



Interview: dr. Iva Fattorini

We are honored to introduce Dr. Iva Fattorini, a physician, dermatologist, and internationally recognized expert in global health, whose professional work has been systematically developed at the intersection of medicine, creative practices, and healthcare systems.

Dr. Fattorini graduated in medicine from the University of Zagreb School of Medicine, where she also earned her Doctor of Medicine (MD, MSc) and a Master of Science degree. She obtained an additional master's degree in natural sciences at the Faculty of Science, and further advanced clinically through a dermatology fellowship at Harvard University. A particularly formative experience in her professional development was her master's degree in Global Health Leadership from the University of Oxford, which she completed in 2025 with distinction, focusing her dissertation on understanding social prescribing. This degree strongly influenced her professional focus toward the development and implementation of integrative models, connecting art, creativity, and health, into healthcare systems.

Dr. Fattorini is the founder and director of the Institute for Health and Art and a member of the Scientific Board of the International Society for Arts and Medicine (ISfAM).

Q: Can you describe your path from choosing medicine to connecting medicine with art and creative therapies? What initially drew you to medicine?

A: What drew me to medicine? Probably something deeply ingrained — the desire to help as many people as I can, if I can. My father was a physician, so from a young age, I was exposed not only to hospitals, patients, and doctors but also to a large amount of medical literature, and to the discipline and responsibility required by the medical profession. As a child, I spent hours flipping through my father's medical books and looking at the illustrations. I was fascinated by Frank H. Netter's anatomical atlas — a doctor who illustrated the entire human anatomy by hand, producing over 20,000 original drawings!

Deep down, I have always been a creative person, and my means of expression were drawing, dance, and painting. I expressed myself more easily through comics I drew myself than verbally. I even played classical guitar. Not very skillfully, admittedly, but I did! However, during the time of communism, when I was entering university, choosing a creative career was considered “risky.” I saw medicine as something universal, intellectually stimulating, and widely recognized. I was only 18 when I started medical school and 23 when I graduated. Looking back now, I can see how much I did not know and how difficult it is to make such a life-defining decision so early.

During my studies, I often remembered complex cause-and-effect relationships in the human body through visualization — turning abstract concepts into images, stories, and drawings. When I read something, images spontaneously appeared, and I tried to transfer them onto paper, sometimes with simple sketches, sometimes in full color and form. This, in retrospect, was likely the foundation that enabled me, many years later, to integrate who I truly am — a creative person — with what I had learned to become — a disciplined medical professional.

Q: How and when did that happen?

A: In 2003, I stopped practicing clinical dermatology and moved to Boston. There, I was offered a position as Director of International Telemedicine by my former professor from Harvard. Due to my then-husband’s job, we later relocated to Cleveland, where I took up the position. I wanted to do the same work I was meant to do in Boston — help people who were not physically able to receive a second opinion from top clinics in the U.S., enabling them to access specialists via telemedicine. I became the Director of International e-Health at Cleveland Clinic, reporting directly to the Chief Information Officer (CIO).

My task was to contribute to the development of software and operational plans for international patients accessing Cleveland Clinic online, seeking second opinions, and planning visits. To understand patients’ needs, I spent a lot of time with them and their families. Suddenly, a new world opened to me — one that, until then, had been largely invisible to physicians and executives in large institutions: all those people who eventually come to the hospital, especially when they do not live in the city, spend at least 5–7 days in or around the hospital, sometimes weeks or months. Most patients come with one or more family members. When I converted this into numbers and statistics, I realized that

there is a parallel world that desperately needs emotional support, yet the hospital system is under-resourced to cover this segment.

What do these people do while waiting? How do they spend their days? Where do their thoughts go? How do they feel? Is there anything we can offer to make their long hours of waiting easier? How can we improve this precious and intense time — which may be the last together — for patients, families, and visitors?

Spending time with these people, I literally felt what they felt. I was in their “shoes.” Empathy was no longer just a word or moral compass; it became my measure of success in treating people as whole beings, not just their bodies. Until we acknowledge that treatment success depends not only on objective lab results but also on the subjective experience of all those involved in illness and uncertainty of its outcome, we cannot consider the treatment fully effective. Healing involves mind, spirit, and body — it requires a holistic approach.

I shifted from health informatics to research on service users’ data, and in collaboration with colleagues from the international center, we conducted a survey in eight languages to understand their real needs. Since art is essential to human existence for me, one question I included was: “Would you like to participate in artistic activities

during your hospital stay?” The responses were surprisingly positive at the time; most participants answered yes.

Armed with survey feedback, I conducted an inventory of all programs Cleveland Clinic was running that could be connected to art. I contacted colleagues already involved in such work and formed an interdisciplinary committee. I identified hospitals in the U.S. with established arts and medicine programs and connected them with the then-growing Patient Experience Movement. I presented the new model to Cleveland Clinic’s CEO, Toby Cosgrove. The program was approved and funded, and I was appointed Executive Director. And that’s how it all began.

Q: Can you describe your vision of integrating art into medicine?

A: The adoption of a systematic, evidence-based model in which all forms of art and creative expression are used as preventive and therapeutic practices, accessible throughout the entire continuum of healthcare, aimed at enhancing cognitive, physical, and emotional well-being.

Q: Do you have advice for Croatian art therapists and healthcare professionals on how to establish a solid foundation for collaboration and mutual

growth, given that this collaboration is still in its early stages in Croatia?

A: The first steps involve raising awareness, mapping all currently active participants in detail, and listing interested stakeholders and existing activities. Often, the challenge is the lack of a platform connecting all interested parties and insufficient funding.

It is important to identify collaborators in both systems, as well as leaders who will represent and communicate between them, and foster inter-ministerial cooperation in Croatia to support and contribute to strategy development. Typically, after well-organized working meetings, smaller pilot projects (quick wins) are established to test interest and strategically lay the foundations for further development.

Key leverage points for change are likely to include shifting the healthcare system's goals toward prevention and quality of life, adjusting funding and referral regulations, and establishing continuous evaluation and clear outcome metrics to demonstrate the impact of this innovation.

Q: The Art and Health project that you initiated and helped develop within the Institute for Arts and Medicine at Cleveland Clinic is one of the largest in the U.S. Are creative therapies practiced within the Clinic as part of general offerings? How does it work?

A: When I led the Institute for Arts and Medicine, we integrated art and music therapy into the EPIC system (Electronic Medical Records), allowing medical staff to request art therapy and therapists to document medical records. Creative therapists were integral members of the medical teams. Initially, this was not easy, but with the first results, institutional trust grew.

Patients who required creative expression were most often from palliative care, transplant, and pediatric units. Over time, the program expanded to all patients and, eventually, to hospital staff as part of a wellness program aimed at preventing professional burnout.

The Institute had several core units: art therapy, music therapy, visual arts collection, performing arts, as well as education and research. Each unit operated systematically, had a dedicated leader, and the entire team — which grew with the program — met weekly.

I would highlight a program that organically developed in the performing arts segment, which involved performances by physicians who were also musicians. It is important to emphasize that without support from the “top,” such programs rarely survive because they do not generate direct profit for the hospital.

The program is currently run by art therapist Dr. Tammy Shella at Cleve-

land Clinic, who will have much more to say about it since I stepped down 10 years ago.

Q: At Cleveland Clinic, you conducted research on medical staff attitudes toward the use of art and creative therapies in medicine. What were the results?

A: This research was an internal survey conducted by the marketing team at our request, and the results were not published, as it was not a formal research. What we obtained was evidence that the majority of responding physicians were interested in the field and saw potential benefits for both patients and staff.

The survey also showed which art forms were of most interest to medical staff. Music, visual arts, and photography were dominant.

Q: Can you tell us more about Artocene, which you founded and where you serve as director?

A: Artocene is a UK-registered organization focused on consulting and developing platforms for art and medicine. Artocene offers strategic advice at a global level and provides leadership for creating this innovative intersection including systematic integration of art into healthcare institutions, supporting cultural institutions

in implementation of health-focused programs, designing initiatives, building teams, and increasing capacity in both sectors.

Q: In 2021, Artocene developed an innovative digital platform for art therapy. Can you tell us how it works and what the user experience has been like?

A: The first version of the platform was developed in 2020, and it included the following components: integrated audiovisual communication between the art therapist and client, secure session data storage, and integrated digital tools (collages, colors, images, etc.). We tested the platform with 26 therapists and conducted over 200 sessions. Demand was particularly high, because it coincided with the Covid-19 pandemic. Collaborators included leading art therapists from the UK, the U.S., and other countries, including presidents of professional organizations. We learned a great deal, and based on that knowledge, we began developing a second version, which expands the range of service providers beyond art therapists to include other creative practices.

Q: How can the integration of creative therapies benefit public health? How can creativity and creative therapies help a person, currently a patient, cope with the treatment process?

Iva: In the context of public health, integrating art and creative therapies helps strengthen community emotional resilience, prevent illness, and humanize public care. Art and artistic activities reduce stress, foster social connection, alleviate loneliness, and provide meaning. Importantly, they enable each individual to actively participate in their own health, all at relatively low cost and with broad applicability.

Within a broader framework, I would highlight social prescribing, a structural mechanism serving individuals in the healthcare system to get referred to creative, cultural, sports, and other community activities, addressing social determinants of health.

Why is this important? Around 70–80% of the reasons people seek healthcare arise from social, emotional, and life circumstances that do not primarily require medication but broader, non-medical interventions. From this data, we can infer that classical healthcare contributes only 10–20%, while the rest depends on genetics and environment.

Due to this proportion, interventions that act on social, cultural, emotional, and community factors — including art and creative approaches — can significantly enhance public health outcomes.

Q: What do you see as the higher goal of the field you have chosen (or that has chosen you), and where do you see the future of this ever-contemporary, sometimes controversial intersection of art and health, deeply meaningful aspects of life intertwined since the dawn of civilization?

A: No one questions the existence of hospitals because they treat the human body. No one questions the existence of museums, concert halls, or libraries because they heal the mind and soul. And everyone would agree that we, as humans, are body and soul, right? So why is the integration of hospitals and art seen so questionable?

The higher goal of the field of art and health is to restore human wholeness in systems that have become too narrow, too fast-paced, and too symptom-focused, while neglecting the human need for meaning, relationships, and our innate capacity for recovery and healing.

Art here is not just decoration or entertainment, but a tool to cultivate empathy and elevate awareness.

All of this requires a fundamental transformation of healthcare systems. Humans are complex biological, mental, and social beings. Creativity and art act on all levels — relationships, consciousness, identity, and mind-body integration. Science confirms that rhythm, frequency, vibration, wa-

velengths, and energy play a far greater role in healing than previously acknowledged. Fields such as neuroimmunology and neuroaesthetics explore the impact of art on health.

In the near future, medicine will increasingly rely on physics and quantum biology. There is no controversy here; it will disappear once technology allows us to measure what is currently unmeasurable. Until then, we must continue to trust intuition and reflect on what the greatest scientists and thinkers in history have said about art: Viktor Frankl called it the foundation of psychological resilience, Nietzsche considered it a fundamental life force and a way to overcome suffering, Plato regarded it as a powerful method for shaping the soul and society, and Aristotle introduced the concept of catharsis in art as a means of emotional purification.

Transfer: Thank you for sharing your experiences and knowledge. We appreciate your contribution to creative therapies and your continued work and promotion of mutual growth between art and medicine. We wish you success in art and health, your professional and personal life.