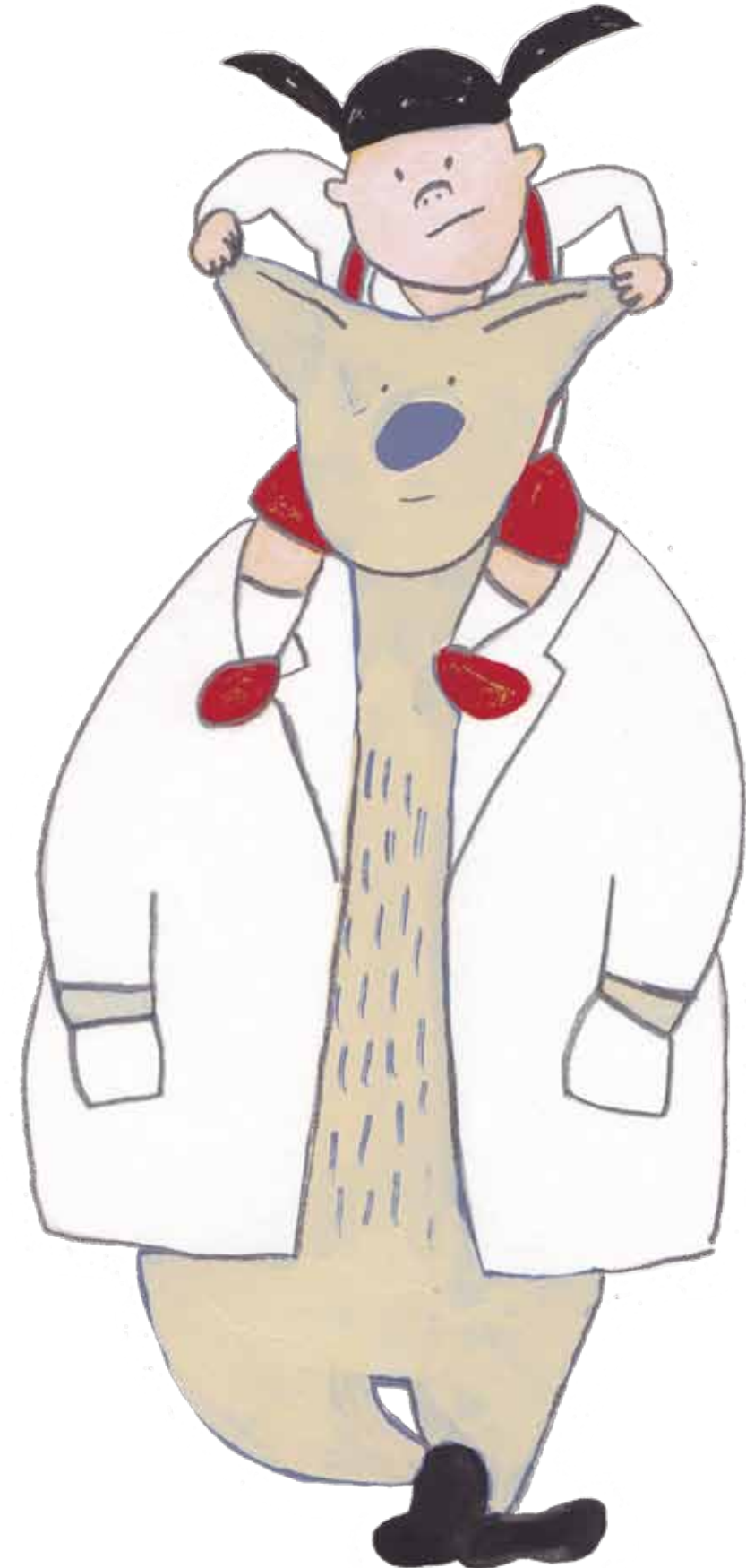


# ANSHIN

CONCEPT  
BOOK

KYOTO UNIVERSITY × KYOTO CITY UNIVERSITY OF ARTS [DESIGN OF ANSHIN]2013  
Collaborative Graduate Program in Design, Kyoto University

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# ‘ANSHIN’ the Narrative Based Designing

(Since it is beautiful, it is truly useful)

## Naohide Tomita

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‘ANSHIN’ is a Japanese word to express feeling of achieving safety, and I think that our ‘ANSHIN’ project is kind of artistic activities. However if every person were to share the same artistic value, that would become a kind of religious belief. Each person has various values to ‘ANSHIN’ and there should not be any objective in it. This is what make our project even more challenging. Safety is a desire that all people have in common, but ‘ANSHIN’ is a sort of praying that each person follow the each forms and rules. When I say praying, I am referring to what Japanese painter Kagaku Murakami said in the ‘GARON’ that ‘Creation is like praying inside the locked room’. Similarly ‘ANSHIN’ could be also explained as praying but instead of locked room, it is in the interaction among people helping each other. I also want to refer Japanese poet Takaaki Yoshimoto said that a best novel makes each people feel that only he or she can find the meaning of it. If there is a well-made ‘ANSHIN’, unlike the religious dogma or any other concept of safety that many people share in common, it should be spreading across the community by maintaining diversity of irreplaceable values of each person. The starting point of this concept is finding your own ‘ANSHIN’ rather than somebody define it.

You might say that so the ‘ANSHIN’ is somehow self-satisfying. Let’s imagine if you or your family come down with illness and urge to take some actions. Probably most of the people choose to take well-chosen medical treatment. In fact, when I was placed in such a situation before, I requested for the treatment that backed up by scientific evidence. People may choose concrete and thoroughly researched medical treatments rather than diversified, non-objective and non-evidentially proven works like ‘ANSHIN’. Nowadays, medical systems have been well designed to stand on scientific evidence called EBM (Evidence Based Medicine). In contrast, treatments based on each patient’s life and story is called NBM (Narrative based

Medicine). The EBM and NBM do not confront each other, and are like two sides of the same coin and complement each other just like musical performances in order to support the each step of medical treatment for patients.

### ‘MIMAMORI’ for Diverse Narratives

Taking the practice of the NBM into consideration, if we are asked to point out one guiding principle of ‘ANSHIN’, it is going to be summarized to the word ‘MIMAMORI’ the Japanese word to watch over. It is necessary for us to be conscious that the ‘MIMAMORI’ is the way harder to conduct than managing and instructing. In fact because I had not realized how hard it was, I had made several mistakes that jeopardize some safety before. In the self-organizational ‘ANSHIN’ practice, seniors need to prepare for the situation where people have self-opinionated risks. However, the ‘MIMAMORI’ is also the kind of artistic activity that most living creatures have in common, and its essential points are diversity and absence of written purpose. If there is the environment where each of us look for our interest to ‘do’ or look for something we have to do, and if each individual feels the responsibility, ‘ANSHIN’ may be more safe than safety. Because, in reality the inconvenience tend to occur at unexpected time and places. And disappointingly sometime, the safety managements tends to become smearing a responsibility onto each other.

To end my introduction of ‘ANSHIN’, I would like to add my explanation for the subheading ‘Since it is beautiful, it is truly useful’. This is a sentence from chapter 14th of ‘Le Petit Prince’ by Antoine de Saint Exupery, where the little prince visit the small star of a lamplighter. The lamplighter follow a profession to light the lamp in the morning, and to put it out in the evening. But the planet makes a turn every minute. The little prince say to

himself ‘The lamplighter would be scorned by the king, by the conceited man, by the tippler, and by the businessman. However, he is the only one of them all who does not seem to me ridiculous. His work has some meaning. When he lights his lamp, it is as if he brought one more star to life, or one flower. When he puts out his lamp, he sends the flower, or the star, to sleep. That is a beautiful! And since it is beautiful, it is truly useful.’  
(Quoting from chapter 14th of ‘Le Petit Prince’)

If the ‘ANSHIN’ products and ideas are measured from the experts view point, the works of students seem to be self-satisfying and not yet practical. However, in my opinion there is beauty inside these products and ideas; ‘a desk for medical consultation’, ‘a parents-free hospital’, ‘a bedside pochette’, ‘funeral equipment’, ‘an in-hospital library’, ‘a waiting room for children’ etc. We who already become the king, the conceited man, the businessman, and the tippler, may have mission to create the ‘MIMAMORI’ system where each of our ‘ANSHIN’ to spread to be reality.



# Notes on ANSHIN Design

## Yutaka Yamauchi

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We eat safe foods, use safe products, ride safe vehicles, and receive safe healthcare. But what does it mean to be safe? An engineer that develops an electronic medical record system told me the following story. It is not enough to help medical professionals do their work more easily and productively. They need to achieve safety for the ultimate end-users, that is, patients. They, however, claim that they achieve this safety by showing a pop-up window when medical professionals choose potentially risky actions. The medical professionals then need to click the button to close the pop-up and continue with their work. This is the basis on which they can claim that their system is safe. Safety might or might not result from this system design. Medical professionals would come to click the button more or less automatically if the pop-ups appear often. The point, however, is not whether this is the case. The point is that these engineers construct the particular discourse that the pop-ups make the medical practice safe.

A further examination will reveal the structure of this discourse. By showing the pop-ups, engineers can claim that their system is safe even if medical professionals make an error. These engineers can simply state that they did what they should have done within the limit of their capability and responsibility. There is another interesting move in this discourse. They can claim that they are doing all this for patients. It is the patients that urge them to choose this design; it is not their choice. That is to say, this discourse is organized so that engineers have no stake in all this and put themselves outside the whole game. Recoiling in the safe spot, designers are conceiving the objective system in which they have no place. The point is obviously not to denounce the engineers. This problem is systemic. Both medical professionals and patients construct similar discourses. Even if safety becomes an issue, medical professionals can claim that they took a particular action only for the patients or within the regulatory or technical constraints: They had no choice. Patients on the other hand claim that they do not understand the medical jargons and relegate everything to the hospital. They make little decisions. Safety is a myth. When all the participants foreclose their stake from their practices, nobody takes responsibility. They all draw their own boundaries and claim that they are doing all they can do within the

boundaries. In reality, we all seek that myth. That is to say, we all demand that somebody else will ensure safety for us. When a problem arises, we try to locate who is responsible and demand remedy. In short, the myth of safety is realized as a void when nobody takes responsibility for it. My aim in this essay is not to accuse somebody who parries the responsibility. To do so means that I also parry my own responsibility and bloat the void myself. The point is to understand this systemic problem as such. The root of this problem is that stakeholders believe in the myth of safety and urge themselves to turn the myth into reality. Everybody seems to have all sincerity and honesty in trying to achieve safety. The more sincerely they try to do so, the large the void of safety becomes. This is an iron cage; there will soon be no choice for us all.

What does it mean that something is safe? It is to build the discourse in which we can have make a grounded claim that it is safe. That is to say, to claim something is safe, we need to construct a particular discourse, which may or may not lead to safety. If the engineer claims that his system is safe for patients, he constructs the whole discourse in which he can claim that he did all he could. Safety is meaningful only within this discourse; and we put all our effort on building the discourse and not on realizing safety itself.

If we keep the discourse open and consider various other possible choices, then we loose the ground for making the claim. Safety is impossible in the first place. The reason is that to claim something is safe, we need to anticipate all possible unpredictable incidents and ensure that the artifact is safe. Anticipating the unpredictable is impossible. Only in hindsight can we argue that something should have been anticipated. Certainly there are some cases where a problem has been anticipated but concealed. Apart from such cases, the problem arises because we believe that the impossible is possible. If we keep ourselves blind to this impossibility, we end up hunting for somebody responsible and purge our own agency just like those who parry the blame.

Is there anything we can do? All we can do is to understand that safety is impossible and then that this impossibility is the condition for its possibility. We therefore seek to break through this impossibility only to fail. Although this may seem absurd, this is precisely what safety is. “Design for ANSHIN” is this move to break through the impossibility. This word ANSHIN, capitalized to decenter the typical meaning of anshin, or sense of safety and security, was proposed by Professor Naohide Tomita. His family experienced a medical accident in his family and he reflected on this issue also as a researcher to engineer medical technologies. To seek ANSHIN is to refuse to reify, or hypostasize, the myth of safety into substance. In other words, we need to decenter the concept of safety—seeing the concept not as a fixed substance but instead accepting the impossibility and indeterminateness of the concept. Designing ANSHIN refers to the practice of keeping one’s stake in the design situation and taking responsibility for it. Designers are part of the situation they design. They

need to participate. Furthermore, designing ANSHIN cannot be done solely by designers. All stakeholders are required to practice it. As practice, it is an ongoing achievement, not some firmly grounded substance. Even if artifacts are designed, they need to be constantly redesigned. Nonetheless, designers’ job is to create some substance. Designers create form, develop technologies, and describe in words. Nonetheless, designers produce not objects but practices, i.e., practices of ANSHIN design. These practices and designed objects are dialectically related. Practices are always material. Practices are produced in and with the material objects, which in turn gain a meaning only in the practices. This is the fundamental contradiction of design; this contradiction in turn drives the design. We cannot resolve this contradiction through dialectical sublation. We need to continue facing the contradiction. Design for ANSHIN will fail, but this only means that it will fail to produce safety in a unilateral manner. The design might succeed in the market and make important contributions to make our society safer. There is no need to refuse such a success; it is desirable to succeed this way. Furthermore, it is not the logical conclusion that the impossibility should discourage people to seek safety. Our agency lies precisely in taking actions in the face of this impossibility. Designing is precisely about opening ourselves to the impossible future.



# The ‘Design Of Hospital’ As A Trigger

It was just an ordinary day in the year of 2009, there was an incoming phone call to my office. The phone call was from a man name Mr. H.I who lived near the Kyoto City University of Art. The man seemed to be an aged as his voice suggests, requested to visit my school as he had something to ask me about.Few days later when he paid me a visit, he was suffering from severe hepatic disease and as he held in one hand the plastic medication box from a pediatrics department of his regular hospital, he said; ‘Professor, how do you feel about hospitalized sick children have their dry medication box next to their pillow. Every time this scene comes into my sight, my heart always fills with grief and sadness.’ Without doubt, Japanese medical technologies and environments are cutting edge and one of the most ideal places in the world. As well as those medical staffs, from doctors to nurses, strive to his or her daily work at hospital. Yet Mr. H.I felt some flaws within this high-tech medical site.This above event triggered us to start to think about the ‘Design of Hospital’

## ‘Using Design to overcome Design differentials.’

What Mr. H.I appealed once again changed my previous rambling conception of social mission of design. This occasion became a good opportunity to translate an idea into actual action. At the same time, what I had in my mind was the design differentials. Although it has been a long time since all the goods human beings make are somewhat designed, when I look around, there is still some differentials in level of quality in designs. Also, it is merely a fancy belief that highly designed goods and services are evenly distributed around the society. For example, one you see the differentials between the developing countries and advanced countries, the differences between sectors like firms, governments / administrations, NPOs, the differences between types of works and industries, the differences between healthy person and handicapped person.

It made me think that from macro point of view, there is correlation between design differentials and economic differentials, yet from micro point of view, apart from economic factors there is more to the design differentials.

Mr. H.I’s comment on the medicine box in a pediatrics department was particularly micro point of view and this made me start to dig in deeper from one medicine box in a hospital room to a department of hospital and an entire hospital.

It has been 3 years since this ‘Design of Hospital’ became a subject in the Visual Design course at Kyoto City University of Art. And in 2013, the 4th year of this subject became an inter-university subject with Kyoto University.

The limited space in this booklet, we have to cut the details of how both universities collaborate together to tackle ‘Design of Hospital’. But one thing I can positively state that professors from both Universities had same mind and heart that multitude specialized fields coming

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Art Director  
Professor  
Visual Design Department,  
Faculty of Fine Arts  
Kyoto City University of Arts

together to work is absolutely necessary for solving various public concerns. Currently, not only problems involving hospitals but many other social problems are becoming increasing intricate and intense, thus it is difficult to make an approach on these issues just by an individual specific field. The word ‘Design’ attracts much attention as a key word for cross-sectional collaboration in which is necessary for solving recent complicate social issues. Let alone the movement of making ‘Design’ as a keyword is a large trend in both Europe and US, recently in Japan also many organization such as the Japan Society for the Science of Design, the Japan Society for Mechanical Engineering, the Japan Society for Precision Engineering, the Japan Society for Design Engineering, the Architectural institute of Japan, conduct a research on broader term of ‘Design’, concept that is closer to field of Art. Kyoto University’ starts of a research and education on Design is similar pattern that following this particular trend.

Sadly Mr. H.I passed away before seeing ideas from what 1st year students from ‘Design of Hospital’ produced. This ‘Design of Hospital’, triggered by Mr.H.I’s simple but profound issue proposal, began to exhibit even larger expansion as Kyoto University and Kyoto City University of Art collaborated to do ‘Design of ANSHIN’.

Now I personally believe in possibility that ‘Design’ that re-defined by cross-sectional collaboration with various fields, will form the new body of Art in near future.



The same type box which Mr. H.I brought.

## 4 types of Medicine Box that created based on Mr. H.I visits. (Designed and created by KCUA students 2010)



**Sotool**  
Communication medicine box.  
Depending on where medicine boxes are placed, not only patients can tell their condition but their feelings as well.



**KusuKusri bako**  
(Make you smile medicine box)  
Medicine box that can make you smile. By adjusting eyes, nose and mouse, patients can enjoy 192 ways of facial expression.



**Okibako**  
Medicine box that doctors can see whether patients had medicine or not.



**Zoocle**  
Medicine box that can deform by assembling animal design blocks.

# How we organize PBL

Problem-Based Learning (PBL) is a hands-on learning activity in which students are thrown into a field and gain first-hand experience. They identify their own research questions, conduct their research, and construct their own designs. The resulting designs reported in this booklet may appear traditional design objects such as a desk and a chair. Yet, the goal of this PBL is not to design objects; it is to produce “practices” of ANSHIN design. Objects are meaningful only in relation to the practices.

## Changes through Practices

Students designed the desk to transform communication between physicians and patients so that practices for ANSHIN can emerge. There are many ways to reify safety in patient-physician communication. Informed consent is one example; providers can preemptively avoid future possible conflicts, e.g., the patients’ complaint that physicians did not give sufficient explanation. This kind of contractual arrangement is unavoidable. Nonetheless, there should be many ways to produce practices of ANSHIN. Instead of forcing a certain communication by means of rules and contracts, we can think about changing the communication in a subtler manner by altering the material structures.

In the case of KOKONI chairs, students learned that there are few places within a hospital where patients can be by themselves spontaneously. Somebody sitting by herself in a common room tends to be seen lonely even if she is simply by herself. Students discovered that a hospital library was one of the few locations where patients could be alone naturally. They explored how they could create that kind of space.

The point is not that objects are unimportant. Detailing objects is critical for designing practices. Students spent much time on creating and testing multiple mockups. Once they created mockups and specified

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details, they encountered a number of problems and reformulated their designs by overcoming these problems. Therefore, the material objects and the envisioned practices constitute a dialectic. Material details are not just for specifying the material objects; nor are abstract ideas sufficient.

## New Society with ANSHIN

There is a reason for choosing mundane objects like chairs and desks as design targets. First of all, by redesigning something mundane, we could aim at decentering the world. That is to say, because the mundane objects are so ingrained in our lives, changing them would force us to look at the world differently. Therefore, novel designs that have their own aesthetic value alone do not necessarily lead to practices of ANSHIN. Sensing something new from mundane stuff is an interesting design opportunity.

Another important reason is that we aimed at putting resulting designs in the field rather than keeping them in the studio. If we design something grandiose, we need more time and effort to introduce them into the field, which we could not afford in this PBL. If it is a desk, we can simply replace it with an existing one and see what happens. The cost is not too high. In other words, the desk and the chair are only the initial step in the design. Once we introduce them in the field, we learn something new and design them further. Next we may design a bed, a wall, or lighting.

In fact, it is not appropriate to talk about “putting the design in the field.” We cannot design practices of ANSHIN outside the field only to put the design into it later. That is to say, we need to begin the design within the field. Therefore, students began this PBL by going to the field, listening to people and experiencing the life there. Yet, because hospitals are highly institutionalized, the access was not easy. When students accessed hospitals, they often got no

response. In this PBL, we chose not to give much support in choosing sites and gaining access. Some students used their own contacts and others made cold calls. When Professor Tatsumi proposed to let students take responsibility for the entire process, I felt uneasy. I could not trust students as much as he did. If we do not trust students and try to set up the field for them in order to avoid students from causing troubles, we would end up hypostasizing safety ourselves.

## The importance of business perspective

In order to put designs in the field, we emphasized the business aspect. Just introducing a design does not change the society. There need to be people who pay for it. The profit will then feed into further development of the design. To consider the business aspect of design is to ask who will really pay for it and how much. If we are satisfied with creating whatever we want, we do not pursue this question seriously. This question should lead to better and stronger designs. Making a profit may be considered as a dark side of design. Nonetheless, changing the society is risky and we cannot expect somebody to pay for the risk without any expectation of a profit. Of course, it is an entirely different story if somebody suffers from us making a profit.

For instance, it is not generous support from developed countries but social entrepreneurs that make a difference in improving the lives of people in developing countries. These entrepreneurs contribute to the improvement of people's lives by trying to make a profit from them. If people in the society appreciate the support only when it is given for free but not when they have to pay for it, then their lives will not change. Once the free support is withdrawn, nothing will be left.

Designing something that people in these societies can afford requires a significant effort, which will make the design valuable. For these reasons, we encourage students to think about how they can make a profit. Students seriously seek to change the society in this way.

It is hard to balance these two opposing logics. Designing small things to engender a large change. Specifying material details to produce practices. Making a profit to contribute to the society. All these are difficult to attain. We do not claim that we have succeeded but there is no shortcut to take.



DESIGN OF ANSHIN TEAM A

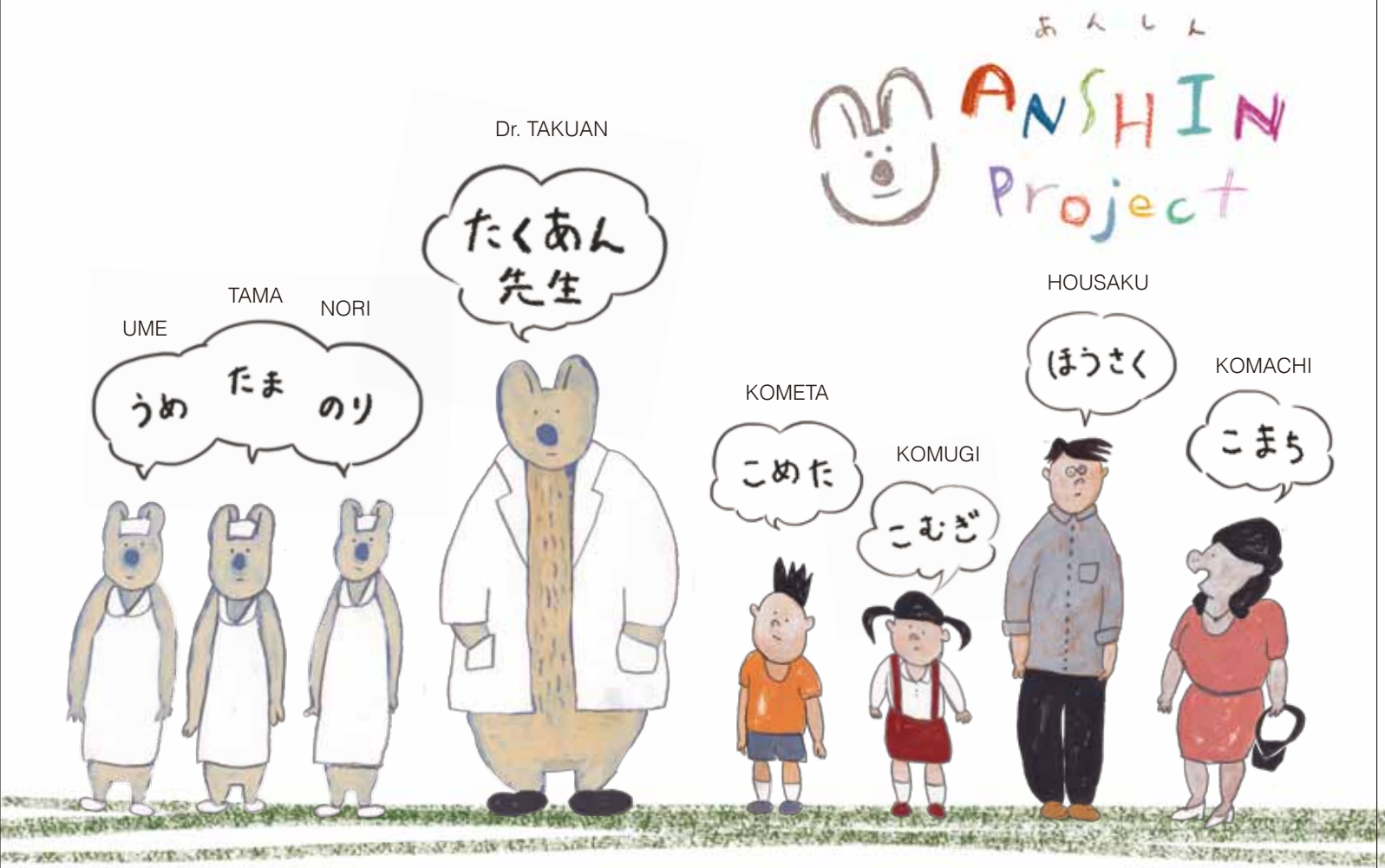
A

TEAM

‘Characters of ANSHIN project’

Basic Concept

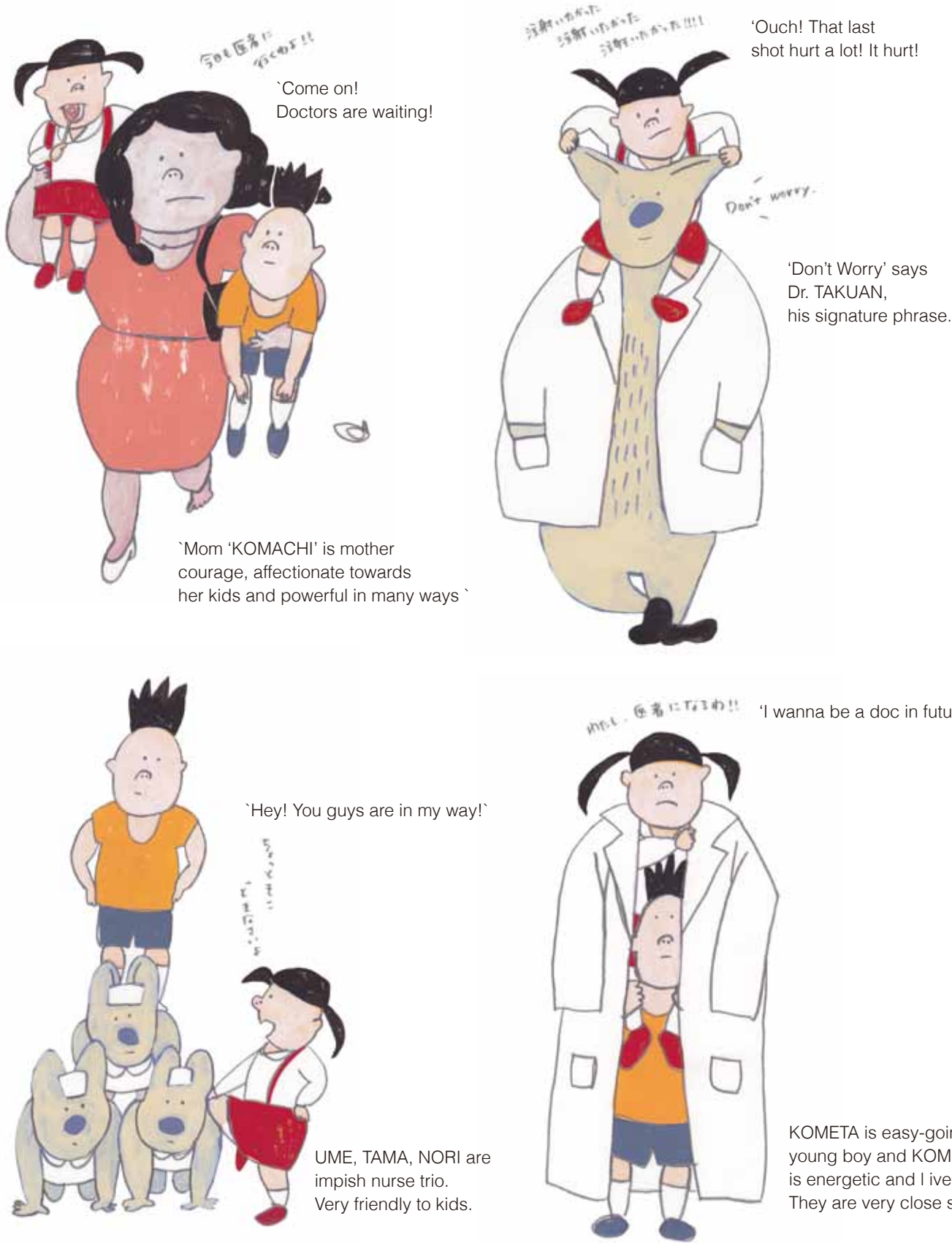
To create a brand image based on the concept of ANSHIN, we focused on qualitative side of the ANSHIN rather than numerical side of it. We decided to present our proposal by characterizing the Dr. Messenger to spread the idea of ANSHIN. To create more defined image of the ‘ANSHIN project’, we designed the characters to be well rounded.



Eight characters and their name.

Our Aim

We came up with an idea that rather than giving a story to each character, we set up various situations for characters to play their roles. By doing so, their characters stand out better and be able to express an increase versatility of characters. In ANSHIN project, we strive to create friendlier image of hospitals and doctors, instead of former scary and unaffectionate image. Hopefully this will help close the potential gap between doctors and patients. Hopefully this will make the patient more comfortable with doctors.



Examples of character usages



UME TAMA NORI alcohol disinfection liquid      DR. TAKUAN's medicine bag  
Make a hospital friendly place by adding characters on instruments

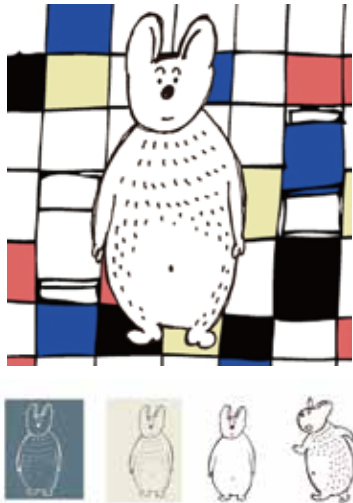


ANSHIN sticker  
Stickers are given to children who persevere as rewards.



Notice from Dr. TAKUAN  
Placing DR.TAKUAN's notice all around the hospital lobby and corridor.  
Bringing many messages from Dr.TAKUAN to patients.

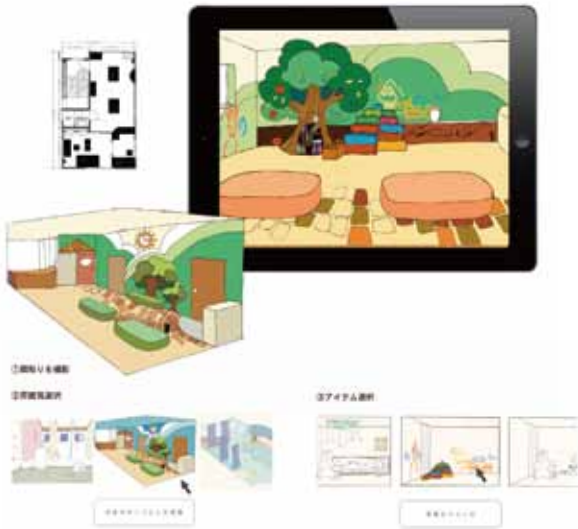
How team A's idea emerged.three proposals from the first semester of 2013.  
What scares children most about hospitals are painful shots and unpleasant taste of medicines.  
Question was raised on how to make hospital treatment to be less scary for children. Our main approach was 'Changing the image to children-friendly hospitals'.



Doctor Messenger  
We first think of a medium that can deliver a message from the hospitals to patients. You might often see a lot of notices and leaflets announcing new epidemics and ways to prevent them in the hospitals. But it is often the case that these messages are inaccessible as their formats are difficult to understand and writings are in formal manner.  
In order to make these notices more intimate to patients, our proposal is to let characters speak and deliver the messages.



Hospital Playground Planning  
Throughout our research, we encounter many situations where children are forced to sit quietly in hospital lobbies. This made us perceive that hospitals are adopting adults' rules and children to put up with these rules. Our aim was changing the scary image of hospitals to children-friendly hospitals, hospitals that children do not hesitate to come. We are proposing integrated development to include hospital playground.



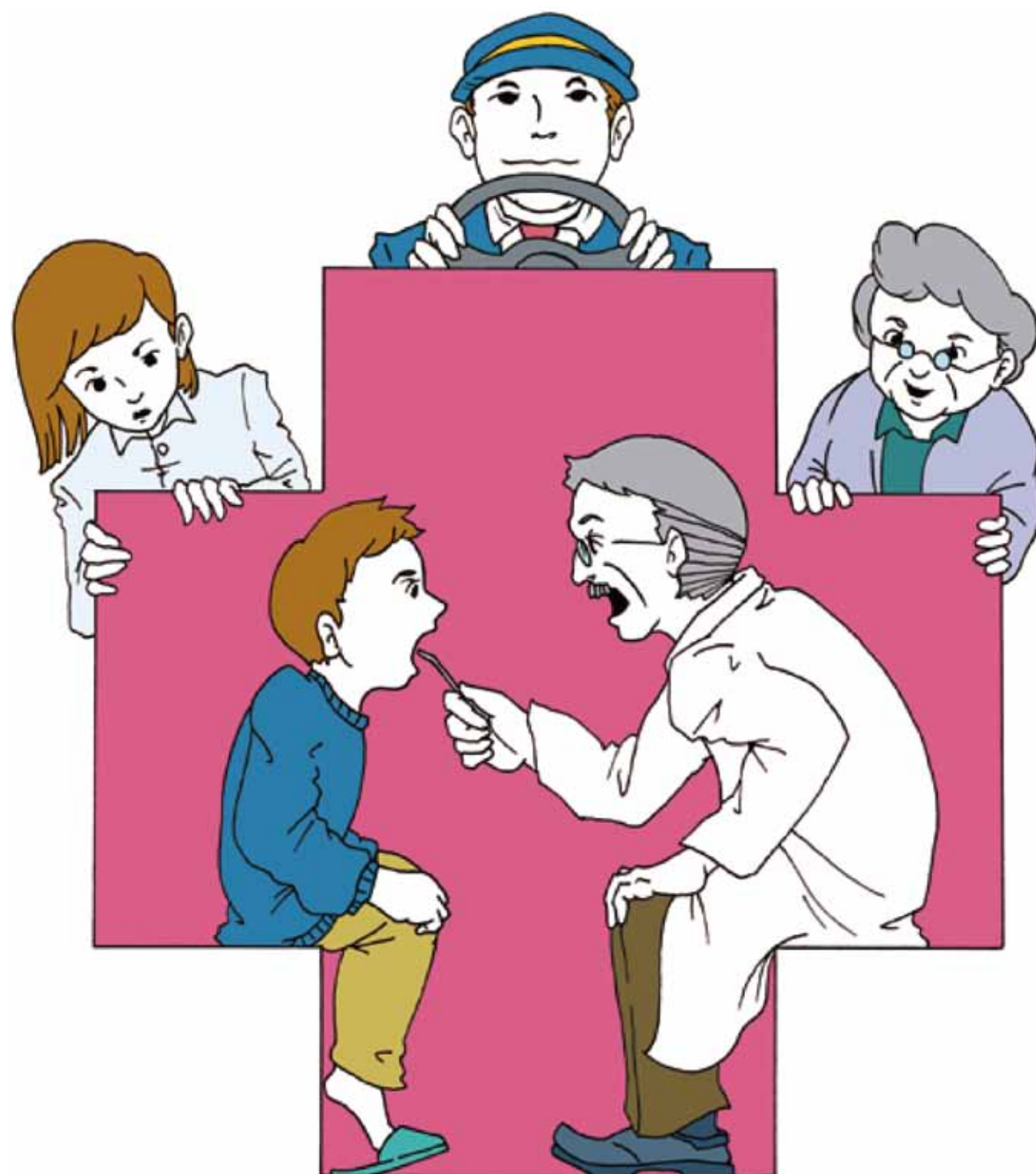
Clinic Maker  
Clinic maker is an application that lets doctors plan and design their imaginative hospitals. In our research, we heard that even if doctors want to solve issues regarding to hospital designs, they cannot insist their opinion as they do not possess construction knowledge. For those doctors who would like to be involved from constructive phase, we developed an application to create room simulations only by selecting items and picturing room plans.





DESIGN OF ANSHIN TEAM B

## A hospital that children can go alone



### Reasons why proposing a hospital that children can go alone:

Recent increase in numbers of working parents households.

It is becoming difficult for either parent to take their children to hospital.

Reducing such burden will solve not only this particular issue but issue of aging society as well.



For those parents who cannot accompany their children to hospitals, we would like to create a system that allows children to go to hospital by themselves.

### To realize this proposal:

Currently there are too many obstacles to clear in order to realize this proposal.



Thus,①Search for organization facility or hospital that will incorporate and realize a part of our proposal.

②Find a way to reduce an initial investment by combining new system with existing hospital facility and service.

Process of medical consultation.



First, creating the medical record on the internet based on the prior medical examination done in kindergartens and elementary schools. This medical record includes presence of allergies as well as illnesses and injuries that children had before. Even if children go to hospital independently, they do not need to explain their past illnesses or disease symptoms as doctors are able to see their medical records on-line.



After getting calls from parents, taxis will be sent to their houses through ANSHIN relay center (call center) to pick up their children.



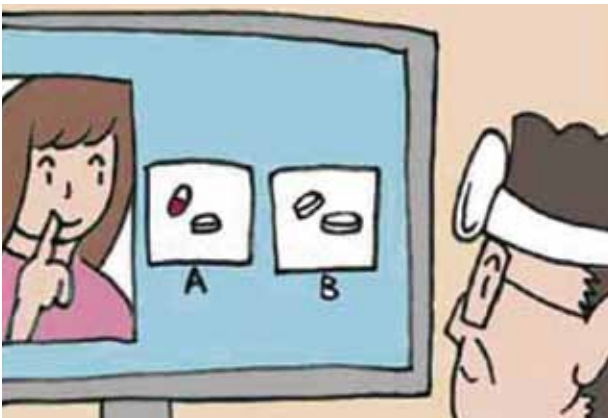
Children are provided with today's medical condition questionnaires and clinical thermometers. While children are filling in questionnaires, hospitals call their parents they arrived at hospitals.



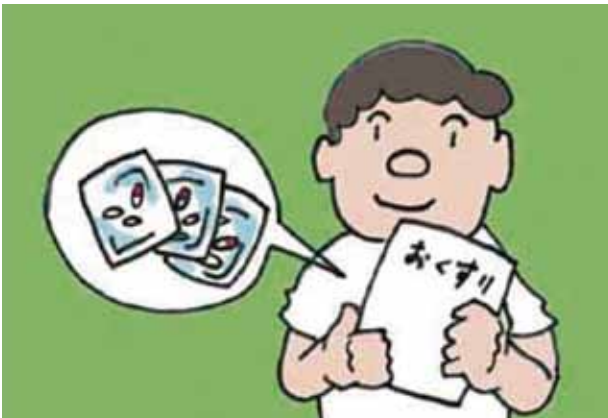
When their parents replied to hospitals, all the pre-examination preparation is complete. Children await their turn to have consultation with doctors.



Parents are connected to doctor rooms throughout the examination. Picture exhibits child's mother on the screen through Skype.



Parents can directly talk with doctors over the screen and be able to make a choice of medicine for instance. Picture exhibits doctor asking child's mother there are two types of medicines for viral cold and letting her to choose.



After examination, children receive the medicine themselves and their information. Medicine separated based daily dosage.



Important points from doctors are saved in movies, and both children and parents can check later on. Check-outs are done through pre-registered credit cards.



# ANSHIN relay center as hub-facility

We think of hub-facility that connect 3 positions; House, Hospital, School. This facility will play a supportive role and compensate each facilities shortcoming.

## 1. Your child comes down with illness all the sudden...

Imagine a situation where your child caught sudden illness and you cannot deal with it straight away since you and your spouse are working. It may be difficult to make a decision whether you should call ambulance for your child or leave him/her alone.

## 2. Calling ANSHIN relay center

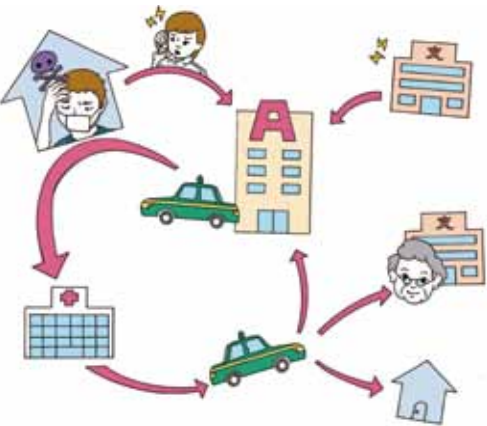
In the center, there are medical staff and taxies standing by. If a member of medical staff judges that there is a need for medical attention, the taxies will come and pick children up from their homes.

## 3. To a hospital, having medical advice

After taking children to a hospital, they will acquire medical advice.Doctors are connected with parents through on-line software such as Skype.

## 4. Moving from the hospital

After children are seen by doctors, ANSHIN relay center sends taxi to pick them up and depending on the medical condition, deliver them to either their home, a day nursery within a hospital or other similar facilities for temporary care. Equivalent treatment is done to children who contract a disease in schools.



## How the team B's idea emerged.

## Three proposals from the first semester of 2013.

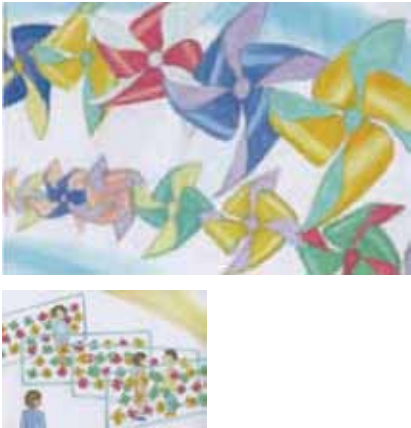


## HOS-MAP

HOS-MAP is website that exhibits the amateur design collection of hospital life. When you are hospitalized, you would almost certainly face various difficulties and inconvenience partly because of the physical disability. In fact when we visited some hospitals for fact finding trip, there were many unusual goods that came in handy such as 'Magic hand' for grabbing things far away from a bed in the hospital shop was quite popular. HOS-MAP actually stands for HOSPITAL MAP and works as a guide to a comfortable hospital stay. HOS-MAP allows patients to freely upload their ideas and designs. By scrolling down the Web page, design icons which patient's diverse lifestyle from morning to night are shown and each design usages are explained by clicking these icons.

## KAZAMIICHI

KAZAMIICHI is a plan to provide relief from the doldrums off hospital stay. It is an in-hospital event that to overcome no sense of seasonal environment and dull atmosphere of hospital and changing the air as well as refreshing mind and body of patient. KAZAMIICHI event is about placing handmade wind mills around the hospital and visualize wind coming through the facility. This is aimed to break closed and homogeneous space and condition. Plus, to enhance the communication, we advise these wind mills are hand made by the patients and member of medical staffs.



## Children Hospital

For those families whose parents are working, it is huge burden for them to take their children to hospitals. Thus we came up with the new system for hospital that children can go by themselves. Here we would like to explain specific contents. This particular hospital is based on the triangle coordination of hospital, house and school. When children first enter either kindergarten or elementary school, their medical records are sent to local hospitals and doctors can have medical snap shots of all children (students). On the other hand, children are provided with 'Carry bags for the children hospital' which included hospital cards and family memos with hospital information. Also, the new 'my page' accounts are established for families to see at homes. On this 'my page' accounts, not only they can book hospital reservations but also they can connect themselves to the monitor of examination rooms at hospitals so that they can talk to the doctors while the children are being examined. By coordinating with schools, we can register all the children within the regions at once and also we can provide services when children become ill or injured at schools. Other than these three coordinating facilities, providing pick up service (particularly for the Children Hospital) and Skype service while having doctors' inspection are special features of the Children Hospital. This system is thought and established for children to visit hospital independently while removing all the related risks and responsibilities.



## Interview on a taxi company

As presented in first semester, coordinating with a taxi company will reduce the burden of initial investment and bringing us closer to realizing our proposal. To find out facts and possibilities, we conducted interviews to several taxi companies. At first we interviewed Taxi company 'M' as they have similar experience as we are proposing. After presenting our ideas we obtained following opinion from the company. First reason is while sending children to hospitals and if something happen to them, drivers are not trained to deal with such situations. Second reason is that a method of fare payment. There is question of how children will pay a taxi fare. Also as drivers are working on commission basis as they tend to be reluctant to involve in unprofitable business. Part of issues above can be solved by installing pre-charged IC card system (Electric Money). Other

issues involved securing number of taxies for certain when there is emergency call. The taxi company cannot guarantee availability for cars especially during peak time. Moreover, when we asked whether drivers wear masks for infection prevention measure, generally the company does not allow drivers to wear them because of the company image. But there has been an exception before thus it is possible. The positive side of this collaboration is that the company can improve their image which will lead to increase in number of customers and will improve turnover rate in during down time. The proposal can be realized by closing contract in advance then working through the issue one by one. However the question is whether the taxi company feels that they can earn enough benefit for doing such business. We have also tried to reach to the

company 'Y' which is engaged in child related business. We are truly interested in hearing from them as they are similarities to our proposal. However we could not establish contact with them, so there has been no further development. As a conclusion, to persuade and expect the company to participate, we have to exhibit and negotiate social benefit as well as financial benefit. We have also found out that there is similar company to Y in Kanto region, thus we will continue to dig deeper by reaching more taxi companies.



## PPP (Public-private partnership)

PPP is a conducting a business by making partnership between a public sector and a private sector. PPP is measurement that conducting a public sector authority business to improve public service by using private enterprises knowhow and funds based on entrusting private sector policy and aspiring to a small government.

A case from Kobe-shi ([www.city.kobe.lg.jp/information/press/2013/06/20130627040201.html](http://www.city.kobe.lg.jp/information/press/2013/06/20130627040201.html) )



The idea is to smooth the communication between patients and doctors  
by removing all the corners of the table and closing their distance during the medical inspection.



Research

When we first enter the examination room, we are presented with an intimidating desk, increasing our anxiety. We intended to improve this, by changing the current design of the desk.

What we could see from the research

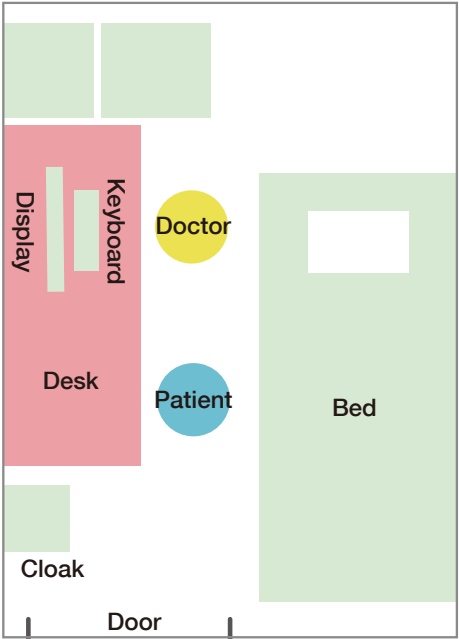
- The desks are often place on left hand side of the room when you enter the rooms.
- The rooms were minimum size
- Main desktop item is PC which contains medical records
- Other items on the desktops are stethoscopes, pens, stamps and other tools



Picture: From the hospital in Kyoto city

Our findings and suggestion

- Examination rooms are often feel cramped
- PC monitor should not be seen by patient
- Line of sight between PC monitor to patient should be short.
- Need to find out appropriate distance between patient and doctor



Current arrangement of examination room

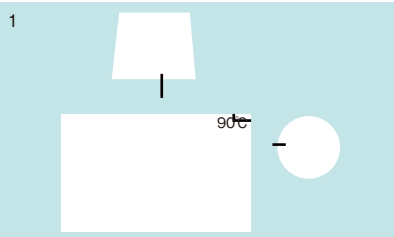
Example of our idea

We propose the new design for the examination desk that enhances smooth communication between patient and doctor and effectively uses limited space to reduce patient anxiety.

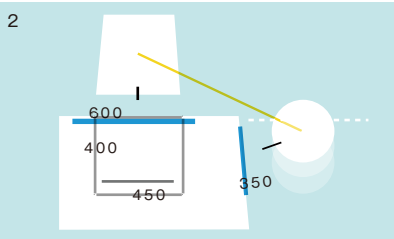


What we presented in first semester of 2013

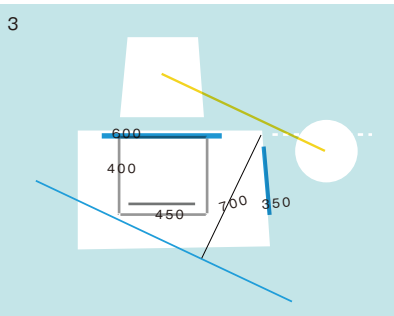
Design process



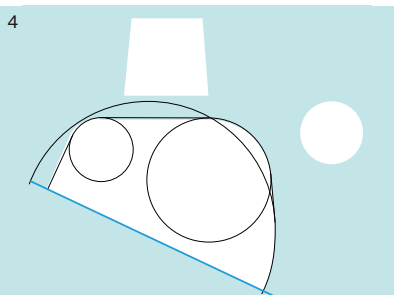
Assume angle of doctors and patient is 90°angle



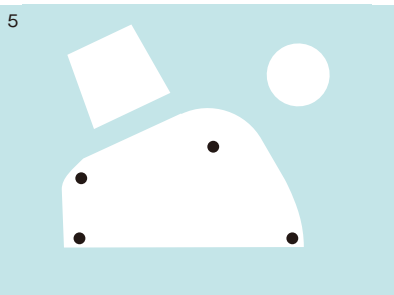
Looking for right distance between adjusting angle We tried to ease the pressure that patient feel when sit down by changing angel from 90°to 95°.



To decide the width and length of the desk we assume minimum space needed for the desk.

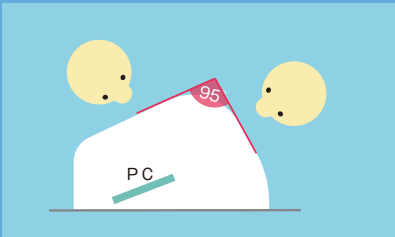


Cutting out excess bits off and also cutting corners to make softer shape.

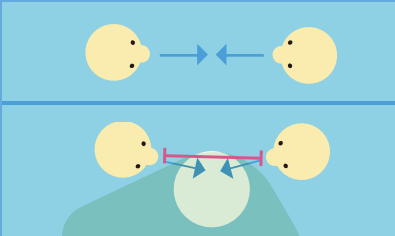


Deciding position of desk legs.

Way of thinking

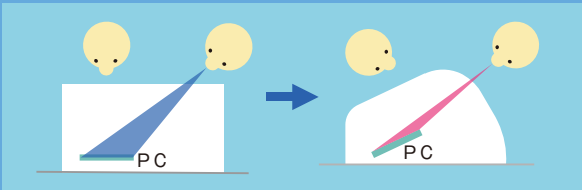


Facing each other based on '90°rule' which is appropriate for a dialogue between two person.

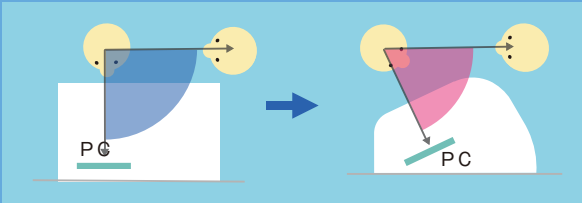


Face to face conversation makes you nervous

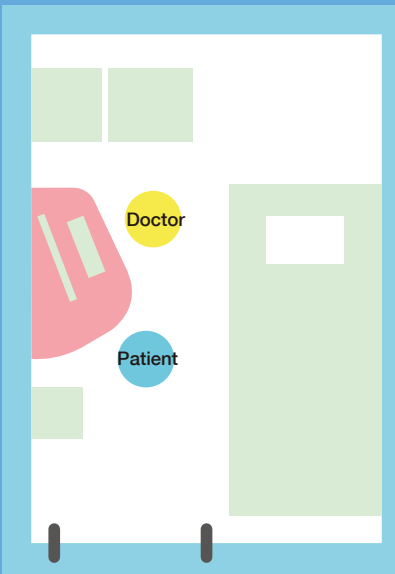
Face to face conversation makes you nervous Placing the desk in between would act as a shield for face to face conversation.



Current position of patient and PC monitor lets the patient to see the monitor. The new desk will naturally position the patient to avoid the monitor to come into their sight.



Comparing to prior design, the new design would provide shorter shift of the doctor's view between the PC monitor to the patient. Doctors are now released from the stress of turning their heads around and providing more time to facing their patients.



The amount of desk space per room is decreased by the newly designed desk. Not only the room space increased but also the distance between patient and bed behind are widening as a result.

How the team C's idea emerged.

Three proposals from the first semester of 2013.



SOKUZA

SOKUZA is a system that synchronizes online medical records with mobile communication devices to smoothen communication between nurses and doctors.

Through our research we found out that current communication system between nurses and doctors is inconvenient.

Miscommunication occurs when conveying order verbally. Confusion often occurs as the forms of instruction deliveries are different depending on doctor. Also both nurses and doctors often cannot receive instantaneous answer to the queries. SOKUZA system is developed to reduce such inconvenience and miscommunication. For instance, nurses ask a question to doctors through this system and the doctors can provide instruction to nurses directly using online medical record. This would eventually lead to faster and proper treatment.

The in-built voice recognition system allows nurses to ask questions more efficiently without having them to copy the contents of questions.

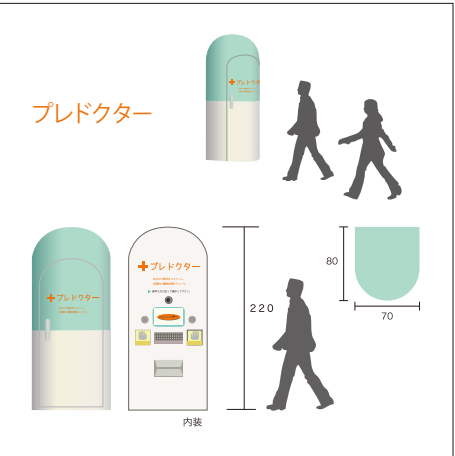


Presenter

Our idea is creating a desk that doctors and patients work together as if the doctor is presenting information to the patient.

Patients often feel nervous and doctors find it difficult to explain the terminologies as doctors are facing PC monitors constantly. This is a hindrance to achieve smooth communication. Thus we thought it is necessary to make patients relaxed when they are talking to doctors and it is also important for them to listen and understand their medical condition properly.

There is one drawback of this design. In some situation where information should not be shared with the patients, the medical records can be still seen by patients.



Pre-Doctor

This system is designed to be placed in a convenience store and used to regularly check a person's medical condition. This is done by performing a whole-body scan regularly to detect potential illness at an early stage.

This daily record not only keeps a track record of healthy people but it also can be used to make a decision when they come down with an illness. If the system detects some indication of health issue, then the machine tells you which hospital is recommended and you can make a reservation straight away. It can be also used to make a decision when you are not sure whether you should see a doctor or not.

DESIGN OF ANSHIN TEAM D

D

TEAM

KOKONI project



‘Is it important for you to spend time alone?’

Surely many people answer ‘Yes’ to this question.  
Although each person spends their time differently every day,  
every one pursues time to settle down and meditate oneself.  
This question is a start of our design creation.



KOKONI project

For hospitalized patients need privacy. This project provides comfortable space and time alone.

The logo

The logo of KOKONI project has both meaning of ‘being here’ and ‘being individual’.  
The logo is picturing a pushpin and showing the light illuminating the ground.



Research, Analyze, identifying problems

Field trip to hospitals  
What we found out from hospitalized patient’s daily schedule.  
In hospitals, there generally are no comfortable, private and relaxing spaces for patients. At the same time, hospital staff prefers that patients always remain within their sights.  
Therefore our aim is to provide time and place where patient can relax without interference.



Ideas

In the situation where we cannot build private room, how we could provide them with individual space.  
  
Conducting research in the hospital once again:  
We focused on reception counter of the hospital. This space exists in almost every hospital and the space is not in use after business hours. We thought of utilizing space for our project.  
  
Our idea is to let hospitalized patients use the reception area as relaxation space from 17:00~21:00.  
  
The other issue in question is that if we do not change the current arrangement of fixed chairs and no partition space we cannot realize our proposal.  
Our conclusion is to redesign the chairs





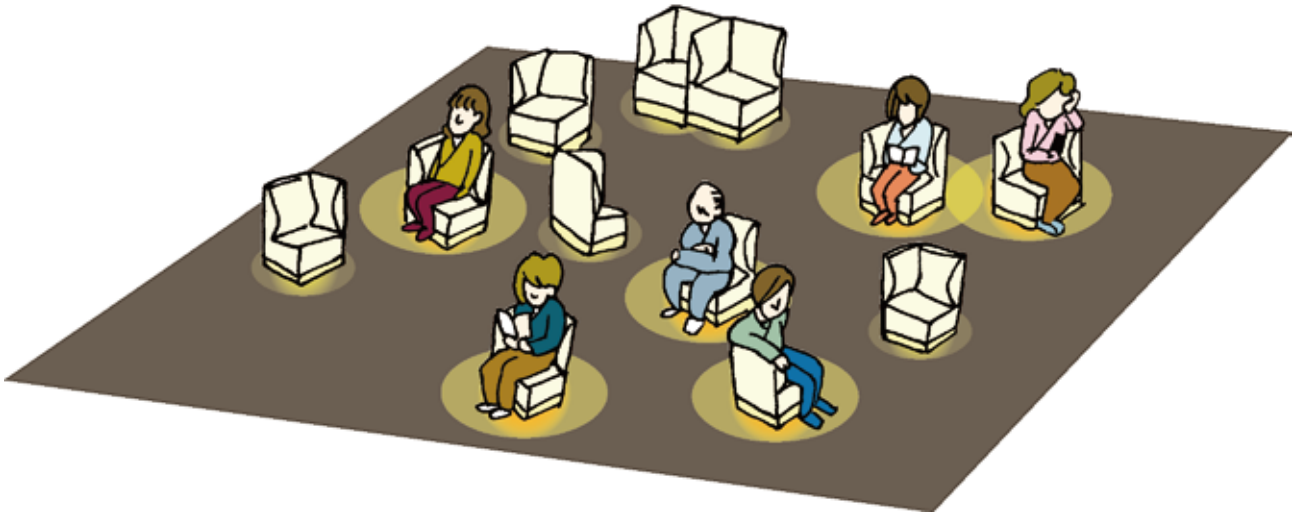
# KOKONI chairs

At a glance the chairs are no different from the usual chairs you see in other hospitals.  
However after the business hours for outpatients are over....



## Independent and transformable

Normally hospital chairs are designed for quantity and convenience. However for individual usage, we designed the chairs to transform into single person size chair. Our design was inspired by the corner seat in the train which is known as comfortable zone.



## Lightings

We assume that our KOKONI chairs are used mostly after the reception hours and the lights are dimmed down. So to overcome this issue we install indirect lighting underneath the chairs which we expect to have a relaxing effect. So, if a person sits on the chair, the light automatically turns on and illuminate warmly on the ground.

## Mobility

Usually the chairs at reception area are neatly lined up and facing the same direction. One of the specialties of this KOKONI chairs are that they are not only transferable but also movable. Users can move the chairs anywhere and in any direction they want. Users are allowed to secure and create their own space.



## KOKONI library

Even if a hospital does not have space for a book collection, KOKONI library which is digital book system provides plenty of books to read from and make an effective use of space.



## Dual display Tablet

Dual display tablet is the main feature of this tablet. Normally the tablets are single display but having two displays which opens like a book, we anticipate less hesitation among elderly to use tablets. Also limiting tablets to open not more than 150°, they would suit to various styles of reading such as placing on legs, holding by one hand and so on.

## Tablets UI



## Testing KOKONI project

Testing KOKONI project at reception area.  
KOKONI library is only one example and we can test various other projects after the reception area has been renovated.  
The aim of this project is to make sure every hospitalized patient is comfortable and enjoy their private space.

## How the team D’s idea emerged. Three proposals from the first semester of 2013.

### Introducing library in hospital and installing the digital book library. (‘TREE’ is an area for relaxation and recreation.)



### Researching and finding out issues

While we were researching, we realized that some hospitals already established libraries. The scale of libraries differs depending on hospitals but all have been well received by patients. However we found out that it is difficult to install and maintain the library.

### No Library Clerk

Almost all the hospitals that have libraries leave the management of libraries to volunteers. There is no library clerk and all the process of borrowing is through self-checking out system. There have been problems of people losing their books that they borrow and not returning them.

### No Space

Libraries are not necessities to hospitals, therefore they are often removed when renovation is done. Even if they were established, they are often placed at inconvenient locations. As a result, less people become aware of the libraries and this causes a decrease in number of users which would inevitably lead to library being downscaled.

### Managing medical books

Handling medical journals are difficult for volunteers as the genre is hard to understand. Volunteers are also finding it difficult to keep up-to-date with the fast changing medical literature. Therefore most hospitals avoid managing medical journals.

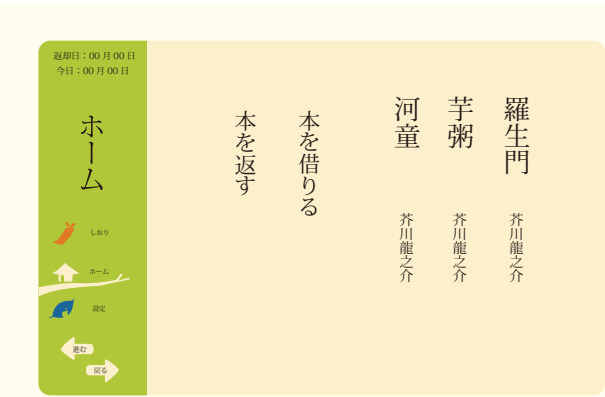
## Our proposal is to establish digital book library to solve above issues.

### Make use of wall to effectively use the scarce space.

As we mentioned above, hospitals have limited space. However we can make a use of the reception wall. Using large touch screen interface, patients can transfer books from library to their KOKONI tablets.

### Managing books digitally.

By managing book digitally, manpower can be reduced drastically. Also difficult medical journals and books can be managed by librarian all together. Hospital librarians will manage library and constantly update it.



### Tablet UI

Both Tablet UI and design of logo are inspired from an image of a tree. People come and gather under the tree for recreation and relaxation, which is our fundamental image of this project. Place ‘TREE’ and tablets in the reception area. People can only use the tablets within the fixed range of ‘TREE’. Outside of this range, the book is returned automatically.  
All the available books in the bookshelf can be displayed by sliding up down, left and right. To read the book you first click a picture of book you want to borrow and move it to KOKONI tablet. After moving it to the tablet, picture of borrowed book will be removed from the main bookshelf until it is returned.

### For next semester

Establishing a library in a hospital still has some issues. For now we came to a conclusion that if we are to establish a small library, portable tablets are enough. We also have to collect more precedent cases of digital libraries and find out a way to manage tablets. These issues are to be solved next semester.



# For Commercializing ANSHIN Project

## Report An outcome of hospital design.



Ever since Hospital Design project started, several proposals are brought up.Out of those proposals, there is a product calls ‘Bedside pocket within arm’s reach’ and this product is repeatedly tested and made trial pieces several times. Here we would like to introduce you a part of the product.

### What is ‘Bedside pocket within arm’s reach’?

If you ever have experienced hospitalization before, your bedsides are gradually filled with things that you need day by day. It is going to be a large burden for patients since space for bedside desks are limited and it is not easy to reach something that not on the tables.This product was developed to solve especially that sort of problem.It is made from soft cloth material so that inside is visible and body-friendly. Also, the product is made to fit to any bedside railings. This product design is symbolic and ideal case of ANSHIN design project as every idea is based on the research trip to hospitals.



Studied several sizes and designs based on 2012 proposal.To create ANSHIN design, established the shape that can hold things firmly but softly. (Originally designed by students from Kyoto City University of Art, Visual Design Course.)

# What The ANSHIN Design Project Is.

The purpose of the ANSHIN (\*1) design project is using the power of design to develop and elevate the value of ANSHIN. Unlike safety standards that can be indicated by figures, and likewise ANSHIN is difficult to represented in a integrated fashion as its shapes differ depending on how people feels. As most people vaguely understand ANSHIN is significant subject, it is yet hard to answer why the ANSHIN is emphasized. For that reason, this particular discussion had been postponed for past years. Thus we launch this project to face this fact by discussing thoroughly this matter.

**1. First phase;** Designers , Manufacturers, Users come together to make ANSHIN designs. **2. Second phase;** Using goods and services to spread ANSHIN over society.**3. Third phase;** ANSHIN will come into sight of society. **4. Fourth phase;** Society will become aware of ANSHIN and begin to think about it. **5. Fifth phase;** Society will re-recognize ANSHIN and naturally the value of it will be elevated. **6. Sixth phase;** It will become motivation to establish the new ANSHIN designs. This will create circle to fulfill the society with ANSHIN designs.

(\*1)To separate with usual ‘安心’. (Anshin=Japanese for safety), we write “ANSHIN”. By writing daringly ‘ANSHIN’, we are aiming to make society to recognize the new value of Anshin.



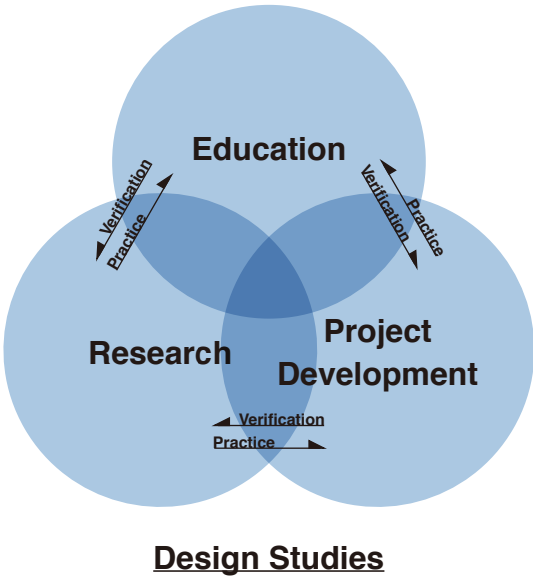
# How we can create the new design for ANSHIN.

How we can create the new design for ANSHIN. We think that combining 1. Education, 2. Research and 3. Project Development will mutually develop and prosper ANSHIN designs continuously. At the same time, we gather professionals from various fields to realize this project.

**1. Education**  
ANSHIN will not spread to society if ANSHIN designs can be only designed by individuals who possess special abilities. Therefore we will instruct both techniques to create ANSHIN designs and how to verify ANSHIN designs in project development.

**2. Research**  
Each person is professional in his/her field and when each of them blended together to work, further possibilities are infinite. It is crucial to acquire feedbacks from education and project development phases and reflect them into research. In this way, the evaluations will help to evolve the techniques of designing and education of ANSHIN from day to day. Moreover, it is also important to proceed with fundamental research such as what it is to feel ANSHIN and what the mechanism for developing ANSHIN designs in order to develop ANSHIN design constantly.

**3. Project Development**  
To achieve the ANSHIN design project, It is necessary to spread ANSHIN designs over society. Besides, it is important to conduct project development along side education as for in the place of practice for a student and research as for in the place of practice for verification regarding to ANSHIN designs.



- Medicine Phycology  
Engineering Management  
Information Science  
Sociology Accounting



KYOTO UNIVERSITY × KYOTO CITY UNIVERSITY OF ARTS 「DESIGN OF ANSHIN」 2013  
Collaborative Graduate Program in Design, Kyoto University

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