

STANLEY THOMAS
JOHNSON
FOUNDATION

Annual Report 2017



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“The Stanley Thomas Johnson Foundation supports projects in the fields of culture, individual educational and school projects, humanitarian aid and medical research. We improve people’s quality of life and foster mutual cultural understanding.”

1 Management activities

1.1 Organisation 1 January – 31 December 2017

Foundation Board

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Accountancy and Trustees

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1.2 President's report on the year 2017

*Those who want the world to stay as it is,
do not want it to stay.* Erich Fried

The focus of the present annual report is palliative medicine. As Dr. Gian Domenico Borasio, professor for palliative medicine at the University of Lausanne emphasises in his contribution, foundations such as ours can achieve significant political impact in this field, because they can spark innovation and act as catalysts for new developments.

The funding programme for the expansion of research in palliative care in Switzerland, which began as a partnership between the Stanley Thomas Johnson Foundation, the Swiss Academy of Medical Sciences (SAMW) and the Gottfried and Julia Bangerter-Rhyner Foundation for the period of 2014–2017, has developed positively and will now be extended for one year, until the end of 2018. Since the programme's inception, the number and quality of research projects in this emerging academic field have improved noticeably, as Hermann Amstad and Myriam Tapernoux from SAMW show in their survey article.

The Stanley Thomas Johnson Foundation contributes to finding and shaping solutions for current social problems beyond the field of medicine. The pilot project "2nd Chance for a 1st Education", which was launched in 2016 and enables adults with no vocational diploma to complete a training course, achieved a very good resonance. It will enter its second round in 2018. 21 people from the pilot project have now found a placement and the Health and Social Care Department of the Canton of Bern has joined us as an additional project partner.

Our partnership with the Federal Office for Culture (BAK) in the field of dance also continued successfully. The June Johnson Dance Prize was awarded for the third time in October 2017. In the context of the Swiss dance awards ceremony, the emerging choreographer Kiriakos Hadjiioannou with his company Antibodies was awarded the prize. The partnership with the BAK increases the visibility of the winners of the June Johnson Dance Prize and thus contributes to the development of young dance professionals.

If you want to find out more about our activities and the projects and organisations we support, we look forward to your visit on our website.

My heartfelt thanks go to the foundation board members and all the staff and contributors in the management office and the committees.

Dr. Mirjam Eglin

2 Grant Activities: Focus on research in palliative care

2.1 Funding programme “Research in Palliative Care”: A success story

What is palliative care?

The internationally established term palliative care refers to all measures that reduce the suffering of incurably ill patients and help them – and their families – achieve the best possible quality of life until death. According to the WHO definition, palliative care achieves this by actively screening for sources of pain and other physical, psychosocial and spiritual problems early on, measuring them repeatedly and treating them accordingly.

With rising life expectancy, the number of people who suffer from chronic, terminal illnesses in old age is also increasing. Palliative care is an answer to this challenge. Until recently, however, access to and quality of palliative care in Switzerland was very modest. In 2010, the Federation and the Cantons therefore decided to make the targeted promotion of palliative care a priority, defining five focus areas in a “National Strategy for Palliative Care”. While the areas of public information, nursing, education and funding quickly registered improvements, this was less effective for the fifth area: research. As an academic discipline, palliative care was basically non-existent – especially when compared internationally. Other countries with similar characteristics of age demographics and wealth (e.g. Canada, Great Britain, the Netherlands) invest large sums in this area of research. In 2013, this situation led the Swiss Federal Office of Health to ask the Swiss Academy for Medical Sciences (SAMW) for support in this strategic area.

Significance of research for palliative care

The SAMW recognised the importance of palliative care early on and has long been committed to this field, developing ethical guidelines, financially supporting specialist organisations and working with the umbrella organisation “pro palliative care”. The SAMW is convinced that research has a central role to play in the establishment of palliative care. For example, a research project in the United States showed that the integration of palliative care in the treatment and care plan of cancer patients leads not only to significant improvements in quality of life but even to an extension of life. Such results have huge potential not only for the improved treatment of dying patients but also to reduce costs and change the perspectives of therapeutic medicine.

- The term “research in palliative care” covers a wide range of research fields, including the treatment of physical symptoms (e.g. pain or breathing difficulties)
- psychosocial and spiritual support (quality of life, meaning of life, friends and family)
- ethical questions (vulnerable populations, end of life decisions, autonomy, euthanasia)
- infrastructural and procedural aspects (e.g. stationary vs. ambulatory treatment, interactions between services).

Such a separate listing of research areas shows that palliative care is not an exclusively medical discipline but rather takes an inter- or multi-disciplinary approach.

Characteristics of the funding programme

Together with the Stanley Thomas Johnson Foundation and the Gottfried and Julia Bangerter-Rhyner Foundation the SAMW launched a funding programme in 2013 to place this field of research in a position in the medium-term to successfully acquire research grants in competition with other fields. The explicit aims of the programme included

- contributing to the sustainable expansion of research competence and infrastructure in the field of palliative care in Switzerland in the medium- to long-term
- enabling high quality research projects in the field of palliative care
- promoting training opportunities for a younger generation of scientists in this field.

To achieve these aims, both foundations committed 1 Million CHF a year for a period of five years (from 2014 to 2018), to be used for two different funding instruments:

- project grants (as a rule max. CHF 80'000.– for each application per year, for a period of three years)
- personal grants (as a rule max. CHF 40'000.– per person per year, for a period of two years).

Project grants support researchers conducting a project within a Swiss research institution financially. Awarded funds can be used to cover the salaries of project staff or contribute to project expenses directly. The personal grants support trainee researchers who wish to extend their expertise in palliative care through a research residency abroad. The goal is to strengthen the Swiss palliative care community through the acquired expertise.

Overview of the funded projects

In the four rounds of grant applications so far, 113 applications were submitted. 32 of these (28%) were funded (see table 1). The approval quota rose from 24% to 33% in the period 2014–2017.

Year	Number of applications	Number approved
2014	29	7 (24%)
2015	23	5 (22%)
2016	25	8 (32%)
2017	36	12 (33%)
TOTAL	113	32 (28%)

Table 1: Number of submitted and approved applications

Almost half of the approved research projects (15 of 32) concerned questions of nursing and treatment (see table 2). Roughly 20% of projects examined psychosocial or ethical questions. Explicitly medical aspects (“symptom control”) were only investigated by 3 projects.

Research area	2014	2015	2016	2017	TOTAL
Symptom management		1	1	1	3
Psychosocial aspects			1	5	6
Ethical questions	1	3	2	1	7
Nursing and treatment	5	1	4	5	15
Other	1				1

Table 2: Research areas covered, according to year

Of the approved projects only a few are already completed; a list of all the projects can be found on the SAMW website (samw.ch/palliative-care).



Piet – Sint Barbara Begraafplaats, 04/11/2014 13:58, Photo: Hrair Sarkissian



Cisca – Jack's Casino, 12/09/2013 14:00, Photo: Hrair Sarkissian

The Swiss Academy of Medical Sciences in short

The Swiss Academy of Medical Sciences (SAMW) is committed to high quality medicine based on ethical and scientific principles. It reflects on possible developments and their influence on individuals, society and the public health system. In its focus on Ethics, the SAMW anticipates and discusses ethical questions and challenges of medicine. As a concrete support system for medical practice or biomedical research it develops guidelines and statements while also working on their implementation. As an institution for the promotion of research recognised on a federal level, the SAMW – often in partnership with private foundations – promotes medical research training and research projects in less established fields with high relevance to the quality of medicine and public health in Switzerland. Through its expertise and consultancy, the SAMW also serves politics and society as a “think tank” together with the other Swiss academies (for natural science, humanities and technology).

Were the goals of the programme achieved?

In June 2017, the fourth round of applications was completed, reaching a new high of 36 applications. After the programme had trouble finding sufficient suitable projects to support in its first couple of years, and the yearly allowance of 1 Million CHF was not always used, the programme now seems to bear fruit. This is also confirmed by the expert commission, which observed an increase in the quality of the submitted applications over the years. The increasing number of personal grant applications is also notable (2014–2016: two per year, 2017: six), suggesting a growing number of young scientists working in the field.

The programme was the most important source for competitive grant money in this field in recent years. There is hardly a research group active in the field of palliative care who has not applied. In addition, by organising and

supporting nationwide research days the SAMW has promoted a sense of the national identity of research in this field.

Parallel to the programme – and partly with the support of the SAMW – new professorships for palliative care have been created at various medical faculties (including Basel, Bern, Lausanne and Zurich). On the one hand, these professorships are dependent on rapidly acquiring financial means in their early phases (e.g. through our programme), on the other hand they are themselves essential to achieving the mid- and long-term goals formulated by the funding programme.

Research in palliative care will continue to rely on public funding and private foundations: projects funded by industry, which are common in other areas of medical research, are likely to remain the exception. The programme therefore currently serves as not just one but *the* central contribution to palliative care research in Switzerland. Researchers are therefore expressing concern that after the programme ends, the promising “small plants” in the still emerging landscape of palliative care research will dry out. Taking this into account, the topic will remain on the SAMW’s agenda beyond the end of the programme, with concrete measures to be discussed.

Hermann Amstad
Dr. med., former general secretary, SAMW, Bern

Myriam Tapernoux
Dr. sc. nat., Director of the Research Department, SAMW, Bern

2.2 “Future medicine is geriatric medicine”

Interview by Beate Engel with Prof. Dr. med. Gian Domenico Borasio

There are already many specialist fields in medicine, such as cancer research or geriatrics. Why have you advocated to establish palliative medicine as a separate discipline in research, nursing and teaching?

I can give a historical answer to that. For thousands of years, medicine did almost nothing but palliative care, because there wasn't much people could do beyond caring for the sick by using herbal remedies to relieve symptoms. The last 100 years have seen rapid development in high-tech medicine, while acknowledgment of fact that all human beings must one day die has receded into the background. As a reaction to this development there is now an increasing awareness that people in their last phase of life have very particular needs, and that it isn't just about the patients but also about their families. Palliative care is no longer about extending life but about quality of life.

How does one achieve quality of life in the phase of a terminal illness?

As the WHO puts it in their definition of palliative care: “through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” The needs, cares and worries at the end of life are very complex and require further research, but we already have access to a wide range of interventions to improve and sustain the quality of life of patients and their families. In palliative care as elsewhere, prevention is the best medicine. It isn't about the quality of life in the final 24 hours, but the support offered for the final 24 months. 90% of people die of chronic illnesses, so the question of quality of life arises very early in the process. Again and again, important conversations are put off, even when it is known that the patient has only a short time left in which he or she is still capable of making decision, for example in the case of a brain tumour or dementia. This short window of time must be used.

Palliative care as an antidote to an excess of treatment

What means do patients have of exercising their autonomy?

Patient orders or treatment plans today mainly serve to avoid over-treatment. The media and the trend towards privatising medicine suggest that medicine can cure anything. The question remains, however, whether everything makes sense just because it is possible. Scientific studies have shown that artificial nutrition in the dying phase of dementia patients does not extend life but rather increases the risk of infection. Often, cancer patients are treated with expensive chemotherapies with devastating side effects, but these treatments extend patients' lives only minimally – this happens especially often with private patients. It is also the task of palliative research and instruction to place a finger on this wound in the health system.

How is the holistic approach of palliative care applied in your team and in the everyday routine of the hospital?

We must begin at the root and improve the education of medical students and doctors. Because there are many things that matter more to most people than the exact moment of death or even the relief of physical symptoms. At our hospital, core professionals from the fields of nursing, medicine, pastoral care, psychology and social work work together. There is an ambulatory as well as a home care team, a palliative liaison service on other stations as well as a dedicated palliative station. Here at the hospital in Lausanne, all new assistant doctors undertake a mandatory training course that teaches the basics of treating geriatric, psychogeriatric and palliative patients. Since 2013, Lausanne has offered the innovative student course “Living in the face of death”, in which both medical and theology students participate and even visit patients together.

Gian Domenico Borasio, b. 1962 was Chair of Palliative Medicine at the University of Munich from 2006–2011. Since March 2011 he is the first Swiss Chair of Palliative Medicine at the University of Lausanne and director of the palliative care department at the University Hospital of Lausanne. His book *Über das Sterben. Was wir wissen. Was wir tun können. Wie wir uns darauf einstellen. (On dying. What we know. What we can do. How we prepare.)* was republished in 2014 as a Swiss edition at dtv, which also published his new book *Selbstbestimmt Sterben (Self-determined Dying)* the same year.



Gian Domenico Borasio, Photo: Courtesy of G.D. Borasio

How do you acquire your patients and how is the right moment for the transition into palliative care defined?

We are usually asked by our colleagues to join the treatment team in an advisory role. Here in Lausanne there are also beds scattered throughout the hospital for which the separate clinics pass us the chief medical responsibility. Cancer patients are one group that often comes to rely on palliative care. But only 25% of patients die of cancer. Others are lung or heart patients, neurological and geriatric patients. The latter will make up by far the largest and most important part of palliative care in the future.

You have significantly contributed to academic instruction and research in the field of palliative care in Switzerland. How do you assess the developments in Switzerland?

The future of medicine is geriatric medicine. A large part of patients we see today are already very old, chronically ill and afflicted by several diseases, many suffer from dementia. This requires specific research and the transmission knowledge in medical training. And it requires professors and department chairs to achieve recognition within the community of physicians in all fields. The situation in Switzerland has improved in recent years. When I came to Lausanne in 2011, I was the only professor for

palliative medicine in Switzerland. Since, a Switzerland-wide research programme has been established, a further professorship for palliative care introduced at the University of Bern and only recently the first professorship world-wide for geriatric palliative care in Lausanne. In the faculty at Lausanne, a new institute for “Humanities and Medicine” is also being founded.

Foundations as catalysts

What are the current research priorities in palliative care?

Today, medicine can render physical symptoms such as pain and breathing difficulties bearable to a large extent. Therefore, we are not very active in pharmaceutical research. Inter-professional research on the psychosocial and spiritual-existential components of quality of life and their interactions are central for us. Important themes include the questions of self-determination and proactive, long-term health planning. Especially with dementia patients there are difficult ethical questions to solve. Psychosocial determinants of wellbeing such as positive psychology at the end of life are increasingly being explored at our institution. After all, we don't experience only patients who are in despair, but also those who are grateful and happy in very similar clinical circumstances.



Hendrik – Het Nederlands Openlucht Museum, 09/10/2013, Photo: Hrair Sarkissian

That is why we look at how the feeling of gratitude at the end of life can be supported and promoted.

What is the role of foundations in the funding of palliative medical care?

Foundations played an extremely important role in establishing palliative care in Switzerland. All the Swiss professorships in palliative care were at first supported by foundations. New approaches such as end of life positive psychology would probably fail at first in applying for public funding (e.g. from the Swiss *Nationalfonds*), but once early data has become available with the help of foundation money, state financing models then kick in.

Palliative care responds to a great need of society, but not necessarily to a need of the health industry. Therefore, foundations have an eminent political significance in this area, because they have different priorities and can light the spark for innovative approaches.

2.3 The innovative potential of palliative care research: the example of gratitude

The support of the Johnson Foundation in 2013 was crucial in establishing the palliative care research programme by the Swiss Academy of Medical Sciences (SAMW). The programme was the first in Switzerland to enable research projects in palliative care to be presented as part of a specially developed funding programme. This was especially important because palliative care research regularly engages with issues that are not part of the mainstream of current biomedical research. For these areas, it was and still is very difficult to get support from the established funding bodies such as the Swiss *Nationalfonds*, unless there is already a significant amount of supporting data available. To enable such innovative research, it was necessary and expedient that the SAMW funding programme, supported by the Johnson Foundation and the Bangerter Foundation gave Swiss palliative care researchers the opportunity to assess and support innovative and interdisciplinary research ideas from their own community. The data from these projects can now serve as a basis for acquiring long-term funding by established institutions.

From experience with earlier research projects we know of the central importance of non-physical factors for the quality of life of patients and their families in the last phase of life. The importance of good psychosocial and spiritual support in palliative care has been impressively demonstrated in a range of clinical studies in recent years. However, the focus of these studies – and the focus of standard practice in medicine so far – was on the identification and treatment of deficits. Researchers developed tools to measure and intervene in conditions such as anxiety, depression, despair, hopelessness and many more. Recently, however, another perspective has emerged, which is closely linked to the basic philosophy of palliative care. It is the attempt to search not only for deficits that can be treated, but for (present or potential) resources that can actively contribute to the wellbeing of patients and their families, and which can be strengthened by concrete interventions. This approach is fundamental to fields such as salutogenesis and positive psychology.

Positive psychology in particular seems like a very interesting perspective for the systemic approach of palliative care. Positive psychology concerns itself with the issues and determinants that belong to the most fundamental psychological resources of humanity, with the potential to strengthen and maintain quality of life even in situations of intense pressure. These factors include hope, dignity, personal values, a sense of meaning, spiritual wellbeing and gratitude. Our working group has conducted several research projects in these areas in the last few years. Most recently, we were able to initiate an innovative study on the topic of end of life gratitude with the support of the SAMW funding programme, which is presented below.

Past studies on gratitude in the field of psychology and in a non-clinical context show a positive correlation between gratitude and life satisfaction, as well as a negative correlation between gratitude and depression or psychological distress. There is also reason to assume that gratitude may lead to an improvement of the intimate partner relationship, which is very important in palliative situations because gratitude in the context of looking back on life often focuses on the life partner.

A preliminary study of 53 patients with life-limiting conditions showed that gratitude is positively correlated with quality of life in these cases, as well as demonstrating a negative correlation with anxiety and depression. A further interesting relationship is the one between gratitude and so-called *post-traumatic growth*, referring to the positive personal development that some people experience as a reaction to a traumatic event (such as the diagnosis of a terminal illness). The data from the literature as well as our own research confirms our hypothesis that the concept of gratitude might have a significant role to play in a palliative context.

We therefore hope that a gratitude-based intervention might have a positive impact on palliative patients and the people caring for them. In the pilot study supported by the SAMW programme we will first undertake a transcultural translation of evaluation instruments, for which there is not yet a validated French version. Subsequently, we will implement a gratitude intervention with 30 pairs of patients

and their dependants and evaluate its effect with the help of the methods mentioned. With 15 of the participants we will further study their experiences with the intervention and the concept of gratitude in in-depth interviews.

The intervention itself consists of two parts, the gratitude letter and the gratitude visit. In the gratitude letter the patients and their carers (a partner or family member) respectively write about their feelings of gratitude towards the other. On the gratitude visit, the letter-writer either reads the letter personally to the addressee or gives him/her the letter with the request to read it in the presence or absence of the writer, as they wish. This flexibility is very important, because the gratitude letter can be very intense emotionally. This intervention has already demonstrated very encouraging results in a non-clinical setting and we hope that it will also have a positive impact on those affected in a clinical context.

Because of the novelty of these concepts (positive psychology, gratitude, gratitude intervention) not just in a palliative but in a medical context in general, it would have been almost impossible to finance this study through the traditional research funding bodies in Switzerland. We strongly believe in the potential of these kind of interventions to improve the quality of life of patients and their families in the last phase of life, and are extremely grateful to the Stanley Thomas Johnson Foundation, the Bangerter Foundation and the SAMW for the opportunity to conduct this study with their support.

Prof. Dr. med. Gian Domenico Borasio
Chair of Palliative Medicine, University of Lausanne



Nico – Camping Bakkum, 02/03/2014 11:30, Photo: Hrair Sarkissian



Martha – Natuurbegraafplaats, 26/05/2015 12:00, Photo: Hrair Sarkissian

2.4 End of life food refusal: A contribution from nursing science

Voluntary food refusal – a new look at an old phenomenon

Our drive towards autonomy and control in all life situations corresponds to the zeitgeist and is expressed as a social mega-trend through the concept of self-determination. Switzerland is rightly described as a “right to die society” because, in contrast to its European neighbours, self-determination (when do I wish to die?) is considered an important social asset, to be treated with care and respect. As an aspect of quality of life, the preservation of autonomy and control, especially at the end of life, are central aspects of palliative care. The “National Strategy Palliative Care” and the research programme NFP67 “End of Life” have contributed significantly to supporting quality of life until the end and optimising the associated professional care.

Despite good palliative care the last phase of life can be extremely challenging for those affected and their families, especially regarding the wish to end life prematurely. The term “death fasting” is used to discuss the option of accelerating the dying process to bring about death in a self-determined way. While the term “death fast” is often picked up as a media buzzword and appears to trivialise the phenomenon, in professional contexts we speak of a “voluntary refusal of food and fluids” (VRFF). This is not a new phenomenon. From a historical or intercultural perspective, the refusal of food and fluids at the end of life has always played a role in the dying process. A variety of reasons led to the phenomenon being socially and scientifically disregarded. With the trend towards self-determination, however, the VRFF phenomenon has developed its own intensive dynamic. While affected patients in Switzerland also have the option of assisted suicide with organisations such as Exit, in other European countries VRFF is often the only possibility of bringing about a premature death. For these reasons, it is currently being debated whether VRFF should be considered suicide or a natural process.

A frequent and valid question is whether the topic is broadly relevant enough to warrant scientific study, or whether it only occurs in a few isolated cases. In preliminary studies relying on a large-scale expert questionnaire in the

field of palliative care in Switzerland, we were able to demonstrate that this is indeed a very frequent phenomenon, but also that it is associated with taboos as well as ethical, moral and individual attitudes. This heterogeneous and not very professional approach to the phenomenon of VRFF means that the response varies depending on the medical and nursing staff or the institution. The topic is challenging for health experts on a personal and individual level. The quality of care surrounding VRFF decisions as well as the response to the wishes of patients have so far not been defined, partly because there is not much knowledge to rely on. In addition, the personal attitudes to VRFF vary according to discipline, professional experience and personal philosophy of life.

End of life food refusal – the Swiss contribution

The project “Voluntary Stopping of Eating and Drinking at the End of Life” (VARIED), which was approved by the SAMW programme “Research in Palliative Care” and therefore supported by the Stanley Thomas Johnson Foundation, began in 2016 and will be completed in 2018. The goal of the study is to research the occurrence of VRFF in Switzerland for the first time. Besides assessing the prevalence of this phenomenon, the study is also about the experiences, attitudes, personal positions and recommendations in response to VRFF from the point of view of doctors and health professionals involved in stationary and ambulatory long-term care. The study was designed as a nationwide trilingual cross-sectional survey. Through the network of professional organisations at different levels, all actors in these fields were invited to participate in the study. At the time of writing this article, over 1800 professionals have participated. The uses of the study can already be anticipated and sketched as follows:

- Educating the public on the phenomenon of VRFF on a societal level
- Learning to understand how patients, families and professionals respond to and deal with VRFF
- Exploring types of VRFF
- Disclosing the heterogeneous care situation
- Creating a basis for an ethical discussion (suicide vs natural death)

- Developing recommendations and minimal standards for the professional response to VRFF

The development of the project, preliminary results and initial articles on the project have already been published.

Promoting professional attitude – the contribution of nursing science

Nursing science and research look back on a long tradition in Scandinavian countries. After some delay, this achievement of an academic nursing profession has also become established in Switzerland. With nursing science, it is possible to answer questions originating in the discipline of nursing in such a way that knowledge is not generated about nursing but from and within it. Our research on VRFF has already shown that there are different forms of the phenomenon, which occur more or less openly or covertly in the everyday life of health institutions. The interest in this topic and especially the support of the VARIED project has led to an increase in media attention to VRFF, triggering an intense debate in the discipline of nursing care and the associated health professions.

In conclusion, we would like to return to the discussion at beginning of this article to emphasise that our research programme on the phenomenon of end of life food refusal is not so much about an extension of options for people who wish to die. Our concern is rather to show the option of “shaping” a natural process as an alternative to self-determination. Whether it is the wish of the patient to retain autonomy and control until the end, or the attitude of health professionals to help those afflicted with a kind of “soft paternalism”, doesn’t matter – to determine the end of life is hardly possible, to shape it however is. And that which the dying leave behind as images, moods, gestures and words burns itself into the memory of their loved ones as well as professionals, in turn shaping their future path in life.

Søren Kirkegaard expressed this pointedly, and the aims of nursing science and research could not be formulated any better:

“If one is truly to succeed in leading a person to a specific place, one must first and foremost take care to find him where he is and begin there. This is the secret in the entire art of helping. Anyone who cannot do this is himself under a delusion if he thinks he is able to help someone else. In order truly to help someone else, I must understand more than he – but certainly first and foremost understand what he understands.”

Prof. Dr. André Fringer, MScN
Deputy Director of the Institute for Applied Nursing Sciences
IPW-FHS, FHS St. Gallen, University of Applied Sciences

Sabrina Fehn, MSc
Scientific Collaborator, Institute for Applied Nursing Sciences
IPW-FHS, FHS St. Gallen, University of Applied Sciences



Ina – Cinema, 13/04/2015 11:30, Photo: Hrair Sarkissian



Marcel – Rijksmuseum van Oudheden, 13/02/2015 13:00, Photo: Hrair Sarkissian

3 Photo project “The Last Scene” by Hrair Sarkissian

*“I photographed the scenes at the date
and time of the last visit”*

The project “The Last Scene” centres on the power of a well-loved place to compress an outlook on life into a telling scene that is at once melancholic and joyful. I photographed 47 places in the Netherlands that terminally ill and immobile patients chose to go and see as their last wish. The simplicity of each landscape or scene heightens attention to an inner journey of remembering the past and envisioning a future that no longer includes you.

In contemporary culture the notion of death and dying is often consciously ignored. Through this project, I would like to give the viewer a way to grapple with the question of where we come from and where we are going. The images turn into mirrors: on the one hand, you try to imagine the person who looked at the scene for the last time. On the other hand, it encourages introspection: what would my wish be?

Hrair Sarkissian

Hrair Sarkissian (* 1973, Damascus) completed his basic training in his father’s photography studio in Damascus. He attended the Ecole Nationale Supérieure de la Photographie in Arles, France and completed a BFA in Photography at the Gerrit Rietveld Academy, Amsterdam.

Sarkissian’s work centres on personal and collective memory and identity. His photographs of urban environments and landscapes employ traditional documentary techniques to narrate historical, political or social developments from new perspectives.

His work has been exhibited e.g. at Davies Museum, Massachusetts; IVAM, Valencia, Spain; Museum for Contemporary Art and Design (MCAD) Manila; BALTIC Centre for Contemporary Art, Newcastle, UK; Cultural Centre Ronneby, Sweden; KW Institute for Contemporary Art, Berlin; Armenian Pavilion at the Venice Biennial; Museum Folkwang, Essen, Germany; Mosaik Rooms, London; Tate Modern, London; The New Museum, New York; Darat al Funun, Amman, Jordan.



Ans - Abdij Maria Toevlucht, 12/08/2014 13:57, Photo: Hrair Sarkissian

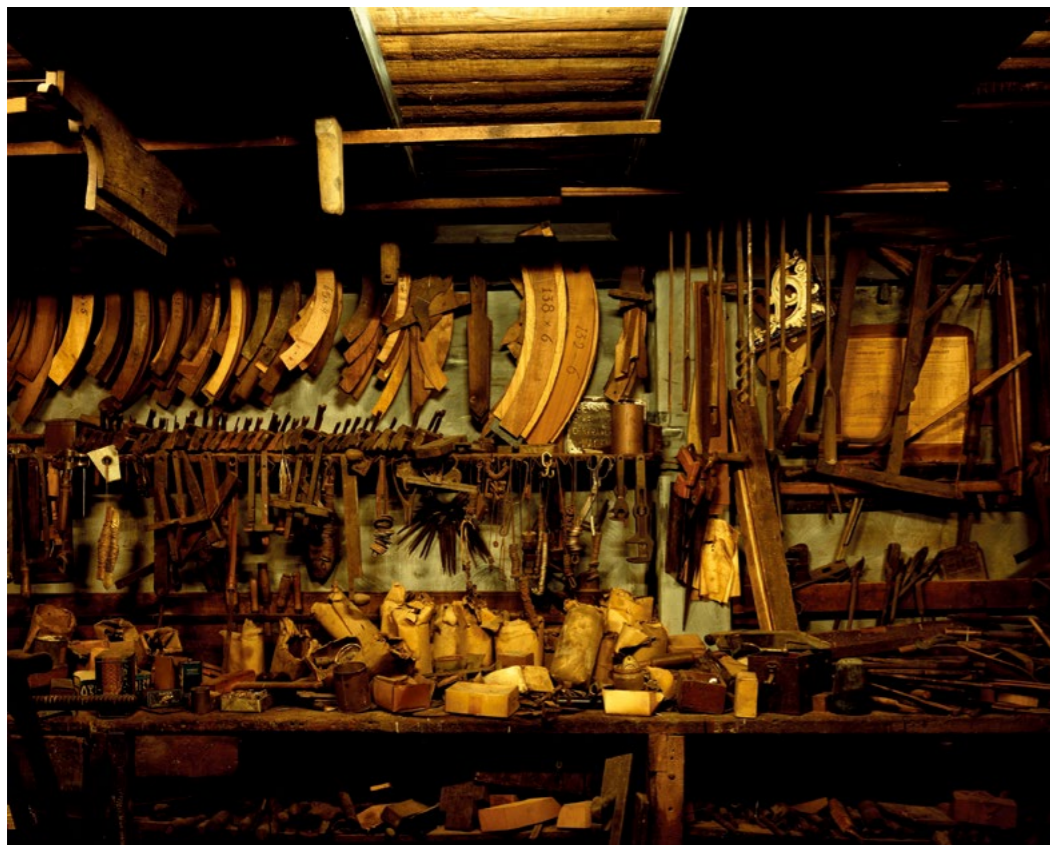
4 News from the support sectors

Medical Research | Victims of Conflict and Violence

Strategic Reorientation

On its strategy retreat on 20th May 2016, the foundation board decided to sharpen the strategic orientation of the two support sectors Medical Research and Victims of Conflict and Violence. The stated goal is that beginning in 2019 these two support sectors will plan and implement a shared strategic funding programme on the topic of “Researching infectious diseases and evidence-based psychosocial aid and rehabilitation for victims of war and conflict”. The following issues were defined as potential strategic emphases: “E-health / Health technologies”, “Complex post-traumatic disorder in migrants and victims of violence”, “Infectious disease” and “Old age and health in countries of the south”.

In the sector conflict and violence an analysis of the cost quantity structure and funding policy since 2010 was undertaken. Based on this analysis, from 2017 onwards the focus shifted to projects with a psychosocial focus as well as those aimed at the protection of civilians (refugees). The themes of “peacebuilding” and “advocacy” are no longer treated as a priority.



Dirk – Louwman Car Museum, 07/01/2015 11:00, Photo: Hrair Sarkissian

Education and School Projects

Pilot project

“2nd Chance for a 1st Education”

In Switzerland, around 400'000 people aged 25–54 have no completed vocational training. For them, the Stanley Thomas Johnson Foundation launched the pilot project “2nd Chance for a 1st Education” in 2016. It funds an education or training programme for adults without a vocational diploma. Required conditions for participation include having insufficient financial means according the SKOS-guidelines, registered residency in the Canton of Bern and a minimum age of 25.

For example, there is Anna, 37. She kept afloat with catering or hospitality jobs and in factories. Then she saw the ad for “2nd Chance for a 1st Education” and applied. Her motivation: “About 20 years ago, when I left school, I didn't have any money for an apprenticeship, I had to get by somehow. I had no self-esteem either. Now I want to grab this second chance.” Anna is one of the 30 people selected in autumn 2016 for the pilot project. After an internship in the home economics sector Anna quickly found an apprenticeship. She knows how important a solid diploma is to persist in the job market.

Or Max, 47. For years he jobbed as an assistant cook without any formal training. Thanks to the pilot project he began an apprenticeship as a chef in August 2017.

Hassan fled to Switzerland from Syria. He is a trained architect, but work in his field is unattainable for him in Switzerland in the foreseeable future. First he has to learn German and get to know the local conditions. Now he is completing a draughtsman apprenticeship as part of the pilot project “2nd Chance for a 1st Education”.

The foundation supports and coaches the project participants. “Each case is individual and requires individual support”, says Danièle Héritier, the project coordinator. For many of the participants – for example single mothers – it is also important to include their environment. Exploring ways of dealing with stress or the maintenance of motivation are also part of the coaching process. And for some participants, it is important that they first learn how to learn. “Thanks to the comprehensive coaching setting”,

says Héritier, “the employers participating in the project don't have to get involved in the private or social problems of the trainees”.

Overall, the pilot project is looking like a success. By the end of 2017, 21 participants in the pilot project had found a training placement. In January 2018, the follow up project was announced. The Health and Social Care Department of the Canton of Bern also came on board as an additional partner and trustee.

www.2chance1ausbildung.ch

Education and School Projects

Competition tête-à-tête

The competition tête-à-tête encourages cultural producers, cultural institutions and schools to develop innovative education projects in all artistic fields. The project enables a long-term and active involvement with art and culture for school pupils. Schools from kindergarten to high school and vocational college level are invited to participate.

In the school year 2017/18 the competition will take place for the fourth time. The expert commission, consisting of professionals from the fields of education and culture including representatives of the cultural departments of the City and Canton of Bern and the Stanley Thomas Johnson Foundation, selected 7 projects for implementation. Decisive for the selection process was the projects' high professionalism and innovative ideas as well the planned approach to collaboration with the schools, centring on the educational value of the project for the pupils. In total, 320 children and young people from 1st grade to vocational college are involved in projects. A day school with children from age 4 upwards is also participating.

The schools currently involved are located in Interlaken, Biel, Bern, and Burgdorf, as well as Lyss and La Ferrière (a partnership between two schools from different linguistic regions of the Canton of Bern).

www.erz.be.ch/tête-à-tête

Culture

June Johnson Dance Prize

The June Johnson Dance prize was launched in 2013 by the Stanley Thomas Johnson Foundation in collaboration with the Federal Office for Culture with the aim of promoting young, innovative dance production. In 2017, it was awarded for the third time, to Kiriakos Hadjiioannou and his company Antibodies for the piece "Hyperion – Higher States Part 2".

In the prize-winning performance, Hadjiioannou leads the audience through Greek landscapes, from romanticized antiquity to the current economic crisis. Throughout, he develops his own performative language and shows how bodies can surpass themselves. The prize was awarded in the context of the Swiss Dance Awards on 12th October 2017 at the Theatre Equilibre in Fribourg.

www.kiriakoshadjiioannou.com



Kiriakos Hadjiioannou, Photo: BAK Gregory Batardon



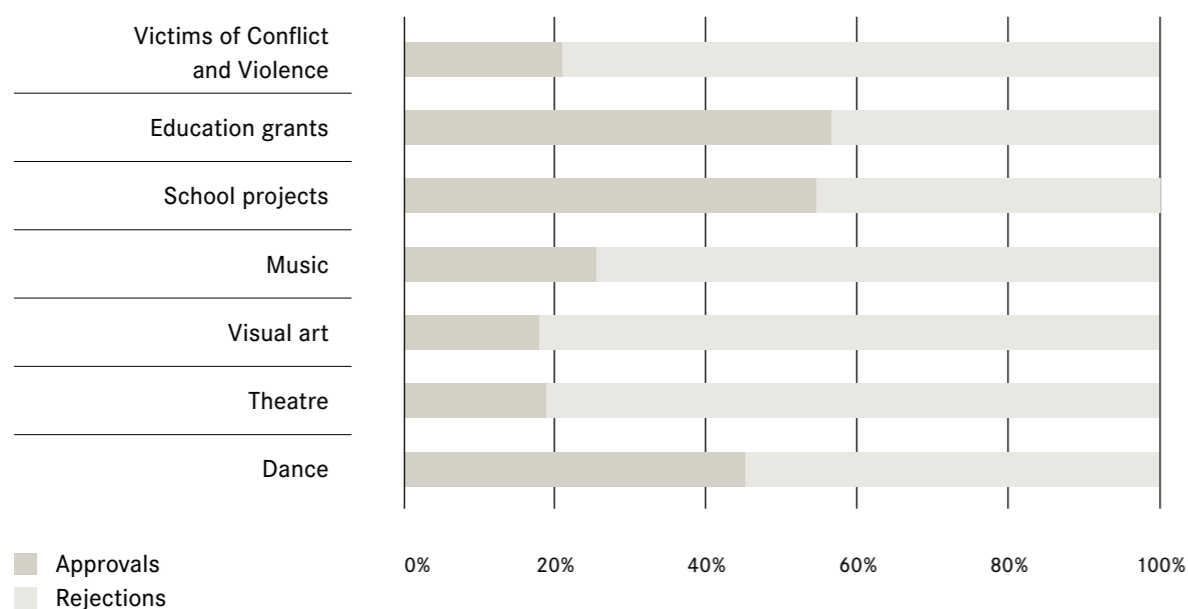
Gert - Swimming Pool, 19/02/2015 14:30, Photo: Hrair Sarkissian

5 Application statistics 2017

5.1 Number of applications according to sectors and subsectors

Sectors	Subsectors	Approvals	Rejections	Total
Medical Research ¹⁾		1	0	1
Victims of Conflict and Violence		14	54	68
Education and School projects	Education grants	33	25	58
	School projects	15	12	27
Culture	Music	39	115	154
	Visual art	24	105	129
	Theatre	30	126	156
	Dance	32	37	69
Total		188	474	662

¹⁾ For the period 2014–2017 there is a cooperation with the Swiss Academy of Medical Sciences (SAMW) in the field of palliative care. In November 2017 the board decided to extend this cooperation by 1 year. Besides this partnership with the SAMW the Stanley Thomas Johnson Foundation is not reviewing any projects in the field of medical research.

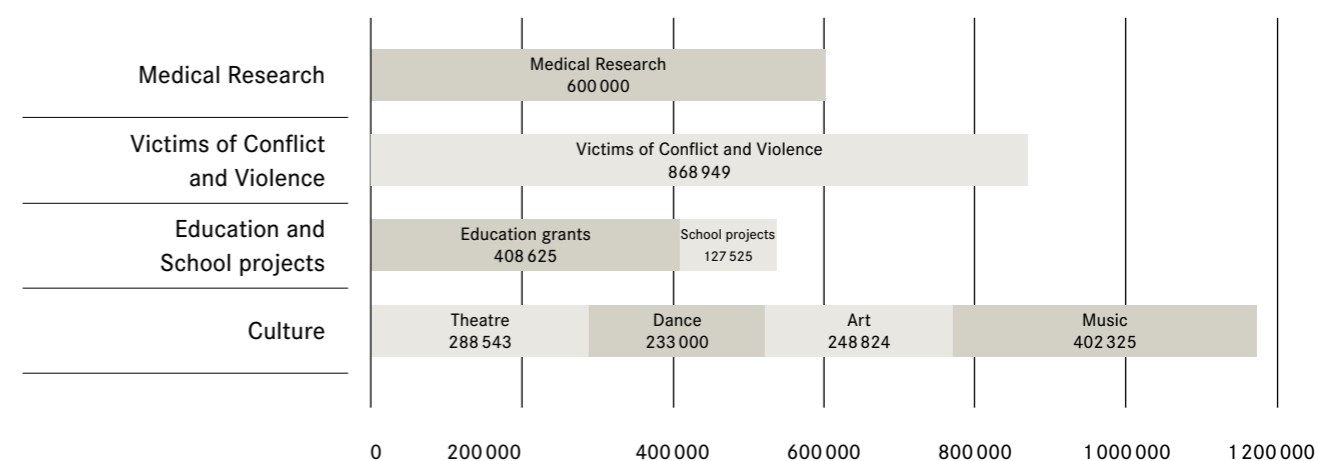


5.2 Grants according to countries and sectors

Countries ²⁾	Medical Research	Victims of Conflict and Violence	Education and School projects	Culture	Total in CHF
Switzerland	600 000	20 000	536 150	98 070	2 136 851
Great-Britain		138 012		191 991	330 003
Angola		206 991			206 991
Ethiopia		50 000			50 000
Iraq		65 579			65 579
Burma		55 121			55 121
Yemen		100 000			100 000
South Sudan		100 000			100 000
Syria		55 014			55 014
Central African Republic		78 232			78 232
Total	600 000	868 949	536 150	1 172 692	3 177 791

²⁾ Refers to the place of implementation

5.3 Approved grants according to sectors in Swiss Francs



6 Grants 2017

6.1 Approved projects

Foundation board meetings

In the period covered by the report,
the board met on the following dates:

20 March 2016
26 June 2016
6 November 2016

Approved projects (189)

CHF 3 177 791

Medical Research (1)

CHF 600 000

1029-KF	Partnerschaft: Förderprogramm «Forschung in Palliative Care» 2014 – 2017			600 000
	SAMW Schweizerische Akademie der Medizinischen Wissenschaften	CH	Basel	

Victims of Conflict and Violence (14)

CHF 868 949

1230-KC	Arts-based psychosocial support to enable destitute victims of conflict and violence in the UK to fully integrate			52 463
	Islington Centre for Refugees and Migrants	GB	London	
1234-KC	Flourishing Families: Psycho-therapeutic services for Syrian refugees in the UK			45 905
	British Refugee Council	GB	London	
1242-KC	Re-integration of children affected by conflict in Ouham Pendé, Central African Republic			28 232
	War Child UK	GB	London	
1245-KC	Responding to Syria and Iraq: Enabling Recovery and Resilience Among Women Survivors of War in the Kurdistan Region of Iraq			65 579
	Women for Women International (UK)	GB	London	

1253-KC	Vocational training and empowerment for conflict-affected Syrians in Syria			55 014
	International Medical Corps UK	GB	London	
1207-KC	Tandem Perspektive in Basel; Projektjahr 2017			20 000
	Freiplatzaktion Basel	CH	Basel	
1215-KC	Follow-Up: Providing vital support to conflict affected communities, internally displaced people and returnees in Angola.			106 991
	MAG (Mines Advisory Group)	GB	Manchester	
1218-KC	Support in the UK to young asylum seekers who have experienced violence, war and conflict			39 644
	The Baobab Centre for Young Survivors in Exile	GB	London	
1220-KC	Child Protection in Emergencies in Ethiopia			50 000
	Save the Children	CH	Zürich	
1225-KC	Medizinische Nothilfeaktion in der Zentralafrikanischen Republik			50 000
	FAIRMED	CH	Bern	
1194-KC	Peacebuilding and trauma healing for victims of war in Unity State (South Sudan)			100 000
	Christian Aid	GB	London	
1195-KC	Returning Home with Dignity: Promoting the Rights of Internally Displaced Karen People of Burma			55 121
	Fund for Konflikt Human Rights	GB	London	
1198-KC	Oxfam's Humanitarian Response in Yemen: WASH Activities (extension phase)			100 000
	Oxfam GB	GB	Oxford	
1200-KC	APOPO Mine Action, Angola			100 000
	APOPO	CH	Genf	

6.1 Approved projects

Education (48)	CHF 536 150
Education grants in the Canton of Bern (33)	CHF 408 625
1292-KB Pflegehelfer/in SRK	2 300
1277-KB Führerausweis Kat. D	11 940
1315-KB Bachelor of Science in Energie- und Umwelttechnik	38 000
1317-KB HF Modedesign	18 200
1322-KB Systemische/r Arbeitsagoge/Arbeitsagogin HFP	27 000
1310-KB BSc Bauingenieurwesen	2 518
1312-KB Bürofach/Handelsdiplom	5 830
1316-KB Ausbildung Lastwagen-Chauffeur Kat. C	7 997
1318-KB Bachelor of Science in Energy Systems Engineering	8 700
1319-KB EBA Gebäudereiniger/in	8 440
1321-KB Gestalterischer Vorkurs	2 700
1323-KB Certificate in English Language Teaching / Lehrerin IVP	9 810
1325-KB MA Contemporary Arts Practice	23 766
1326-KB Nachdiplomstudiengang dipl. Business Analyst NDS HF	14 841
1328-KB Master Program für Public Management and Policy	6 226
1329-KB Bachelor Studium Art Education	9 000
1289-KB Fachperson Gesundheit / FAGE	2 280
1290-KB Kaufmann/-frau / Handelsschule	22 000
1293-KB Geige-Bachelorstudium	30 000
1297-KB Dipl. Fachmann/-frau Operationstechnik HF	15 000

1298-KB Lastwagenfahrer C1	7 000
1300-KB Berufsmaturität BMS	15 000
1301-KB Fahrlehrer/in	13 300
1303-KB Bachelor of Science in Business Administration	20 000
1304-KB Uhrmacher/in	10 740
1274-KB Bachelor of Arts PH Bern in Secondary Education	10 000
1276-KB Kunsttherapeut/in Fachrichtung Tanz- und Bewegungstherapie	8 950
1278-KB Lastwagenfahrer/in	8 000
1279-KB Lehrgang Migrationsfachperson MFP	6 000
1280-KB Automatikmonteur EFZ	10 907
1281-KB Führerausweis Kat. D	8 000
1283-KB Führungsfachmann/-frau SVF	15 680
1286-KB Pflege HF	8 500

6.1 Approved projects

School projects in the Canton of Bern (15)				CHF 127 525
1179-KS	Nun singen sie wieder Rudolf Steiner Schule in Ittigen	CH	Ittigen	4 500
1172-KS	Musical 2 GET TOGETHER	CH	Wichtrach	5 000
1175-KS	Filmprojekt Schuljahr 16/17 Heilpädagogische Schule Bern (HPS)	CH	Bern	4 000
1176-KS	Klassenmodul Umgang mit neuen Medien Primarschule Heimberg	CH	Heimberg	2 000
1187-KS	Slam@School 2017/18 Spoken Word Biel	CH	Biel	15 000
1188-KS	Singmituns SMU 17 Firstclassics GmbH	CH	Thun	13 000
1195-KS	Bewegte Geschichten 2018/19 Fachstelle JUMPPS	CH	Zürich	36 000
1189-KS	Klassenwettbewerb Drogenfrei 2018/19 Blaues Kreuz Bern	CH	Bern	10 000
1193-KS	Giuseppe Verdi: Messa da Requiem Gymnasium Lerbermatt	CH	Käniz	10 000
1177-KS	MfM-Projekte für die Volksschule Rossfeld (5./6. Klassen) Volksschule Rossfeld (Elternrat)	CH	Bern	2 025
1181-KS	Abschlussprojekt 9. Schuljahr Oberstufenschule Hinterkappelen	CH	Hinterkappelen	3 000
1182-KS	step into action Bern step into action Bern	CH	Bern	5 000
1184-KS	MUS-E – Die Künste in der Schule – Neue Formate (Schuljahr 2017/18) Verein MUS-E CH/FL	CH	Bern	10 000
1173-KS	Projet théâtral et musical Ecole Primaire de Saint-Imier	CH	Saint-Imier	2 000
1174-KS	PrimALuna Zirkusprojekt Primarschule Aarberg	CH	Aarberg	6 000

Culture (125)				CHF 1 172 692
Music (39)				CHF 402 325
1919-KK	DAY & TAXI // CULTURAL EXCHANGE // ARGENTINIEN / CHILE TOUR 2017 DAY & TAXI	CH	Baden	5 000
2068-KK	zoom in – Festival 2017 zoom in	CH	Bern	8 000
2026-KK	An adventurous Music Festival at Cafe OTO in London Antoine Chessex	CH	Zürich	8 000
1924-KK	Peter Schärli: Don't Change Your Hair For Me Walter Gomez, Peter Schärli	CH	Aarau	6 000
1726-KK	GAIA Musikfestival Oberhofen 2017 GAIA Musikfestival	CH	Unterramsern	20 000
1824-KK	Musikfestival Bern 2017 – Irrlicht Musikfestival Bern	CH	Bern	30 000
1851-KK	28. Schaffhauser Jazzfestival (Eröffnung im Stadttheater) Schaffhauser Jazzfestival	CH	Schaffhausen	15 000
1814-KK	Rose incandescente, dialogue-création entre musiques du monde arabe et du Trecento italien Opéra Décentralisé Neuchâtel – Les Jardins Musicaux	CH	Auvernier	5 000
1784-KK	Avigdor Classics Samuel Justitz	CH	Bern	5 000
1809-KK	Nahostprojekt 2017 – aanilhoub – about love choR inteR kultuR	CH	Zürich	5 000
1911-KK	Loropéni Djoro Festival 2017 Association Suisse pour la Culture du Pays Lobi ASCPL	CH	Puplinge	10 000
1915-KK	Jazzwerkstatt Bern 2017 Jazzwerkstatt Bern	CH	Bern	9 000
2161-KK	ZENA I – Drei Städte am Meer Verein Schicht-En	CH	Bern	15 000
2178-KK	Kennen Sie Günter Raphael? – Ein Projekt zu seiner Entdeckung Ioana Oltean	CH	Bern	5 000

6.1 Approved projects

2218-KK	Swiss Jazz Exchanges Cheltenham Festivals	GB	Cheltenham	26 231
2136-KK	16. Ausgabe des unerhört!-Festival unerhört! Festival	CH	Zürich	10 000
2163-KK	Kammerorchester Basel und Heinz Holliger Tournee UK Kammerorchester Basel	CH	Basel	10 000
2182-KK	Festival frauenkomponiert 2018 frauenkomponiert	CH	Basel	10 000
2207-KK	Konzerttag «Mondrian-Musik» Verein Hermann Meier in Solothurn 2017/2018	CH	Zürich	3 000
2251-KK	Nik Bärtsch collaboration Britten Sinfonia	GB	Cambridge	6 508
2252-KK	In dieser Mondnacht ensemble amaltea	CH	Bern	4 000
2259-KK	BASS(E) – Bands an die Schulen der Schweiz artlink, Büro für Kulturkooperation	CH	Bern	5 000
1970-KK	Sage Gateshead and Candoco Dance Company collaboration Sage Gateshead (North Music Trust)	GB	Gateshead	18 583
2082-KK	Appenzeller Bachtage 2018 J. S. Bach St. Gallen AG	CH	St. Gallen	20 000
2052-KK	Langnau Jazz Nights 2017 Langnau Jazz Nights	CH	Langnau i. E.	10 000
2085-KK	Projekt Wölfli – A-cappella 2018 Ensemble Corund	CH	Luzern	10 000
2086-KK	Gli Equivoci – The Comedy of Errors Free Opera Company Zurich	CH	Zürich	10 000
2002-KK	Gratis-Konzerteintritte für Geflüchtete und Asylsuchende bee-flat im PROGR	CH	Bern	5 000
2027-KK	Match & Fuse Festival Zürich 2017 Match & Fuse Festival	CH	Zürich	10 000
1935-KK	ensemble proton bern, Projekte 2017 ensemble proton bern	CH	Bern	10 000
1841-KK	Bachwochen Thun Bachwochen Thun	CH	Thun	8 000

1873-KK	Gitter ZeitRäume Basel	CH	Basel	20 000
1877-KK	Orchesterpraktikum und Sommerkonzerte 2017 Stiftung Schweizer Orchesternachwuchsförderung SON	CH	Biel	15 000
1826-KK	Swiss Programme in the 25th anniversary of EFG London Jazz Festival (2017) Serious Trust	GB	London	10 003
1802-KK	The Rape of Lucretia Ensemble Proteus	CH	Genf	10 000
1838-KK	First major visit to the UK for Swiss orchestra Les Passions de l'Ame London Festival of Baroque Music	GB	Harpden	6 000
1853-KK	Rose Incandescente Association Les atomes dansants	CH	Geneva	7 000
1754-KK	Claudio Monteverdi: L'Orfeo Oper Schloss Waldegg	CH	Solothurn	8 000
1817-KK	Projekt #13 – PETRUSCHKA Variaton Projektorchester	CH	Bern	4 000

6.1 Approved projects

Art (24)			CHF 248 824
1975-KK	Sie sagen, wo Rauch ist, ist auch Feuer (Gruppenausstellung) Kunsthhaus Glarus	CH Glarus	7 000
1778-KK	You don't know me. M/2 Collective, Stéphan Landry, Drawings. Two exhibitions, one era. Musée Jenisch Vevey	CH Vevey	10 000
1901-KK	Ausstellung Jonny Briggs Photoforum Pasquart	CH Biel	5 000
1910-KK	Triptych Performance Intrdpndncy	CH Zürich	2 000
2209-KK	Greenpeace Photo Award 2017/2018 Greenpeace Schweiz	CH Zürich	20 000
2219-KK	Ausstellung «Harald Szeemann – Museum der Obsessionen» und Plattform von Lang/Baumann Kunsthalle Bern	CH Bern	30 000
2119-KK	Basis Kunst und Bau – Aktuelle Praktiken in der Stadt Bern Basis Kunst und Bau	CH Bern	3 000
2225-KK	Festival Les Urbaines 2017 Festival Les Urbaines	CH Lausanne	10 000
2226-KK	Einzelstellung Zimoun Kunst(Zeug)Haus	CH Rapperswil-Jona	6 000
1983-KK	Fortsetzung folgt Kunstmuseum Luzern	CH Luzern	15 000
2010-KK	States of Emergency (working title) Imperial War Museums	GB London	24 777
2106-KK	Visiting Artists Programme – extension Culture+Conflict	GB London	24 616
2059-KK	100 jähriges Jubiläum von Duchamp Association KMD – Kunsthalle Marcel Duchamp The Forestay Museum of Art	CH Cully	6 000
2098-KK	SCULPTURE AT Bermondsey Square: Edit Oderbolz Vitrine Gallery Limited	GB London	6 000

1978-KK	Starless Midnight BALTIC Centre for Contemporary Art	GB Gateshead	8 730
1860-KK	Finding Brutalism: Simon Phipps Museum im Bellpark	CH Kriens	16 000
1883-KK	Einzelstellung Rachel Lumsden Kunsthhaus CentrePasquArt Biel	CH Biel	7 000
1805-KK	Peter & the Danish Defence / Phantom (SS16) Last Tango	CH Zurich	2 700
1844-KK	Miroir Miroir mudac – Musée de design et d'arts appliqués contemporains	CH Lausanne	10 000
1753-KK	Der Brückenkopf Chantal Michel	CH Bern	3 000
1813-KK	Klöntal Triennale Klöntal Triennale	CH Zürich	10 000
1858-KK	transform Versuchsanordnung 6 transform	CH Bern	8 000
1885-KK	JAKOB TUGGENER – MASCHINENZEIT Fotografien und Filme Fotostiftung Schweiz	CH Winterthur	5 000
1891-KK	Reaper. Richard Hamilton und Sigfried Giedion Graphische Sammlung ETH Zürich	CH Zürich	9 000

6.1 Approved projects

Theatre (30)				CHF 288 543
2065-KK	Die zweite Prinzessin Theater katerland / bravebühne	CH	Winterthur	8 000
1815-KK	La Véritable Histoire de Blanche-Neige au Mexique La Balibaloo Compagnie	CH	Genf	10 000
1783-KK	PRACHTSTÜCK für Mädchen ab 11 und Jungs ab 13 Wild Wendy	CH	Zürich	8 000
1900-KK	Was ich immer schon mal sagen musste, aber Ihr Euch nicht getraut habt! Bernetta Theaterproduktionen	CH	Zürich	8 000
2121-KK	Die wahre Geschichte von Regen und Sturm Goutte, Claire et la tempête Théâtre de la Grenouille	CH	Biel	12 000
2123-KK	Young Producers 2017 Battersea Arts Centre	GB	London	20 000
2134-KK	Songlines Théâtre Spirale	CH	Genf	12 000
2137-KK	Figura Theaterfestival Figura Theaterfestival	CH	Baden	15 000
2109-KK	Gastspiel aus Palästina: Other Places Schlachthaus Theater Bern	CH	Bern	7 000
2112-KK	Zugvögel Figurentheater Lupine	CH	Biel	7 000
2118-KK	Das Jahr von meinem schlimmsten Glück Tors.ten	CH	Buchs	5 000
2167-KK	«ZiegenHundeKräheMama» Lowtech Magic	CH	Aarau	10 000
2213-KK	«EDWARD SNOWDEN STEHT HINTERM FENSTER UND WECKT BIRNEN EIN» Bues / Mezger / Schwabenland	CH	Zürich	10 000
2221-KK	Kings of Interest Gebrehanna Productions	CH	Windisch	7 000
2241-KK	REMAKE 68 Theater Club 111	CH	Bern	10 000

2248-KK	Shubunkin – der Fisch im Mond Gubcompany	CH	Zürich	8 000
1965-KK	Eroica Theater Marie	CH	Aarau	15 000
2046-KK	Über Stock und Stein Kollektiv FreiRaum	CH	Bern	5 000
2095-KK	Pingpong theater salto & mortale	CH	Aarau	10 000
1994-KK	Unter Artgenossen Theater Fleisch+Pappe	CH	Herisau	5 000
2028-KK	Professor Leonardo – Ein Ohrenschaus für Menschen ab 8 Jahren Theater Thomy Truttmann	CH	Luzern	9 000
2045-KK	ACTIONS Cie Yan Duyvendak / Association Dreams Come True	CH	Geneva	10 000
1953-KK	Mücke DIE NACHBARN	CH	Rapperswil	8 000
1797-KK	Le Prix de l'Or Kuckuck-Produktion	CH	Zürich	12 000
1806-KK	Karl Marx. Das Kapital als Musical Freies Musiktheater Zürich	CH	Zürich	12 000
1855-KK	Angelo: experimental puppetry production and vocational training Little Angel Theatre	GB	London	12 291
1728-KK	MATTO REGIERT eine theatrale Spurensicherung frei nach Friedrich Glauser Delia Dahinden	CH	Zürich	6 000
1747-KK	Bruno hat Glück Anita Zihlmann	CH	Niederlenz	10 000
1888-KK	GAIA – der lebende Planet luki*ju theater luzern	CH	Luzern	10 000
1811-KK	Clytemnestra and The Darkest Part of the Night at the Tricycle Theatre Tricycle Theatre	GB	London	7 252

6.1 Approved projects

Dance (32)				CHF 233 000
2016-KK	Creature-tour to Edinburgh Festival Fringe Vanessa Cook	CH	Zollikofen	8 000
2023-KK	Particular Reel, Calico Mingling, Reclining Rondo, Katema Scarlett s	CH	Genf	5 000
1949-KK	GEORGE Verein ELMO's AT WORK / Elena Morena Weber	CH	Zürich	5 000
1772-KK	Saudade Clelia Vuille	CH	St-Prex	3 000
1825-KK	Vacuum tour in UK with Best of BE Spring 2017 Fondation Cie Philippe Saire	CH	Lausanne	10 000
1748-KK	Concert dans le goût théâtral Tough Love	CH	Bern	10 000
1869-KK	tanz: now 2017 Phönix Theater	CH	Steckborn	5 000
1876-KK	Die Blaue Stunde Dance Company betweenlines	CH	Subingen	6 000
1893-KK	Of Humans and Other Artifacts Unplush	CH	Bern	3 000
2216-KK	Renaud Wisser Dance Company – Smoke Screens Renaud Wisser Dance Company	GB	London	15 000
2217-KK	Speechless Voices Compagnie Greffe	CH	Genf	15 000
2117-KK	Choreografisches Labor für Tanzende mit Behinderung BewegGrund	CH	Bern	7 000
2127-KK	a'void soom project	CH	Luzern	10 000
2138-KK	Radical Hope 2 / Fragility Verein Péches et Péchés / Beatrice Fleischlin	CH	Sempach	8 000
2140-KK	This is my last dance Tabea Martin	CH	Oberwil	7 000
2145-KK	Homeland Marcel Leemann Physical Dance Theater	CH	Bern	3 000

2145-KK	Homeland Marcel Leemann Physical Dance Theater	CH	Bern	3 000
2160-KK	Sing the Positions Cie Ioannis Mandafounis	CH	Genf	10 000
2169-KK	Eine Stunde auf Erden Rotes Velo Kompanie	CH	St.Gallen	8 000
2193-KK	WISHBONE Bufo Makmal	CH	Basel	10 000
2197-KK	Wolfskind Kollektiv F	CH	Bern	7 000
2206-KK	runner s high Natascha Moschini, Katharina Germa	CH	Bern	2 500
2214-KK	My soul is my visa *Melk Prod. / Marco Berrettini	CH	Genf	8 000
2232-KK	Smack Vera Stierli	CH	Bern	8 000
2237-KK	WICCA Junebug Company	CH	Genf	2 500
1984-KK	Sigurd Leeder hermesdance	CH	Bern	15 000
2047-KK	FUN! ML. Production / Lea Moro	CH	Jona	5 000
2006-KK	bones bollwerk / Verein bollwerk & gäste	CH	Oberengstringen	6 000
2019-KK	Requiem for a piece of Meat 3art3 Company / Daniel Hellmann	CH	Zürich	5 000
1926-KK	22. Oltner Tanztage TANZINOLTEN	CH	Olten	7 000
1973-KK	Fierce Festival Swiss Focus Fierce Festival	GB	Birmingham	6 000
1854-KK	Zürich gets lucky! ZÜRICH TANZT	CH	Zürich	5 000
1881-KK	Tanzfestival Winterthur 2017 tanzinwinterthur	CH	Winterthur	8 000

6.2 Partially claimed project grants

Partially claimed Project Grants (9)

CHF 163 152

For some of the grants awarded, the full amount was not claimed or the project was terminated. The following overview lists the unpaid or refunded amounts. The dates in the first column refer to the year in which the grants were awarded.

Medical Research (1) CHF 29 663

1029-KF	SAMW Partnerschaft Projektjahr 2017		29 663
	Amount not used in full.	2017	

Victims of Conflict and Violence (2) CHF 102 999

1148-KC	Give Me a Chance – Equal Education Fund		3 000
	Amount not used in full.	2016	

1177-KC	A Trauma-Informed Intervention for Survivors of Gender-Based Violence in Pakistan – International Rescue Committee		99 999
	Project cancelled.	2016	

Individual Education grants (5)

CHF 22 490

1222-KB	Fahrlehrer/in mit eidg. Fachausweis		1 250
	Grant not fully required.	2015	

1277-KB	Obtenir le permis de la catégorie D (Bus)		11 940
	Education project is now fully funded by another institution.	2017	

1190-KB	Bachelor in Lebensmittelwissenschaften		4 500
	Course switched to part-time and can now be fully funded by the applicant.	2014	

1200-KB	Primarlehrer/in		2 500
	Course terminated after first year, will not be continued in the foreseeable future.	2015	

1223-KB	Lehre als Automobil-Assistent/in EBA		2 300
	No longer requires our support.	2014	

Theatre (1)

CHF 8 000

1211-KK	Der Orchestermann – Freies Musiktheater Zürich		8 000
	The project will be reset.	2012	



Wim - Afsluitdijk, 28/11/2014 10:30, Photo: Hrair Sarkissian



