Op-Ed

The design of university libraries is evolving and LAU’s new library on its Byblos campus is no exception to this phenomenon. Whereas in the past collections formed the nucleus of a library, today it is people who are at its heart. This plays into the seismic change in the way students, researchers and academics are accessing and studying information. Communal spaces for social and group learning are now essential and the transformation in library building design reflects this new reality.

In conceiving the new Byblos library, design concept architects Anna Torriani and Lorenzo Pagnamenta of the New York-based A+PT Architecture started by researching the history and culture of the area. The Phoenicians were never far from their thoughts. As the greatest sea farers and traders, the Phoenicians inspired new possibilities of chance encounters and exchanges along the open staircase, the lounge corners and the café, as well as the visual connection to the surrounding landscape.

In line with LAU’s goal to foster “sustainable and green” initiatives in its campuses, local consultant Rafik El Khoury & Partners engineered the project’s design in accordance with the LEED-Gold pioneering standards set by the US Green Building Council. The project is currently in its tender phase and is planned for completion in two stages: the Library building in Spring 2017 and the Central Administration building in Summer 2017.

While libraries used to be known as places of silence with pockets of group work and activity, in the 21st century university they are becoming places of learning activity with pockets of silence research shows it’s also about being able to provide a delicate balance of “blended learning” — study that takes place in both the digital and physical space. The interior spaces of the new library are designed to reinforce users’ fluidity and communication, through the transparency and openness of the study areas, the many possibilities of chance encounters and exchanges along the open staircase, the lounge corners and the café, as well as the visual connection to the surrounding landscape.

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Building a culture of organ donation

By Irina Paskova

There is a universal shortage of donors,” says Dr. Antoine Stephan, vice president of Lebanon’s National Organization for Organ and Tissue Donation and Transplantation and nephrologist at LAU Medical Center-Risk Hospital. According to the United States Department of Health and Human Services, every day sees an average of 21 patients in the U.S. in need of transplants. Dying because of the scarcity of donated organs, in Lebanon, the problem is further aggravated by locally specific factors.

While in principle it is possible to harvest organs from both patients who are brain-dead and those who have suffered cardiac death, current levels of medical technology in Lebanon allow only the first kind of procedure. “Transplants from patients whose heart has stopped beating requires equipment that we don’t yet have in this country,” explains Stephan. But this is not the only challenge to ensuring that Lebanese patients with failing organs receive life-saving transplants.

Dr. Wissam Faour, assistant professor of pharmacology at the LAU Gilbert and Rose Marie Chagoury School of Medicine and the Alice Rames Chagoury School of Nursing, cites a number of cultural and emotional factors contributing to the country’s low donor culture. There are mistaken beliefs about religious restrictions,” he explains. ‘And families are afraid that their loved one’s body will be mutilated, not understanding that in order to protect the integrity of the organs the doctors will treat it with respect and care … there is also the emotional relationship with the body, where it’s difficult to agree to the removal of a part of the beloved person after they die.”

However, Faour — who is the Lebanese coordinator for the European-Mediterranean Postgraduate Program in Organ Donation and Transplantation — sees a hopeful future, in which LAU’s byblos campus, during which 30 doctors and nurses from all over Lebanon rotated around three stations reproducing the stages involved in the evolution of a critical care patient into an organ donor.

After the rotations, in which the hypothetical patient was represented by life-like mannequins hooked up to state-of-the-art medical equipment, the workshop attendees took part in an exercise meant to explicitly confront the country’s low donor culture. Participants worked with what are known as “standardized patients,” actors playing the family members of a brain-dead patient, who had to be convinced to sign off on their loved one becoming an organ donor.

In the exercise, the doctors had to bring bad news to the patient’s family and ask them if they would accept to donate organs. According to Dr. Nadia El Ahammad, director of SOM’s Clinical skills and OSCE program, “This was followed by the most important part, the debriefing,” during which workshop participants discussed what they had learned about the best techniques for convincing grieving families to take the step of going beyond their own tragedy to donate their loved one’s organs to save other lives.

“LAU’s is the only School of Medicine that has such an elaborated standardized patient program,” emphasizes Dr. Vanda Abi Raad, associate professor of anesthesiology and director of the simulation center. As such, the Byblos facilities are key to LAU “becoming a regional center for this kind of workshop” and for improving the culture around organ donation in Lebanon, hopefully leading to an increase in donations and saved lives.