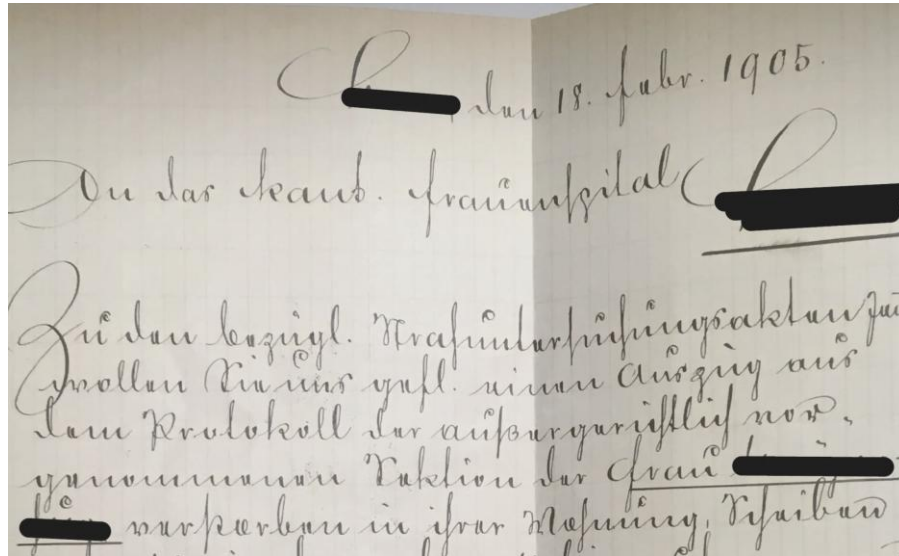


AN INTERDISCIPLINARY INVESTIGATION OF HOSPITAL DISCHARGE LETTERS IN SWITZERLAND -EARLY THOUGHTS-



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That's us:



Empirical study: Patient & Provider views

- Collaboration with HES-SO on Patient views:

- [«Lettres de sortie : le regard des patient.es»](#)
- Sociologists: interviews + focus groups to assess patient needs

Hes·so

- Our Project:
- Empirical Study with Medical Providers
- 20-30 semi-structured qualitative interviews



Empirical Study

AIM:

1. Explore current clinical writing practices in discharge letters and how they changed
2. Examine ethical awareness of patients as secondary readers
3. Examine ethical problems concerning the use of AI-tools for generating discharge letters

KEY ANALYTIC DIMENSIONS:

- Time spent writing & training level
- *Doing genre*: narrative sequencing vs. automated data
- *Learning genre*: orientation in complex patient files
- Ethical reflections on transparency & personhood

The Hospital Discharge Letter as a site of Narration and Ethical Conflict



How and why did Hospital Discharge Letters emerge?



Who is reading?



WHO IS READING?

Doctors as primary readers

- Continuity of treatment
- Communication between attending physician and follow-up physician
- Educational effect

Patients as secondary readers

- Receive information

Administration as third readers

- Documentation
- Organisation
- Insurances

(Schwarz et al. 2015)



Literature overview: Empirical findings

Qualitative studies shows

- How physicians select and prioritize information
- Implicitly assume medical background knowledge
 - Discharge letters are difficult to understand for patients
- Discharge letters are often delivered delayed
 - Influence of the healing process of a patient

Standardized letter can improve

- Comprehension
- Patient autonomy
- Effort time

**Discharge letters are central
but communicatively fragile**

(Kleinig et al. 2025; Unnewehr et al. 2015; Weetmann 2020, Bechmann 2019)

Application of LLM in Medicine

Various fields of application:

- Diagnostics
- Treatment
- Technology
- Administration
- Research
- Medical drugs

**Medical Discharge
Letter**



Saving time and resources
Support in decision making
Possibility of telemedicine
Global access to informations ...

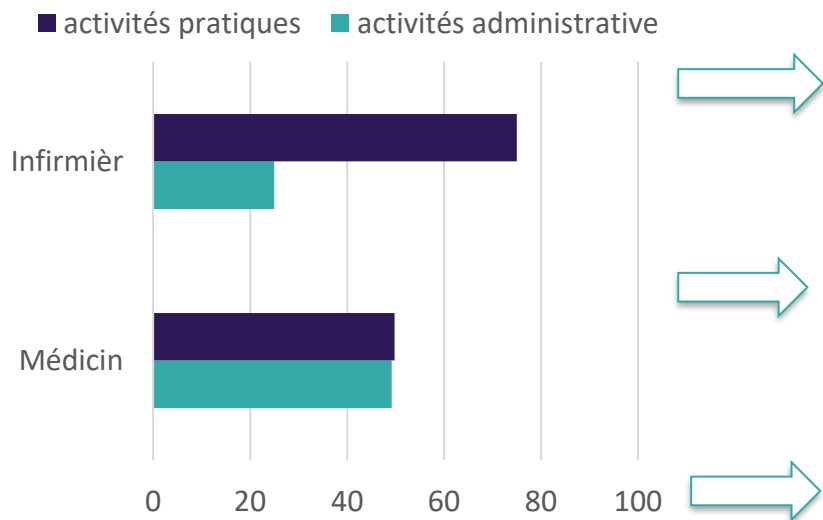


Clinics that are using AI to generate HDL

Centre hospitaliere unversitaire vaudoise	Suisse
Universitätsklinikum Freiburg	Allemagne
Universitäts Klinikum Heidelberg	Allemagne
Universitäts Medizin Essen	Allemagne
Universitäts Medizin Mannheim	Allemagne
Universitäts-Kinderspital Zürich	Suisse
Universitätsklinikum Hamburg-Eppendorf (UKE)	Allemagne
Agaplesion Diakonieklinikum Rotenburg	Allemagne



Temps consacré aux activités pratiques et administratives



Chaque deuxième heure de travail des médecins est consacrée à des tâches administratives et au travail de bureau (Sinsky 2026)

6 % du temps de travail des médecins est consacré à la rédaction d'un rapport médical (Schröder 2025)

L'IA est 10 fois plus rapide qu'un clinicien qui rédige une lettre de sortie (Sánchez-Rosenberg, G. et al. 2024)

LITERATURE OVERVIEW: DIGITALIZATION & LLMS IN DISCHARGE DOCUMENTATION

Empirical evidence

- Slightly higher error rate in LLM-generated discharge letters compared to human-written letters (Williams et al. 2025)
- AI tool at a hospital in Freiburg (Heilmeyer, F. et al. 2024):
 - 93.1% of discharge letters clinically usable after minor corrections
- AI generated discharge letters are more more comprehensible for patients discharge
 - The more comprehensible the letter, the more positive the recovery process (Weetman et al. 2020)



Ethical implications: Using LLMs to generate Hospital Discharge Letters

Ethics often framed in terms of:

- the principle of “avoiding harm” (Jensen et al. 2025)
- Functionality and saving time is often seen as sole criteria

Key ethical risks:

- bias in training data
- data privacy
- unclear responsibility (Karimian 2022)
-



Risks of using LLM in Medicine

ETHICAL RISKS

- Humanisation of AI
- Depersonalization of Human
- Bias
- Question of responsibility
- Lack of transparency
- Technical integration of AI
- Increase of social injustice
- Security of data/privacy
- Loss of working places



LEGAL RISKS

- Governance (Responsability)
- Confidentiality (trustability and data security)
- Liability
- Accuracy & reliability
- Decision making

(Salloch 2025; Naik et al. 2023, 3)



Literature review

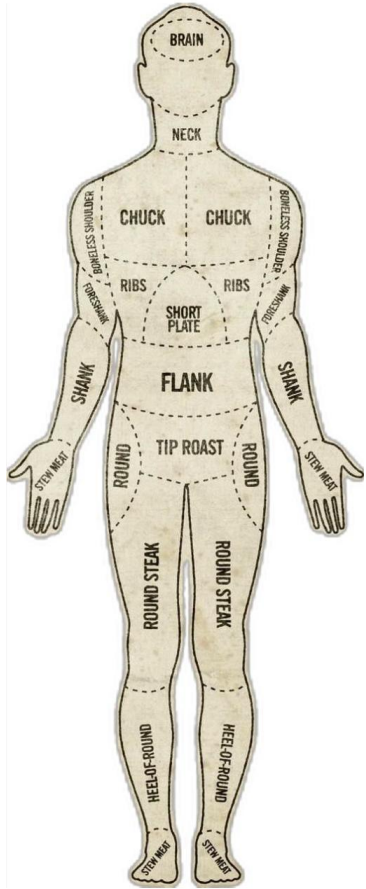
Ethical evaluation should precede implementation (Jensen et al. 2025)



Social Justice Matters



Critique



- Does increased standardization and formalization dissect patients into parts?
- Patient = Medical Condition?
- How can the subjective element in hospital discharge letters be accounted for without diffusing the medical content?

Questions for Discussion

Practical questions:

- Which problems do you currently see in the creation of hospital discharge letters from the providers' side?
- Which problems do patients report to you with regard to the reception of hospital discharge letters?
- Which changes have you observed during your practice in the last decades regarding the creation, dissemination, and discussion of hospital discharge letters?
- How do you see the future development of the process of writing hospital discharge letters evolve?
- Have you already used AI tools to create discharge letters? If yes, what have those experiences been like?
- Can you recognize as recipient of a discharge letter whether it's written by AI or human? If yes, does it influence you concerning the trustability of the letter?

Research process:

- What normative questions seem relevant to you (from your work experience in health care) with regard to hospital discharge letters?
- Which research outcomes would be helpful for clinical practice ?
- How to best reach out to medical providers to communicate the process / findings of our study?



Where to find us?

Site Web



Fonds national
suisse

LinkedIn



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