Man and his Health Pavilion:

An Architectural Reinterpretation of the Patient-Doctor Relationship

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Fig. 1. Man in the Community Pavilion (left) and Man and his Health Pavilion (right), with a long line of visitors lining up for entry into the Health Pavilion.

Montreal, 1967. Sweltering summer heat. A seemingly endless queue of visitors stretches off into the distance. A murmur of excited chatter intertwines with musical sounds of coming and going. Visitors shuffle forward, pause, and shuffle forward again. Eagerness, curiosity and apprehension hum through the air; there is a sense of being on the doorstep of a novel, fantastical universe. With bated breath, people flow into a vortex of darkness. When they re-emerge, a light shines in their eyes, with something in their hearts transformed.

The object of such attention at Montreal's renowned World's Fair, Expo 67 was the Man and his Health Pavilion, the exhibit put forth by the medical community. In an era burgeoning with medical advances and rapid technological change, the miracles of medicine were opened up

for the public to encounter like never before. The pavilion became immensely popular, touted a great success by medical professionals[1], architects[2] and lay visitors alike[3].

The reasons for the design's success hold lessons for the medical field. At this large-scale intersection between medicine and past, present and future patients, a bridge was built between two worlds. Though temporary, the encounter was profound. The pavilion's success was enabled by a design that brought a sense of benevolent familiarity between the public and the seemingly aloof surgical profession. This was achieved by architecturally engaging ideals of medicine's cornerstone: the patient-doctor relationship. Two questions thus may be posed: what timeless lessons does Man and his Health offer about relations between patients and doctors?

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[1] Phil Gold (physician and Professor of Medicine), interview by author. March 11, 2015.

[2] Michael Miller (architect and Professor of Architecture), telephone interview by author, March 14, 2015.

[3] Sandy Weigens, interview by author. March 5, 2015.

Situating the Pavilion in its Context

Designed by Erickson Architects, the pavilion intended to assert medical authority, inspire admiration and promote public understanding of medicine, to enhance healthcare's relations with future patients.[4] Composed of layered wooden hexagonal tiers, the pavilion comprised five dimly-lit medical exhibition halls. They encircled a central darkened Meditheatre showcasing wondrous, novel surgical procedures. Visitors, standing on a ramp, would look down towards six stages with actors posing as a team of health professionals performing surgery (Fig. 2). Above visitors' eye level were three monumentally sized screens. Magnified upon them was film playing in conjunction with actors' performance; visitors would look up to see footage of real surgical procedures, such as open heart surgery.[5] In their extreme realism and blood-gushing directness, the pavilion's films gained notoriety for inducing fainting among visitors. Soon enough, Expo stationed staff from St. John's Ambulance to attend to those who lost consciousness during

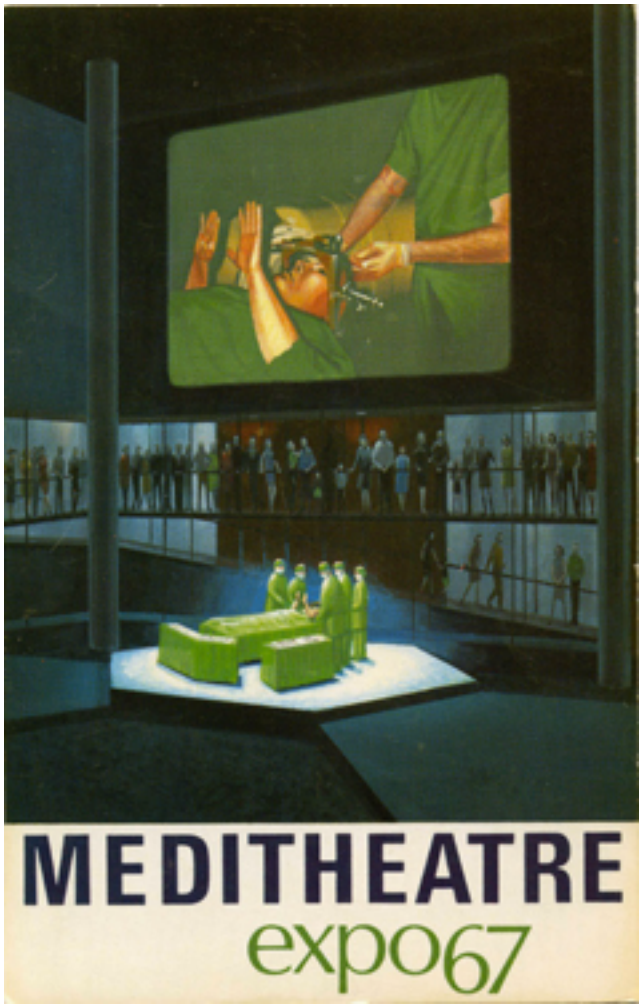

Fig. 2. Postcard made from Arthur Erickson's rendering of the Meditheatre, 1967.

[4] Thomas Strickland, "Community and Health: Uncertain Assemblies at Expo 67," in *Experimental Spaces: Megastructures, Medicine and McMaster* (Montreal: McGill University, 2012), 75.

[5] Jeffrey Stanton, "Man & Health." *Expo 67,* January 1, 1997, http://www.westland.net/expo67/map-docs/manhealth.htm.

screenings.[6] Despite this reputation, visitors continued to flock to the pavilion. Observers have proposed that this was due to the Meditheatre's potential as an exhilarating thrill ride.[7] However, visitors walked out with an experience of fascination, awe and deepened admiration for medicine.[8] Though the pavilion had attractive entertainment value in its promise of theatrical performance and in its showcase of dazzling novel technology, something deeper accounted for its magnetism and success.

In the 1960s, the public's encounters with the medical profession mainly consisted of interactions with family doctors, with whom patients generally enjoyed positive relations.[9] Medical sociologist Eliot Freidson notes that North American doctors of the 1960s had reached unprecedented levels of prestige and authority in the public consciousness.[10] Coupled with high esteem was public perception of the doctor as "a kindly, thoughtful, warm person, deeply interested in and committed to the welfare of the individual".[11] The patient-doctor relationship between the general population and family medicine practitioners was understood by the public to be a personal, trusting and respectful one.

In the meantime, specialists were on the rise, growing from 20% of Canadian doctors in the late 1940s to 40% in the early 1960s.[12] Forming part of this group, surgeons were emerging

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[6] Thomas Strickland, "Community and Health," 68.

[7] Sean C. Kelly, and Ronald S. Wareham, "Man and His Health," in *"Expo inside Out!" : A 48-page Critical, Selective (&Unauthorized) Guide to Montreal's Expo 67* (Westmount: Omniscope Magazine, 1967), 29.

[8] Sandy Weigens, interview by author. March 5, 2015.

[9] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author. March 15, 2015.

[10] Eliot Freidson, "Dilemmas in the Doctor-Patient Relationship," in *Human Behavior and Social Processes; An Interactionist Approach* (Boston: Houghton Mifflin, 1962), 209.

[11] David Mechanic, *Medical Sociology: A Selective View* (New York: Free Press, 1968), 175.

[12] Christopher David Naylor, *Private Practice, Public Payment : Canadian Medicine and the Politics of Health Insurance, 1911-1966* (Kingston: McGill-Queen's University Press, 1986), 170.

as rising stars due to dramatic life-saving advances in their field, with definitive moments in the 1960s such as hip replacement and kidney transplantation. In the year of Expo 1967, surgeons performed the first heart transplantation.[13] Surgery was undeniably rising to play a key role in the medical world.

Fig. 3. Dr. Christiaan Barnaard, the first surgeon to successfully transplant a human heart, on TIME's December 1967 cover.

However, most Canadians had little interaction with this fast-ascending group of healthcare professionals. To many, surgeons were a distant, abstract group of superheroes, almost mythical in their mysterious, miraculous interventions[14,15]. In a 1967 cover of TIME magazine (Fig. 3), the cover artist exalts Dr. Christiaan Barnard, the first surgeon to perform a successful heart transplant. The elaborate network of arteries and veins draws attention to his striking gaze. Rather than looking benevolently into the reader's eyes, the godly surgeon triumphantly surveys a scene before him, perhaps a landscape of mortal human beings.

Indeed, perpetuated by such portrayals of surgeons in the media, the public felt a sense of disconnection. How would this impact patient-surgeon relations? Medical sociologist David

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[13] James Le Fanu, "Introduction: The Twelve Definitive Moments of Modern Medicine," in *The Rise and Fall of Modern Medicine* (New York: Carroll & Graf Pub., 2000), 3.

[14] Sandy Weigens, interview by author. March 5, 2015.

[15] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author. March 15, 2015.

Robinson notes that patients were most likely to gauge the success of their interactions with their doctor in terms of interpersonal skills, such as demonstrating genuine kindness, rather than judging them by their technical competence, as patients usually did not have sufficient medical expertise.[16] Could surgeons be warm and caring? Might the rising group of specialist surgeons focus solely on specific components of the body, as though it were simply a machine with malfunctioning parts? In the cold, exacting glints of their scalpels glimmered hints of increasing depersonalization in medicine.

With its central focus on the surgically-oriented Meditheatre, the Health Pavilion entered the scene in 1967 as a means to address these causes for concern. The pavilion's architecture became the bridge in this relational gap between surgeons and future patients; it made the mysteries of surgery accessible to the public[17]. The true reason behind its success courses deeper than its apparent function as didactic entertainment.[18] The pavilion's architecture explored three components of the patient-doctor relationship - privileged access to body and mind, patient-doctor conflicts and medicine's ability to fuse into the course of patients' lives for the better. The architecture enabled visitors to feel towards surgeons what was most familiar through interactions with family doctors: a sense of trust, cooperative partnership and a personal rapport based in compassion.

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[16] David Robinson. *Patients, Practitioners and Medical Care* (London: Heinemann Medical, 1972), 68.

[17] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author, March 15, 2015.

[18] An amusing anecdote from Professor Michael Miller (Telephone interview by author, March 14, 2015):

> The organizers, clearly recognizing the Meditheatre's capacity of being entertainment, came up with the idea of installing vending machines for soft drinks and snacks, so that people could sip and munch as they watched the show. The organizers decided to suggest this to Michael Miller, who was the architect supervising the construction of the pavilion.
>
> "Yes, that is an excellent idea!" he exclaimed, his eyes twinkling. "We can also put a sign above the machines, saying in large letters, 'MAN AND HIS UNHEALTH'!"
>
> The organizers did not pursue their idea further.

I. Confidentiality and Trust

A feature of the patient-doctor relationship that makes it unlike any other interpersonal relationship is the extent of the doctor's privileged access to the patient, whether physically or psychologically.[19] To acquire a diagnosis, a physician may probe a patient's body or mind, gaining confidential information through acts considered gross violations outside the medical context. Surgeons take their privileged access to the patient's body even further than the familiar family doctor. In their act of healing, they manipulate the patient in the most visceral way: by slicing them open, revealing the inner workings of the human body. The distant surgical profession, with its nineteenth-century history of theatrical operating rooms[20], needed to clearly communicate its respect for the principle of confidentiality to create a trusting relationship.

By privileging introversion at all levels of the design, the architects similarly created an experience of assured privacy in the pavilion's first contact with visitors. Examining the placement of the pavilion with regards to its site (Fig. 4), the pavilion seems hidden from public reach. Upon debarking the Expo Express train, newcomers would find themselves in front of the extravagantly expressive Man and his Community, with the eye-catching Habitat 67 to their left. The wooden piers of the Health Pavilion might have been easily mistaken for a mere extension of the Community pavilion, in its visual continuity. Also eclipsing the Health Pavilion was its neighbour, the immensely popular, famed Labyrinth. Apart from its placement behind attention-stealing buildings, the pavilion was discreet in its blending into its surroundings: the Health Pavilion features block-like massing, similar to the rectangular concrete planters, and it is angularly layered like the rising steps of the adjacent outdoor space (Fig. 1).

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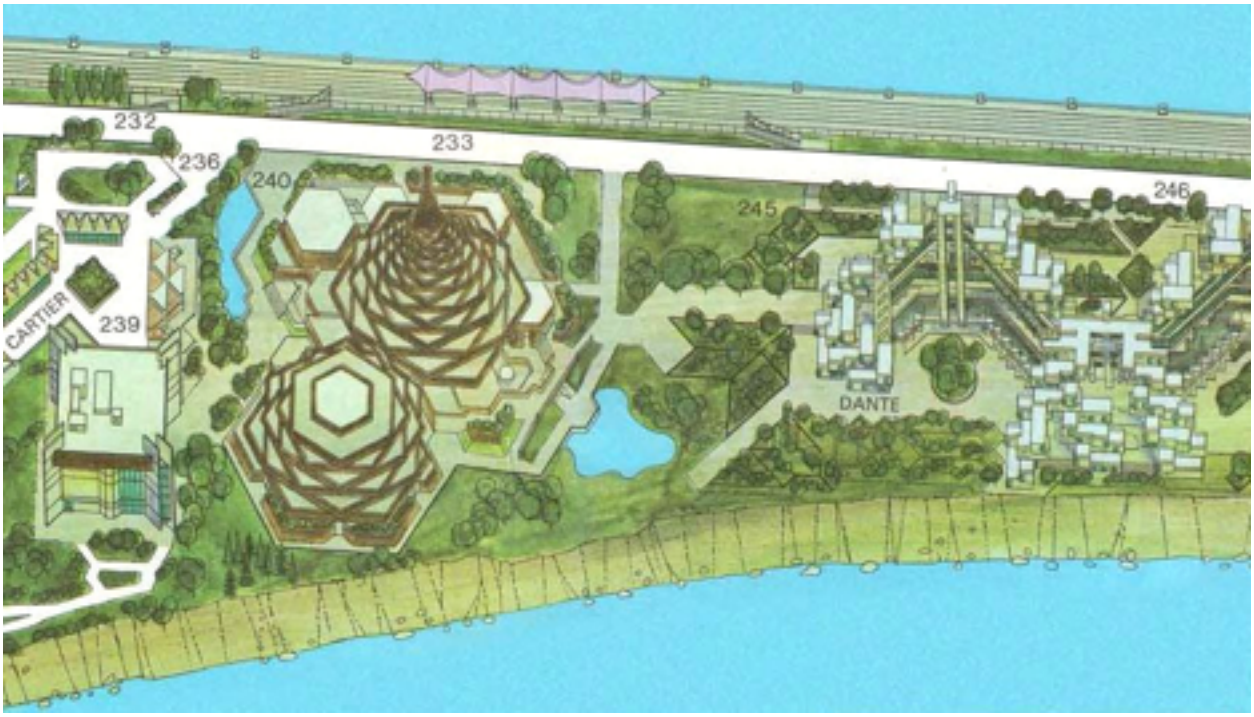
[19] David Robinson, *Patients, Practitioners and Medical Care,* 73.

[20] Thomas Strickland, "Community and Health," 71-72.

Fig. 4. Official Expo 67 Souvenir Map, showing (from left to right): the Labyrinth (239), Man and his Health, Man in the Community (233) and Habitat 67 (246) on Cité du Havre.



Bruno Freschi, a well-known Canadian architect involved in the pavilion's conceptual design, says that the closed hexagonal layered structure of the pavilion grew out of the need to create an isolated environment. "We needed total control of the interior to create the Meditheatre," he explains.[21] By sealing off the pavilion's contents from the outside world, the totality of architects' exclusive power over visitors' senses was possible. The primary sources of subdued light inside the pavilion came from the medical exhibitions' content (Fig. 5), the spotlights on Meditheatre actors and the film projections.[22] Architects thus gave visitors little opportunity to see each other. Sound was equally tightly controlled. The floors were all carpeted

[21] Bruno Freschi (architect and former Dean of the State University of New York's School of Architecture and Planning), telephone interview by author, March 18, 2015.

[22] Michael Miller (architect and Professor of Architecture), telephone interview by author, March 14, 2015.

and visitors in the Meditheatre would watch in silence.[23] A typical 1967 surgical space resembled a laboratory setting in its need to be strictly controlled[24], contributing to the maximization of the surgical team's concentration and the minimization of risks of outside hazards, such as infection. However, absolute control of the pavilion's interior served a different purpose. In darkness and quiet, witnessing for the first time the rawness of privileged surgical access to the body, visitors were free from public scrutiny. They were inspired to confront inner struggles and to be intimately honest with the medical profession, just as in a private consultation room. The full privacy that felt so natural in their relationship with family doctors had now been subconsciously extended to the surgical profession.

Fig. 5. An educational display and the dimly lit interior of the Health Pavilion.

[23] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author, March 15, 2015.

[24] Annmarie Adams and Thomas Schlich, "Design for control: surgery, science, and space at the Royal Victoria Hospital, Montreal, 1892-1956," *Medical History* 50, no. 3 (2006): 363.

II. Addressing the Eternal Struggle

The pavilion also reinterprets a key interpersonal issue described by Freidson as "an ancient problem": whether the patient will follow the doctor's advice or prescription.[25] Freidson points out key factors involved in this conflict in his 1962 work examining the contemporary patient-doctor relationship: patient confidence in the physician, the physician's social status and differing understandings of illness between the two parties.[26] The pavilion addressed these points to solve this ancient problem.

Surgeons involved in the pavilion's development desired to make visitors feel safe in their hands.[27] The architecture contributed to this by creating a sense of absolute honesty in the presentation of content. Sandy Weigens explains succinctly, "I felt like a fly on the wall."[28] So honest and realistic was the experience that Sandy's sense of self was melted away in the presentation's authenticity. The architecture allowed the focus of visitors' attention on surgical displays to be prime above all else, by quietly melting away. Unornamented walls were painted black, with lighting focusing solely on the stage and screen[29] (Fig. 6). The pavilion's roundness diminished the visibility of edges delineating adjoining walls. Interviews with visitors confirm that the pavilion's structural components took a step into the shadows; the building's architecture left few impressions to be remembered forty-eight years later. Strongest memories were overwhelmingly of the surgical film and performance, enthusiastically noted by interviewees as

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[25] Eliot Freidson, "Dilemmas in the Doctor-Patient Relationship," 207.

[26] Ibid., 211.

[27] Phil Gold (physician and Professor of Medicine), interview by author, March 11, 2015.

[28] Sandy Weigens, interview by author, March 5, 2015.

[29] Roger La Roche, *Pavilions Thématiques*, 47-48.

having realism to its highest degree.[30, 31, 32] In this directness and openness of experience, the architecture allowed patient confidence in physicians to increase, through dazzling, honest evidence that surgeons were fully capable of having an enormous impact on improving people's quality of life.

Fig. 6. Advertisement using an artist's rendering of the Meditheatre, with actors performing a mock surgical procedure.

The architecture also explored doctors' high social status as an influential factor in adding authority to doctor's advice or instructions. Visiting as a 13 year old, Sandy recalls the awe he felt looking upwards towards the wondrous technical capabilities displayed. He reminisces, "The atmosphere of the Meditheatre was one of hushed awe,"[33] reflecting the visitors' deep respect for the powers of the masters at work before them. Yet, hero-like as the surgeons appeared, Sandy recalls this experience as one that made him feel closer to the profession. "Even though we were

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[30] Joseph Aspler, telephone interview by author, March 15, 2015.

[31] Sandy Weigens, interview by author, March 5, 2015.

[32] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author, March 15, 2015.

[33] Sandy Weigens, interview by author, March 5, 2015.

seeing, for the first time, straight into the inner workings of the very elite of the elite, surgeons didn't seem even more distant or god-like. In fact, the pavilion brought them closer to me; it really humanized them," he enthusiastically concludes.[34] Visitors were engaging in two subtle social interactions in opposing directions: looking humbly upwards towards divine surgeons, and looking downwards as though they themselves were gods observing mortals at work. This was reflected in the visitors' placement between two demonstrations of surgical action: above the stages and below the film screens[35] (Fig. 2). Simultaneously, these two opposing senses of social statuses ascribed to visitors cancelled each other out, creating a sense of a non-hierarchy to acknowledge the patient as a partner with the accessible surgeon.

The architectural acknowledgement of the patient as an equal gave patients a sense of possibility for dialogue with a profession that intended to listen attentively. This would allow them to resolve differences in understandings of illness that might impede the patient-surgeon relationship. Though the Meditheatre has been frequently compared to an operating theatre by architects[36] and observers[37], the round theatre was also subtly reminiscent of an agora in an indoor reincarnation, with layered ramps circling the centre stage, on which medical ideas were disseminated in hopes of initiating further discussion with the public. As a live embodiment of this desire for democratic communication and exchange of perspectives between the profession and the public, medical professionals were stationed just outside of the Meditheatre for discussion.[38] Essentially, the architecture helped address the conflict of adherence to doctor's

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[34] Ibid.

[35] "Man and His Health Pavilion," in *Expo 67 Official Guide* (Montreal: Maclean-Hunter, 1967), 43.

[36] Michael Miller (architect and Professor of Architecture), telephone interview by author, March 14, 2015.

[37] Thomas Strickland. "Community and Health," 72.

[38] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author, March 15, 2015.

instructions, by allowing the visitors to feel as though they were an admiring, respected partner to the patient-surgeon relationship, rather than a passive object upon which surgeons performed procedures.

III. Grounded in Humanity

The crux of the tension in the public's relationship with surgery was an important question waiting to be answered: how could the patient experience the humanity of masked surgeons wielding steely surgical instruments and operating miraculous technology? Could the surgeon be warm and genuinely caring like a physician? In a 1967 editorial in the journal *Canadian Family Medicine*, a physician signing by R.A.W. champions the holistic, personal care provided by the family doctor. The nature of his vocation as family doctor, he claimed, allowed for the greatest development of a "bond or invisible tie that binds the loyal family to the reliable and astute and faithful family friend and counsellor".[39] Dr. Pedro Entralgo, in his 1969 book on the patient-doctor relationship, echoes this desirable familial quality, but across all medical specialties. He notes that since the Hippocratic writings of Classical Greece, ideal medical care had been repeatedly declared to be ideally based on love.[40] So, architecture set out to communicate this personal, compassionate quality to the patient-surgeon relationship, the success of which cannot be merely measured by rates of successfully completed surgery.

Sean Kelly and Ronald Wareham, authors of Expo 67's unofficial visitor's guidebook *Expo Inside Out!*, are aware of this effort to communicate humanity throughout the entire pavilion: "There are […] hundreds of pictures of people in an effort to ground medical research in humanity,"[41] they comment in a slightly ironic tone, almost as though they felt that the constant expression of this theme was overdone. It was indeed thoroughly emphasized everywhere, from photographs of human faces cascading from the pavilion's high ceilings (Fig. 7) to the

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[39] R. A. W., "The Doctor-Patient Relationship," *Canadian Family Physician* 13, no. 12 (1967): 7-8.

[40] Pedro Laín Entralgo, *Doctor and Patient* (New York: McGraw-Hill, 1969), 159.

[41] Sean C. Kelly and Ronald S. Wareham, "Man and His Health," 29.

Fig. 7. Cascade of faces in medical exhibit, hung from the pavilion's ceiling.

Meditheatre's many revelations of improvements in people's lives through surgery.[42]

When asked to describe the architectural aspect that made the greatest impression on him, Dr. Phil Gold, a leading physician involved in developing the medical exhibition, pauses in thought for a moment. He answers, "Its roundness. Anywhere you turned, there was something interesting to look at; there was always something medical to catch your eye."[43] This omnipresence of medicine in the physical experience of the visit to the pavilion was a fitting reference to medicine's power to mingle with everyday life; it was pertinent to the 1967 family doctor's role as a listener and advisor for domestic and other personal non-medical problems.[44] The architects managed to extend this sense of intimacy to surgeons through their direction of visitors' movement within the pavilion (Fig. 8). As they waited outside excitedly in line, visitors surrounded the pavilion (Fig. 1). Upon entry into the medical exhibits, they found

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[42] Roger La Roche, *Pavilions Thématiques*, 46.

[43] Phil Gold (physician and Professor of Medicine), interview by author, March 11, 2015.

[44] Charles James NcNeil Willoughby, *From Leeches to Lasers: A Century of Medical Experiences of a Canadian Doctor* (Kamloops: Independent publication by author, 1991), 53.

themselves encircled by the pavilion walls decorated with medical content.[45] Not forced through a single narrative experience, visitors weaved in and out of exhibitions halls at their own will, fitting to the way each individual chooses a personal pathway through life.[46] Spiralling deeper into the pavilion, the movement of visitors culminated in visitors encompassing the heart of the building: the surgical Meditheatre.[47] Having experienced multiple layers of wrapping when they stopped to watch, visitors could feel surgery's intermingling with everyday life, just as family doctors were involved in personal issues beyond medical ones.

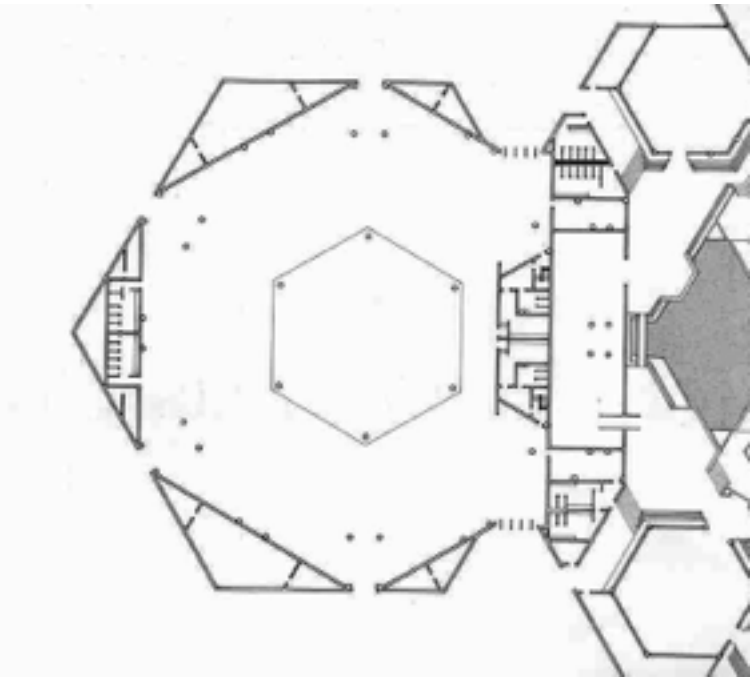

Fig. 8. Ground floor plan of Man and his Health Pavilion (left), connected to Man in the Community Pavilion (right).

Also grounding surgery in humanity were repeated references to medicine's involvement in the human life narrative, through the content of medical exhibits and surgical footage, demonstrating how medicine and surgery were committed to help people continue on with their individual lives.[48] To emphasize this in real life, organizers invited Bernard Bayard, a boy whose quality of life had been improved drastically by the open heart surgery shown in the Meditheatre films, to come to the pavilion. He was placed at

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[45] Phil Gold (physician and Professor of Medicine), interview by author, March 11, 2015.

[46] Steven Palmer. "Meditheatre: Montreal Medicine at Expo 67" (paper presented at McGill Institute for Health and Social Policy's Hospital / Hôpital conference, Montreal, Canada, October 1–2, 2015).

[47] Roger La Roche, *Pavilions Thématiques*, 46.

[48] "Man and His Health Pavilion," in *Expo 67 Official Guide*, 43.

the centre of the stage, "the epitome of good health and buoyancy"[49]. It was an emotional, tangible moment enhanced by architecture. The Meditheatre's design emphasized his physical smallness, yet grandness in significance: the large hall focused all its lights on the tiny, energetic boy as he gazed upwards towards the moved audience applauding wildly, a profoundly hopeful action. As visitors quietly filed out of the pavilion[50], they exited from darkness into a sudden, bright light. This uplifting experience of leaving, similar to feelings experienced while departing from a movie theatre[51] after a particularly moving ending, reinforced the theme of hope. Surgery brought hope to humankind, because it was focused on improving narratives of human existence. Architecture thus enabled the personal, humanitarian value of the surgical field, beyond its technological worth, to reach into the hearts of visitors.

Fig. 9. Bernard Bayard, whose heart surgery was displayed in the films, visiting the Meditheatre.

[49] "Blue Baby Sees How It Went," *The Montreal Star,* May 23, 1967.

[50] Roger La Roche (PhD in History and retired Professor of Environmental Sciences), email interview by author, March 15, 2015.

[51] Sandy Weigens, interview by author, March 5, 2015.

Conclusions

In retrospect, architecture was key in the pavilion's success because it created feelings of trust by emphasizing confidentiality of surgery's privileged access to intimate aspects of life. The pavilion also highlighted values of honesty, equality and listening in communication. By demonstrating medicine's intimacy with daily life, it allowed patients to appreciate the possibility of a cooperative partnership with the profession and to feel surgery's personal relevance. Surgeons were demystified; while they were portrayed as glorious heroes, they were more humanized than ever before, as human beings helping another in need. Architecture allowed for a surgical incitation of feelings most often experienced in patient relationships with family doctors, thus leading to the pavilion's success. The positive, lasting impression on visitors revealed to them that they could develop equally meaningful relations with surgeons.

As Dr. Gold notes, "from horse-and-buggy to genomics", the qualities of the most successful patient-doctor interactions have always been universal, rather than inherent to specific medical specialties. [52] Similarly, they are timeless ideals. Today, echoing 1967, medicine continues to be driven by rapid technological change, with many automated, miraculous procedures on the horizon. The pavilion is a reminder of what elevates surgeons, and all medical professionals, above being mere technicians. The profound, positive connection doctors are capable of forging with patients can never be replaced by any machine or technique. After all, the patient-doctor relationship, physically intangible yet spiritually overarching, is the very heart and soul of human healing.

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[52] Phil Gold (physician and Professor of Medicine), interview by author, March 25, 2015.

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Images

Fig. 1. Dixon, Meredith. “Man in the Community & Man and his Health Pavilions.” Photograph. 1967. *Expo ’67 Slide Collection,* ID344.

Fig. 2. Arthur Erickson Architects. “Meditheatre." Artistic rendering of Meditheatre. 1967. *Expo 67 in Montreal,* http://expo67.ncf.ca/expo_man_and_health_p2.html (accessed March 2, 2015).

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Fig. 5. Dixon, Meredith. “Educational Display.” Photograph. 1967. *Expo ’67 Slide Collection,* ID355.

Fig. 6. La Roche, Roger. Photograph. *Pavilions Thématiques: L'homme et sa Communauté, L'homme et la santé.* 1st ed. Montreal: Independent, 2014. 48.

Fig. 7. La Roche, Roger. Photograph. *Pavilions Thématiques: L'homme et sa Communauté, L'homme et la santé.* 1st ed. Montreal: Independent, 2014. 55.

Fig. 8. Arthur Erickson Architects. Ground floor plan of Man and his Health Pavilion. 1967. Personal archives of Michael Miller.

Fig. 9. Photograph. 1967. “Blue Baby Sees How It Went.” *The Montreal Star*.