Interview: Dr. Iva Fattorini, MD, MSc

Conducted by: Mia Janković Shentser

We are honored to introduce Dr. Iva Fattorini, a physician, dermatologist, and internationally recognized expert in global health, whose work 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 and a Master of Science degree in biology and biomedicine at the Faculty of Science (PMF). Iva further advanced clinically through a dermatology fellowship at Harvard University. A particularly for-mative experience 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 within healthcare systems.

Dr. Fattorini is the founder and inaugural executive director of the Institute for Health and Art at the renowned Cleveland Clinic in USA and UAE, 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?

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 the discipline and responsibility that the medical profession demands. 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 dificult it is to make such a life-defining decision at such a young age.

During my studies, I often memorized complex cause-and-effect relationships in the human body through visualization — turning abstract concepts into images, stories, and drawings. When I read something, images would spontaneously appear, and I would try to transfer them onto paper, sometimes as simple sketches, and other times in full color and form. In retrospect, this process likely laid 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 Oficer (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, particularly those who do not live in the city, spend at least 5 – 7 days in or around the hospital, and sometimes weeks or even 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 underresourced 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 they spend 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 merely their bodies. Until we acknowledge that treatment success depends not only on objective lab results but also on the subjective experience of all those affected by illness and the uncertainty of its outcome, we cannot truly speak of healing. 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 patients' and families' real needs. Since art is an essential part of human existence for me, one of the questions I included was: "Would you like to participate in artistic activities during your hospital stay?" The responses we rece-ived were surprising for that time: the majo-rity of responses were afirmative.

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 an advice for Croatian art therapists and healthcare professionals on how to establish a solid foundation for collaboration and mutual growth?

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

It is important to identify collaborators within both systems, and to identify leaders who will represent these systems and communicate with one another, as well as 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 with 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?

A: At the time of my tenure as a director of the Institute for Arts and Medicine, we integrated art and music therapy in-to the EPIC system (Electronic Medical Records), which allowed medical staff to refer patients to art therapy upon their requests, while therapists were able to document information in the medical records. Creative therapists were integral members of the medical teams. Initially, this was not easy; however, as the first results appeared, institutional trust grew over time.

Patients who expressed a need for creative expression most often came from palliative care, transplant units, and the pediatric department. Over time, the program expanded to all patients and eventually included hospital staff as well, 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 alongside the program — met on a weekly basis.

I would like to highlight a program that developed organically within the performing arts segment and 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 run by art therapist Dr. Tammy Shella at Cleveland Clinic, 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. The results were not published, as it was not intended as a formal scientific research. What the survey did show, however, was evidence that the majority of physicians who responded were interested in the field and believed that the arts and creative therapies could benefit both patients and hospital staff.

The survey also showed which art forms were of greatest 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 arts and medicine. Artocene offers strategic advice at a global level and provides leadership for creating this innovative intersection, including the systematic integration of the arts into healthcare institutions, supporting cultural institutions in implementation of health-focused programs, designing initiatives, building teams, and increasing capacity in both sectors.

Q: Artocene developed an innovative digital platform for art therapy. How does it work and what the user experience has been like?

A: The first version of the platform was developed in 2020, and included the following components: integrated audio-visual communication between the art therapist and the 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 due to its coincidence with the Covid-19 pandemic. Our 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 those insights, we began developing a second version of the platform, which expands the range of service providers beyond art therapists to include other creative practices.

Q: How can public health winth integrated creative therapies help a person in coping with the treatment process?

A: In the context of public health, integrating arts and creative therapies contributes to strengthening the emotional resilience of communities, preventing illness, and humanizing public care. Arts and artistic activities reduce stress, foster social connection, alleviate loneliness, and ultimately 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 like to highlight social prescribing, a structural mechanism through which individuals in the healthcare system get referred to creative, cultural, sports, and other community-based activities, thereby addressing the so-called social determinants of health.

Q: What does this mean and why is it important?

A: Around 70 – 80% of the reasons people seek healthcare arise from social, emotional, and life circumstances that do not primarily require medication but rather 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.

Precisely due to this proportion, interventions that act on social, cultural, emotional, and community factors — including art and creative approaches — have significant potential to improve public health outcomes.

Q: What do you see as the higher goal of the field and where do you see the future of this intersection of art and health?

A: No one questions the existence of hospitals because they treat the human body. Likewise, no one questions the existence of museums, concert halls, or libraries because they heal the mind and soul. We also all agree that human beings are a unity of body, mind, and soul, don't we? So why, then, is the integration of hospitals and the arts considered questionable?

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

Here, art is not merely decoration or entertainment, but a gift that enables us to cultivate empathy and elevate levels of consciousness.

All of this requires a fundamental transformation of healthcare systems. Humans are complex biological, mental, and social beings. Creativity and the arts act on all levels — relationships, consciousness, identity, and mind-body coherence. Science confirms that rhythm, frequency, vibration, wavelengths, and energy play a far greater role in healing than has been 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 the moment 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 as well as mutual acceptance and shared growth of both disciplines, the arts and medicine.