

Thinking Beyond the White Coat – “Dochitect”

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It was the beginning of 2015 when all of a sudden I was selected as the project director of the project “**Upgrading and Strengthening the facilities at National Institute of Nuclear Medicine and Allied Sciences (NINMAS), Dhaka**”. The project was an ADP (Annual Development Program) project of the Ministry of Science and Technology (MOST) implemented by Bangladesh Atomic Energy Commission (BAEC) (1). The objectives of the project were as below:

- 1) To procure some new upgraded equipment for NINMAS, Dhaka
- 2) To provide services to increased number of patients and shorten the waiting time for appointment of patients
- 3) To improve the patient management system of the institute
- 4) To provide advanced Nuclear Medicine services at affordable cost to general people of the country
- 5) To facilitate and broaden the scope of research activities for the physicians, physicists and chemists of NINMAS and other institutes.

I started the project with much hesitation as a novice. On the other hand I was also excited to have the opportunity to develop my institute as I have dreamt it to be since my early days of service as a junior doctor. In Bangladesh there are few existing hospital architects at present. In the previous ADP projects related to Nuclear Medicine establishments under BAEC, there was no such consultation with architects specialized in hospital architecture. As NINMAS was already constructed, I only had the chance to renovate it. Now it was my turn to change the old look of my institute into a new look not with a magic wind rather using innovative thoughts and by introducing modern facilities. I had the great opportunity to solve the problems I had faced while

providing healthcare services. I did not depend only on the engineers and architects in designing rather stepped into their field. I gave them ideas about the problems we faced, the desired room arrangements, patient management system and facilities that will make the patients comfortable during their stay in our premises.

At the end of June, 2017 my project successfully ended resulting in a new look of NINMAS with modern, upgraded equipment and health care facilities. This change was remarkable and adopted as a model for modernization of seven more existing Nuclear Medicine facilities. At present, a new ADP project is running where eight new Nuclear Medicine facilities are being constructed in various parts of the country. This project is also following the footsteps of my project and I am also involved with it.

Actually a gap often exists between the designer of a hospital based institute and the end users. Among the clinicians there is often a multidisciplinary approach in the management of patients for better outcome. Hence, the hybrid collaboration between doctors and architects with inter professional exchange of views. This new concept will allow better understanding between architects, engineers and physicians resulting in betterment of healthcare facilities. Nuclear Medicine facilities need special design according to radiation protection, weight of heavy machines and segregation of different group of patients. Nuclear Medicine service based facilities cannot be designed using the same mould of a general hospital. The Nuclear Medicine facility design planning must be done with a group of professionals including architects, engineers, doctors, physicists and also chemists.

While exploring the internet I came to know the term “dochitect”(doctor + architect = dochitect) (2) and the pioneer of this concept is Diana Anderson (3). She is a board certified architect and an Internal Medicine

physician. As a dochitect she has combined her educational and professional experiences in medicine and architecture and worked on several hospital designs. She has highlighted in her speeches the impact of design on patient outcomes. Although it is not always possible to be certified in both fields but good collaboration between these disciplines can bridge the gap between makers and users in the field of hospital design. This new concept must be implemented in the upcoming health related projects for improving the quality of healthcare service to the patients (4).

REFERENCES

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