

The Philosophy  
of Medicine

Die Philosophie  
der Medizin

31 July & 1 August 2009

Internationales

Begegnungszentrum

Bergstraße 7a, 18057 Rostock

# What do SNOMED CT Concepts Represent?

Stefan Schulz

University Medical Center, Freiburg, Germany

Introduction

Examples

Discussion

Conclusions

# Why ontology matters for medicine

*Natural and Political*  
**OBSERVATIONS**

Mentioned in a following INDEX,  
and made upon the  
Bills of Mortality.

1910  
1665  
245.

---

BY  
Capt. *JOHN GRANT*,  
Fellow of the *Royal Society*.

---

With reference to the *Government, Religion, Trade, Growth, Air, Diseases*, and the several Changes of the said *CITY*.

— *Non, me ut miretur Turba, laboro,*  
*Contentus paucis Lectoribus.* —

---

The Third EDITION,  
much Enlarged.

---

LONDON,  
Printed by *John Martyn*, and *James Allestry*,  
Printers to the *Royal Society*, and are to be sold at the  
sign of the *Bell* in *St. Pauls Church-yard*.  
MDC LX V.



# The Table of CASUALTI

| The Years of our Lord          | 1647 | 1648 | 1649 | 1650 | 1651 | 1652 | 1653 | 1654 | 1655 | 1656 | 1657 | 1658 | 1659 | 1660 | 1629 | 1630 |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Abortive and Stil-born         | 335  | 329  | 327  | 351  | 389  | 381  | 384  | 433  | 483  | 419  | 463  | 467  | 421  | 544  | 499  | 439  |
| Aged                           | 916  | 835  | 889  | 696  | 780  | 834  | 864  | 974  | 743  | 892  | 869  | 1176 | 909  | 1095 | 579  | 712  |
| Ague and Fever                 | 1260 | 884  | 751  | 970  | 1038 | 1212 | 282  | 1371 | 689  | 875  | 999  | 1800 | 2303 | 2148 | 956  | 1091 |
| Apoplex and Suddenly           | 68   | 74   | 64   | 74   | 106  | 111  | 118  | 86   | 92   | 102  | 113  | 138  | 91   | 67   | 22   | 36   |
| Bleach                         |      |      | 1    | 3    | 7    | 2    |      |      |      | 1    |      |      |      |      |      |      |
| Blasted                        | 4    | 1    |      |      | 6    | 6    |      |      | 4    |      | 5    | 5    | 3    | 8    | 13   | 8    |
| Bleeding                       | 3    | 2    | 5    | 1    | 3    | 4    | 3    | 2    | 7    | 3    | 5    | 4    | 7    | 2    | 5    | 2    |
| Bloody Flux, Scouring and Flux | 155  | 176  | 802  | 289  | 833  | 762  | 200  | 386  | 168  | 368  | 362  | 233  | 346  | 251  | 449  | 438  |
| Burnt and Scalded              | 3    | 6    | 10   | 5    | 11   | 8    | 5    | 7    | 10   | 5    | 7    | 4    | 6    | 6    | 3    | 10   |
| Calenture                      | 1    |      |      | 1    |      | 2    | 1    | 1    |      |      | 3    |      |      |      |      |      |
| Cancer, Gangrene and Fistula   | 26   | 29   | 31   | 19   | 31   | 53   | 36   | 37   | 73   | 31   | 24   | 35   | 63   | 52   | 20   | 14   |
| Wolf                           |      |      |      | 8    |      |      |      |      |      |      |      |      |      |      |      |      |
| Canker, Sore-mouth and Thrush  | 66   | 28   | 54   | 42   | 68   | 51   | 53   | 72   | 44   | 81   | 19   | 27   | 73   | 68   | 6    | 4    |
| Child-bed                      | 161  | 106  | 114  | 117  | 206  | 213  | 158  | 192  | 177  | 201  | 236  | 225  | 226  | 194  | 150  | 157  |
| Chrisoms and Infants           | 1369 | 1254 | 1065 | 990  | 1237 | 1280 | 1050 | 1343 | 1089 | 1393 | 1162 | 1144 | 858  | 1123 | 2596 | 2378 |
| Colick and Wind                | 103  | 71   | 85   | 82   | 76   | 102  | 80   | 101  | 85   | 120  | 113  | 179  | 116  | 167  | 48   | 57   |
| Cold and Cough                 |      |      |      |      |      |      | 41   | 36   | 21   | 58   | 30   | 31   | 33   | 24   | 10   | 58   |
| Consumption and Cough          | 2423 | 2200 | 2388 | 1988 | 2350 | 2410 | 2286 | 2868 | 2606 | 3184 | 2757 | 3610 | 2982 | 3414 | 1827 | 1910 |
| Convulsion                     | 684  | 491  | 530  | 493  | 569  | 653  | 606  | 828  | 702  | 1027 | 807  | 841  | 742  | 1031 | 52   | 87   |
| Cramp                          |      |      | 1    |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Cut of the Stone               |      | 2    | 1    | 3    |      | 1    | 1    | 2    | 4    | 1    | 3    | 5    | 6    | 4    |      |      |
| Dropsie and Tympany            | 185  | 434  | 421  | 508  | 444  | 556  | 617  | 704  | 660  | 706  | 631  | 91   | 646  | 872  | 235  | 252  |
| Drowned                        | 47   | 40   | 30   | 27   | 49   | 50   | 53   | 30   | 43   | 49   | 63   | 60   | 57   | 48   | 43   | 33   |
| Excessive drinking             |      |      | 2    |      |      |      |      |      |      |      |      |      |      |      |      |      |

# International Classification of Diseases

Code-Suche:

Dreisteller-Eingabe:

ICD-10 Homepage

## Kapitel II:

### Neubildungen (C00-D48)

- [C00-C97](#) Bösartige Neubildungen
- [C00-C75](#) Bösartige Neubildungen an genau bezeichneten Lokalisationen, als primär festgestellt oder vermutet, ausgenommen lymphatisches, blutbildendes und verwandtes Gewebe
    - [C00-C14](#) Lippe, Mundhöhle und Pharynx
    - [C15-C26](#) Verdauungsorgane
    - [C30-C39](#) Atmungsorgane und sonstige intrathorakale Organe
    - [C40-C41](#) Knochen und Gelenknorpel
    - [C43-C44](#) Haut
    - [C45-C49](#) Mesotheliales Gewebe und Weichteilgewebe
    - [C50](#) Brustdrüse [Mamma]
    - [C51-C58](#) Weibliche Genitalorgane
    - [C60-C63](#) Männliche Genitalorgane
    - [C64-C68](#) Harnorgane
    - [C69-C72](#) Auge, Gehirn und sonstige Teile des Zentralnervensystems
    - [C73-C75](#) Schilddrüse und sonstige endokrine Drüsen
  - [C76-C80](#) Bösartige Neubildungen ungenau bezeichneter, sekundärer und nicht näher bezeichneter Lokalisationen
  - [C81-C96](#) Bösartige Neubildungen des lymphatischen, blutbildenden und verwandten Gewebes, als primär festgestellt oder vermutet
  - [C97](#) Bösartige Neubildungen als Primärtumoren an mehreren Lokalisationen
- [D00-D09](#) In-situ-Neubildungen
- [D10-D36](#) Gutartige Neubildungen
- [D37-D48](#) Neubildungen unsicheren oder unbekanntem Verhaltens [siehe Hinweis am Anfang der Krankheitsgruppe D37-D48]

## Kapitel III:

### Krankheiten des Blutes und der blutbildenden Organe sowie bestimmte Störungen mit Beteiligung des Immunsystems (D50-D90)

- [D50-D53](#) Alimentäre Anämien
- [D55-D59](#) Hämolytische Anämien
- [D60-D64](#) Aplastische und sonstige Anämien
- [D65-D69](#) Koagulopathien, Purpura und sonstige hämorrhagische Diathesen
- [D70-D77](#) Sonstige Krankheiten des Blutes und der blutbildenden Organe
- [D80-D90](#) Bestimmte Störungen mit Beteiligung des Immunsystems

# Why ontologies matter for medicine

- Create taxonomies of natural kinds
  - classify instances in the world
  - basic for health statistics
  - exemplified in disease & procedure classification systems



NATIONAL INSTITUTES OF HEALTH

# INDEX MEDICUS

SUBJECT SECTION

A-Q

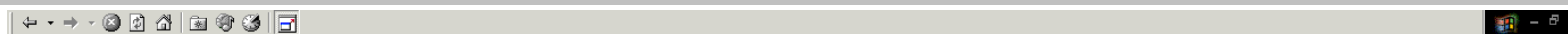
AUGUST 2004

VOLUME NUMBER PART

45 8 1



# Medical Subject Headings



## National Library of Medicine - Medical Subject Headings

2006 MeSH

### MeSH Descriptor Data

[Return to Entry Page](#)

|                             |  |
|-----------------------------|--|
| <b>MeSH Heading</b>         | Staphylococcus aureus  |
| <b>Tree Number</b>          | <a href="#">B03.510.400.790.750.100</a>  |
| <b>Annotation</b>           | infection = <a href="#">STAPHYLOCOCCAL INFECTIONS</a> & do not bother to coord with <i>S. aureus</i> unless particularly discussed (index IM); DF: STAPH AUREUS  |
| <b>Scope Note</b>           | Potentially pathogenic bacteria found in nasal membranes, skin, hair follicles, and perineum of warm-blooded animals. They may cause a wide range of infections and intoxications.   |
| <b>Allowable Qualifiers</b> | <a href="#">CH</a> <a href="#">CL</a> <a href="#">CY</a> <a href="#">DE</a> <a href="#">EN</a> <a href="#">GD</a> <a href="#">GE</a> <a href="#">IM</a> <a href="#">IP</a> <a href="#">ME</a> <a href="#">PH</a> <a href="#">PY</a> <a href="#">RE</a> <a href="#">UL</a> <a href="#">VI</a> |
| <b>Entry Version</b>        | STAPH AUREUS   |
| <b>Previous Indexing</b>    | <a href="#">Staphylococcus</a> (1966-1974)   |
| <b>Online Note</b>          | use STAPHYLOCOCCUS AUREUS to search MICROCOCCUS PYOGENES 1975-91; use STAPHYLOCOCCUS 1966-74   |
| <b>History Note</b>         | 76, was MICROCOCCUS PYOGENES see under STAPHYLOCOCCUS 1963-75; MICROCOCCUS PYOGENES was see STAPHYLOCOCCUS AUREUS 1976-91  |
| <b>Unique ID</b>            | D013211  |

### MeSH Tree Structures

[Bacteria \[B03\]](#)

[Gram-Positive Bacteria \[B03.510\]](#)

[Gram-Positive Cocci \[B03.510.400\]](#)

[Staphylococcaceae \[B03.510.400.790\]](#)

[Staphylococcus \[B03.510.400.790.750\]](#)

▶ [Staphylococcus aureus \[B03.510.400.790.750.100\]](#)

[Staphylococcus epidermidis \[B03.510.400.790.750.343\]](#)

[Staphylococcus haemolyticus \[B03.510.400.790.750.400\]](#)

[Staphylococcus hominis \[B03.510.400.790.750.425\]](#)

[Return to Entry Page](#)

[Link to NLM Cataloging Classification](#)

Search PubMed for

Limits Preview/Index History Clipboard Details

Display AbstractPlus Show 20 Sort B

All: 1 Review: 0

1: [Clin Infect Dis.](#) 2005 Apr 1;40(7):941-7. Epub 2005 Mar

Comment in:  
[Clin Infect Dis.](#) 2005 Apr 1;40(7):948-50.

**Purpura fulminans due to Staphylococcus aureus.**

**[Kravitz GR](#), [Dries DJ](#), [Peterson ML](#), [Schlievert PM](#).**

St. Paul Infectious Disease Associates, St. Paul, Minnesota, USA.

**BACKGROUND:** Purpura fulminans is an acute illness commonly associated with meningococemia or invasive streptococcal disease, and it is typically characterized by disseminated intravascular coagulation (DIC) and purpuric skin lesions. In this article, we report the first 5 cases (to our knowledge) of purpura fulminans directly associated with Staphylococcus aureus strains that produce high levels of the superantigens toxic shock syndrome toxin-1 (TSST-1), staphylococcal enterotoxin serotype B (SEB), or staphylococcal enterotoxin serotype C (SEC). **METHODS:** Cases were identified in the Minneapolis-St. Paul, Minnesota, metropolitan area during 2000-2004. S. aureus infection was diagnosed on the basis of culture results, and susceptibility to methicillin was determined. The ability of the isolated organisms to produce TSST-1, SEB, SEC, and Panton-Valentine leukocidin (PVL) was determined. TSST-1, SEB, and SEC levels were also quantified after in vitro growth of the organisms. **RESULTS:** In 3 of the 5 cases, the infecting S. aureus strain was isolated from the blood cultures. In 2 of the 5 cases, the infecting S. aureus strain was isolated only from the respiratory tract, indicating that purpura fulminans and toxic shock syndrome resulted from exotoxin and/or other host factors, rather than septicemia. One of these latter 2 patients also had necrotizing pneumonia, and the isolated S. aureus was a methicillin-resistant strain that produced both SEC and PVL. Only 2 of the 5 patients survived, and 1 of the survivors received activated protein C. **CONCLUSIONS:** Staphylococcal purpura fulminans may be a newly emerging illness associated with superantigen production. Medical practitioners should be aware of this illness.

PMID: 15824983 [PubMed - indexed for MEDLINE]

- MH - Adult
- MH - Anti-Bacterial Agents/therapeutic use
- MH - Bacterial Toxins/metabolism
- MH - Enterotoxins/metabolism
- MH - Exotoxins/metabolism
- MH - Female
- MH - Humans
- MH - Leukocidins
- MH - Male
- MH - Middle Aged
- MH - Purpura, Schoenlein-Henoch/\*etiology/microbiology/pathology
- MH - Sepsis/complications/microbiology
- MH - Shock, Septic/etiology/pathology
- MH - Staphylococcal Infections/\*complications/drug therapy/\*microbiology/pathology
- MH - Staphylococcus aureus/\*isolation & purification/metabolism
- MH - Superantigens/metabolism

child due to Panton-valent

▶ Staphylococcal purpura ful

▶ Purpura fulminans in a chil  
producing Staphylococcus

▶ **Review** [Clinical aspects o

▶ **Review** Menstrual toxic sho  
case report and review.

**Cited by 9 PubMed Central a**

▶ **Review** Pathogenesis of m

▶ Superantigen profile of Sta  
steroid-resistant atopic der

▶ Alpha and beta chains of h  
aureus exotoxins.

Recent Activity



# Why ontologies matter for medicine

- Create taxonomies of natural kinds
  - classify instances in the world
  - basic for health statistics
  - exemplified in disease & procedure classification systems
- Creating common vocabularies / terminologies
  - normalization of word meanings
  - annotation of research data
  - facilitate document and fact retrieval

# Why ontologies matter for medicine

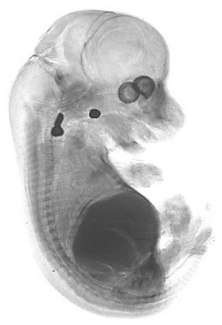
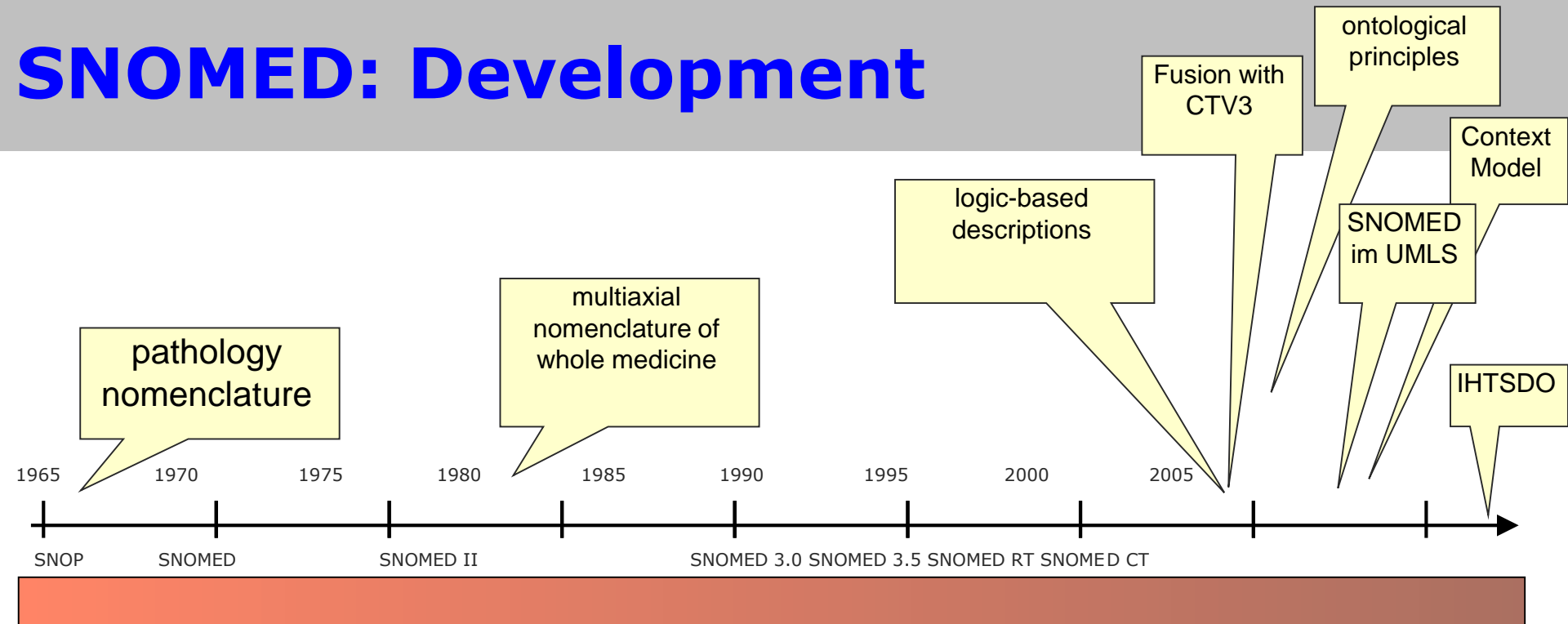
- Create taxonomies of natural kinds
  - classify instances in the world
  - basic for health statistics
  - exemplified in disease & procedure classification systems

set theory  
extensionality  
real things

- Creating common terminologies
  - normalization of word meanings
  - annotation of research data
  - facilitate document and fact retrieval

linguistics  
intensionality  
concepts

# SNOMED: Development



# SNOMED CT

- “Standardized Nomenclature of Medicine – Clinical Terms”
- Comprehensive clinical terminology  
( > 300,000 representational units)
- Devised to represent the meaning of clinical terms for whole range of health and clinical care
- Increasingly guided by ontological design principles
- Using a formal language: (Basic) Description Logics **EL**:
  - equivalence (  $\equiv$  ), subsumption (  $\sqsubseteq$  )
  - existential role restriction (  $\exists$  ), conjunction (  $\sqcap$  )

# SNOMED CT as a controlled vocabulary

**Parent(s):**  
 (Select a parent to make it the "Current Concept".)  
[Entire limb \(body structure\)](#)  
[Upper limb structure \(body structure\)](#)

z.Zt.  
 311 000  
 concepts

**Current Concept:**  
[Entire upper limb \(body structure\)](#)

**Child(ren):**  
 (N=2) (Select a child to make it the "Current Concept".)  
[Entire left upper extremity \(body structure\)](#)  
[Entire right upper extremity \(body structure\)](#)

links medical terms including synonyms  
 and translations to language-  
 independent concepts

## Current Concept:

**Fully Specified Name:** Entire upper limb (body structure)  
**ConceptId:** 182245002

## Defining Relationships:

**Is a** Entire limb (body structure)  
**Is a** Upper limb structure (body structure)  
*This concept is primitive.*

732 000  
 engl. terms

## Qualifiers:

View Qualifying Characteristics and Facts

## Descriptions (Synonyms):

**Preferred:** Entire upper limb  
**Synonym:** Upper limb  
**Synonym:** UL - Upper limb  
**Synonym:** Arm region  
**Synonym:** Arm  
**Fully Specified Name:** Entire upper limb (body structure)



# SNOMED CT as a formal system

## Parent(s):

(Select a parent to make it the "Current Concept".)

[Disorder of appendix \(disorder\)](#)

[Inflammation of large intestine \(disorder\)](#)

hierarchies:  
strict  
specialization  
(is-a)

**Current Concept:**  
[Appendicitis \(disorder\)](#)

## Child(ren):

(N=14) (Select a child to make it the "Current Concept".)

There are 5 Retired Children. [Show Retired Children](#)

[Acute appendicitis \(disorder\)](#)

[Amebic appendicitis \(disorder\)](#)

[Appendicitis of a pelvic appendix \(disorder\)](#)

[Atypical appendicitis \(disorder\)](#)

[Catarrhal appendicitis \(disorder\)](#)

[Chronic appendicitis \(disorder\)](#)

[Complicated appendicitis \(disorder\)](#)

[Focal appendicitis \(disorder\)](#)

## Current Concept:

**Fully Specified Name:** [Appendicitis \(disorder\)](#)

**ConceptId:** 74400008

## Refining Relationships:

**Is a** [Disorder of appendix \(disorder\)](#)

**Is a** [Inflammation of large intestine \(disorder\)](#)

Group 1

**Associated morphology (attribute)** [Inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

*This concept is fully defined.*

## Qualifiers:

[View Qualifying Characteristics and Facts](#)

## Descriptions (Synonyms):

**Preferred:** [Appendicitis](#)

**Fully Specified Name:** [Appendicitis \(disorder\)](#)

**Synonym:** [Appendicitis, NOS](#)

# SNOMED CT as a formal system

## Parent(s):

(Select a parent to make it the "Current Concept".)

[Disorder of appendix \(disorder\)](#)

[Inflammation of large intestine \(disorder\)](#)

**Current Concept:**  
**[Appendicitis \(disorder\)](#)**

## Child(ren):

(N=14) (Select a child to make it the "Current Concept".)

There are 5 Retired Children. [Show Retired Children](#)

[Acute appendicitis \(disorder\)](#)

[Amebic appendicitis \(disorder\)](#)

[Appendicitis of a pelvic appendix \(disorder\)](#)

[Atypical appendicitis \(disorder\)](#)

restrictions based on simple description logics:

$C1 - Rel - C2$  interpreted as:

$\forall x: instanceOf(x, C1) \Rightarrow$

$\exists y: instanceOf(C2) \wedge Rel(x,y)$

## Current Concept:

**Fully Specified Name:** [Appendicitis \(disorder\)](#)

**ConceptId:** 74400008

## Defining Relationships:

**Is a** [Disorder of appendix \(disorder\)](#)

**Is a** [Inflammation of large intestine \(disorder\)](#)

Group 1

**Associated morphology (attribute)** [Inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

*This concept is fully defined.*

## Qualifiers:

[View Qualifying Characters](#)

## Descriptions (4)

**Preferred:**

**Fully Specified Name:**

**Synonym:**

**Relations (Attributes): z.B.**  
**Associated morphology**  
**Finding site**  
**(50 relation types)**

# SNOMED CT als formales System

## Current Concept:

**Fully Specified Name:** Entire upper limb (body structure)

**ConceptId:** 182245002

## Defining Relationships:

**Is a** Entire limb (body structure)

**Is a** Upper limb structure (body structure)

This concept is primitive.

## Current Concept:

**Fully Specified Name:** Appendicitis (disorder)

**ConceptId:** 74400008

## Defining Relationships:

**Is a** Disorder of appendix (disorder)

**Is a** Inflammation of large intestine (disorder)

Group 1

**Associated morphology (attribute)** [Inflammation \(morphologic abnormality\)](#)

**Finding site (attribute)** [Appendix structure \(body structure\)](#)

This concept is fully defined.

## Qualifiers:

[View Qualifying Characteristics and Facts](#)

## Descriptions (Synonyms):

**Preferred:** Appendicitis

defined vs. primitive  
concepts

# Deficit of previous non-formal SNOMED versions

D5-46210      [Acute appendicitis, NOS](#)

D5-46100      [Appendicitis, NOS](#)

G-A231        [Acute](#)

M-41000      [Acute inflammation, NOS](#)

G-C006        [In](#)

T-59200      [Appendix, NOS](#)

G-A231        [Acute](#)

M-40000      [Inflammation](#)

G-C006        [In](#)

T-59200      [Appendix, NOS](#)

- Unterschiedliche Beschreibungen desselben Sachverhalts sind nicht aufeinander abbildbar
- Aneinanderreihung von Konzepten und Relationen nicht eindeutig interpretierbar

# Ontological commitment

- “Agreement about the ontological nature of the entities being referred to by the representational units in an ontology” (modified definition following Gruber 93)
- Formal ontologies: subsumption and equivalence statements are either true or false
- Problem: change of truth-value of axioms and sentences according to resulting competing interpretations

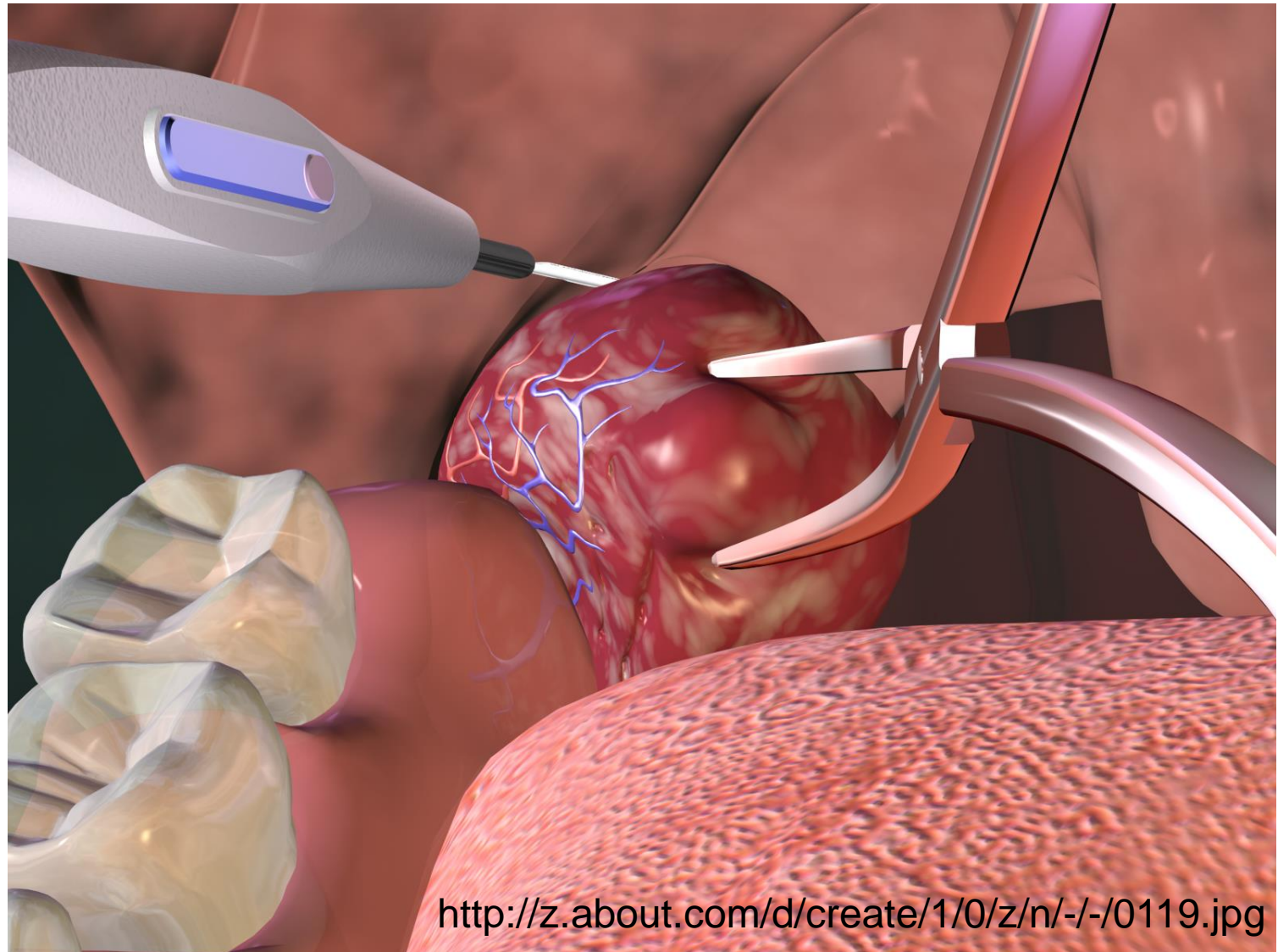
Introduction

Examples

Discussion

Conclusions

# Tonsillectomy



# SNOMED CT Examples

## **1. Tonsillectomy planned $\equiv$**

$\exists rg. ( \exists associatedProcedure.Tonsillectomy \sqcap$   
 $\exists procedureContext.Planned \sqcap$   
 $\exists subjectRelationshipContext.SubjectOfRecord \sqcap$   
 $\exists temporalContext.CurrentOrSpecifiedTime)$



# SNOMED CT Examples

## **1. Tonsillectomy planned $\equiv$**

$\exists rg. ( \exists associatedProcedure.Tonsillectomy \sqcap$   
 $\exists procedureContext.Planned \sqcap$   
 $\exists subjectRelationshipContext.SubjectOfRecord \sqcap$   
 $\exists temporalContext.CurrentOrSpecifiedTime)$

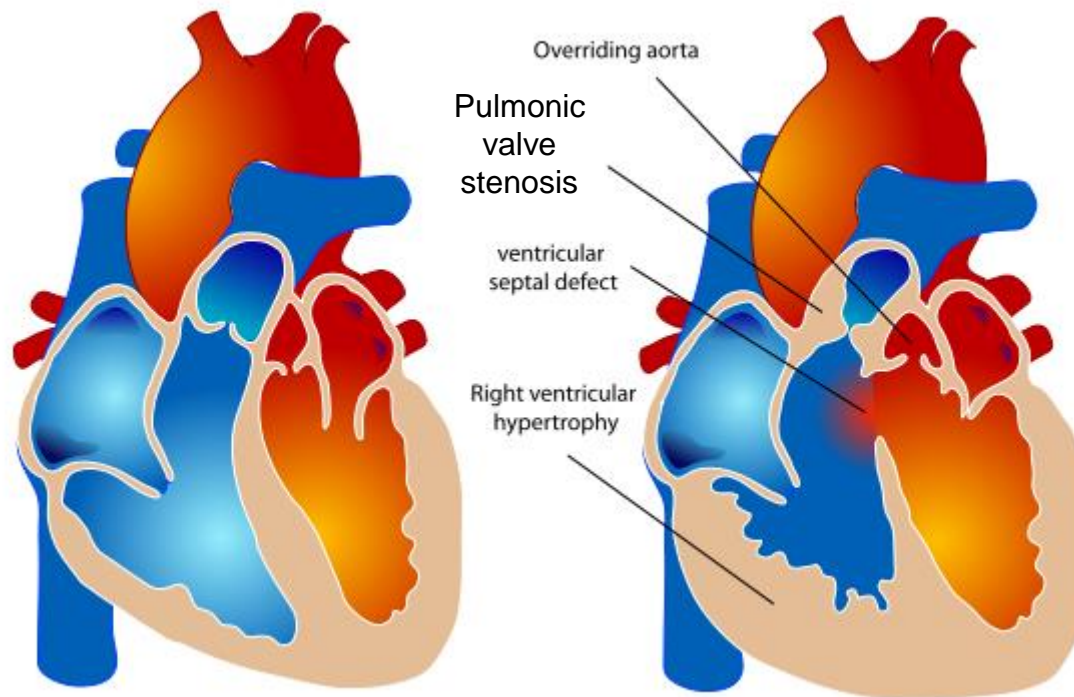
# SNOMED CT Examples

## 1. **Tonsillectomy planned** $\equiv$

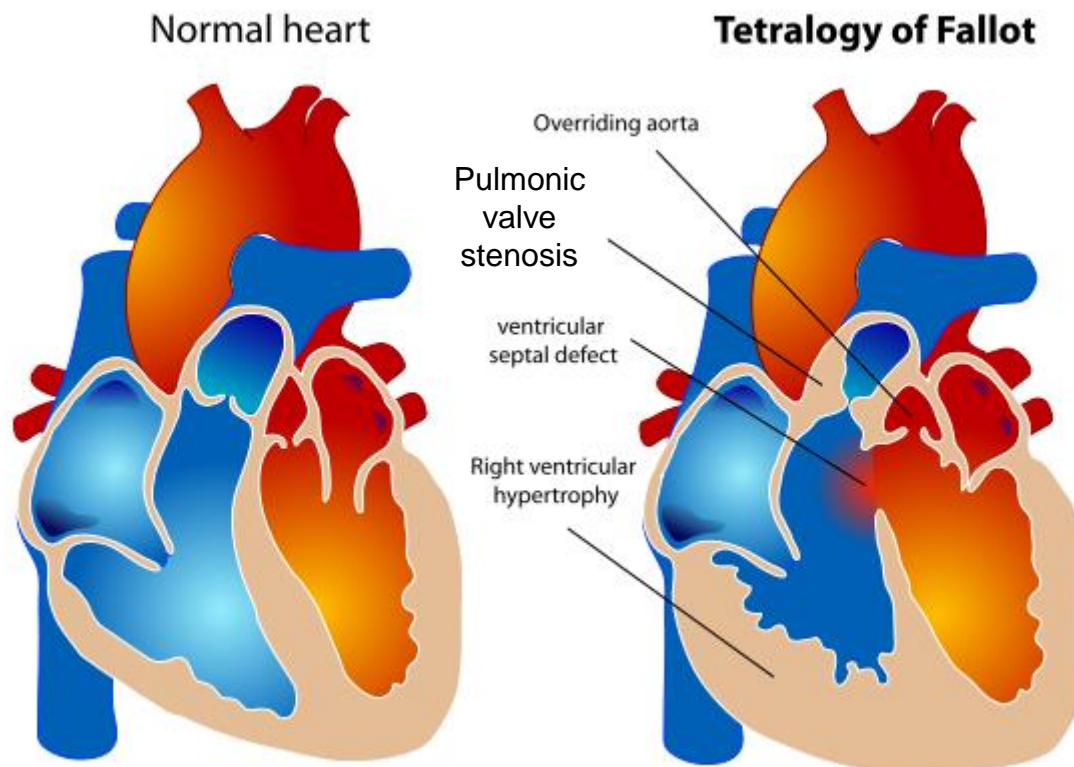
$\exists rg. ( \exists associatedProcedure.Tonsillectomy \sqcap$   
 $\exists procedureContext.Planned \sqcap$   
 $\exists subjectRelationshipContext.SubjectOfRecord \sqcap$   
 $\exists temporalContext.CurrentOrSpecifiedTime)$

## 2. **Denied tonsillectomy** $\equiv$

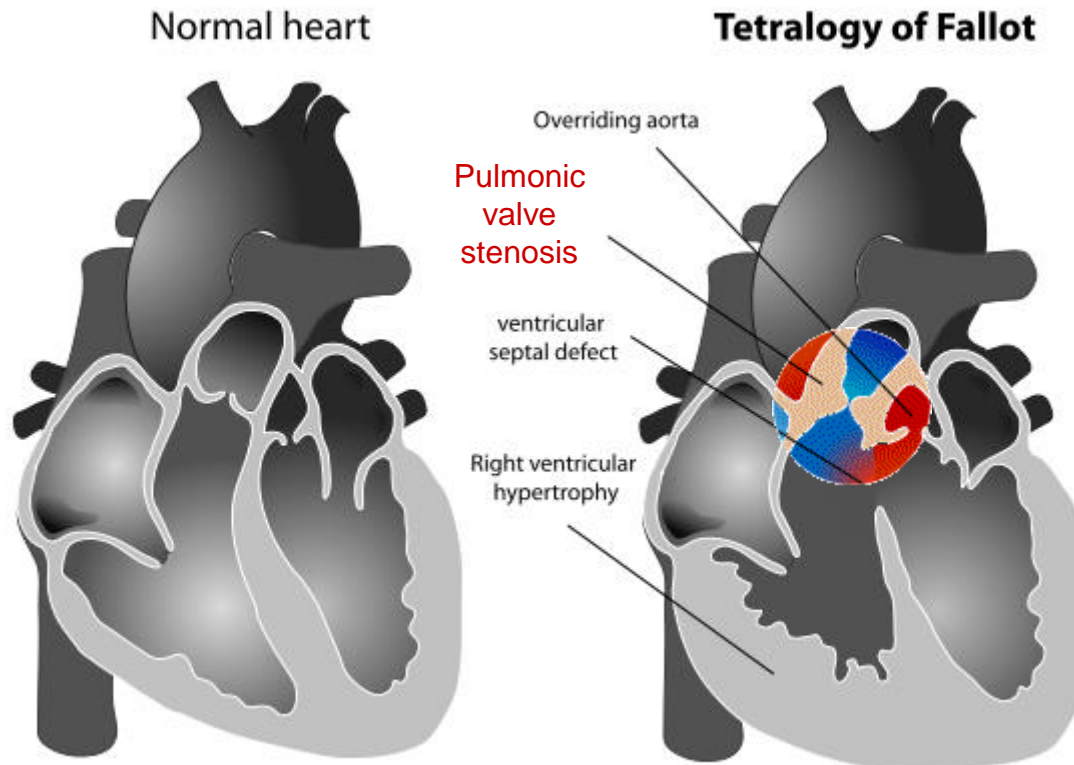
$Tonsillectomy \sqcap \exists Priority.Denied$



# Tetralogy of Fallot



# Tetralogy of Fallot



# SNOMED CT Examples

## **1. Tonsillectomy planned** $\equiv$

$\exists rg.( \exists associatedProcedure.Tonsillectomy \sqcap$   
 $\exists procedureContext.Planned \sqcap$   
 $\exists subjectRelationshipContext.SubjectOfRecord \sqcap$   
 $\exists temporalContext.CurrentOrSpecifiedTime)$

## **2. Denied tonsillectomy** $\equiv$

$Tonsillectomy \sqcap \exists Priority.Denied$

## **3. Tetralogy of Fallot** $\equiv$

$PulmonicValveStenosis \sqcap VentricularSeptalDefect \sqcap$   
 $OverridingAorta \sqcap RightVentricular hypertrophy$

# SNOMED CT Examples

## 1. Tonsillectomy planned $\equiv$

$\exists$  arg. ( $\exists$  associatedProcedure.Tonsillectomy  $\sqcap$   
 $\exists$  procedureContext.Planned  $\sqcap$   
 $\exists$  subjectRelationshipContext. SubjectOfRecord  $\sqcap$   
 $\exists$  temporalContext.CurrentOrSpeci

“every instance of  
“Tonsillectomy  
planned” implies some  
tonsillectomy”

## 2. Denied tonsillectomy $\equiv$

Tonsillectomy  $\sqcap$   $\exists$  Priority.Denied

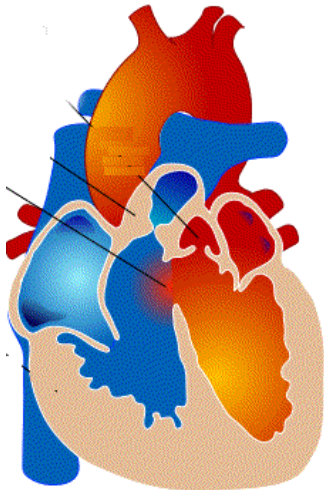
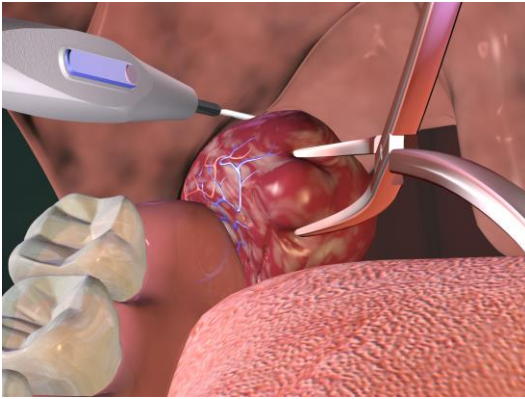
“every denied  
tonsillectomy is a  
tonsillectomy”

## 3. Tetralogy of Fallot $\equiv$

PulmonicValveStenosis  $\sqcap$  VentricularSeptalDefect  $\sqcap$   
 OverridingAorta  $\sqcap$  RightVentricular hypertrophy

“every Fallot is also  
a Pulmonic Valve  
Stenosis”

# Problems



- The negation of a process is a specialization of this process
- A plan is defined such as its realization is implied
- A (definitional) proper part of a compound entity is its taxonomic parent



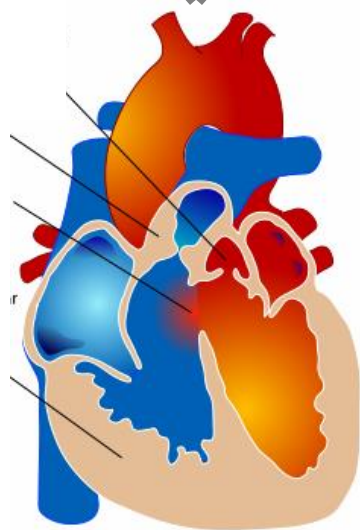
# Proper parts of taxonomic parents ?

Example from Harold Solbrig

ASD PVS RVH OA



is-a is-a is-a is-a

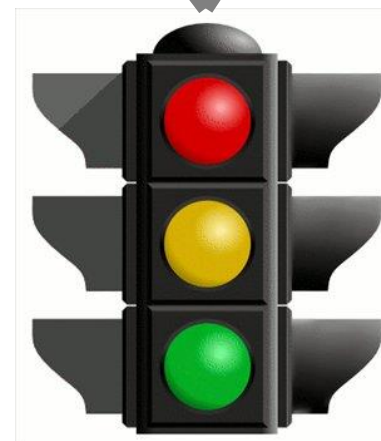


Tetralogy of Fallot

Red Light Yellow Light Green Light



is-a is-a is-a



Traffic Light

# Relevance

- The three examples are not accidental errors – they represent systematic architectural patterns of SNOMED CT
  - for 50,000 procedure concepts, “denied” subconcepts can be created
  - hundreds of concepts have properties like “planned”, “suspected” or “known absent” in their definition
  - 77,000 “procedure” or “finding” concepts have their constituent parts as parent concepts (side effect of role group constructor)
- Hypothesis: they represent different and competing ontological commitments strongly influenced by the practice of clinical coding and documentation

# Alternative interpretations ?

# Alternative interpretation (I)

Information  
Artifact

| T♦H   |       | OPERATING ROOM PLANNER |        |                     |         |           |             |         |       |             |  |
|-------|-------|------------------------|--------|---------------------|---------|-----------|-------------|---------|-------|-------------|--|
| OR #  | Sched | Patient                | Pat.Rm | Procedure & Remarks | Surgeon | Attending | Anesthetist | An.Type | Nurse | Other Staff |  |
| 4     | 7:30  | #388827                | 1024   | Bil. Tonsillectomy  | AB      | OB        | AR          | Int     | CN    |             |  |
| 4     | 8:15  | #445321                | 1022   | Adenoidectomy       | AB      | OB        | AR          | Int     | CN    |             |  |
| 4     | 8:00  | #200334                | 1023   | Bil. Tonsillectomy  | OB      | AB        | AR          | Int     | CN    | suspended   |  |
| 4     | 9:45  | #889881                | 1001   | Mastoidectomy       | AB      | OB        | AR          | Int     | CN    |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
|       |       |                        |        |                     |         |           |             |         |       |             |  |
| Date: |       | Notes:                 |        |                     |         |           |             |         |       |             |  |

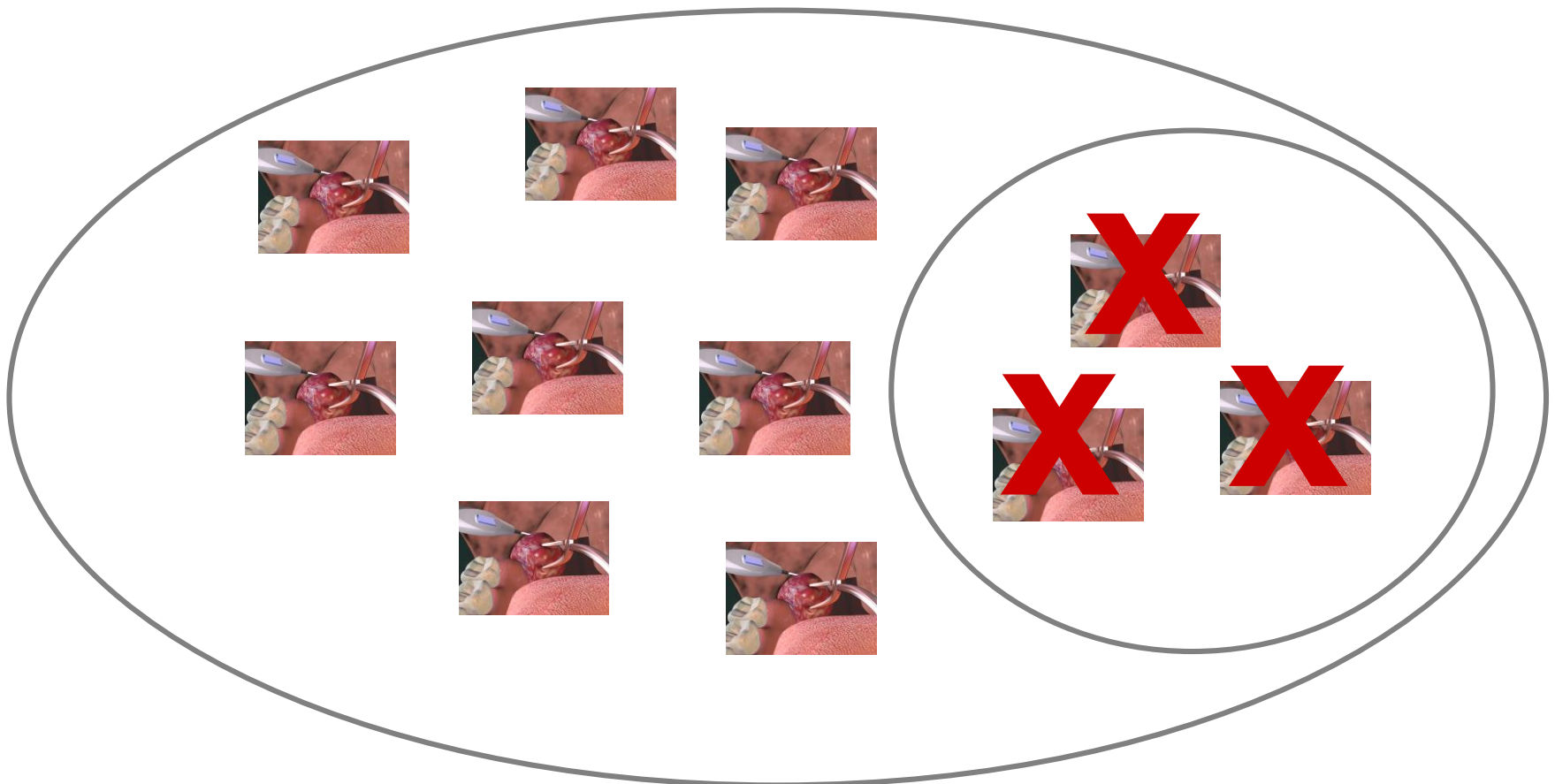
# Alternative interpretation (I)

## **SNOMED CT concepts are instantiated by representational artifacts as contained in an electronic patient record**

- A documentation artifact of a certain kind is created for each patient scheduled for an operation
- The class of these information artifacts includes subclasses of information artifacts that include values such as “planned”, “executed”, “denied” etc.
- An expression such as  $\exists$  *associatedProcedure.Tonsillectomy* can be seen representing a plan (but  $\exists$  is false anyway)
- $\exists$  *Priority.Denied* refines the class of information artifacts but not the class of tonsillectomies

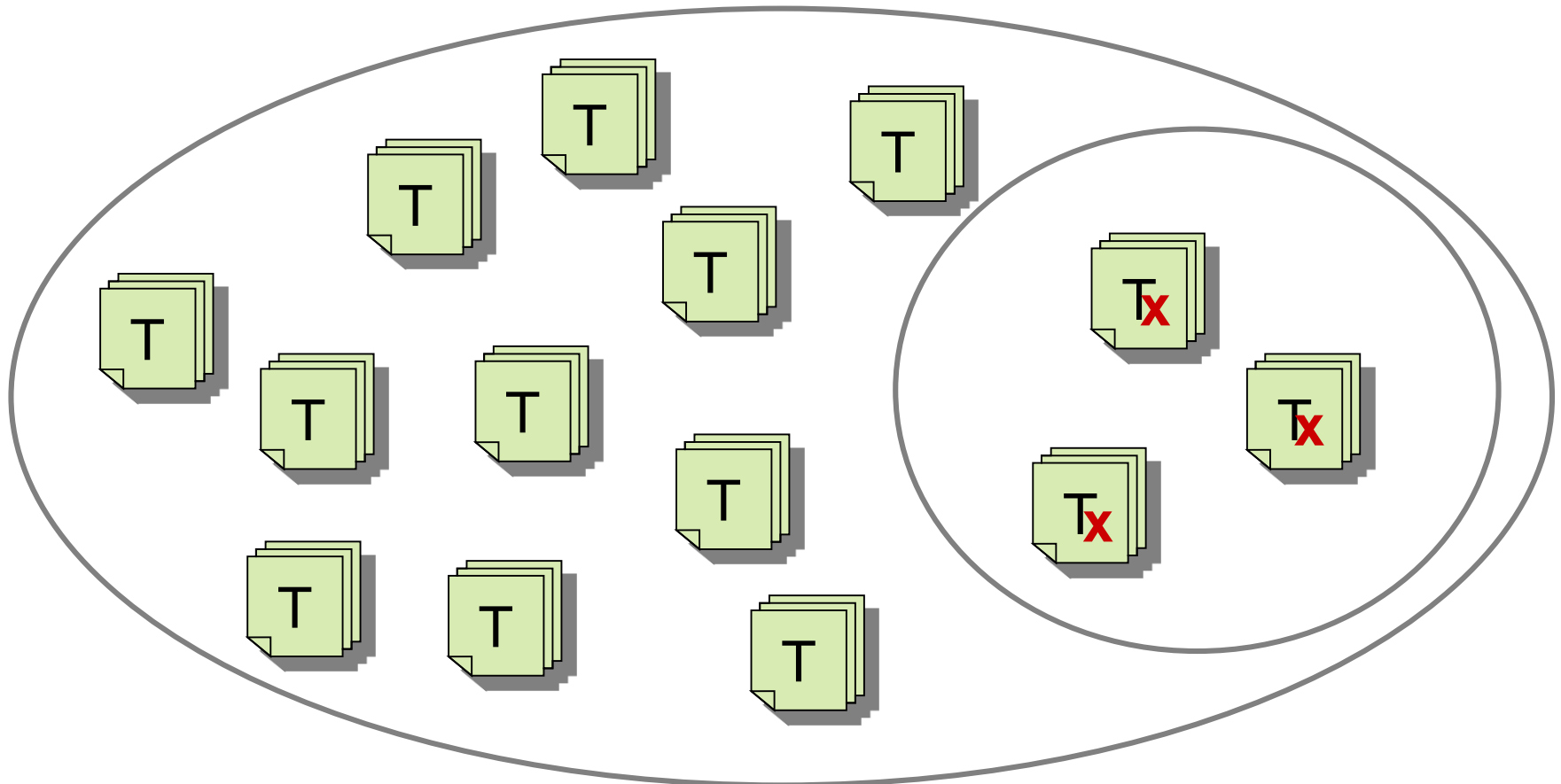
# Alternative interpretation (I)

Extension of "Tonsillectomy" includes extension of "Denied Tonsillectomy": **FALSE**



# Alternative interpretation (I)

Extension of "Record of Tonsillectomy" includes extension of "Record of Denied Tonsillectomy": **TRUE**



# Alternative interpretation (II)

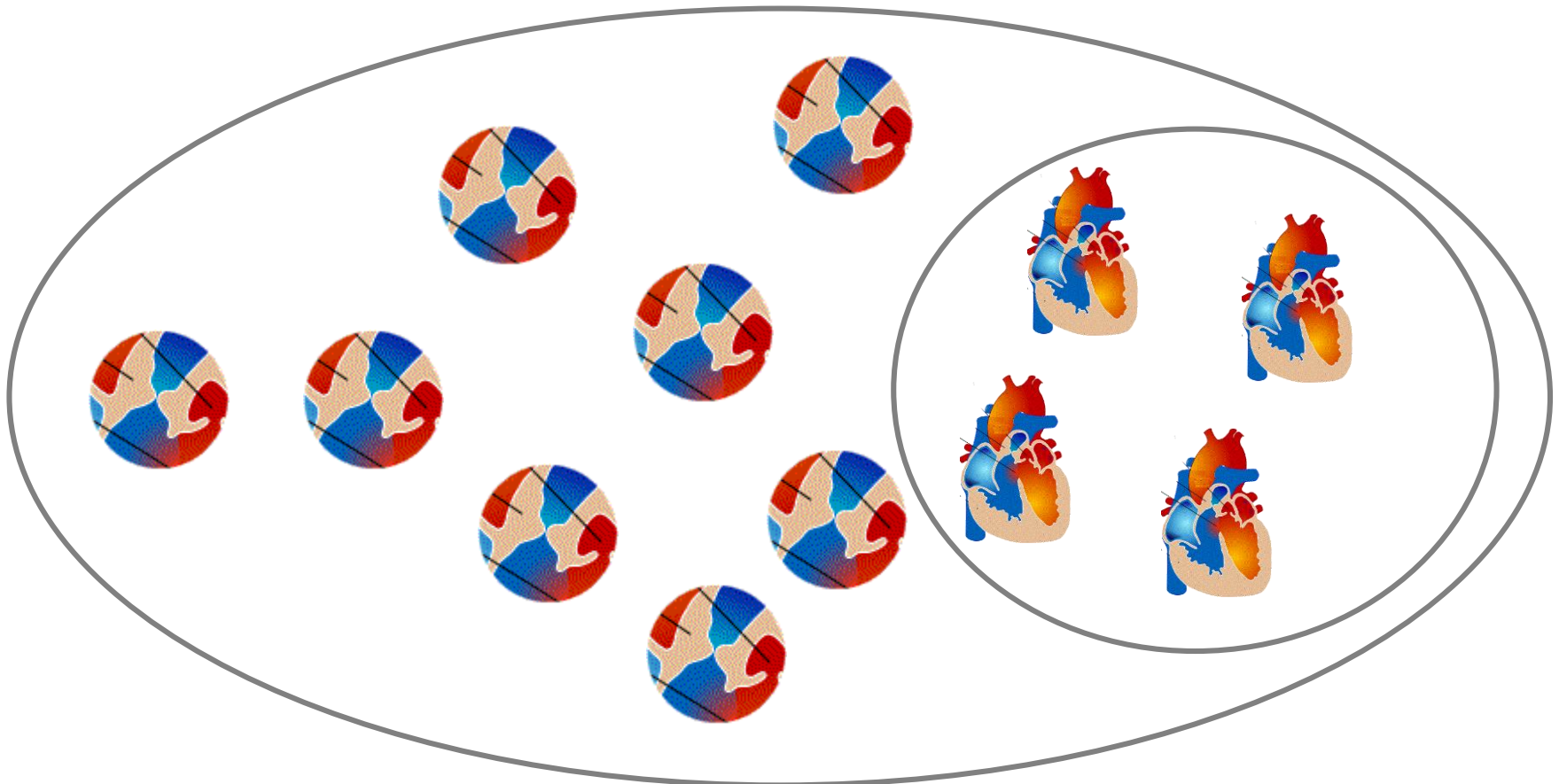
**SNOMED CT concepts are instantiated by patients or clinical situations.**

- *Pulmonic Valve Stenosis* stands for “Patient with a pulmonic valve stenosis”
- *Tetralogy of Fallot* stands for “Fallot Patient”
- All Fallot patients are also patients with pulmonic valve stenosis because every instance of Tetralogy of Fallot has one instance of pulmonic valve stenosis as part
- Consequence:
  - Finding and procedure concepts extend to classes of patients but not to classes of findings or procedures



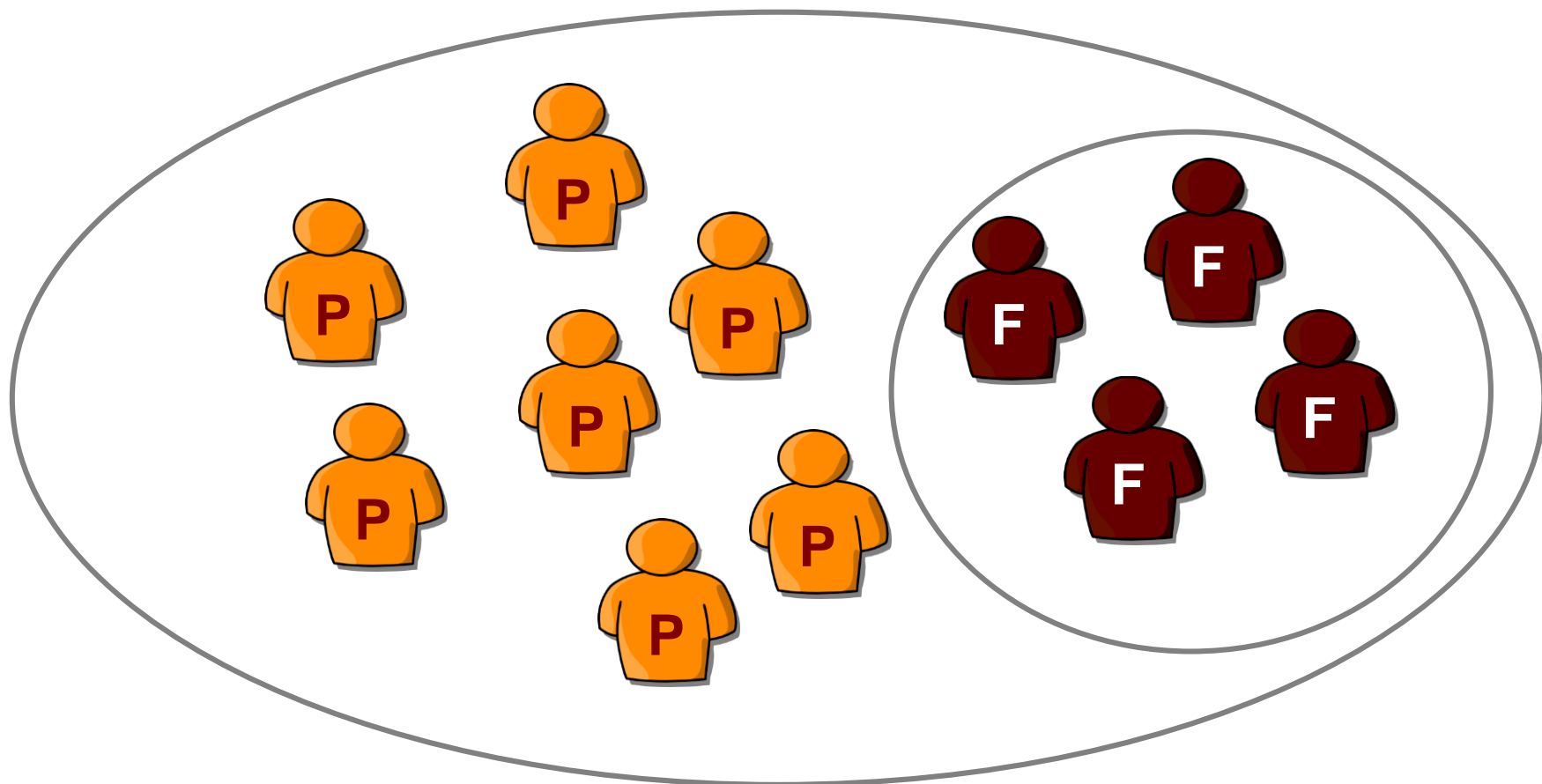
# Alternative interpretation (II)

Extension of "Pulmonic Valve Stenosis" includes extension of "Tetralogy of Fallot": **FALSE**



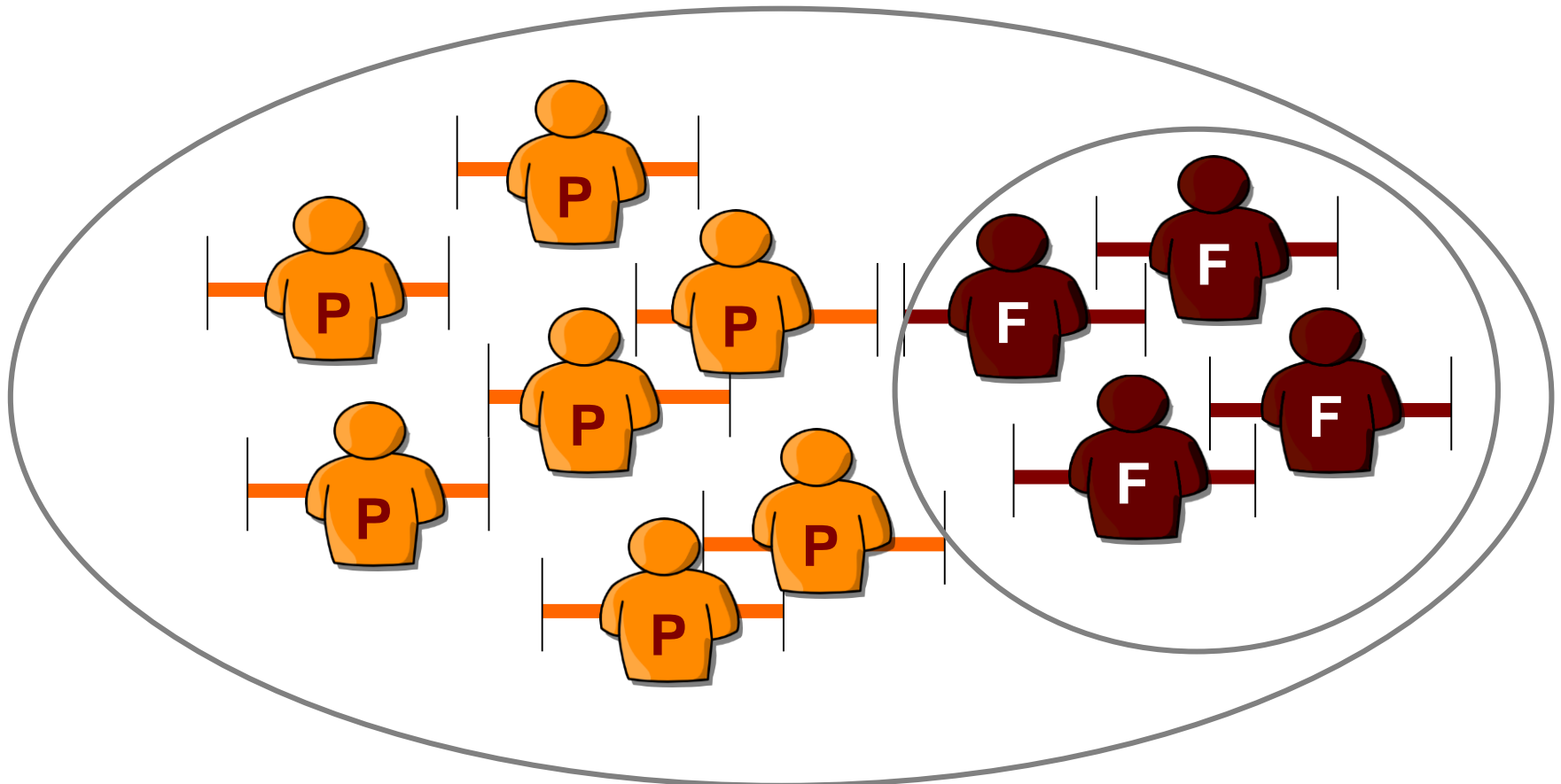
# Alternative interpretation (II)

Extension of "**Patient with** Pulmonic Valve Stenosis" includes extension of "**Patient with** Tetralogy of Fallot": **TRUE**



# Alternative interpretation (II)

Extension of "Situation with Pulmonic Valve Stenosis" includes extension of "Situation with Tetralogy of Fallot": **TRUE**



# Conclusions

- SNOMED CT's ontological commitment is heterogeneous
- SNOMED CT's alternative interpretations are implicit, thus leaving burden of interpretation to the user.
- The alternative interpretations reflect clinicians' reasoning patterns
- SNOMED mixes elements of an ontology with elements of information models (information artifacts)
- Use of SNOMED CT as an ontology depends on agreement about its ontological commitment