coming from the opening of the casket, so do risk and self-harm.<sup>21</sup> In effect, those who toy with the idea of possibility, become as *Hannah Arendt* describes in, *The Human Condition*, an *animal laboren*, one who thinks in terms of “how? rather than “why?”<sup>22</sup>

In terms of the metaphor of Pandora's Casket, technology in the medical field have created complex, moral issues that drastically alter the consciousness of what it means to be living and what it means to die. The modern patient seeks reasons for illness to avoid the uncertainty of death that has evolved into an unnatural phenomenon. The medical practitioner must then further rely on technology to diagnose, and medicine to prolong life, housing the patient in what is now known as the modern hospital. Technology became the key that elevated the status of the doctor, the practice of medicine and the development of the institution, transforming patient care into the sequence of diagnosing and prolongation of life that is seen today.

### Building Institutions

#### *Theology*

1. The study of religious faith, practice and experience; *especially*: the study of God and of God's relation to the world.

Source: Merriam-Webster, s.v. "theology", accessed December 4, 2017.

#### *sociological*

(relating to sociology)

1. The science of society, social institutions, and social relationships: *specifically*: the systematic study of the development, structure, interaction, and collective behavior of organized groups of human beings

Merriam-Webster, s.v. "sociology", accessed December 4, 2017.

Christian *theology*, which emphasized a responsibility for caring for the sick and needy, created initial housing for the ill.<sup>23</sup> From a *sociological* perspective, this mentality created a natural divide between the wealthy and the poor, with the poor often being associated with sickness and there being a desire to separate them from the rest of society.<sup>24</sup> The sick were treated by nuns and priests, and it was not until physicians realized that hospitals provided a great sum of candidates for medical experimentation and technical

practice that the idea of care became associated with the hospital.<sup>25</sup> It was here where surgeries were performed, and institutionalized access of the body correlated with knowledge.

It was not until the rise of technology that the hospital reached a higher status from the stigma that it only housed the lower class.<sup>26</sup> At an almost exponential rate, the advancement of medical science transformed the hospital from a symbol of care and community welfare<sup>27</sup> into an institution that focused on curing rather than caring, and the paying patient rather than the poor.<sup>28</sup> Following this, the status of the medical practitioner became elevated into a position of authority and admiration. This response to technology transformed hospitals into institutions that combined education, medical care, medical research and technological advancement.<sup>29</sup> Technology became the catalyst that pushed the medicalization of life into a direction toward the present-day hospital.

## Technology's Influence

### *Wellness*

1. The quality or state of being in good health especially as an actively sought goal.

Source: Merriam-Webster, s.v. "wellness", accessed December 4, 2017.

The final straw in the medicalization of life is the technological advancements that scientifically identify and prescribe illness and disease in a patient. It has become so, that the process of prolonging life and maintaining a certain standard of well-being relies heavily on the abilities of the man-made. *Wellness* becomes humanly incapable of achieving because it is no longer within human ability to be well. The speed and uncertainty that technology has rendered medical practitioners has positioned both patient and doctor in a condition of anxiety, requiring the doctor to explain information gaps caused by technology, with neither doctor nor technology having the ability to provide a full answer.<sup>30</sup> It is at this point where, in order to prove the effectiveness of technology, one must experiment on the patient. This creates a cycle of trial-and-error, and places technology on a pedestal and the human body as a tool. Prolonging life via technology becomes a quest to eliminate the unknowns of the machines we have created through the human body.

## Fear of Death

Advanced technologies have now made it taboo to deny intervention in terms of life and death decisions. The focus has now shifted so strongly toward maintaining

**Francis Bacon**

An English philosopher and scientist who developed the idea that science could be deeply investigated and understood through observation.

“Empiricism.: The Influence of Francis Bacon, John Locke, and David Hume,” Sweet Briar College, Retrieved January 3, 2018. <https://web.archive.org/web/20130708012140/http://www.psychology.sbc.edu/Empiricism.htm>

a healthy body, that the idea of death becomes foreign and unnatural. The sequence of death according to *Francis Bacon* appears relevant in that, “first, the preservation of health, second, the cure of disease, and third, the prolongation of life.<sup>31</sup> Technology has made it appear morally wrong and irrational to refuse potentially life-prolonging treatments.<sup>32</sup> Those in power view the patient as needing medical intervention, and treat the lives of others as their responsibility to maintain.

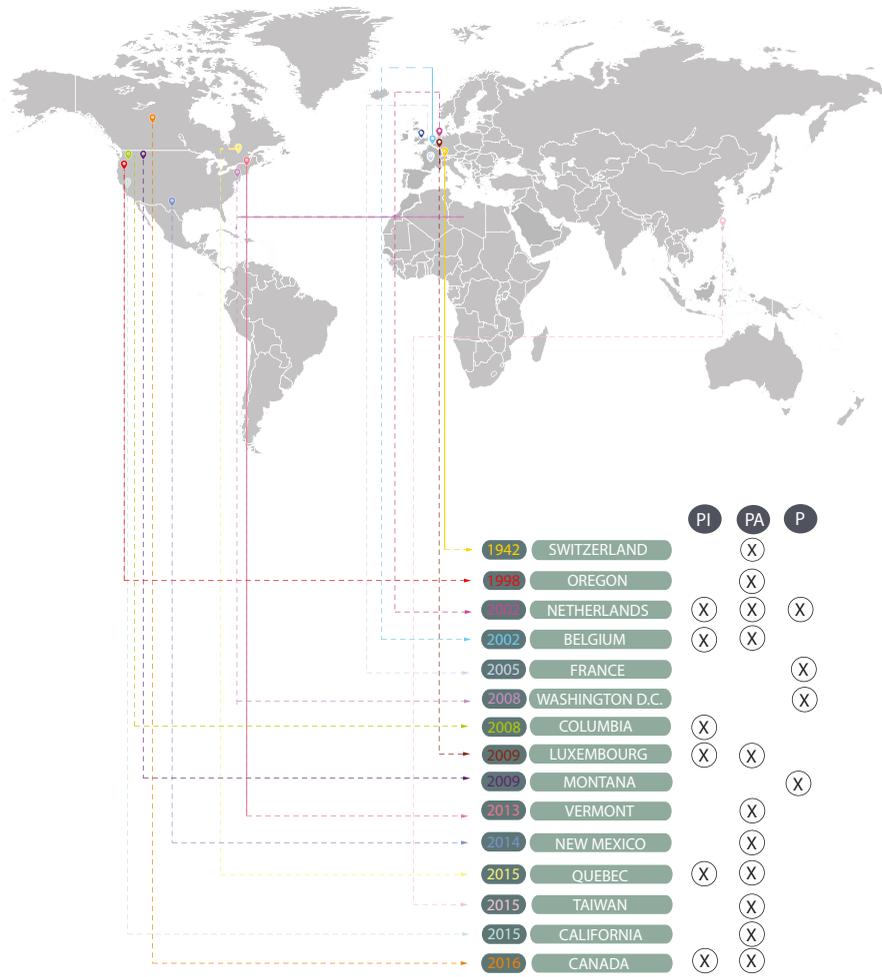
With the discovery of disease, follows an endless list of “causes” of death.<sup>33</sup> Under a microscope it becomes difficult to view death as natural, as it has become so heavily scientific that technology is expected to provide the reasons and solutions for illness. Critics are quick to argue that a natural death has become impossible, due to the number of medical interventions preventing one from reaching the end of life.<sup>34</sup> In part, this is due to the denial of a limit to medicine and the patronizing character of those in the medical profession.<sup>35</sup> The evolution of medicine has brought death under medical watch, and has transformed death into a reaction to the cessation of treatment.<sup>36</sup> Ivan Illich in, *Medical Nemesis: The Expropriation of Health*, described health and autonomous power to cope as being, “expropriated

down to the last breath.”<sup>37</sup> The desire for medicine to have an explanation for the ailments of the patient creates a false sense of control over the situation. Expectations for technology to provide answers have now become heightened to the point where one feels helpless in their own bodies in the face of death.

### Conclusion

The evolution of the institution reflects the technological advancements which have called for new additions in hospitals, renovations and updated regulations, as society pushes toward reasons for illness and answers that lead to cures. Urgency to redefine and regulate what it means to be healthy is the consequence of medical discovery. Both patients and doctors are in a constant state of change that is defined by technology that is difficult to grasp and control. The result is a society of people who seek the medicalized life to avoid the type of death that medicalization has conditioned those to reject – a natural death. Death apart from the hospital bed, has grown to be feared, and the technical death reigns desired.<sup>38</sup> The autonomous patient no longer exists in a medical society which deems when and where it is appropriate to die.<sup>39</sup>

LEGALIZATION OF MEDICAL ASSISTANCE IN DYING  
(BY DATE OF LEGALIZATION) COUNTRY/STATE/PROVINCE



TYPE OF ASSISTED DYING

- P
**PASSIVE**  
 PATIENT IS UNSUPPORTED BY  
 EXTERNAL DEVICES HELPING HIM  
 OR HER STAY ALIVE
- PA
**PHYSICIAN ASSISTED**  
 DOCTORS ADMINISTER  
 MEDICATION
- PI
**PATIENT INJECTED**  
 PATIENT INJECTS MEDICATION  
 HIM OR HERSELF

figure 4.

## The Desired Death\*

\*certain exclusions apply

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### Assisted Death in Canada

In North America, the concept of assisted death as an end-of-life option came into national consciousness as the voices concerning quality of life, suffering, pain management, and autonomy grew louder. Particularly, the struggles of maintaining autonomy until one's final moments and the idea of suffering are the main topics that have encouraged an advocacy for physician assisted death, where one should have the right to control how and when they wish to die.<sup>40</sup> Prior to the legalization of medical assistance in dying, the organization "*Dying with Dignity*" conducted a public perception survey in conjunction with Ipsos Reid (between August 21st to August 29th, 2014) of 2,515 Canadians.<sup>41</sup> Data shows the majority of Canadians are in favour of medical assistance in dying under certain, reasonable circumstances.

#### *Dying with Dignity*

"The national not-for-profit organization committed to improving quality of dying, protecting end-of-life rights, and helping Canadians avoid unwanted suffering."

Source: "About" Dying with Dignity Canada: It's Your Life. It's Your Choice, Retrieved January 1, 2018. <http://www.dyingwithdignity.ca/about>

## DOCTORS SHOULD BE ABLE TO HELP SOMEONE END THEIR LIFE IF ASKED

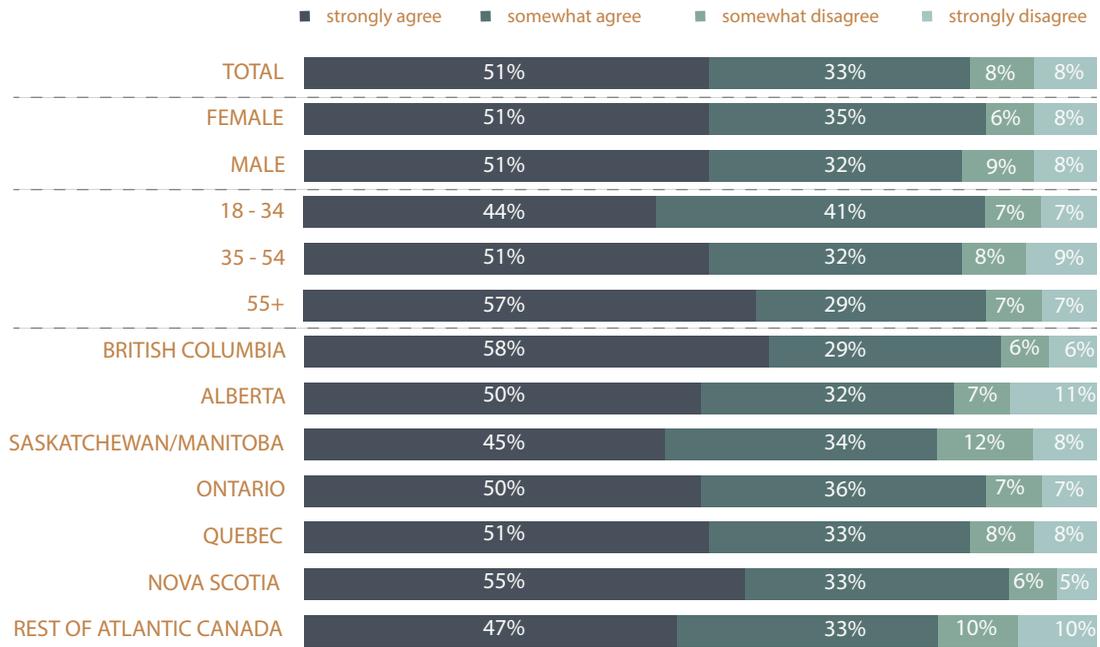


figure 5.

## DOCTORS SHOULD BE ABLE TO HELP SOMEONE END THEIR LIFE IF ASKED

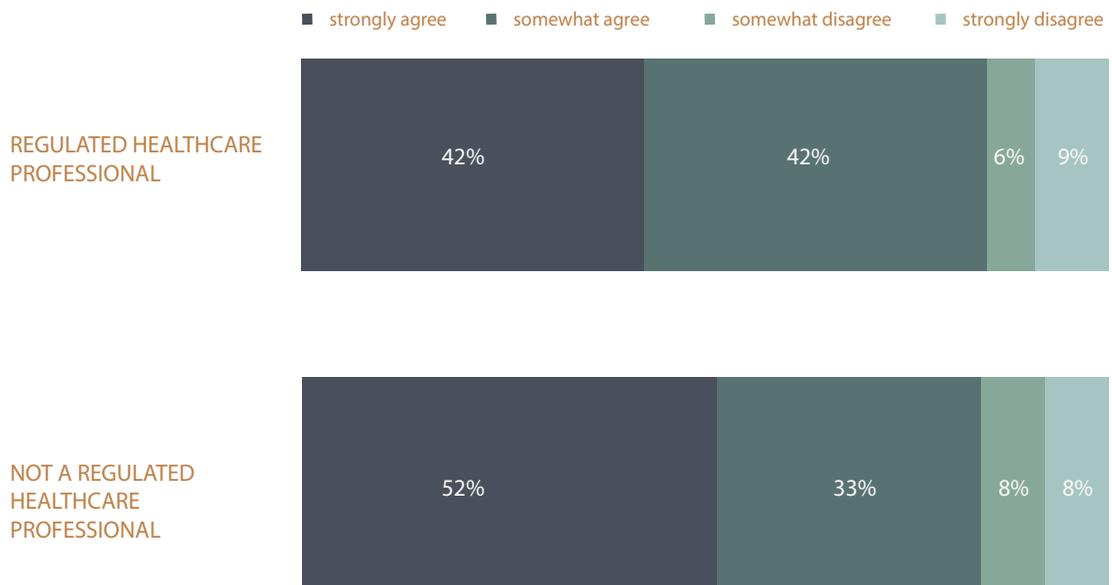


figure 6.

## DO MOST CANADIANS SUPPORT OR OPPOSE LEGALIZING ASSISTED DYING

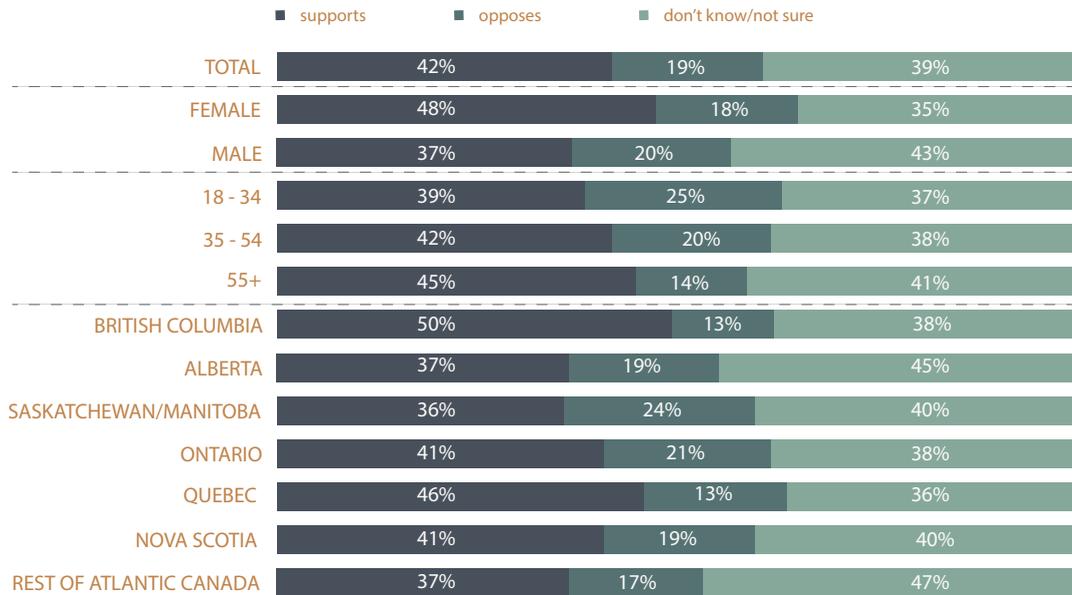


figure 7.

## DOCTORS SHOULD BE ABLE TO HELP SOMEONE END THEIR LIFE IF ASKED

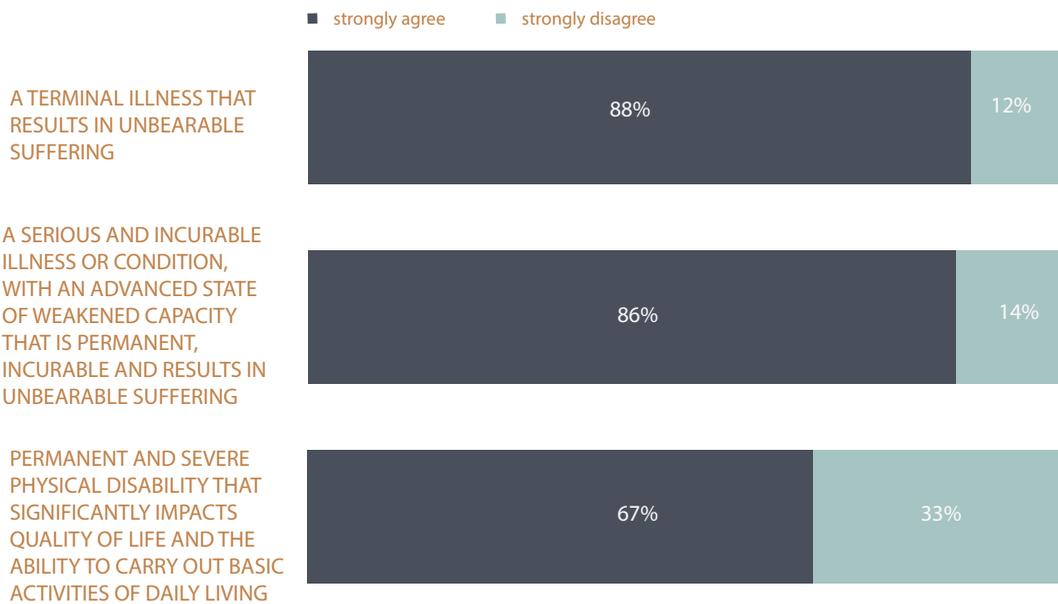


figure 8.

## MEDICAL ASSISTANCE IN DYING IN CANADA: A TIMELINE



Medical Assistance in dying becomes legal in Canada

2016

figure 9.

### **Criminal Code**

“Section 241 (1): Everyone is guilty of an indictable offence and liable to imprisonment for a term of not more than 14 years who, whether suicide ensues or not, (a) counsels a person to die by suicide or abets a person in dying by suicide; or (b) aids in a person to die by suicide.”

“Section 14: No person is entitled to consent to have death inflicted on them, and such consent does not affect the criminal responsibility of any person who inflicts death on the person who gave consent”

### **Canadian Charter of Rights and Freedoms**

“Section 7: Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

“Section 15: Every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability”

Justice of Law. “Criminal Code.” Government of Canada. Retrieved September 6, 2017. <http://laws-lois.justice.gc.ca/eng/acts/C-46/section-241.html>.

Justice of Law. “Constitution Act, 1982.” Government of Canada. Retrieved September 6, 2017. <http://laws-lois.justice.gc.ca/eng/Const/page-15.html>

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The argument for medical assistance in dying in Canada came to the forefront in the early 1990s, prompting the founding of “The Right to Die Society” in Victoria, British Columbia. The organization valued death over life, concerning issues of pain and suffering one might experience at the end of their lives.<sup>42</sup> Since then, Canadian citizens of varying professions, illnesses and status have stepped forward, advocating for the legalization of assisted death. Particularly Ministers of Parliament and doctors in the provinces of British Columbia, Quebec and Manitoba.

It was not until 2012 when the battle for medical assistance in dying reached the Supreme Court of Canada in the Carter vs. Canada case. The case

### *Switzerland*

Switzerland is the only country in the world that accepts foreigners to receive medical assistance in dying. The act of people travelling to another place to receive this end-of-life option has been named “suicide tourism”. In Switzerland, it is the organization, Dignitas, that offers medical assistance in dying. Between the years of 2004 and 2016, 48 Canadians have partaken in suicide tourism by flying to Switzerland, Kay Carter being one of these people.

The average cost to receive medical assistance in dying for a Canadian is \$20,000, depending on the services chosen.

Justice of Law, “Criminal Code,” Government of Canada. Retrieved September 6, 2017. <http://laws-lois.justice.gc.ca/eng/acts/C-46/section-241.html>.

Justice of Law, “Constitution Act, 1982,” Government of Canada. Retrieved September 6, 2017. <http://laws-lois.justice.gc.ca/eng/Const/page-15.html>

“Accompanied Suicide of Members of Dignitas, By Year and By Country of Residence,” Dignitas – to Live with Dignity – to Die with Dignity, accessed September 12, 2017. <http://dignitas.ch/images/stories/pdf/statistik-ftb-jahr-wohnsitz-1998-2016.pdf>

involved British Columbia resident, Gloria Taylor, a woman suffering from amyotrophic lateral sclerosis (ALS), and the family of Kay Carter; a woman who suffered from spinal stenosis who travelled to

*Switzerland* to receive assisted death in 2010. The case argued against section 241(1) and 14 of the Criminal Code, stating that it went against the Canadian Charter of Rights and Freedoms section 7 and 15, in a discriminatory manner.

By June 2015, the Supreme Court of Canada ruled unanimously for the legalization of medical assistance in dying. The trial judge agreed that the prohibition of medical assistance in dying interfered with the autonomy of an individual’s decision-making on serious medical issues.<sup>43</sup> It was recognized that the importance of said autonomy and dignity must be maintained until the end of one’s life.<sup>44</sup> Medical assistance in dying officially became effective as of February 2016, and Canada is the second country after Columbia that has legalized medical assistance in dying on a constitutional level.<sup>45</sup> Most recent statistics show that a substantial number of people have already received this end-of-life option.

### Language of Bill C-14

As with all legislation passed, there are certain safeguards in order to ensure that there is no abuse of the new system being implemented. In the case of Bill C-14, the topic of safeguards was heavily discussed and argued that it would not be possible to develop the proper sets of regulations that focus on the safety of those considering this end-of-life option. While there are a number of individuals who have qualified to receive medical assistance in dying in Canada, it is argued that the current bill is not patient-centred, providing a series of eligibility requirements that serve more as barriers rather than relief.

The term “grievous and irremediable medical condition” is more frequently used in the field of medicine. It allows for discussion to stray from objective opinion to subjective opinion. In the case of Bill C-14, the determination of a “grievous and irremediable” medical condition relies heavily on a strong patient-to-doctor relationship with heavy amounts of trust. It is this type of relationship that would allow the doctor to rightfully affirm the patient’s pain, and the patient to honestly and openly discuss said pain.

The idea of language is brought forth in this discussion. Ivan Illich writes of pain seen as a political

## ELIGIBILITY CRITERIA

IN ORDER TO BE ELIGIBLE FOR MEDICAL ASSISTANCE IN DYING IN CANADA (ACCORDING TO BILL C-14), ALL OF THE FOLLOWING CRITERIA MUST BE MET:

BE AT LEAST 18 YEARS OLD AND MENTALLY COMPETENT. THIS MEANS BEING CAPABLE OF MAKING HEALTH CARE DECISIONS FOR YOURSELF	HAVE A <b>GRIEVOUS AND IRREDEMIABLE</b> MEDICAL CONDITION
BE ELIGIBLE FOR HEALTH SERVICES FUNDED BY THE FEDERAL GOVERNMENT, OR A PROVINCE OR TERRITORY. GENERALLY, VISITORS TO CANADA ARE NOT ELIGIBLE FOR MEDICAL ASSISTANCE IN DYING	MAKE VOLUNTARY REQUEST FOR MEDICAL ASSISTANCE IN DYING THAT IS NOT THE RESULT OF OUTSIDE PRESSURE OR INFLUENCE
	GIVE INFORMED CONSENT TO RECEIVE MEDICAL ASSISTANCE IN DYING

## GRIEVOUS AND IRREDEMIABLE

TO BE CONSIDERED AS HAVING A GRIEVOUS AND IRREDEMIABLE MEDICAL CONDITION, YOU MUST MEET ALL OF THE FOLLOWING CRITERIA.

HAVE A SERIOUS ILLNESS, DISEASE OR DISABILITY	YOU DO NOT NEED TO HAVE A FATAL OR TERMINAL CONDITION TO BE ELIGIBLE FOR MEDICAL ASSISTANCE IN DYING
EXPERIENCE UNBEARABLE PHYSICAL OR MENTAL SUFFERING FROM YOUR ILLNESS, DISEASE, DISABILITY OR STATE DECLINE THAT CANNOT BE RELIEVED UNDER CONDITIONS THAT YOU CONSIDER ACCEPTABLE	BE IN AN ADVANCED STATE OF DECLINE THAT CANNOT BE REVERSED
BE AT A POINT WHERE YOUR NATURAL DEATH HAS BECOME <b>REASONABLY FORESEEABLE</b> (DOES NOT REQUIRE A SPECIFIC PROGNOSIS AS TO HOW LONG YOU HAVE LEFT TO LIVE)	

## MENTAL ILLNESS AND DISABILITY

IF YOU HAVE A MENTAL ILLNESS OR A PHYSICAL DISABILITY AND WISH TO SEEK MEDICAL ASSISTANCE IN DYING, YOU MAY BE ELIGIBLE. ELIGIBILITY IS ASSESSED ON AN INDIVIDUAL BASIS, LOOKING AT ALL OF THE RELEVANT CIRCUMSTANCES. HOWEVER, YOU MUST MEET ALL THE CRITERIA TO BE ELIGIBLE FOR MEDICAL ASSISTANCE IN DYING, WHICH MEANS:

YOU MUST ALSO BE MENTALLY COMPETENT AND CAPABLE OF MAKING DECISIONS IMMEDIATELY BEFORE MEDICAL ASSISTANCE IN DYING IS PROVIDED. THE PHYSICIAN OR NURSE PRACTITIONER MUST ASK YOU TO CONFIRM YOUR CHOICE BEFORE ADMINISTERING THE SERVICE	YOUR NATURAL DEATH MUST BE <b>FORESEEABLE</b> IN A PERIOD OF TIME THAT IS NOT TOO DISTANT
	YOU MUST BE MENTALLY COMPETENT AND CAPABLE OF MAKING DECISIONS AT THE TIME OF YOUR REQUEST

figure 10.

issue meant to be under the control of the medical profession.<sup>46</sup> Suffering becomes a feeling to be affirmed by the medical practitioner, rendering the experience of the patient insufficient and at threat of being vetoed. The topic of the patient's language versus the technical categorization of pain is an example of threatened patient autonomy in the medical field.

What is deemed as being "reasonably foreseeable" has been criticized in the time following the legalization of medical assistance in dying. In one case study, patient, Monique Hamel's death was not seen as reasonably foreseeable according to the eligibility requirements. As a result, Hamel flew to Switzerland to receive this end-of-life option. She was a victim of a debilitating neurological disorder and wrote,

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"I will die with strangers who are more courageous and humane than our doctors and our decision makers ... I leave you hoping that our elected officials finally have enough courage and empathy to permit people who are suffering to decide the moment of their death, here in Quebec and in Canada. As a matter of fact, when you read this text, I will probably be dead. It's sad!  
Indescribably sad ..."<sup>47</sup>

---

The legislation of Bill C-14 dictates that one cannot compel a physician to provide medical assistance in dying. It has been seen that medical centres of religious affiliation will not allow medical assistance in dying to take place within their institutions. Due to the fact that one cannot compel a doctor to administer this end-of-life option, doctors in these institutions (as well as by their own volition) cannot, or will not, administer the drug for medical assistance in dying. Because of this, patients across Canada have no choice but to be transferred to other institutions and referred to other doctors who will allow for this option. Often, patients are not referred to these alternate places in time and die before having their wishes fulfilled. In the case of a patient in rural Ontario, the process of being transferred to another institution (merely 1.5 hours away) caused enough stress on his body that he passed away the following day; before receiving medical assistance in dying.<sup>48</sup>

## Conclusion

As written before, the family of Kay Carter say that if she were still alive today that she would not be eligible to receive medical assistance in dying. What is presented is a bill which is attempting to institutionalize dying by organizing its parameters in a way that make it permissible or not. Bill C-14 transcends throughout all

cultures and all types of people, giving them an opportunity to die with dignity. What it does instead, is set the barriers of society's consciousness and awareness of death in a regulatory method. The place and time of death has been predetermined by the screening of the eligibility criteria, and while the patient has the option to receive medical assistance in dying, they are ultimately left with little choice in the final decisions of their lives. Circumstances of cooperation of the physician and the institution, trust and dialogue between patient and health care provider, proof of sound mind and awareness, often leave the patient at the grips of the hospital due to lack of choice and strength. The institutionalization of death becomes the by-product of the institutionalization of life, and a symbol of the medical field failing to bow down to what is most natural and most universal.



figure 11.

## LifeHouse

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### Intent

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Research has shown that the consequence of medical advancements and technological evolution is the loss of autonomy and an institutionalization of life. There is a resistance to the idea of choosing when and where to die because this goes against the very institution of life. What Bill C-14 has done is given Canadian citizens the option to die, but with safeguards that strip away the autonomy of the patient, creating regulations that attempt to control and institutionalize death. Often, the sick patient is under specific circumstances where he, or she, is forced to receive this end-of-life option in a hospital, further stabilizing medical assistance in dying as a by-product of prolongation of life and institutionalized under the umbrella of medicalization.

The LifeHouse attempts to deinstitutionalize the effects of Bill C-14. It does not present itself as a prescribed method for receiving medical assistance in dying, but expresses itself as a choice that the patient is able to make. Rather than falling victim to the circumstances of their illness, the existence of LifeHouse gives patients another option outside of the hospital to die in a place that is created for them and for this purpose. The institutionalized process of the Government of Canada determines the when and how a patient may die, but LifeHouse gives the patient the power to choose where they might die, to have the last decision they may make in their own life

### Site Selection

In order to select a site for LifeHouse, I recognized the importance to look at the issues that are being faced in Canada as a whole, with regards to my interpretations and case studies of Bill C-14. After researching case studies and analyzing the bill itself, two themes were prevalent:

#### **Language**

As discussed in the previous chapter, the language of the bill institutionalizes death in similar methods that medicalization has institutionalized life. The autonomy

of the individual disappears throughout the process of Bill C-14's requirements and death become permitted rather than natural. The language of the bill places death against the institutionalized prolongation of life, regulating death in a way that allows the medical field to continue prolonging life, and creating the illusion of an end-of-life option that is, in fact, heavily controlled.

Alternately, language also presents itself as a strong tool that can be utilized for both site selection of LifeHouse and its design elements. The strength of death's language is experienced across all cultures, as attempts to represent it has been evident in literature, song, poetry, and the visual arts. In particular, Dylan Thomas' poem, *Do not go gentle into that good night*, strikes death with a language using the elements of light and darkness, and in many ways, this poem has shaped my mindset and inspired the development of my interpretations of what life and death can transform into.

### **Borders**

There are several borders that present themselves through the issues of Bill C-14. Not only is the bill itself a border preventing those from receiving a true death with dignity, but case studies show the many consequences of the language of the bill and the barriers it causes. Time

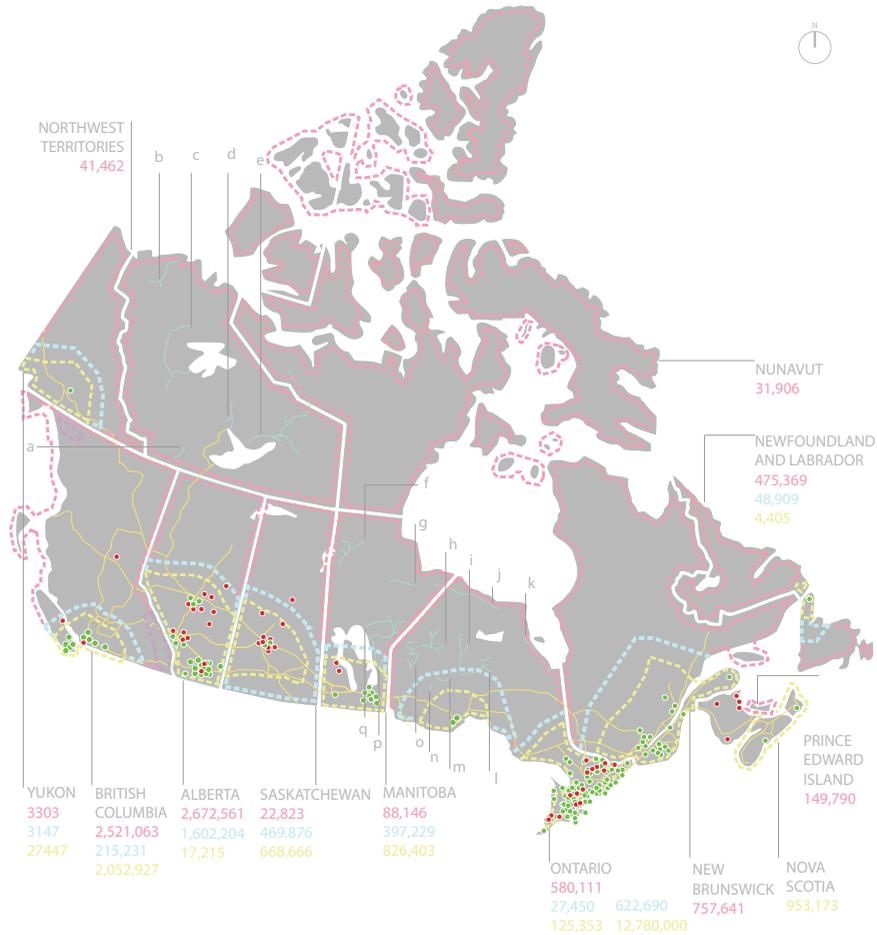
and location of facilities are two types of borders that create a divide between patient and desired death. Three particular case studies brought borders to my attention:

**One:** The case of Monique Hamel, a Quebec resident who flew to Switzerland to receive medical assistance in dying because the language of the bill prevented her from receiving it in Canada.<sup>49</sup>

**Two:** The case of Horst Saffarek, of Comox, B.C., who died from the stress of transferring to another hospital due to the safeguard that one cannot compel a physician to administer the drug necessary to end a person's life.<sup>50</sup>

**Three:** The case of a Quebec man who starved himself for 53 days to reach the Quebec requirement of being terminally ill before receiving medical assistance in dying.<sup>51</sup>

### BORDERS AND BARRIERS



#### TOWNS ACCESSIBLE BY ICE ROAD

a	TOWNS: 1 POP: 92	f	TOWNS: 3 POP: 1931	k	TOWNS: 4 POP: 6027	p	TOWNS: 3 POP: 2757
b	TOWNS: 2 POP: 675	g	TOWNS: 2 POP: 1519	l	TOWNS: 4 POP: 2961	q	TOWNS: 9 POP: 21,732
c	TOWNS: 3 POP: 4774	h	TOWNS: 4 POP: 2145	m	TOWNS: 1 POP: 489		
d	TOWNS: 4 POP: 2812	i	TOWNS: 4 POP: 2123	n	TOWNS: 1 POP: 186		
e	TOWNS: 4 POP: 1863	j	TOWNS: 2 POP: 571	o	TOWNS: 4 POP: 3056		

#### LEGEND

- ICE ROADS
- MAJOR ROADS
- 5+ HOURS AWAY FROM LOCATION
- 3-5 HOURS AWAY FROM LOCATION
- LESS THAN 3 HOURS AWAY FROM LOCATION
- LESS THAN 3 HOURS FROM LOCATION IN ADJACENT PROVINCE
- LOCATIONS FOR MEDICAL ASSISTANCE IN DYING
- LOCATIONS AGAINST MEDICAL ASSISTANCE IN DYING

figure 12.

With the themes of Language and Barriers in mind, I began to map the facilities, which offer medical assistance in dying and those that do not, in each province, and access to these facilities. With time being a major barrier, I divided each province into three parts concerning the time it took for an individual to reach the nearest facility (less than 3 hours, 3-5 hours, and 5+ hours from nearest location), different types of travel (highway, ice road or between provinces) were taken into account, and the populations that fell within these time zones. The following was observed:

**Large scale:** There is a large divide between the northern territories and the southern provinces.

**Medium scale:** There was a large divide between the northern and southern areas of each province

**Small scale:** The Trans-Canada highway and the position of each province's major cities have already predetermined where one can receive this end-of-life option.



Next, I wanted to include the language of death in determining the choice for a site. Exploring the idea of light and darkness, I proceeded to map the cities in each province that received the most sunlight in one year, the sunniest cities as a whole, and the most overcast cities in Canada (because overcast skies offer a different type of experience). I also wanted to take note of the different ecozones in each province, as landscape and foliage play a large part in the manipulation of light and the experience of ones journey.

## SITE LOCATION

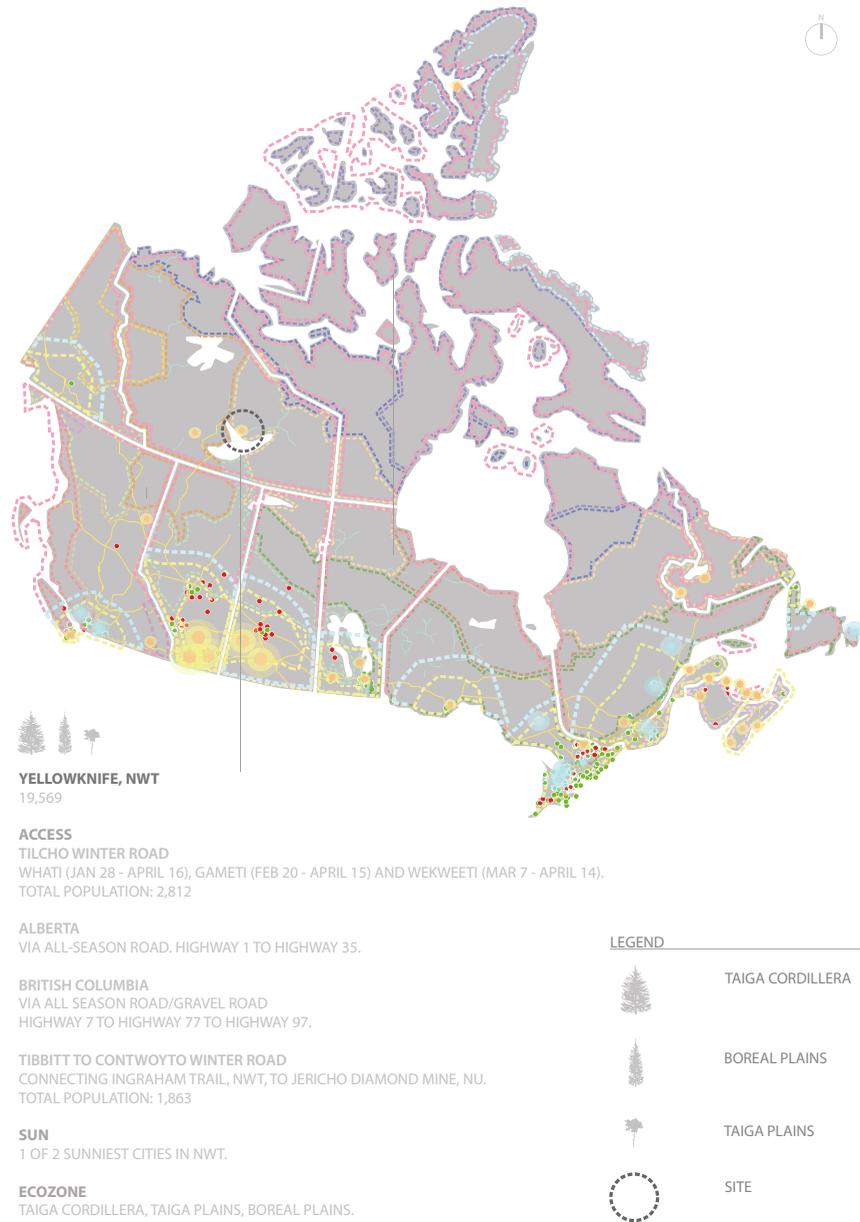


figure 14.

### Language of Bill C-14

After narrowing the list of potential sites to three, the ultimate choice was Yellowknife, Northwest Territories. With the theme of borders, the entire territory of Northwest Territories was presented as being in the zone of 5+ hours away from the nearest facility to receive medical assistance in dying. In addition to this, because populations are so low, governing bodies representing Northwest Territories have decided to refrain from releasing any statistics regarding the number of people and types of demographics who have received medical assistance in dying since its legalization. Essentially, the Northwest Territories as a whole, being in the far north of Canada, having limited access and little resources has created an environment where medical assistance in dying is nearly unattainable and unsupported.

The reason Yellowknife was chosen as the city within the Northwest Territories is because of both the themes of language and borders. The city itself is one of the sunniest cities in the entire territory, and is located in the centre of four different ecozones, creating different experiences for the individual entering the city depending on where they are from. It is accessible from the south via various highways and all-season gravel roads, and from



figure 15.



figure 16.

the north as far as Nunavut via a seasonal ice road. Being at the tip of Great Slave Lake, it also offers the opportunity to commute to this city by boat, truly giving people the option to complete their pilgrimage to this site in the way they deem appropriate and most meaningful to them.

Specifically, the site within Yellowknife where LifeHouse will be built is Mosher Island. I felt this site was appropriate in different ways. Being on an island, the metaphor of LifeHouse being like a lighthouse, guiding those towards land whilst also protecting its boundaries is present. The intent was to ensure the people entering LifeHouse would be able to have a private location to themselves, a place and location chosen specifically for them and their journey away from society's touch, but not so far that it is inaccessible.

Another interesting phenomenon observed about Yellowknife is its status as one of the best places in the world to experience the northern lights. While being the sunniest city in the Northwest Territories, it also presents itself as an extremely dark place during the months between October and February, and it is also then that the northern lights occur at their brightest. I felt that this would be an opportunity to play with the metaphors of light and darkness and my interpretations of it with regards to life and death.



figure 17.

### Design Process

Initial design exploration began with viewing life as light and darkness as death, literally. Connections that I had made in this initial phase were that death is universal, and that we are surrounded by remnants of objects and pieces of the past that have passed on (I am imagining, at this point, what someone had told me as a child that I was breathing in Julius Caesar's remains). The idea of death being universal led to the idea that it was also all of the space and the objects around that were not biologically living, and that it was the biologically living that created spaces for itself within this space of death. What became of these ideas is the starting point that death was solid, and life created space within.

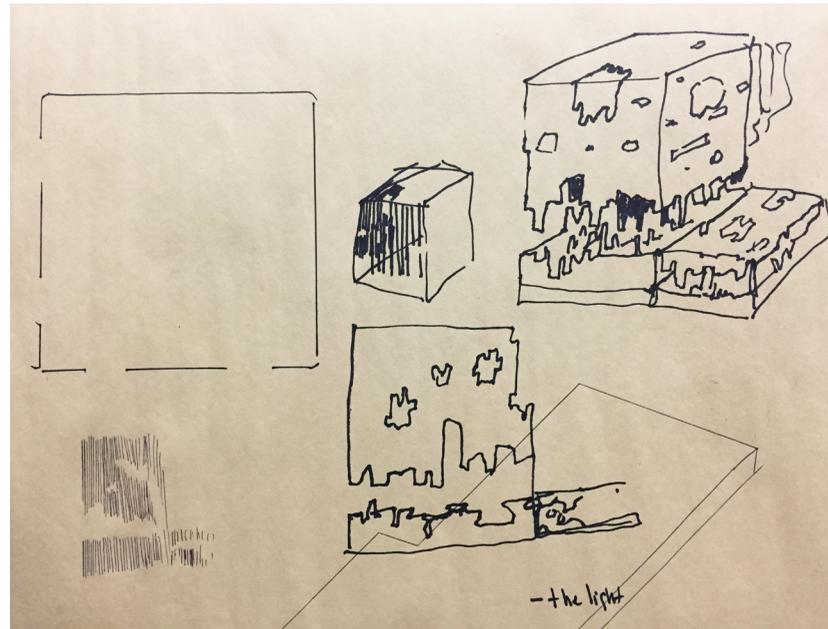


figure 18.

### Exploration One

In order to develop this idea into an exploratory form, I wanted to create a narrative within a model. Voids would represent something living, creating trails and spaces in the solid of darkness in a moment of time. From this point, I knew that exploring the idea of void as life would require a light source to explore these voids, and how the manifestation of these voids as light might interact with the solid of darkness. This was kept in mind with material choice and construction of this narrative.



figure 19.

### Materials

In order to create this conceptual model, I chose a medium called Perler beads. The form that Perler beads create is often two-dimensional, but I speculated that by layering the sheets of beads together, I could create a three-dimensional solid to express my narrative of life and death. Perler beads are .5cm x .5cm in dimension, and cylindrical with a hole in the centre. Using a 29x29 peg grid, you place the perler beads in a desired pattern. In the case of this exploration, the beads were created in a method that the voids were imagined living things who created trails in each layer.



figure 20.

### **Binding**

Then, wax paper is placed (wax side down) onto the beaded grid and heat is applied with the use of an iron. The heat binds the beads together, resulting in a solid, single, plastic sheet.



figure 21.

### **Forming a Narrative**

Then, subsequent layers were created, with the previous sheet of melted perler beads informing the next, and the narrative continuing upwards within the model, through the Perler bead medium. Some voided traces would cease, and others would begin, creating an image of life moving and stopping in the solid mass.



figure 22.



figure 23.



figure 24.

The result was two masses created with Perler bead sheets that were glued together. I imagined the upper mass being a “sky” with the void in the centre being occupied by a large volume of living things (we could call this “above grade”). The bottom mass represents “below grade”, with living things moving in and about the ground.



figure 25.



figure 26.

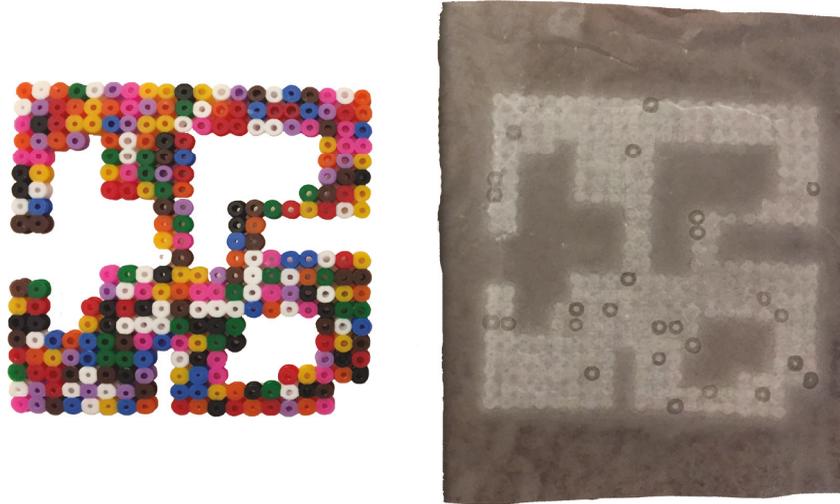


figure 28.

### **By-Product**

An unexpected by-product of the layers created to make the three-dimensional model, was a direct pattern of the narration on the wax paper used. While constructing the model as a form, the process simultaneously develops an image on the wax paper, illustrating how it was constructed as well as how it can be deconstructed, layer-by-layer. The relevance of this by-product is to be explored in later iterations.



figure 27.



figure 28.

### Exploration Two

Once the three-dimensional model was constructed, lights were placed within the model to allow its rays to bleed through the material of the perler beads and illuminate the voids and spaces created in the narrative that was conceptualized. This investigation allowed for observations to be made concerning the nature of light on material and the relationship of the qualities of light on, within and through a surface.



figure 29.



figure 30.



figure 31.

### **Light and Shadow as Form**

Following this light exploration within the model, I wanted to try and isolate light and shadow as its own essence, apart from the solids on which they take form. In order to do this, I selected some images of my model and began to draw the different shades of light and their interactions with one another on newsprint (newsprint so that the white pastel that was used to represent the brightest light would be visible). The purpose of this exploration was to recognize that light and shadow have an atmospheric quality that has the power to define the experience of the space. These drawing represent a shift in my thinking about the strength of what light and



figure 32.

shadow could mean to LifeHouse. My mindset evolved to view the importance of the experience of the place over the form of the building itself. Through light exploration on atmosphere, the experience shapes the building, rather than the building shaping experience.



figure 33.

figure 31., 32., and 33., focus on the solid boundaries of light and shadow, creating distinct forms borders between the two treatments of light.



figure 34.

figure 36. becomes the first attempt at exploring how light and shadow may meet each other rather than resist each other. The lines express a potential movement of light and shadow towards each other while respecting each others spaces.

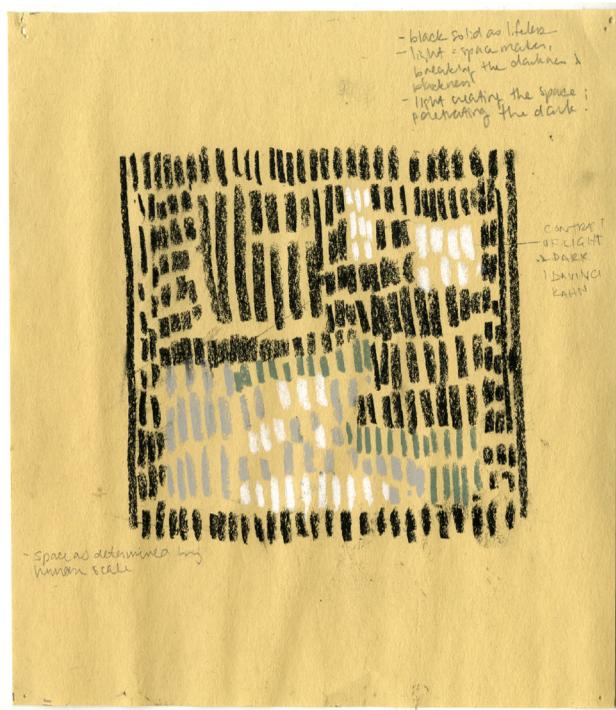


figure 35.

Drawings of different perspectives of the model support the development of the idea of light and shadow as form detached from the original form. The patterns become more obscure and less recognizable as being inspired from a three-dimensional model. I am beginning to view light and shadow apart from the initial model form.

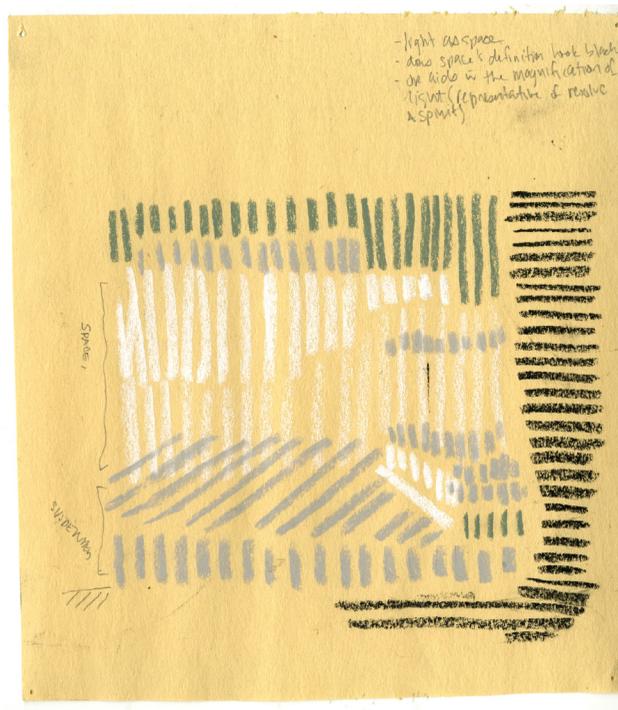


figure 36.

An attempt at giving the forms of light and shadow their own perspective. I begin to view spatial elements within light and shadow, and play with the idea of these elements shaping form around them.



figure 37

This drawing further explores the methods of drawing light and shadow into a visual language.

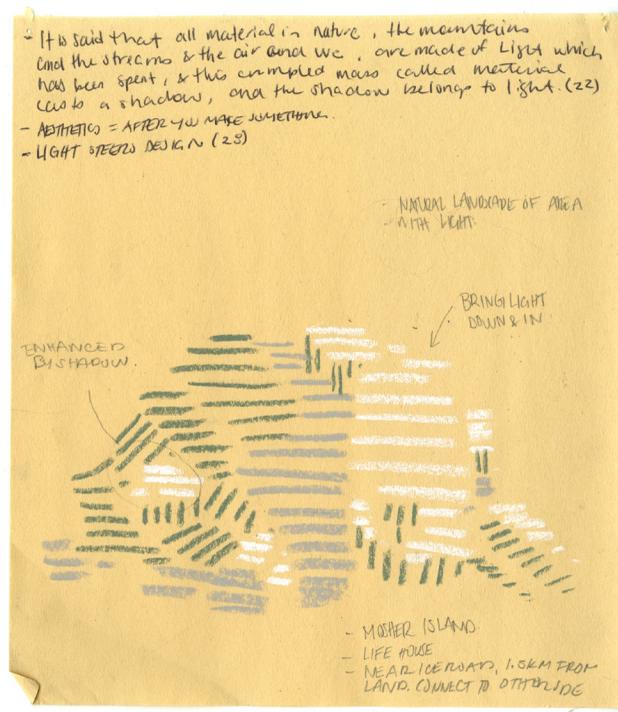


figure 38.

Here, I am beginning to explore applying this method of drawing light and shadow with relation to the site, using an image of Mosher Island.



figure 39.

### Exploration Three

From the drawings, I wanted to materialize the nature of light and shadow into a final model form, further emphasizing the importance of the experience of the spaces rather than its appearance. Light and shadow drawn from the initial Perler bead exploration, revealing that it does not necessarily matter what form creates light and shadow in a space, but more importantly that it does contribute to its atmospheric intent. I selected a drawing that, to me, was the most abstract and began to imagine the forms that could create these shadows.

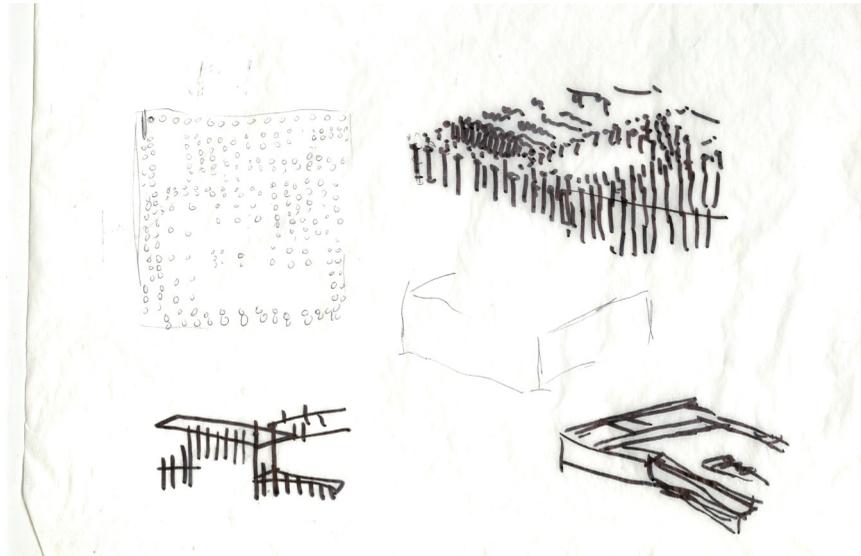


figure 40.

Inspiration was taken from the wax paper remnants of the perler bead model, and decided to utilize the same technique of the grid to “draw” shadow onto plexiglass. I planned for spaces to be lasercut to fit 1/8” wooden dowels within. The arrangement would be in a manner that resembled areas of the drawing where light was either blocked, or allowed to pass in different degrees of intensity.

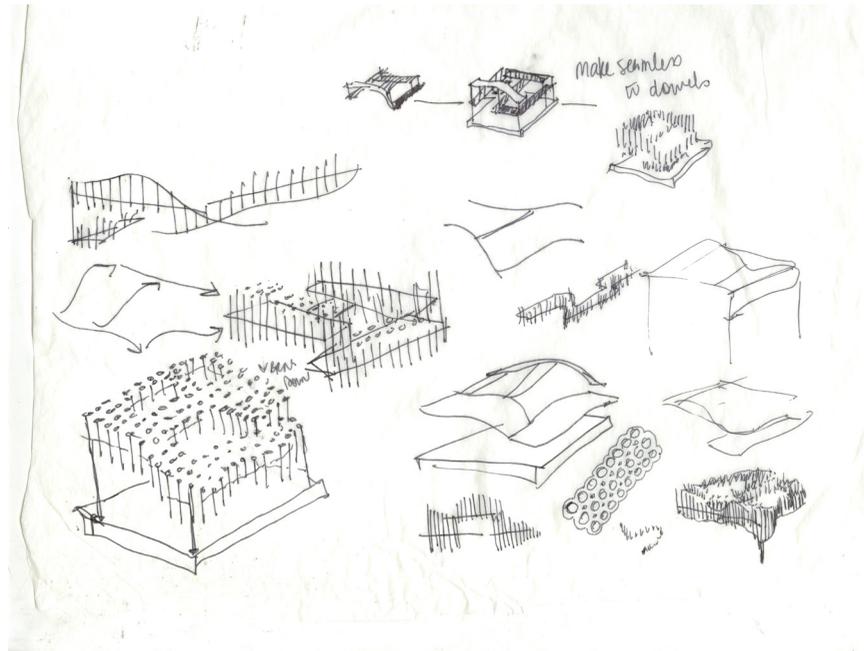


figure 41.

Here, I am exploring the different layers I may be able to create with the plexiglass grid, viewing the charcoal drawing as having three-dimensional form that is unrelated to that from Exploration 1. Here, the new form is related to the charcoal drawing itself.

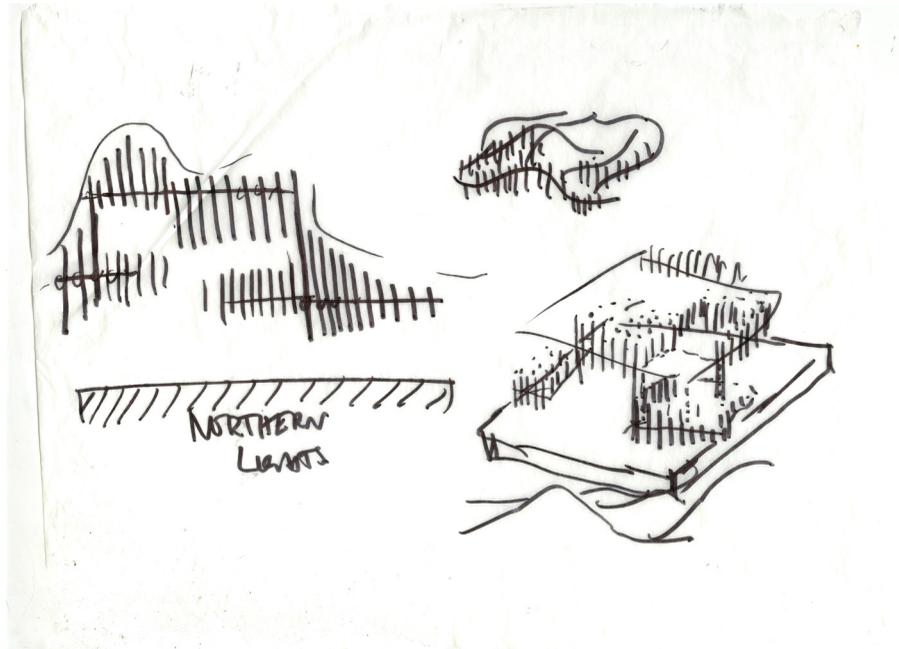


figure 42

Exploring form of the model from different perspectives. and potential dowel arrangements. The idea of this exploration informing space, elevations and architectural form is emerging.

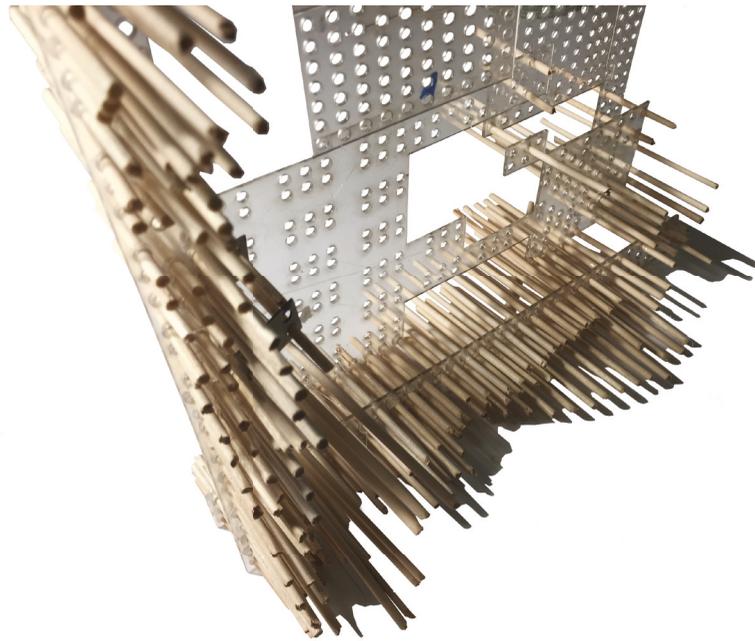


figure 43.

Here, dowels are placed depending on the charcoal drawing's representation of shadow. From the drawing, the areas that were darkest present itself in the spacing of the grid and the density of the dowels. The dowels were placed arbitrarily and at different lengths and heights, keeping in mind the potential of its architectural implications on mass. In a similar method that the Perler bead model was created, the previous placement informed the next, creating a model that spoke to the language of itself while adhering to the rules of light, shadow and experience. The result is a model that is created from the drawing, focusing on light and shadow itself rather than the form that creates it.

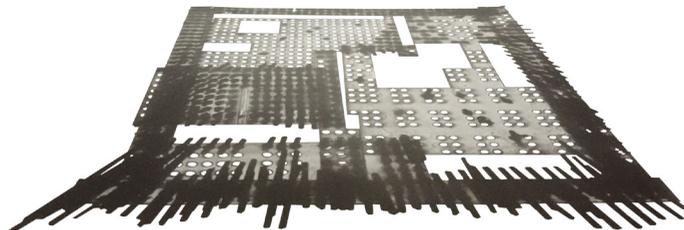


figure 44.

From here, light was, again, placed on the model, looking at the qualities of light that passed through and impacted the spaces below and around it.

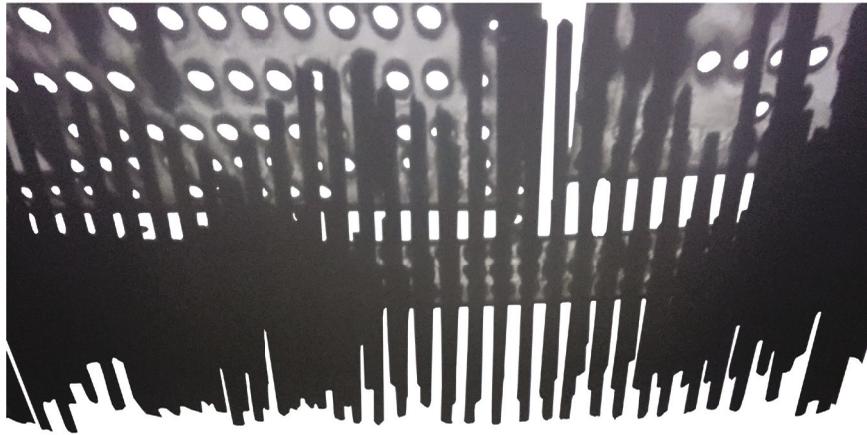


figure 45.



figure 46.

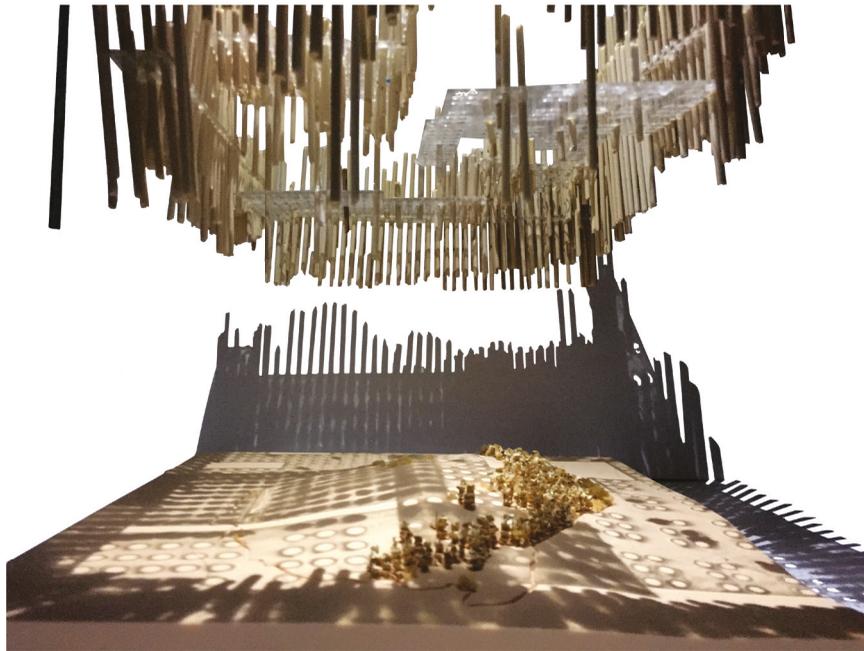


figure 47.

Here, the conceptual, explorative model is approaching the CNC site model of Mosher Island, Yellowknife.

## Significance of Exploration

An analysis of Dylan Thomas' Poem, *Do not go gentle into that good night*, allowed me new insight on the view of light and shadow and its role with life and death. I began to view light as a representation of the will and resolve one brings to the face of death, and it is this resolve that one has that can help the individual find peace with his, or her fate. Light became, in my mind, something in a person that threatens being extinguished, but something that is also important to maintain until the end of one's life. Life and death in this case, are two universal truths that meet one another and are not meant to be in conflict with each other. LifeHouse would, then, serve to be this meeting place; a threshold between life and death.

Moving forward, I hoped to apply these explorations onto the site of Mosher Island to design LifeHouse as a space that is a direct reflection on the light qualities of the area itself. Analysis of sun paths and shadow, combined with the path one might take on the island based on experience and necessary program will help determine the narrative of the initial perler bead model. From here, Explorations 2 and 3 will take form with drawings of the qualities of light and shadows, and then a final model to aid in the determination of the

form of the building. The result will be an extremely site specific building, with focus on experience from the themes of light and shadow, created for the specific individual finding peace and meeting death.

Furthermore, I hope to utilize the strength of the poetic organization of Dylan Thomas' poem as a villanelle, with regards to movement within the spaces and programmatic organization. Speaking true to the themes of life and death as I have interpreted them, I hope to create place, which is a gift for those awaiting medical assistance in dying.

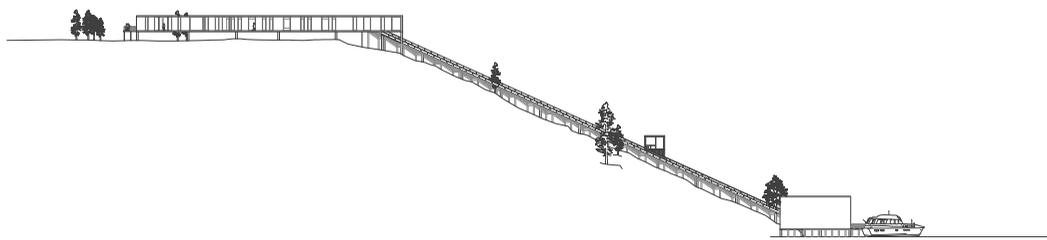


figure 48.

# Design Explorations

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## Introduction

The struggle to determine an organization of design that fell under the fundamental intent not to prescribe a specific, ideal time of year, month, day, or hour to receive medical assistance in dying became present in the final months of completing my thesis. The challenge was to use the language of light to frame unique moments for both the individual and the family or friends of the individual, who is receiving medical assistance in dying. I quickly recognized that there had to be a base set of moments of light from which to allow the framework within the building to exist. From there, I would be able to organize the design of the space, looking at the way light creates shadow. These ideas would hopefully tie in the the intent of my project.

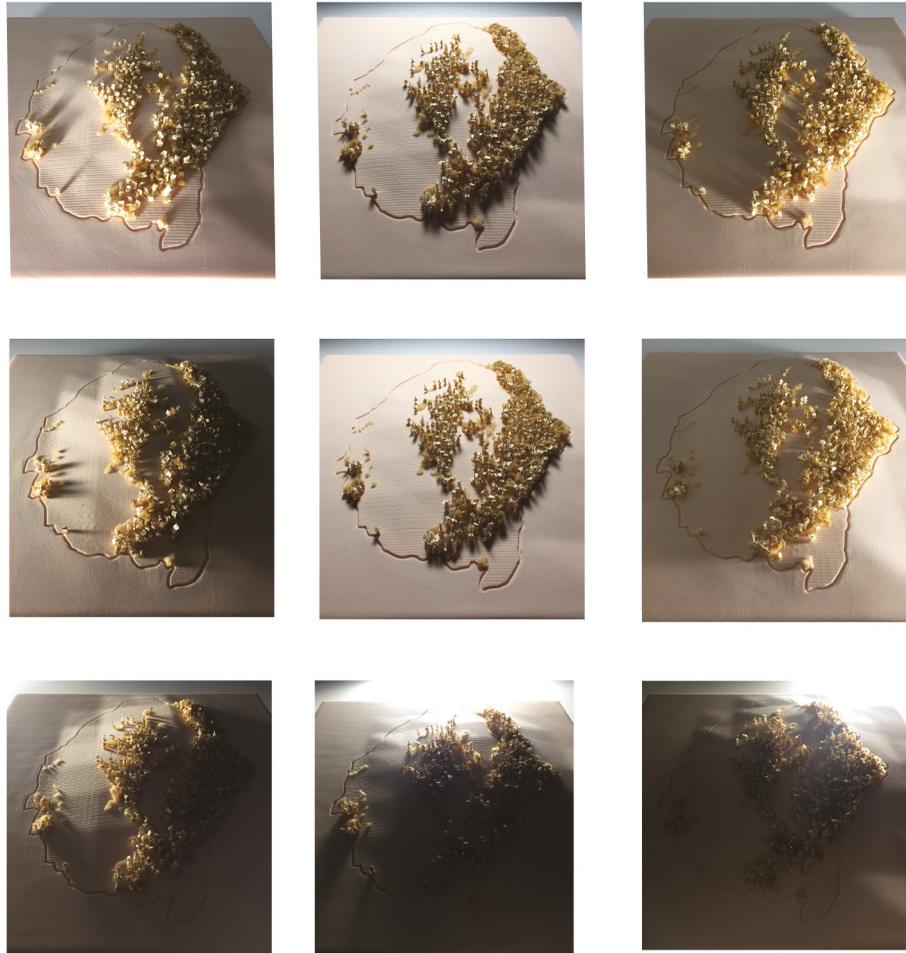


figure 49.

## Sun Study

Drawing from the experience of my first exploration with the Perler bead model, I examined the influence of light on the life. Only rather than relying on an imagined setting, I would be able to use the island, and its trees to examine light's influence on life. I treated the summer solstice, winter solstice and equinoxes as the chapters from which light could narrate its story on the island, and consequently in the building.



figure 50.

From here, I used the visual language I had developed throughout the semester, to help represent the mapping of life, light, darkness, and universal death on the island.



figure 51.

## Digression

What would result of these drawings became unknown to me at the time. Weeks of exploration following these drawings digressed me from the initial intent to create a space that would frame a moment for the resident, the family and his or her friends. I began to explore details that would help manifest light in such a way that was more technical than poetic, but proved to be useful (unbeknownest to me) later on in my design development, in the way that it allowed me to understand how architecture and light could reveal one another and play with one another.

I began to do studies of light, colour and shadow and how my previous drawings of light on the island might transform from a drawn language into a design language. Along with this, I wanted to incorporate colour to reflect the northern lights, something that the Northwest Territories - specifically Yellowknife - is known for.

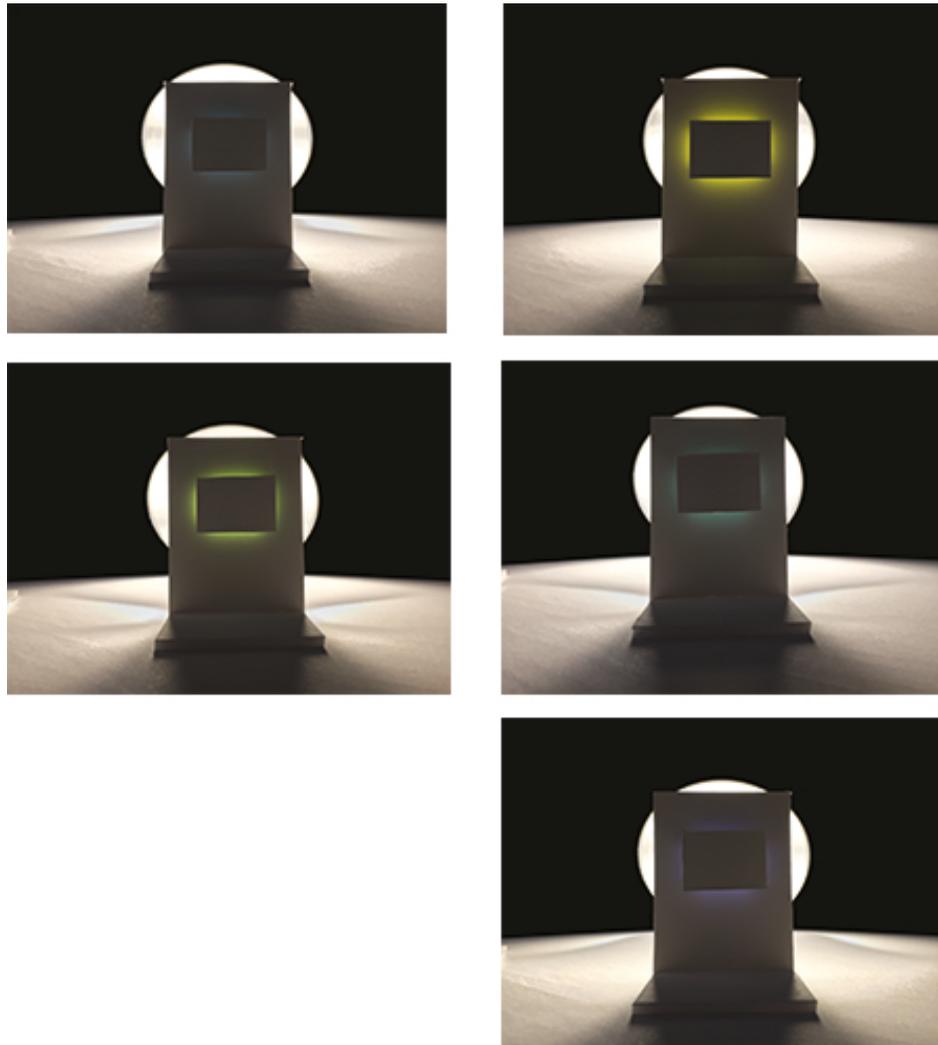


figure 52.

Here, I had painted swatches of colour to reflect those of the northern lights. Knowing that I could manipulate light and colour in this way, I proceeded with more explorations

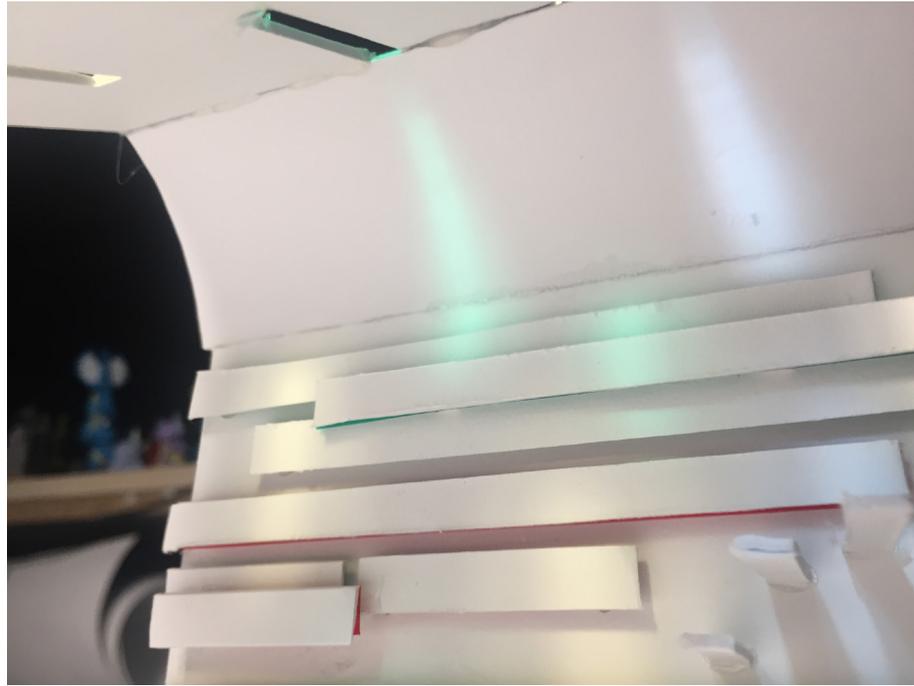


figure 53.

This study was an early exploration of bending walls, controlling colour intensity, and “framing” the moment of colour and light through the wall details. I had used coloured acetate and card to explore.

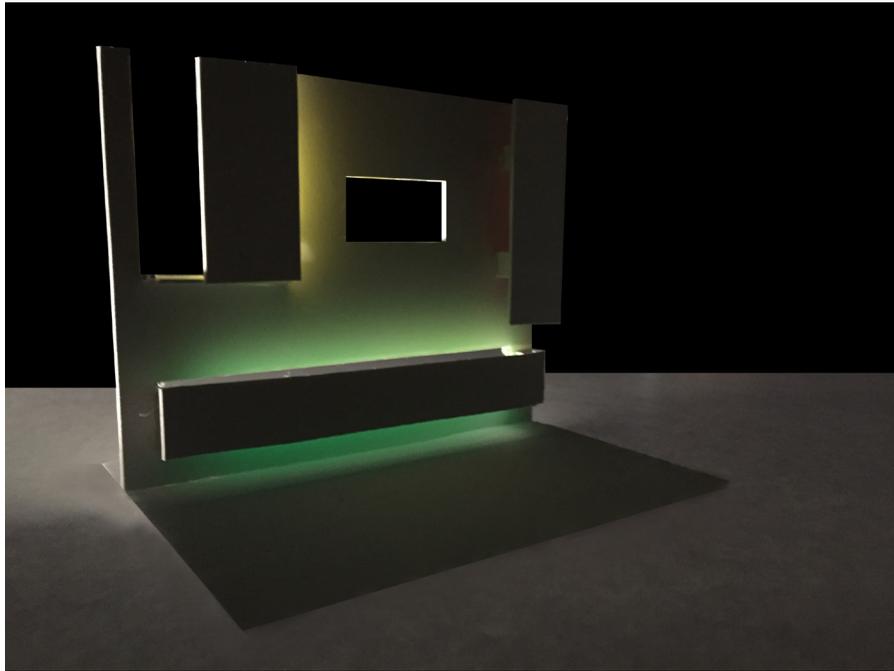


figure 54.

I began to explore Steven Holl's architectural projects and how windows could participate in the diffusion and intensity of colour (figure 54). Through exploring this, I also discovered that the experience of the building within could be very different from the experience viewing it from afar. From the outside, one would see panels of colour on a seemingly solid wall (figure 55). One would not necessarily know that from the inside, these colours and small spaces between each panel could contribute to the atmosphere within (figure 56).



figure 55.

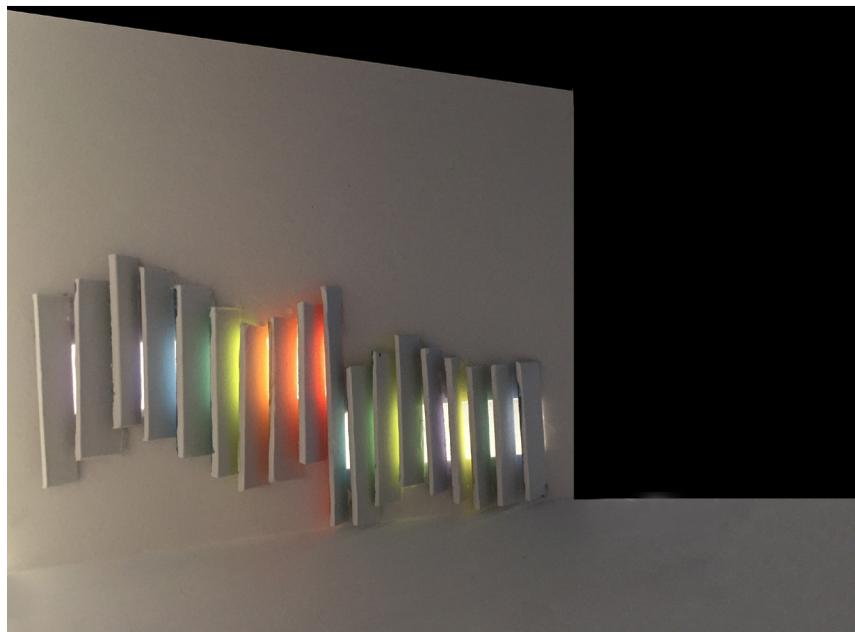


figure 56.



figure 57.

This study explores how the linear visual language drawn from my previous site studies may influence the organization of wall details, and the consequential shadows and reflections that may form from its reaction with light.

As well, I use this model to explore the influence of high, afternoon light on the roof of the building. I play with void and colour, and the creation of a consequential dialogue of light, shadow and reflection on the details of the wall.

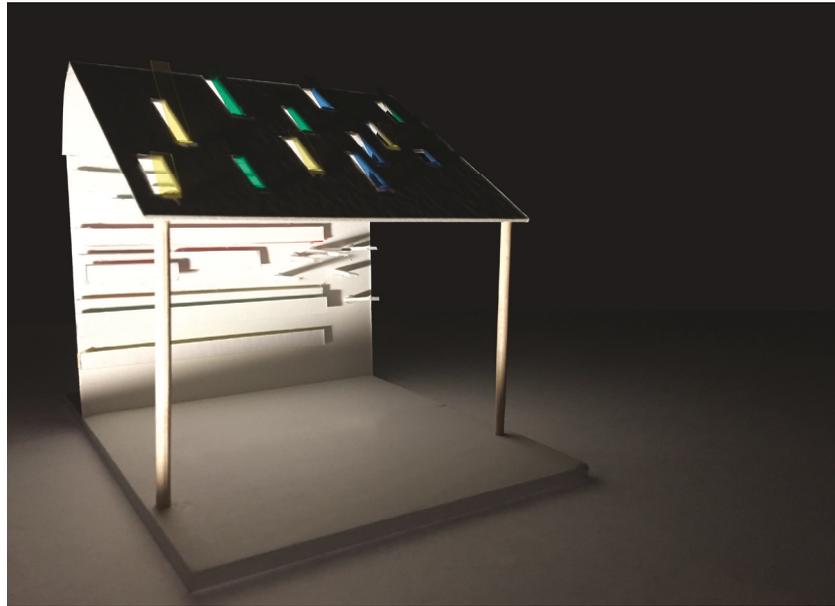


figure 58.

Studying how artificial illumination from the interior could influence what is seen from the outside of the building at night.

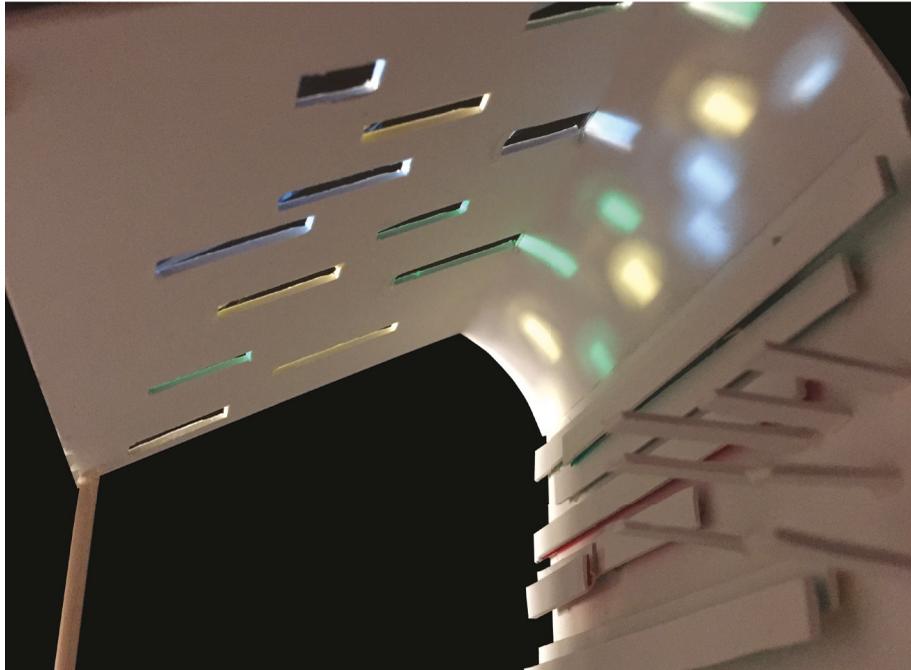


figure 59.

An analysis of curved walls and the illusion of vastness of space.



figure 60.

Shadow, colour and light overlapping to create and frame  
an instant, or moment.

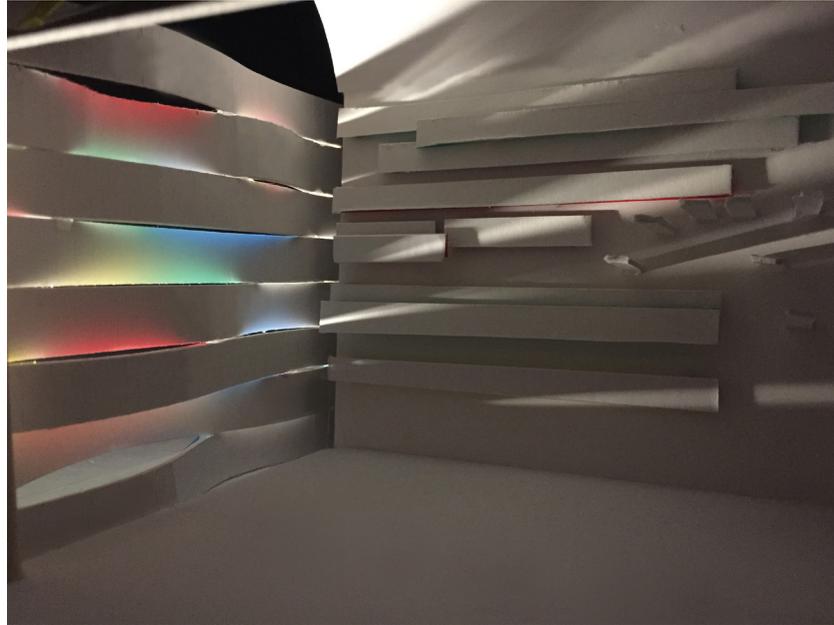


figure 61.

The addition of a curved wall, created to reflect the movement of the northern lights, with a wall detail previously explored.

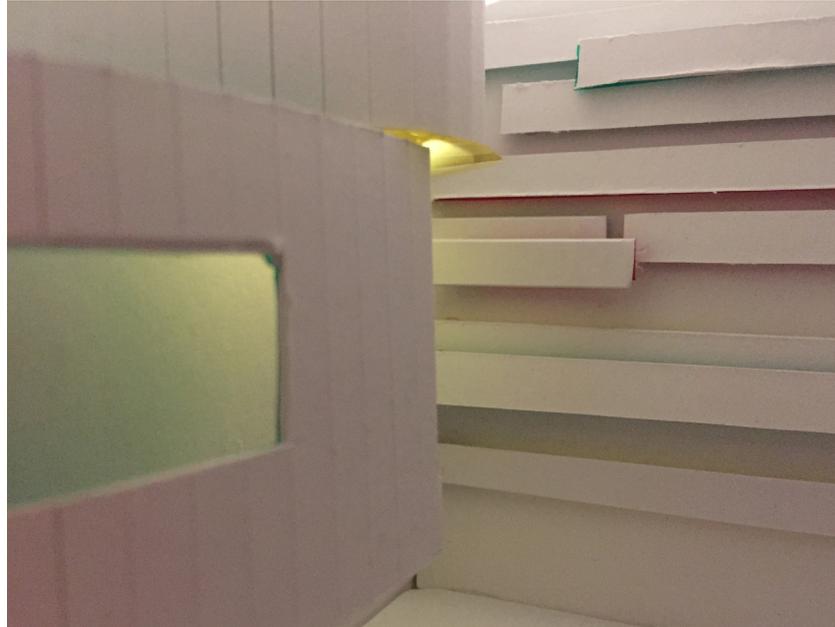


figure 62.

**Further combination of spaces to visualize intensity of diffused light as a main source.**

Do not go gentle into that good night  
 Old age should burn & rave @ close of day  
 Rage rage against the dying of the light

→ don't see death as defeat, but death is still a 'good night' & not something to be feared.  
 → while death is positive, do not see it as a sacrifice of spirit.

Though wise men @ their end know death is right  
 Because their words had forked no lightning they  
 Do not go gentle into the good night

Good men, the last wave by, (crying) how bright  
 their suns decs might have danced in a green bay  
 Rage rage against the dying of the light

Wild men who caught & sang the sun in flight  
 & learned, too late they grieved it on its way,  
 Do not go gentle into the good night

Grave men, near death, who see with blinding sight  
 Blind eyes could blaze like meteors & be gay  
 Rage rage against the dying of the light

And you, my father, there on the sad height  
 Curse, bless me now with your fierce tears, I pray  
 Do not go gentle into the good night  
 Rage rage against the dying of the light

- words as the spark, no life.  
 - they do not let their lack of effect on the world follow them to death. They carry their will & resolve to the end.

- naive about the unfairness of death & the idea of being a good person should give you the right to dodge death.  
 - they lived a good life & rise from their spirit in the face of death.  
 - informing the good men not to do so.

- relished in life by their own words  
 - the artists who celebrated the temporality of things did not realize they did so  
 - don't accept death as defeat, keep your lit light until the end.

figure 63.

## The Poem

Dylan Thomas' poem, *Do not go gentle into that good night*, allowed me to reflect on the intent of this building, that its existence is not meant to be a display of different methods of light and colour manipulation, but rather a gift to those who have fallen under the institutionalization of life and death. It is a place meant to empower the residents with a dignified death. It was a reminder to step back and view the building as a whole, rather than its smaller details. The following explorations apply this intent, leaving behind the small scale explorations for the greater form.

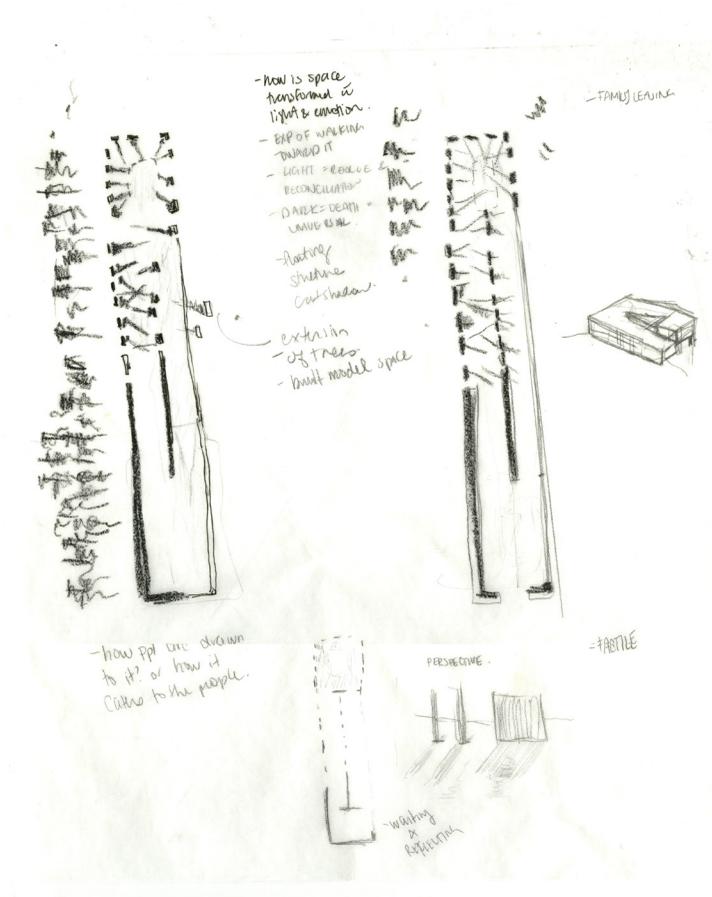


figure 64.

The essence of the building revolves around the pull of my interpretation of Thomas' poem. While there are many diverging interpretations of his poem; influenced by his history, life, background and presumed intent, it meant something different to me than how others understood it. In his poem, death is not a dark or ominous, but rather a "good night", similar to what would be spoken to a child, and a respected reality. It is recognized as a universal - much like sleep - and how the means in which a reconciliation with death can occur is dependent on how one lived their life throughout.

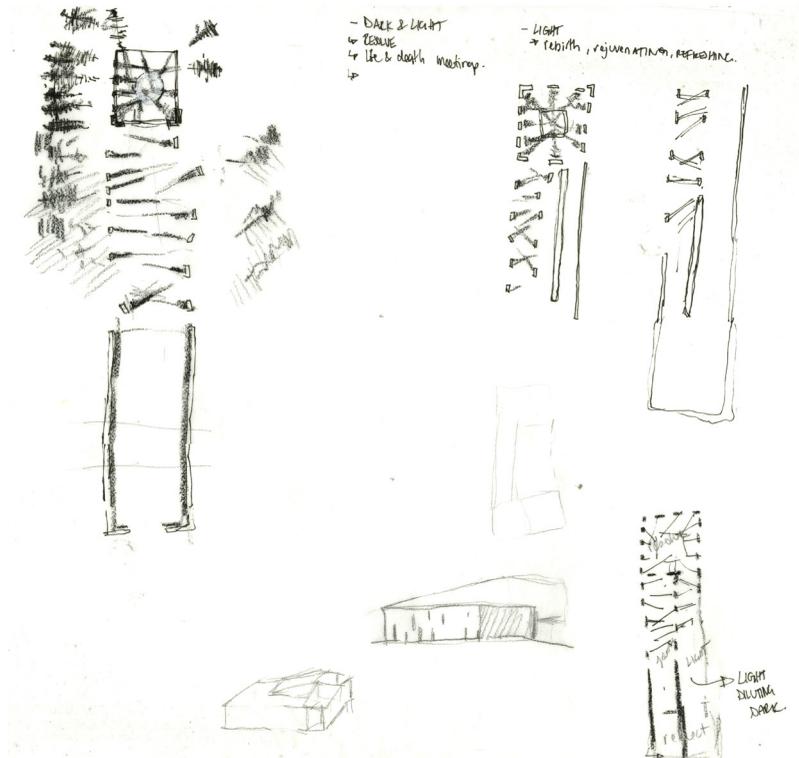


figure 65.

Throughout one's life, challenges are placed that attempt to dull the force in which one charges through life. We enter the world and build this light around us, creating a life well lived. My interpretation of this poem is an empowering call for those to meet the power of death with equal force. In this sense, the light is one's dignity; one's will and resolve.

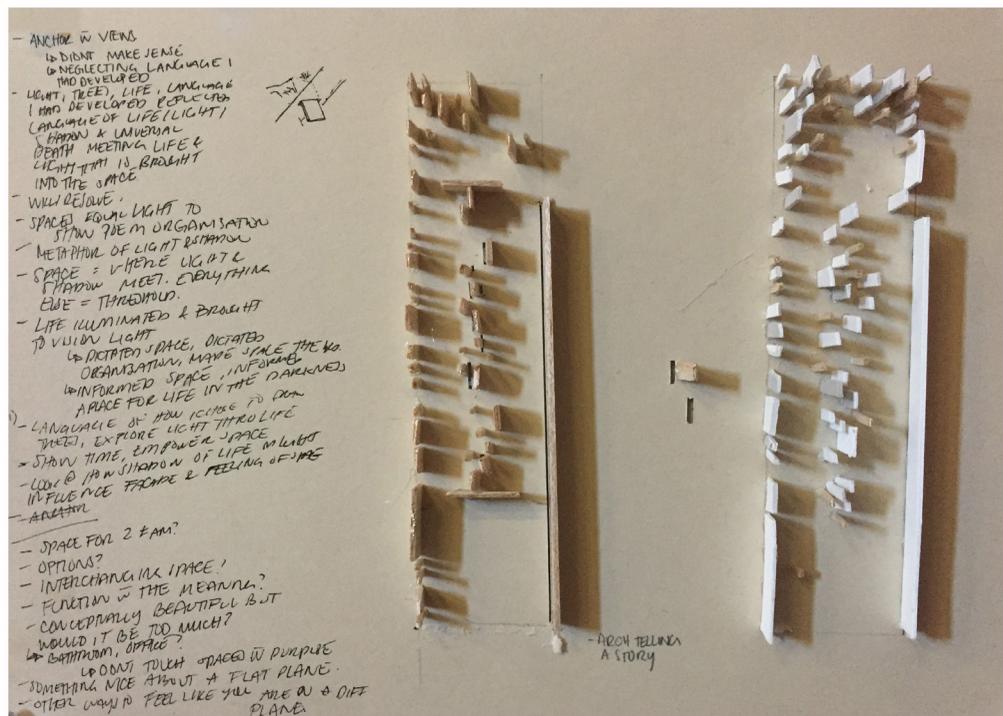


figure 66.

## The Journey To

Notations and explorations of walls in relation to visual language of drawings. Created on mixed media paper, with balsa wood and card. This exploration focuses on the experience of *The Journey To*, toward *The Space of Passing* (the space of the resident, where medical assistance in dying takes place). The wall on the left side of *The Journey To*, uses the organization of the vilanelle; a method of organization in poetry that is used in Dylan Thomas' poem.

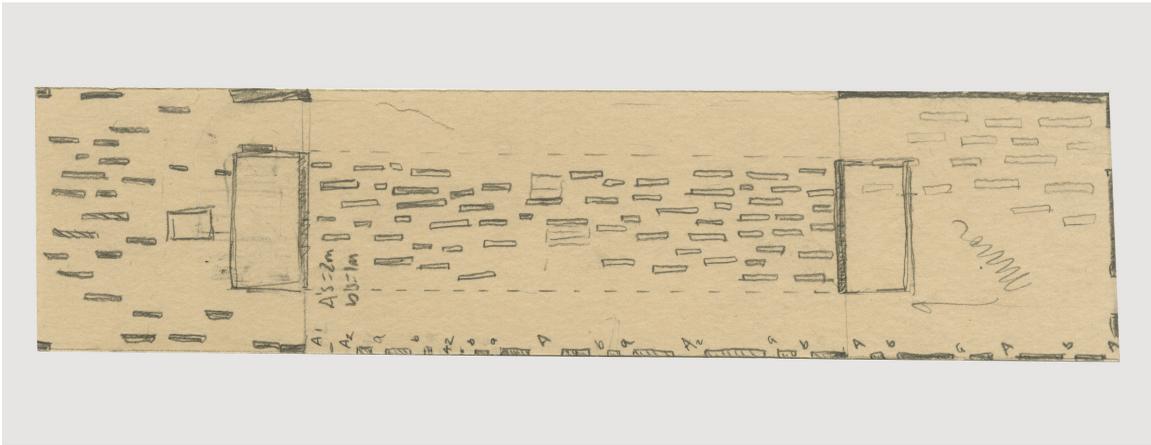


figure 67.

In figure 67, the rhythm of the villanelle narrates the voids (windows) within the walls on this final journey for the resident. Its organization begins upon entry (A1 b A2 / a b A1 / a b A2 / a b A1 / a b A2 / a b A1 A2) and is distributed along the journey's wall until the resident's final space (with A1 and A2 as 2m wide windows, and a and b as 1.5m wide windows). The purpose of this organization is to represent the light of the individual and the shadows of the universal death. It is the threshold and the journey where life and death interact and are introduced. It is an opportunity to reflect and collect the courage and will of the individuals entering *The Space of Passing*. The voids empower the individual with a visualization of Thomas' words, "rage, rage against the dying of the light".

Along the path, installations of rectangular pillars exist to the right of *The Journey To*. They reflect and cast shadow from the windows created, as well as from sylights above. The pillars represent the trees as drawn in the studies conducted in figure 50. This space serves as a reflection of the life on the island, with the sun visualizing moments and framing them for the individual who has chosen this place to spend their final moments. People may come to these spaces before entering *The Space of Passing*, to prepare for what is to come, or reminisce about past memories. They provide spaces of privacy and engagement between one another about to enter *The Space of Passing*.

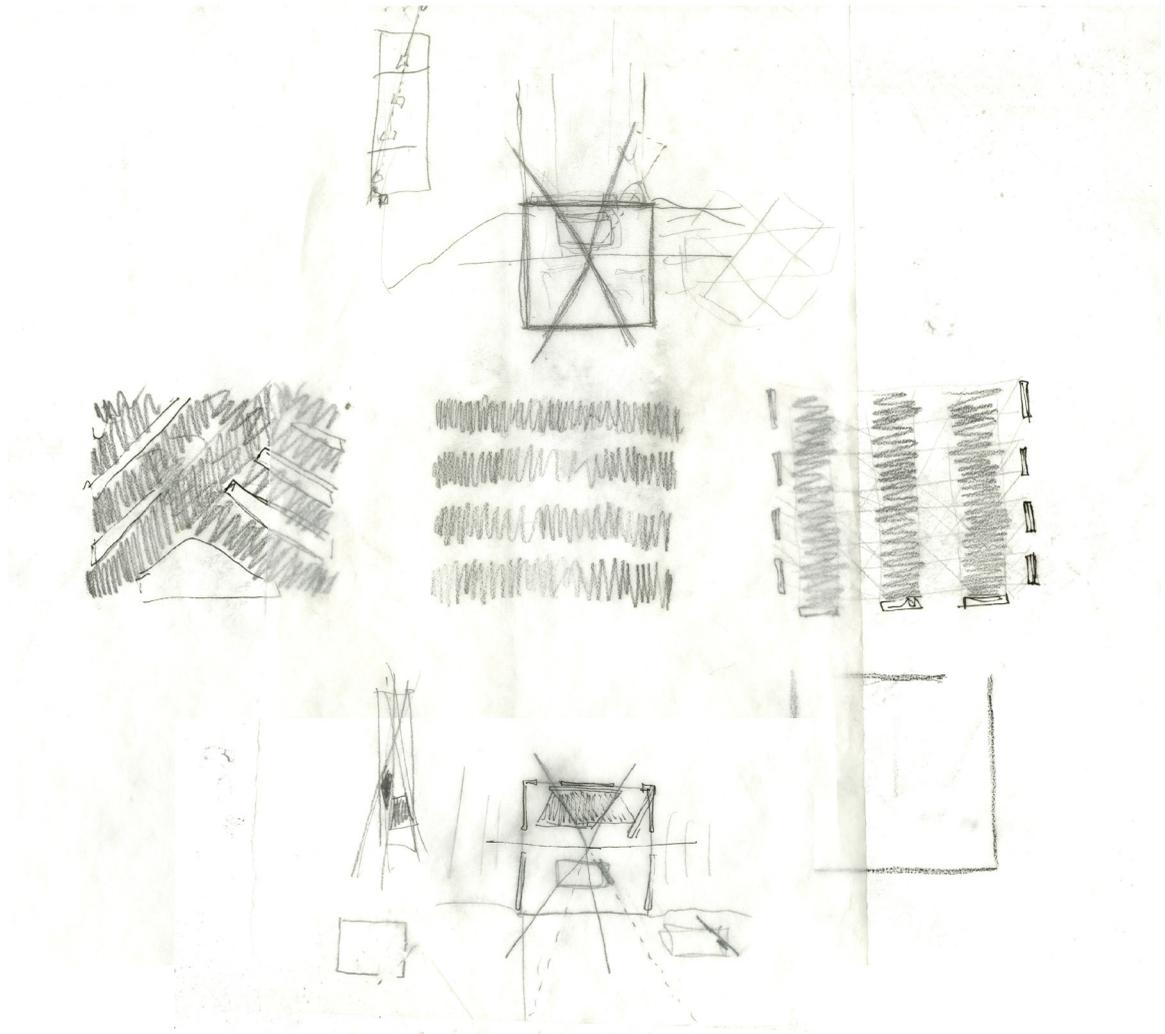


figure 68.

### The Space of Passing

At this point, I am starting to focus on the organization of walls and spaces in the final room of the resident. I explore the light of the sun at the times explored in the previous sun studies (summer/winter solstice, equinox) at different times of the day (sunrise, afternoon, sunset).

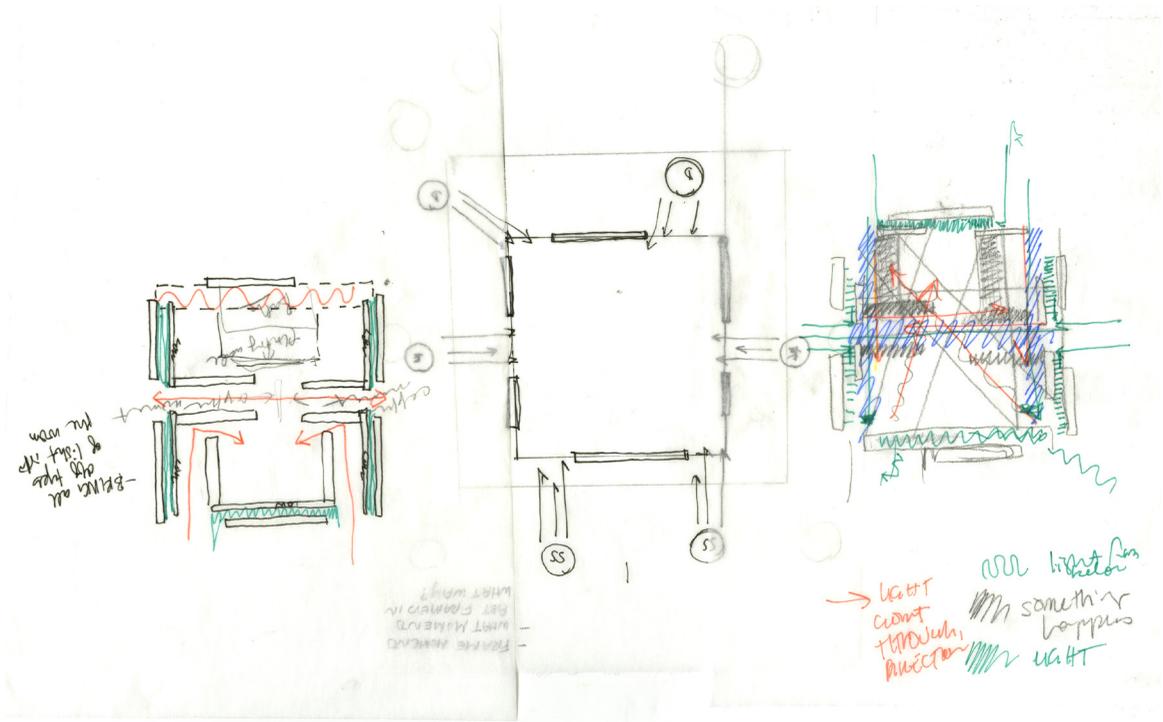


figure 69.

Mild digression in the planning of the space where the practice of medical assistance in dying takes place. I explored wall organization according to sun studies, in relation to previous wall studies done in figures 52 to 62.

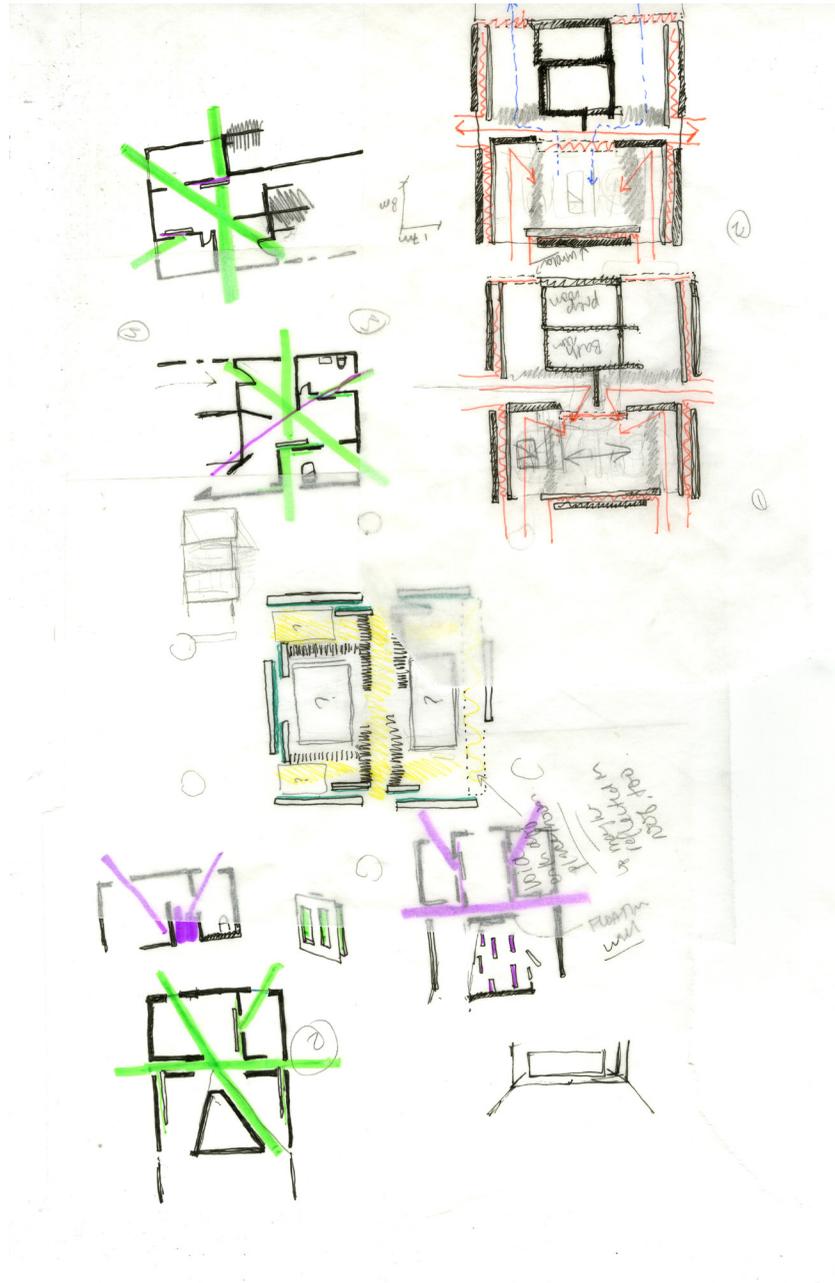


figure 70.

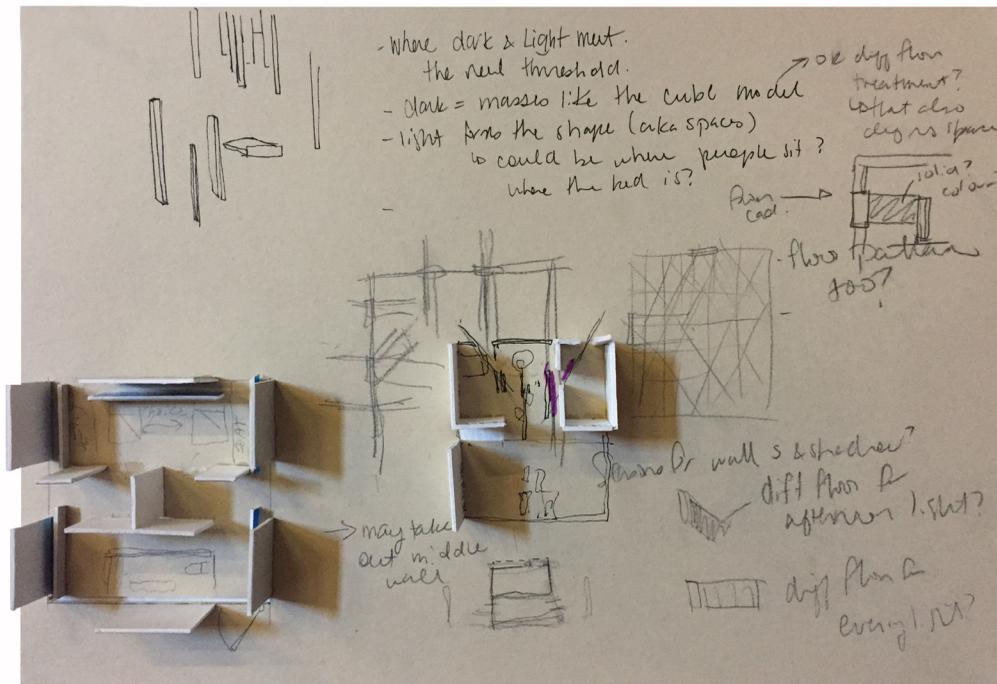


figure 71.

I found this method to be sterile and technical, again, similar to the studies done in figures 52 to 62. Reflection on the poem, grounded me back towards the initial intent and essence of the building that I was seeking to inspire my design.



figure 72.

### **Balance and Resolve**

After reading the poem again, I realized my intent with *The Space of Passing* was to have a balance of light and shadow. As opposed to *The Journey To*, with the light of life and shadow of death meeting, it is a space where the will and resolve of the individual is at its highest, with a light being created from within the space.

Figure 72. shows the intent of how the space is felt and seen from outside of the building. Here, the semi-transparent walls create a glow from within. I imagine this to be an instance where artificial light must be used in the case of medical assistance in dying taking place at night. The harsh shadows of the facade emphasize the contrast between the light from the inner space and the darkness around. This creates the illusion of a light so strong, that it pushes darkness away, allowing one's dying light to culminate in this room with the intensity of the dying's resolve.

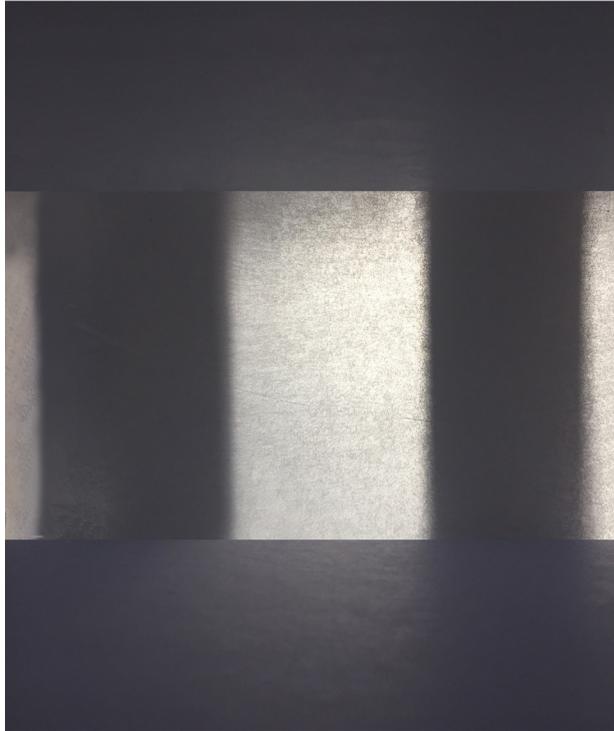


figure 73.

Figure 73. imagines what the space would appear from within. This is an imagined instance of the room in the daylight, where the sun casts a shadow on the facade into *The Space of Passing*. Because of the semi-transparent walls within the space, it creates the illusion of a shadow that is unable to enter the space. However, the shadow that is still visible from within, and recognized as something that is integral to the balance of light and shadow; life and death.

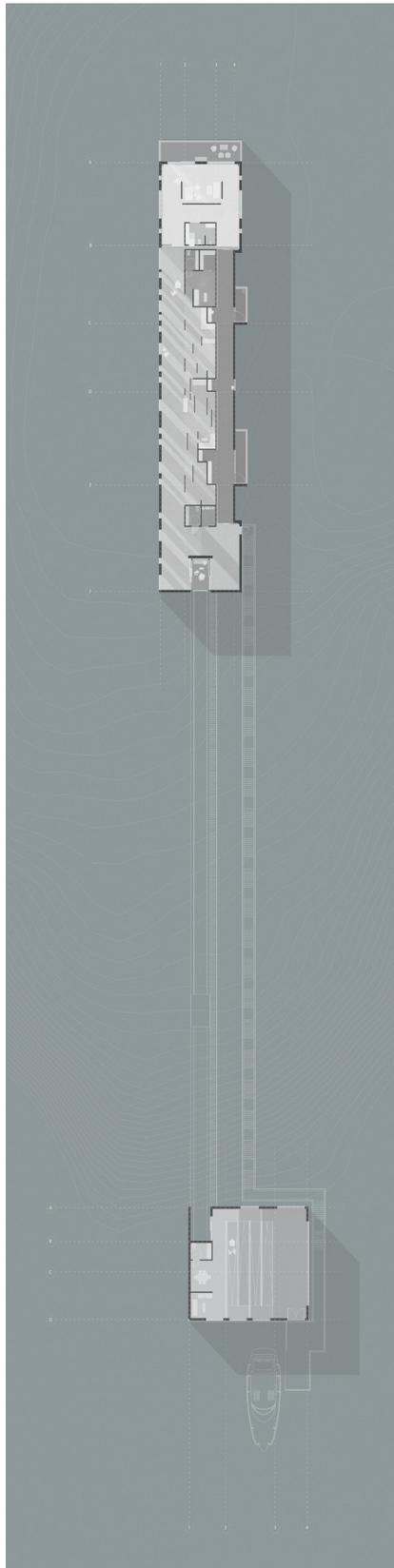


figure 74.

# Design

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## Introduction

Figure 74. shows the final design, in plan, for LifeHouse, translating my explorations and visual language into built form. The narrative of this building explores life moving throughout, what it means to the individual to be in each space and how light and shadow communicate to those within.

The building is separated into parts. *The Journey To*, would be the immediate path that begins once all exit the funicular. *The Space of Passing*, would be the place where final moments would be shared, and *The Journey From*, leads family and friends to *The Space Between*, where friends and family can spend a moment before leaving, beginning their journey back to a life without that family member or friend. The most important thing to consider was the nature of Dylan Thomas' poem as I had interpreted it, and how light and shadow would best represent this interpretation for the resident and his or her friends and family.

## Arrival

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Arriving to the island from the mainland of Yellowknife is by boat. After docking, guests are led into a small building, with ramps upwards to allow them to reach the platform of the funicular. Also within this space, is a small waiting area, with south-facing views into the expanse of Great Slave Lake.

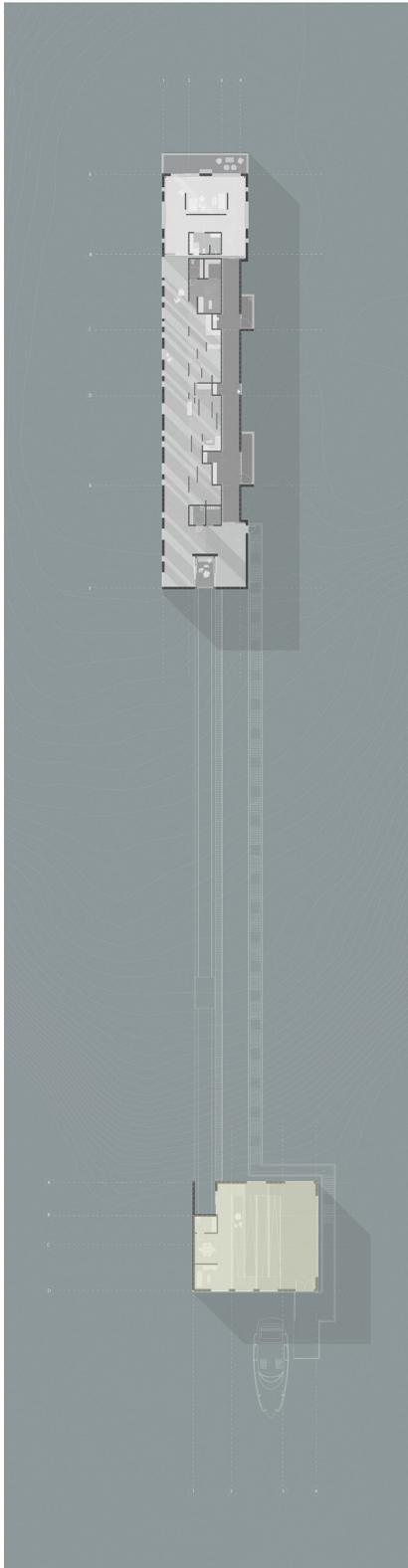


figure 75.

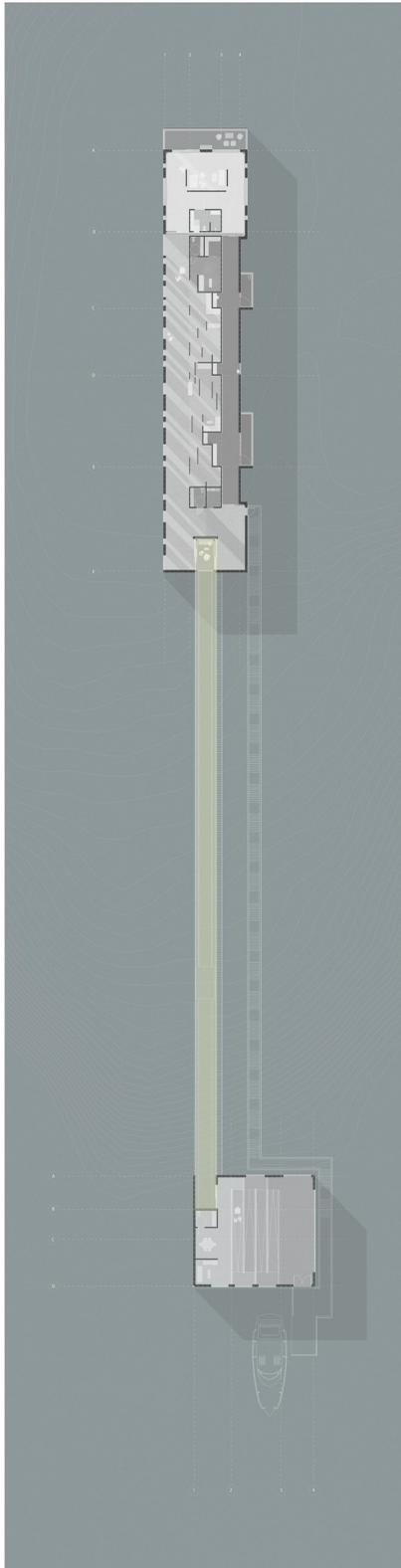


figure 76.

### The Funicular

Transportation to and from this space is done via funicular, with the vehicle entering and exiting *The Space Between* from below. This gives the sense of entering a building that is disconnected from the world from which one came from. It places emphasis that this building was created for the resident and his or her family and friends at that particular moment. With the vehicle at their disposal, and the sense of being lifted from the world below, those who enter can be at peace in the moments they've chosen to say goodbye.

## The Journey To

The experience of the building begins at *The Journey To*. It is here where the poem of Dylan Thomas most resonates. Upon exiting the funicular, that rises from below the space, those are directed down a pathway that is illuminated with windows. These windows are organized in the way that one would read Thomas' poem, organized in the rhythm of a villanelle. A villanelle is represented by the dimensions of the window, with the A1 and A2 portion of the poem as a 1.5m wide window, and the lowercase a and b portion of the poem as 1m wide windows.

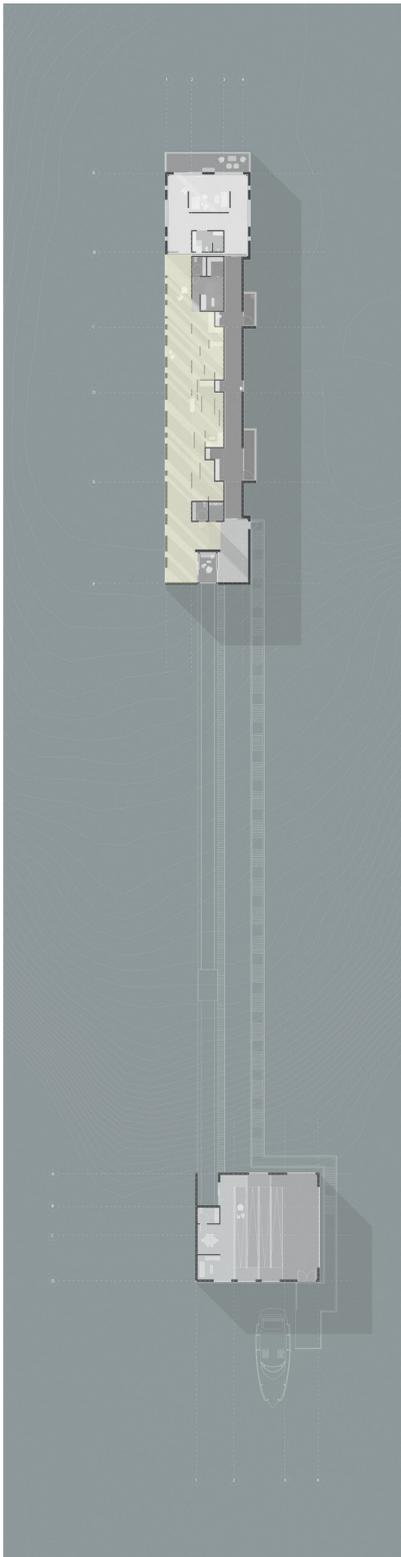
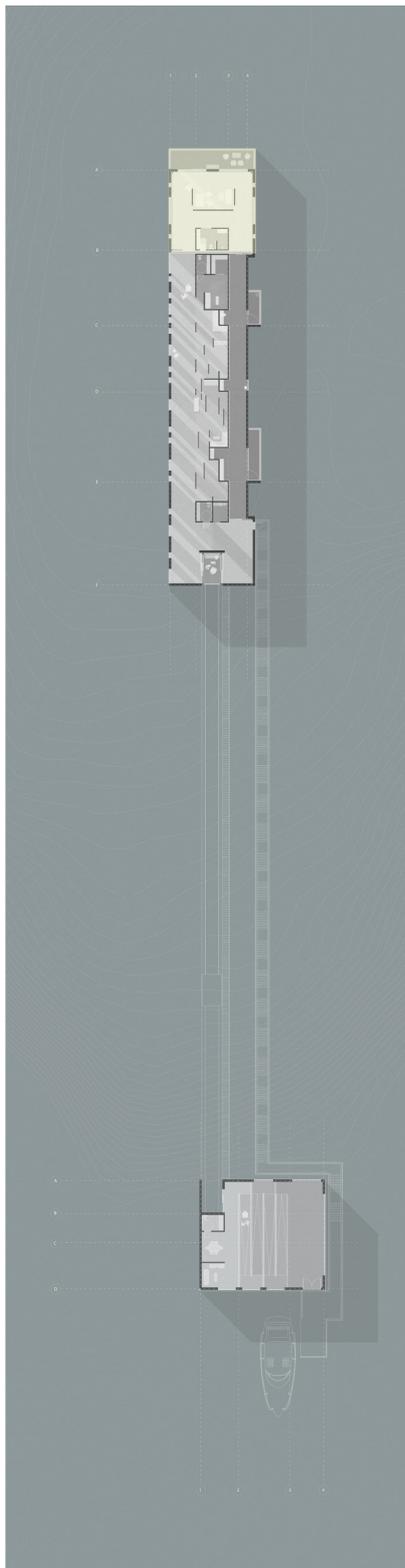


figure 77.



figure 78.

Throughout the journey, installations of wooden separations are scattered within, serving as representations of life on the island as drawn from the visual language of my previous light studies. These separations create spaces for privacy or connection, giving those the opportunity to reflect, reminisce or discuss what is to come or memories that have passed. The contrast of light and shadow through the windows represent the light of one's life meeting the shadows of death. It creates a path of introduction between two universal forces according to the balance of the villanelle, and heightened by the will and resolve of the one receiving medical assistance in dying.



### The Space of Passing

The floor at the end of, *The Journey To*, is cut. This creates the glow of light to enter from below the building, also addressing the low light of the winter solstice. At this point, one reaches, *The Space of Passing*. In this space, windows are organized to allow the paths of light into the room, according to both the equinoxes and the solstices. Within the space, the walls are lined with thin, semitransparent polycarbonate that diffuse the light into the room. In this way, there are no harsh shadows entering, instead, the shadows of the walls form a soft silhouette, emphasizing the illusion of an internal glow emanating from the room.

This is a representation of the glow of the individual who is waiting to die, and a glow of his or her resolve, meeting death with equal power and force. From here, it is the threshold where life leaves willingly, and is welcomed by death. Skylights address the high afternoon light, and the interior dropped ceiling, with its coloured surface, washes the room with colour, representing the colours of the northern lights, and creating a special moment that could only be experienced by those within the space

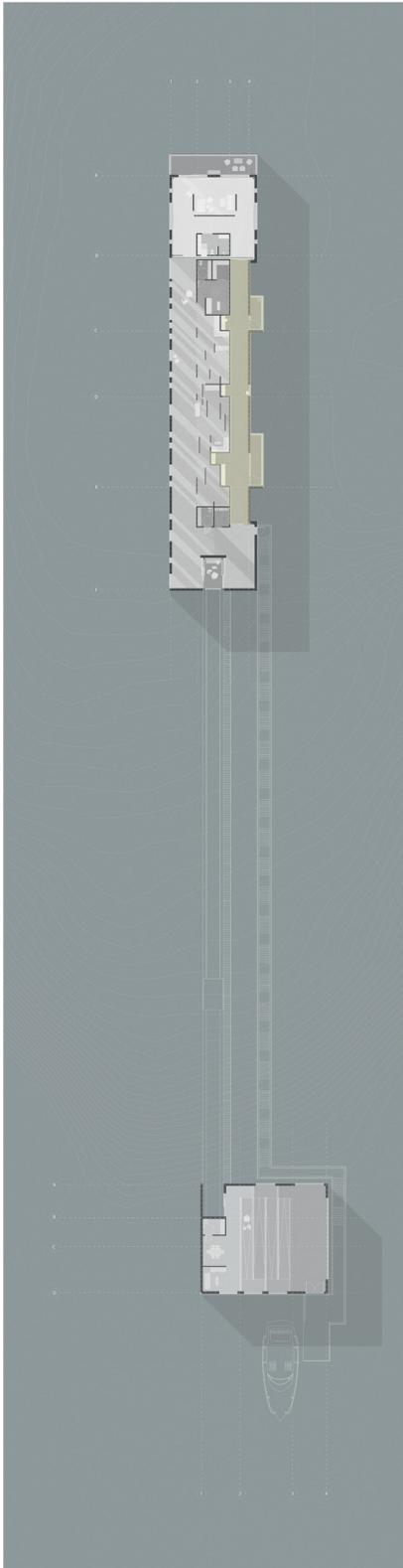
figure 79.



figure 80.



figure 81.



### The Journey From

The cut floor that one sees from, *The Journey To*, to, *The Space of Passing*, is extended to direct family and friends towards, *The Journey From*. *The Journey From*, takes the form of a narrower corridor than, *The Journey To*, with nooks and balconies available along the way to be alone or with others after the experience in, *The Space of Passing*.

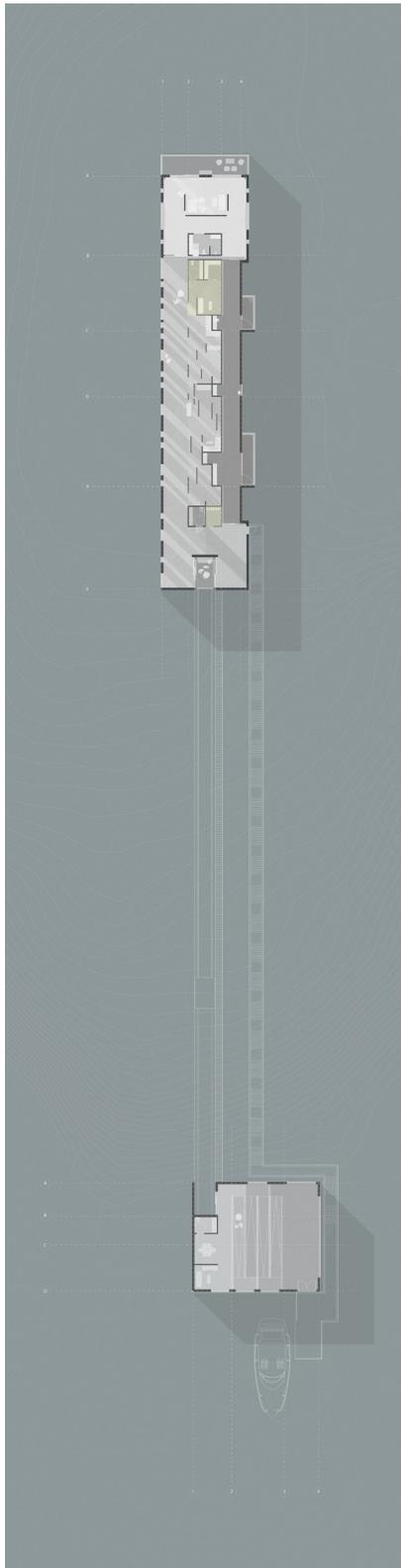
figure 82.



figure 83.

### The Space Between

*The Space Between*, is for all those exiting the building. It is the space between what events had just passed and re-entry into a world without the individual left in, *The Space of Passing*. Skylights, reflecting the visual language of life and light, and darkness and death in previous drawings (from Exploration 1 and site analysis) are placed above this space. This serves as a reminder for those friends and family, to continue onward with the same light (or, will and resolve) of the individual who brought them to this place, washing them with the strength of the light and life of the person who has left them.



At the northern end of the building, before, *The Space of Passing*, is the staff lounge. It is here, where the medication is prepared and the staff are able to relax before, after and during the stay of the resident and his, or her, family or friends.

figure 84.

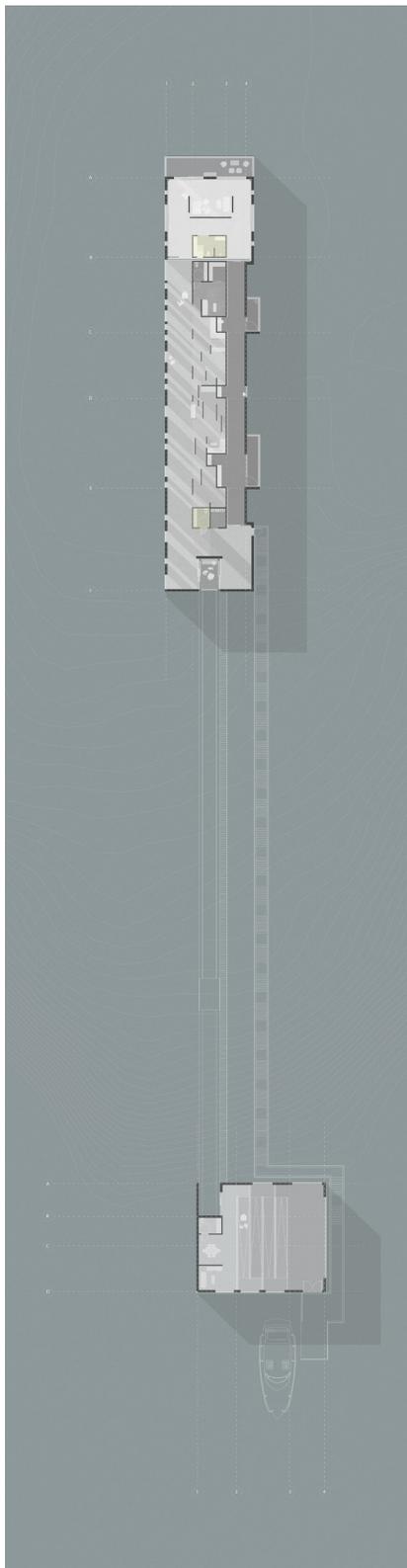


figure 85.

Bathrooms for the guests are located upon entry, as well as within *The Space of Passing*. The bathroom of *The Space of Passing* also contains an accessible shower for the guests.



figure 86.



figure 87.



figure 88.

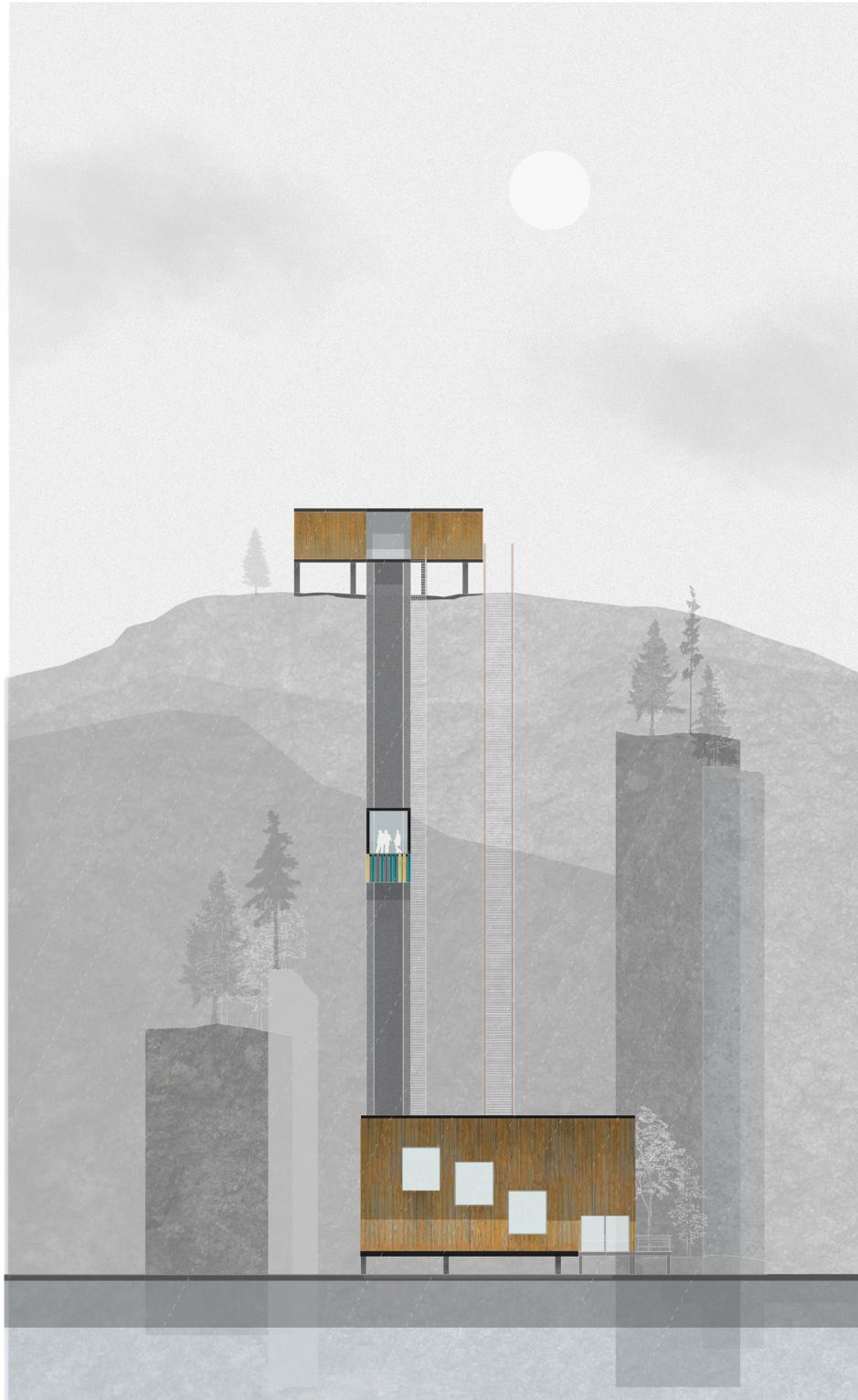


figure 89.

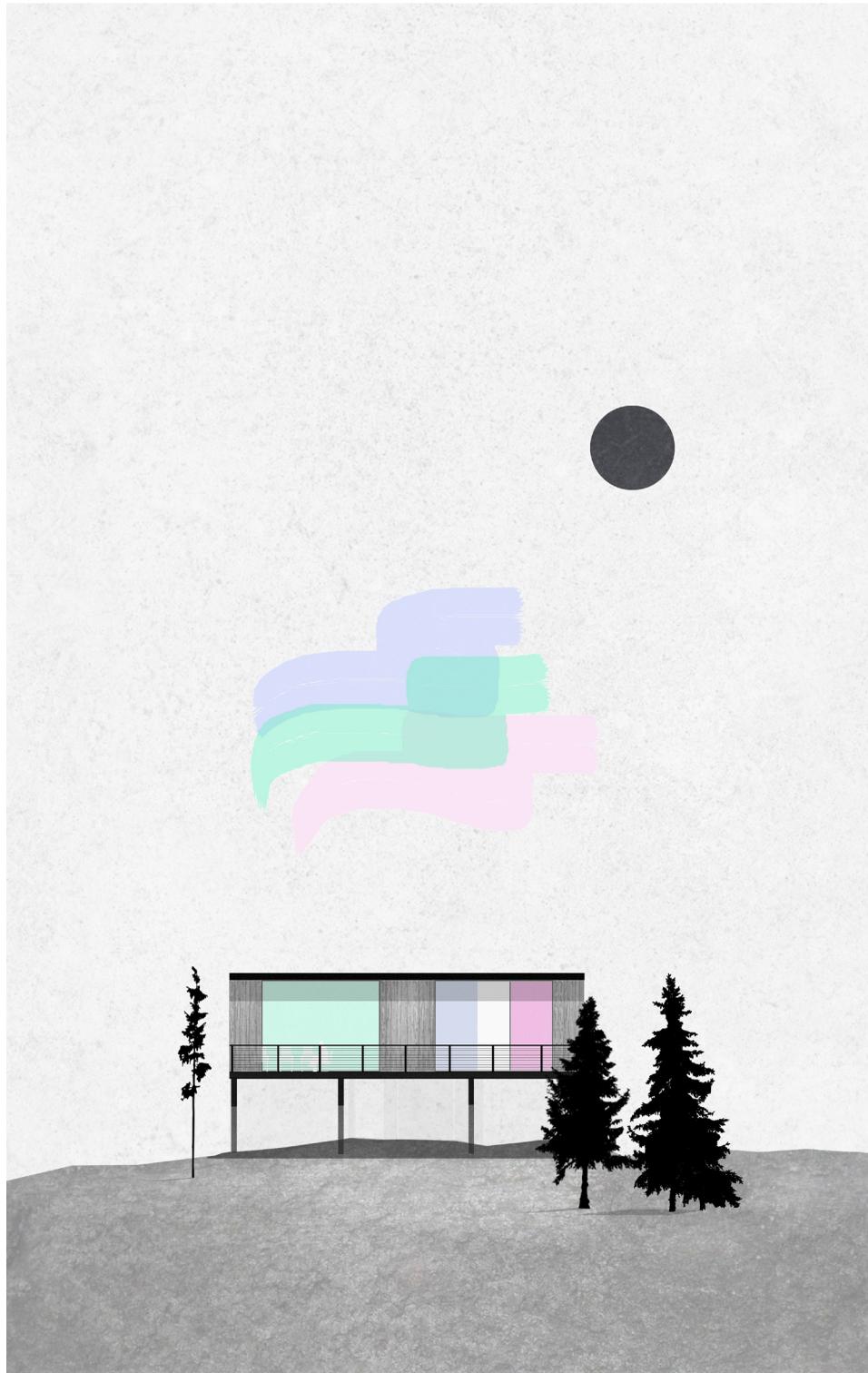


figure 90.

## Conclusion

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My interest in the nature of human life led me to this thesis topic. A thesis topic that would analyze and inspect the variables that led to such an organized existence that we experience today. It is a topic that dealt with the most natural and universal act of death and dying. Ivan Illich put into words, the ideas in my mind that I had previously been unable to articulate or appropriately examine. It was the catalyst for this exploration.

The methods used to determine the building's organization and design follow the guidance of an emotional plea, rather than a technological framework. Dylan Thomas' poem, *Do not go gentle into that good night*, provides a true, human account of what it is to live and what it is to die. I believe art, literature and emotional expression have a legitimate place as the fundamental building blocks of design. It is to remember that the current parameters of what is being used to design and build is not the sole method of design, but to remember that human desire and emotion must

also guide where human life exists.

LifeHouse is not meant to be a part of the prescription of life and death that has been implemented with the building of institutions. This building presents itself as an option, a gift and a choice; available for acceptance, or not. It attempts to offer the control for those who have lost such privileges under the guise of a typically better quality of life and wellness. The parameters of design that were set, were guided by intuition, literature, art, feeling, and hand-made trial-and-error. It is not a solution to the greater political and medical issues that the building addresses, nor is it a “new” way to design. Instead, LifeHouse is a reminder and a reflection in itself. To create for human life; to be sensitive to human life; to desire for something greater than what is offered; to test what is currently known - because it is what is deserved.

## Post-Script

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Throughout my thesis, focus was placed on the nature of institutionalization and its implications on life and death through language, technology and research. These implications have had an effect on the perceptions we have on life, and with Bill C-14, death. Time and attention were spent on the journeys of the individual receiving medical assistance in dying, as well as the journey of his or her family members. The final design of this building is meant for, and focuses on, the scope of life and its light. LifeHouse finds ways to create space within the mass and shadow of darkness and death as explored early on, with the narrative of the Perler bead model in Exploration 1.

Post-defense, I imagine that phase two of LifeHouse, would be an exploration of death, and how death could be further explored into a visual language, and into built-form; much like LifeHouse. LifeHouse served as the meeting place of life and death; light and shadow, creating a place for light to exist and become em

powered in the final moments of that who is receiving medical assistance in dying. However, important questions of the body, and its removal from LifeHouse, were discussed during defense, and these questions are just as important to answer as the questions I had attempted to answer about life, architecturally.

On the otherside of Dylan Thomas' poem is the "good night". While touched upon, it is not fully explored in my thesis. What happens in the dreams of this "good night?" where does the light go, or what form does it take once leaving the language of light as life on earth? What visual language may this life-post-physical-death look like? I don't know that explicitly exploring how the body leaves LifeHouse in a technical, logistical manner would provide the solutions to these questions. If that were the case, then it wouldn't be much different than how a body is removed from a hospital room. I believe that exploring the philosophical or spiritual act of leaving the body, first, can lead to the methods of the physical body leaving the building. In the same, or similar, methods in which I had explored what it is to show life, I hope that the other side of Thomas' poem, discussing death, could be further explored.

LifeHouse is a place where life meets death, metaphorically, through light and darkness. Where the body goes after life, should be seen as a new threshold, and with this in mind, I believe that it can be transformed into an amazing discussion, and architectural addition, to LifeHouse.

## Endnotes

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