## Render or Surrender – how to deal with human text in FHIR

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**Shaping the Future of FHIR® in Europe** 

## **Challenges and Achievements**

- We had already some sessions on this topic
- Thread introductory presentation in Madrid: FHIR and human text by René Spronk
- Visualization with vi7eti https://vi7eti.net, CDA and FHIR "text"
- Requirement to regulate "human text" on national level
- This time objective: a white-paper recommendation that finally makes it way into the EU CORE specification!



## How to visualize Example Instances

- Visualize HL7 Example and Test Instances (vi7eti)
- pronounced /viːˈsɛtiː/

- A joint activity coming
  - from the Gravitate Health Project (electronic medicine product information ePI)
  - from xSHARE toolbox (D3.3)



## **How to visualize Example Instances**

- Electronic Medicinal Product Information (ePI)
- HL7 Europe Laboratory Report (EU-Lab)
- International Patient Summary (IPS)
- HL7 Europe Hospital Discharge Letter (HDR)

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# Thessaloniki xShare Project meeting

- Demonstrator for the xShare Yellow Button
- Synthetic IPS
- Used by Patient
- Visualized
- Shared





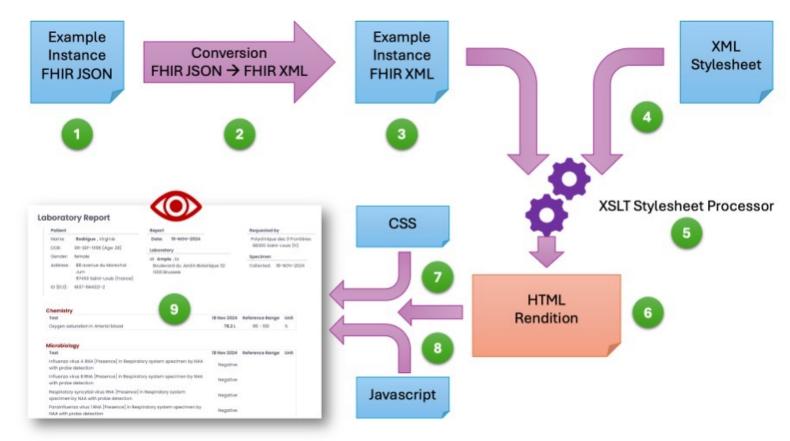


## Thessaloniki xShare Project meeting

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### vi7eti









### Welcome to vi7eti

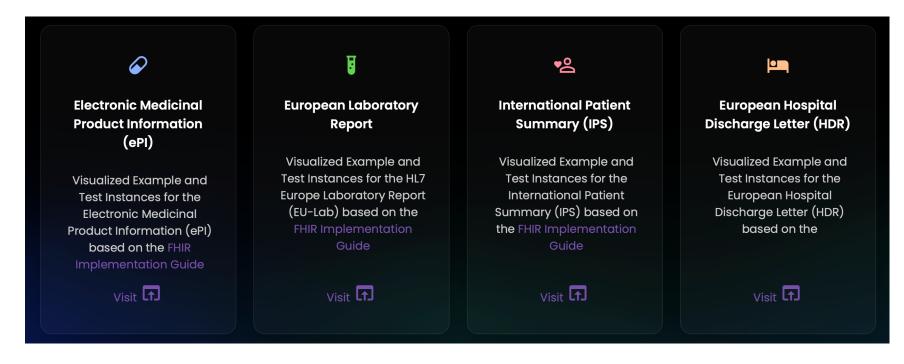
Visualize HL7 Example and Test Instances

This site – contributed by HL7 Europe – is a **reference implementation** of the **vi7eti stylesheets** that come out of the
xShare and Gravitate Health projects, that shows and demonstrates
Visualization of Example and Test Instances based on HL7 CDA or
HL7 FHIR specifications (implementation guides).

SEE TOPICS

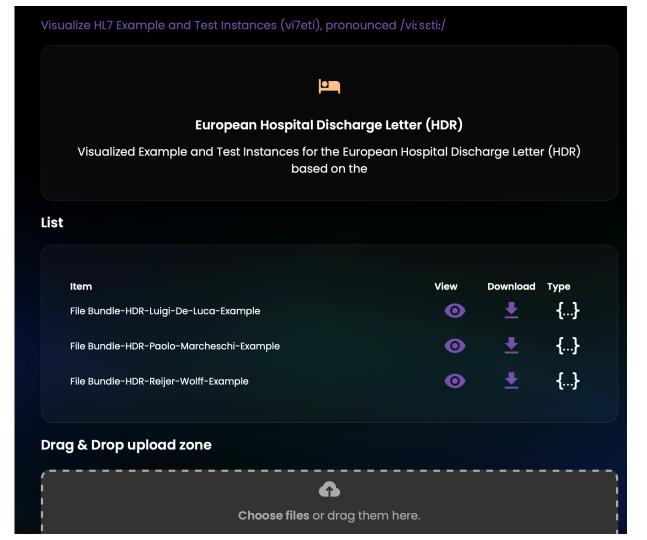


## Reference Tools for four(+) topics





## Reference Tools for four(+) topics





## Rendition Example



Patient		Author	Hospital Discharge F	Report
Name:	<b>De Luca</b> , Luigi	dr <b>Zucchero-Combattente</b> , Augusto	Casa di cura Villa S.	Giuliana
DOB:	30-SEP-1966 (Age: 58)		37128 Verona (it)	
Gender:	male		Report Date:	29-APR-2025
ID:	3332-386800-1		Hospital Admission:	01-APR-2025
			Hospital Discharge:	10-APR-2025

#### **Admission evaluation**

Mr. Luigi De Luca, a 57-year-old male, was admitted on 1st April following a pre-diabetic episode characterized by episodes of fatigue, polyuria, and increased thirst. Recent routine blood tests showed elevated fasting blood glucose and HbA1c levels that required further investigation.

When Mr De Luca arrived in the morning we recorded a fasting blood glucose level at 180 mg/dL. His HbA1c level was 7.8%. He seemed to be dehydrated, so that he immediately was sent to the ward for a full breakfast and fluid substitution.

#### **Family History**

Mr. Luigi has a family history of diabetes (type 2, mother and maternal grandmother).

#### Vital signs

Vital signs	1st April	10th April
Body weight	109 kg	108 kg
Body height	177 cm	
Blood Pressure	155 / 95 mmHg	150 / 90 mmHg

#### Tobacco use



## **Example**

- Created by SYNDERAI method
- Demographics
- Lab Categories
- Measurements (Codes)
- Values, Units



#### **Laboratory Report**

4929-255056-0

Patient		Report	Requested by
Name:	Palmer , Silvana	Date: 19-NOV-2024	Zdravstveni dom
DOB:	04-FEB-1957 (Age: 68)	Laboratory	3305 Vransko (si)
Gender:	female	dr <b>Ample</b> , Ex	Specimen
Address:	Gosposka ulica 35	Boulevard du Jardin Botanique 32	Collected: 18-NOV-2024
	3330 Mozirje (Slovenia)	1000 Brussels	

#### Chemistry

ID (ECI):

Test	18 Nov 2024	Reference Range	Unit	
Oxygen saturation in Arterial blood	80.6 L	95 - 100	%	

#### Microbiology

Test	18 Nov 2024	Reference Range	Unit	
Influenza virus A Ag [Presence] in Upper respiratory specimen by Rapid immunoassay	Not detected			
Influenza virus B Ag [Presence] in Upper respiratory specimen by Rapid immunoassay	Not detected			

#### **Microbiology Panel**

Test	18 Nov 2024	Reference Range	Unit
SARS-CoV-2 (COVID-19) RNA panel - Respiratory system specimen by NAA with probe detection	Detected		

## **ELGA and CDA**

Instructions to build text

#### Hämatologie

#### Blutbild

Analyse	Ergebnis	Einheit	Referenzbereiche	Interpre
Leukozyten	26	G/I	4-10	+
Thrombozyten	165	G/I	150-360	
Erythrozyten	5.39	10^3/L	4.60-6.20	
Hämoglobin	16.0	g/dl	14.0-18.0	
Hämatokrit	49.7	%	43.0-49.0	+
MCH	29.7	pg	27.0-33.0	
MCV	92.2	fl	85.0-95.0	
MCHC	32.2	g/dl	28.0-33.0	
Akt.Lymphoz.rel.mi.	7	%	0-10	

Geringgradige Leukozytose, seit letzter Kontrolle gestiegen. Verringerung der Thrombozytenzahl im selben Zeitraum.

Spezimeninformation		pro Spezimen eine Zeile			
		Sollte ein Befund aus mehreren Sections bestehen, wird die Spezimeninformation ausschließlich in einer eigenen Section angegeben und als erste Section geführt.  Generell gilt, dass die Angabe von Informationen zu Proben/Spezimen/Material vorgeschrieben ist.			
1	Material-ID	0		Identifikator der Probe	
2	Probenentnahme	R		Zeitpunkt der Probebentnahme, muss nicht angegeben werden bzw darf "unbekannt" sein. Format: dd.MM.yyyy hh24:mi (4.4.5.3.3.4)	
3	Untersuchtes Material	R		Materialart [R] (4.4.5.3.3.7) und Entnahmeort [O] (4.4.5.3.3.5) (Freitext ist zulässig)	
4	Probenentnahme durch	0		Für Probenentnahme zuständige Person und ggf Organisation [O] (4.4.5.3.3.6)	
5	Probeneingang	R		Probeneingang im Labor, Format: dd.MM.yyyy hh24:mi	
6	Bemerkung Labor	R	<	Allfällige Bemerkungen zur Probenqualität sollen angege- ben werden	



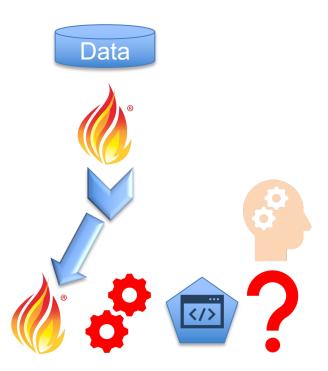
Humanoid Robot Petition





## How and when to create the Human Text

Source/ Doer Data



Receiver/ Viewer





## Questions, Discussion



How to handle / generate FHIR human text, e.g. in *section.text*, only place?

Methodology: how to define, constrain and test human text

Requirement to regulate "human text" on National Level? On EU Level?

Do we need a constraint section in all IGs about human text or even an human text IG?

## Thank you



## **Topics**

- Multiple Languages
- Must have a fall-back
- Source reponsibility
- Receiver option
- Hide/show data
- What is the original (like CDA)
- Code display populated

- Multiple places for text .text
   .note extn \*narrative extn
- Conversion template library

