

Accessibility in Thieme products: Implementation of the Accessibility Enhancement Act (European Accessibility Act) and the Americans with Disabilities Act

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Introduction

Thieme is committed to better medicine and better health throughout life. By providing crucial information at the right time and in the right place, we improve health and healthcare. This includes making our offerings accessible to people with visual, auditory, motor, or cognitive impairments. We are therefore continuously working to improve the accessibility of our digital products and services.

This document is intended for anyone who would like to know how Thieme addresses the issue of accessibility in its offerings. It is aimed not only at employees, but also at external parties such as authors, publishers, customers, self-help associations, professional organizations, and Thieme service providers.

Definition of accessibility

The German Disability Equality Act (BGG) defines the term "accessibility" in Section 4. According to this definition, "information processing systems, acoustic and visual information sources, and communication facilities" are accessible if they "can be found, accessed, and used by people with disabilities in the usual manner, without significant difficulty and, in principle, without external assistance."

Legal background

European framework and national law

With the **European Accessibility Act (EAA)**, the European Union wants to ensure that digital services are accessible to all people, including those with physical or mental disabilities. The aim is to remove barriers that can prevent people from living independently. The EAA is being implemented in Germany through

- the **Accessibility Enhancement Act (BFSG)** and
- a related, more specific **regulation** on the Accessibility Enhancement Act (BFSGV).

Since June 28, 2025, Thieme has been legally obliged to make e-books and "electronic commerce services" (webshops are explicitly mentioned as a top priority) accessible to end users.

Position on EAA and BFSG

Thieme expressly welcomes the above-mentioned legal developments. The new legal framework directly contributes to our goal of being able to provide crucial information effectively at the right time and in the right place. We are actively working to remove barriers in our products and services and achieve better usability for our customers. Thieme shares the intention of the legislator to remove as many barriers as possible for people with disabilities () that prevent them from using our services. We therefore see the enormous opportunities that the new legislation offers our customers. As a commercial enterprise, however, we are also dependent on **striking a good balance between legal requirements, economic feasibility, our purpose, and our responsibility to society as Thieme.**

Restriction to consumer transactions

The scope of the BFGS is limited to consumer transactions. Consumers are defined as persons who purchase Thieme products privately and not in the course of their commercial or freelance activities. **Services and products for our commercial target groups are therefore not subject to the legal requirements of the Accessibility Enhancement Act.** It is therefore important for Thieme to carefully review the handling of these products and services in order to maintain a good balance between the accessibility of our products and the economic implementation of the requirements, as described above.

Classification of Thieme target groups

Thieme primarily addresses a commercial audience that uses our products and services with a special interest. These are primarily medical professionals, students of medicine or chemistry, psychotherapists, members of healthcare professions requiring training, and veterinarians.

In addition, Thieme also markets some products explicitly to private individuals who use our products as consumers or patients. Our main target groups can be clustered and classified as follows:

Doctors of human medicine

Commercial customers

Members of medical professions

This includes in particular

- Members of the nursing profession
- Emergency medical technicians
- Midwives
- Physical therapists
- Alternative practitioners

You are categorized as a commercial customer.

Veterinarians

Commercial customers

Researchers and teachers in chemistry (Thieme Chemistry)

Commercial customers

Researchers and teachers in human medicine

Commercial customers

Researchers and teachers in veterinary medicine

Commercial customers

Guidebook customers (TRIAS publishing house)

The information is used for private purposes; **the target group is consumers.**

Patients (Thieme Compliance)

Even though Thieme initially sells products such as information sheets and educational software to commercial customers, the content we create is intended for patients who need to be informed before undergoing medical procedures. This **target group** is therefore classified as **consumers**.

Patients (Thieme TeleCare)

One focus is on telemedical health programs for patients with chronic illnesses. This **target group** is also **classified as consumers**.

Readers interested in medicine (Communications)

Some of the information is produced on behalf of professional associations by Communications, Thieme's own PR agency for professional associations. It is aimed at people with an interest in medicine who want to find out more about their illnesses (e.g., people with diabetes). **The target group is classified as consumers.**

Students of medicine, nursing, and midwifery

Students are generally considered consumers under the law. In the context of Thieme's offerings, students of medicine, dentistry, veterinary medicine, nursing, and midwifery are a special target group: **They are the only consumers within the meaning of the law who, due to their educational situation, have a need for eBooks for commercial customers.** In the reality of clinical training, for example, medical professionals and medical students form a single unit: as an integral part of the healthcare system, students work in clinics and practices for training purposes and rely on interaction with our commercial customers. When involved in commercial healthcare, students (like doctors) require up-to-date, evidence-based specialist information, which they therefore purchase for commercial use.

Thieme therefore does not treat students as typical consumer customers (e.g., at TRIAS), but as **"prospective commercial customers."**

In order to consistently promote knowledge acquisition for young medical professionals, Thieme has decided **to continue distributing eBooks to students without restriction** until further notice, even if they are still classified as "consumers" for reasons related to their employment history.

Chemistry students

As in medicine and nursing, chemistry students also have a decidedly technical, quasi-professional interest in specialist chemical information. This professional interest can no longer be attributed to the typical private sphere of consumers, which the legislator may have had in mind when classifying students as " ". Chemistry students are **already working at a commercial level through university and private-sector employment** and are therefore treated in the same way as medical students.

Global legal requirements and US law

Legal accessibility rules based on the **Americans with Disabilities Act (ADA)** have been in force for some time in our international, English-language area. **Title II** of the ADA, **which** came into force in 2024, ensures that **people with disabilities have equal access to public services, programs, and activities offered by state and local authorities.** This means that public institutions such as universities and clinics are legally obliged to ensure the digital accessibility of the products they

make available to their members or the public. This also applies to digital products such as eBooks or platforms that these institutions purchase or license from Thieme. Thieme's **US license customers** have a strong interest in legal compliance and **are requiring WCAG compliance by the beginning of 2026** as a condition for license renewals.

Accessibility in the Thieme context

Consumers

Among our customers classified as consumers, **we encounter the entire spectrum of conceivable barriers**, e.g., cognitive, auditory, visual, or physical limitations. Thieme therefore works actively to maintain and consistently improve the accessibility of our products and services aimed at these target groups.

Commercial customers

The situation is different for our commercial target groups. **Here, legal requirements ensure that our customers are "not unfit to practice their profession for health reasons."** Specifically, these include, for example

- Federal Medical Licensing Act for the granting of licenses to practice medicine,
- Nursing Professions Act,
- Midwifery Act,
- Law on professions in physiotherapy (Masseur and Physiotherapist Act, MPhG),
- Implementing Regulation for the Heilpraktiker Act, or
- Emergency Paramedics Act.

These legal frameworks have a direct impact on the composition of our target groups. We would therefore like to discuss various restrictions below and place them in the context of our products and services with regard to our commercial customers.

Overarching considerations

People working in patient care often have a wide range of physical limitations. These limitations may take the form of chronic illnesses (e.g., diabetes, asthma, or mental illness) or, less commonly, disabilities (e.g., paraplegia or limb malformations). We were unable to find reliable figures on the proportion of physically disabled employees in hospitals and medical practices. However, personal discussions with associations and chambers suggest that, overall, a relatively small proportion of our customers are "highly likely to be prevented from participating equally in society for more than six months" because "their physical condition and state of health deviate from what is typical for their age"¹. Nevertheless, there are initiatives that support physically disabled people within our target groups, and we have personally exchanged information with them during our research.

Health suitability in working life

Legal requirements ensure that our customers are "not unfit for work for health reasons," see above.

¹ Definition of "disability" according to SGB IX, Section 2 (1)

Health suitability of students

We were unable to find **any legal requirements regarding physical fitness for studying medicine**. However, from the moment of applying for a place at university, the entire process is based on the assumption that medical students are not blind and that any visual impairment is not more severe than that permitted by the usual selection process. Almost all universities use the so-called "Test for Medical Studies" (TMS) in their selection process. **Visual skills** are **essential** for the **majority of the tasks**. Among other things, "visual and spatial imagination" and general "visual skills" are explicitly tested. Compensation for disadvantages can be granted in the form of test accommodations, but the content requirements are not reduced.

Barriers due to visual impairments

The visual ability of users **is primarily relevant for the use of our digital products and e-books**. For cases of visual impairment, many technical measures have long been in place to remove barriers (e.g., font size adjustment and magnification options for text and visual content such as graphics, photos, or videos, as well as changes to screen brightness, contrast, or color). Based on customer feedback on our products, we **already** consider **these options to be largely sufficient for users with impaired** vision—further optimizations are currently in preparation in anticipation of the BFGS coming into force on June 28, 2025.

Blindness/visual impairment

The discussion about a "hierarchy of the senses" shows that the importance of vision for the range of human activities is undisputed and highly valued. This is particularly true for our commercial target groups: **for nursing or medical- e work, vision is of fundamental and, unfortunately, irreplaceable importance**. Without vision, it is impossible to assess the color of a patient's lips, the extent of an injury, or a patient's facial expressions. Neither time-critical reactions (e.g., quickly supporting a patient to prevent a fall) nor simple standard activities (e.g., taking blood) are possible without vision. People without vision are therefore difficult to identify in our commercial target groups—this is a key reason why Thieme does not provide accessibility for people with visual impairments in its commercially oriented products and services by means of descriptive alternative texts for images until further notice. Further reasons for this are outlined below.

Special case: Alternative texts for medical illustrations

After extensive internal and external research (with legal advice), we came to the sobering conclusion that Thieme has virtually no options for removing barriers through alternative texts for commercial target groups. There are two main reasons for this:

- 1) Thieme customers who are involved in practical patient care become **unable to work as soon as their visual abilities are so severely impaired that the use of alternative texts becomes necessary**. Legal barriers prevent them from continuing to work in patient care. We consequently lose them from our target groups and can no longer reach them.
- 2) **Medical illustrations contain a multitude of highly relevant and interrelated details** that cannot be adequately described in words. For example, images of a comminuted fracture are so complex, interrelated, and detailed that even extensive verbal descriptions would be unable to convey the findings unambiguously and accurately. **At Thieme, illustrations are usually visual evidence of what has already been described in detail in**

the text – it is not possible to create an alternative text of better quality than the text surrounding the image (e.g., in the book chapter).

Medical illustrations show colors, shapes, shades, techniques, grips, irregular injuries, infections, spatial situations—in short, content for which visual abilities are so fundamentally necessary that **it is not possible** to remove barriers by **providing alternative texts with equivalent information content**. However, as the quality of our specialist content is our top priority, we have decided not to provide descriptive alternative texts for medical illustrations in order to fulfill our duty of care as a publisher and to protect the well-being of patients who are treated on the basis of this specialist information.

In weighing up these factors, Thieme does not see any possibility of removing barriers for severely visually impaired purchasers of eBooks or electronic services by providing descriptive alternative texts for medical illustrations: **in the reality of distribution and application, there is neither a user nor a benefit for alternative texts**. In such cases, the BfSG recognizes a disproportionate burden, **so we refrain from providing alternative texts for images to our commercial customers**.

Since Thieme cannot completely rule out the possibility that nonprofessional customers with an interest in medicine may purchase and use our products, which are designed for professional customers, we rely on generic alternative text in such cases. These texts do not provide a descriptive account of the image, but instead direct the reader to the additional information in the surrounding text. In this way, we aim to make it easier for screen reader users to orient themselves within our products.

In products for consumers, however, alternative texts supplement the images and make them usable for a broader target group.

In order to thoroughly substantiate this decision, we conducted extensive external and internal research (by telephone and email). QMCED (Quality Management & Central Editorial Department, Thieme's internal team for publishing quality management) consulted with internal departments at Thieme as well as medical associations, self-help groups, student representatives, authorities, and lawyers.

The detailed question of creating alt text for the DACH offerings within the scope of the European Accessibility Act was evaluated by QMCED with an external law firm and summarized in a separate paper on behalf of the management.

Barriers due to auditory impairments

Auditory abilities are also relevant for the use of our digital offerings. They are necessary, for example, when our content for training and continuing education purposes contains physiological or pathological sounds (e.g., of the lungs or heart). In the case of limited auditory abilities (e.g., hearing impairment), existing technical options help to remove barriers (in particular, volume adjustment or the use of headphones). Based on customer feedback on our products, **we already consider these options to be largely sufficient for users with limited hearing ability**. Further optimizations are currently in preparation for the BfSG coming into force at the end of June 2025. For users without hearing ability (deaf users), our products currently only offer visual text

alternatives to explain audio content (subtitles for videos) in isolated cases. In 2025, we will gradually expand this so that Thieme videos are generally provided with subtitles that reproduce the dialogues contained in the video as text by the time the BFGS comes into force in June 2025.

Deafness

It is likely that nursing or medical work with reduced hearing is somewhat easier to perform than such work without vision. However, there will always be a risk of gaps in care. Many auditory stimuli must be processed by patient care providers in everyday clinical practice. The crackling sounds of a fracture, rattling lung sounds, or alarm signals in an intensive care setting are just a few examples of this—communication between the physician and patient would also be greatly impeded if the treating physician were deaf. In order to evaluate the above-mentioned legal suitability requirements with a view to practical application, we conducted extensive research in the context of visual ability. The results presented above are largely transferable to other physical limitations (such as hearing ability).

Barriers due to other physical limitations

There are further barriers in our digital offerings that result from limited or completely absent tactile abilities. These barriers are being removed as part of ongoing product optimization, provided that we as an economic actor can positively influence them. For people with paralysis who use our electronic products, we ensure that our content is designed in such a way that it can be easily used with software-supported controls for a mouth-controlled mouse, for example. In addition, there are technical aids (e.g., appropriate hardware) that are beyond our sphere of influence. Furthermore, we are not aware of any physical limitations at the olfactory or gustatory level that can be overcome in the context of digital media use.

Barriers due to mental limitations

We **do not** experience or expect **any extraordinary forms of mental limitations in our commercial target groups**. The aptitude tests for medical professions are generally aimed at selecting the most mentally capable applicants, and the formal entry requirements for medical studies even include excellent high school grades—and in our view and experience, the high demands of everyday clinical practice are incompatible with reduced mental performance.

We adapt our specialist information to the needs of the target group without resorting to particularly simple language. This is because we experience a kind of conflict of interest between our direct and indirect target groups. Our direct, commercial target groups found initial test products (information sheets) in simple language to be unhelpful: customer complaints sometimes also refer to the editorial processing of our content in books or magazines as being too simplistic – and excessive simplification also risks linguistic inaccuracies and a loss of quality in terms of content. Our **commercial target groups believe that products in plain language cannot provide comprehensive information**. Due to these concerns, we are currently seeing little interest in products in plain language among our commercial target groups, even though we are certain that **patients would benefit from such products in informational discussions**.

How we want to achieve accessibility

Accessibility: a fixed item on the Thieme agenda

From fall 2021 to December 2024, ensuring accessibility at **Thieme** was **a project affiliated with the management board**. The goal was to understand and evaluate the legal requirements and their impact on our company, identify affected products and services, raise awareness of the issue among those responsible, and provide them with clear recommendations for action.

The project was completed at the end of 2024 and responsibility for accessibility was handed over to the relevant parties within the Thieme Group. As a result, accessibility is no longer an issue that imposes external requirements on our products, but **is taken into account and implemented in all areas at all times**. The goal and challenge here is to maintain a good balance between legal requirements, economic feasibility, and our responsibility as the Thieme Group toward society and the environment.

How we break down barriers

Dual-sense principle & WCAG² standard

At Thieme, we are continuously working to improve the accessibility of our digital products and services. We are guided by the "dual sense principle":

- Those who cannot hear should be able to see, and those who cannot see (and therefore read) should be able to hear our content.

This principle is based on the fact that the central senses for perceiving the environment **are sight and hearing, and that these senses compensate for each other when one is impaired**.

We are aware that there are also people who have **impairments in both their vision and hearing**. These people face double barriers, as they may also have limited access to assistive technologies (such as subtitles for videos, which are designed to help people with hearing impairments). We have decided to use this principle as the basis for assessing the accessibility of our products and services. Sight and hearing are *the* two central senses for media use. By removing barriers for impairments in both areas, we assume that even people with dual impairments will be able to use our products by combining various assistance options.

Provided that the basic technical requirements are met, the internet and its digital offerings should be both findable and accessible to all people. However, barrier-free design is crucial for usability. It should compensate for individual limitations to such an extent that the digital offering can be used largely without impairment. Based on our extensive research, we have identified the following **main barriers in digital offerings** for our products:

² The Web Content Accessibility Guidelines (WCAG) are an international standard for the accessible design of websites, which is binding in the European Union for public authorities from September 23, 2019 for new websites, from September 23, 2020 for existing websites, and from June 23, 2021 for mobile applications with WCAG 2.1 Level AA. June 2021 for mobile applications with [WCAG 2.1 Level AA](#). [WCAG 2 Overview | Web Accessibility Initiative \(WAI\) | W3C](#)

- Texts/form fields/graphic elements, such as contrast between text and background, are too low or colors are too similar (for people with visual impairments).
- Fields, buttons, and other elements cannot be selected with the keyboard, preventing keyboard control and navigation (for people with motor impairments).
- Lack of subtitles for videos (for people who are hard of hearing or deaf)
- Missing alternative text for images, graphics, forms, etc. (for blind people).

In addition, there are many other measures that, when taken together, form a coherent concept of digital accessibility. **Thieme strives to comply with the international standards of the WCAG ().** Based on these criteria, our digital offerings and services can be evaluated uniformly in terms of accessibility.

Removing barriers in digital products

Digital offerings and services

At Thieme, digital offerings and services are designed by product managers to **meet the accessibility criteria of WCAG Level 2.1 AA by 2028. To this end, e-products have been prioritized according to their relevance.** Compliance with the WCAG criteria is an ongoing process that runs parallel to all our digital offerings, enabling us to achieve smaller successes in several products at the same time – such as the redesign of our ECP Patient offering, which enables patients to enter their personal and health-related data from home before receiving medical treatment.

The other level that has a central influence on the accessibility of our digital products is the **content level.** Here, we have been laying a solid foundation for many years with our clean, meaningful data structure. **The accessibility of our text content is guaranteed as a matter of principle.**

Auditory and visual elements

As a healthcare provider, it is essential for Thieme to improve health and healthcare by providing crucial information at the right time, in the right place, and in the right form. In terms of accessibility, images, video, and audio files are particularly challenging.

Thieme is refraining from providing descriptive alternative texts for medical illustrations on the European market until further notice in order to comply with our editorial duty of care, as already clearly stated in the chapter "Special case: Alternative texts for medical illustrations." (p.6).

For **video files with audio tracks**, we will offer automatically generated subtitles in the original language from the date the law comes into effect. Our existing videos will also be subtitled, so that subtitles will be available for all Thieme videos created using the standard production process and using the appropriate video playback software.

Responsibility and assurance

At Thieme, product managers are responsible for determining the status quo of their products' accessibility and creating an accessibility implementation roadmap. To this end, **centralised automated tests of compliance with the WCAG criteria** are planned to ensure permanent accessibility.

You will receive support from a Thieme team whose core competence is user experience, i.e., the experience and usage context of Thieme customers when using our products. In this context, Thieme offers a **wide range of internal information and support services** for implementing accessibility and raises **awareness of the topic within the Thieme Group**. This has resulted, for example, [Accessibility Starter Kit](#), in the Thieme internal which explains the first five steps on the path to greater accessibility in our digital products and services.

To ensure that accessibility is taken into account in all of the Group's products and services, the **requirements are incorporated into the Solution Delivery Lifecycle (SDLC) and corresponding rules are defined that can be monitored and analyzed**. In this way, accessibility is integrated into our existing responsibilities as well as into current and future products and processes.

Consulting and support

Thieme's internal **Accessibility Service Point monitors developments in** accessibility both on the part of legislators and in the publishing industry. In addition, we have very good and valuable relationships with associations representing people with disabilities, such as the German Blind Studies Institute (blista) and NikoWerk Stuttgart.

Digital products in the US

As already mentioned in the chapter Global legal requirements and US law (p.4), Thieme's US target groups are commercial **licensees** from US institutions such as libraries, schools, and clinics. They have a **very strong, legally motivated interest in accessible products** when it comes to **digital offerings in the US**. A cross-functional international Thieme team is working in a task force to meet as many of the WCAG criteria as possible within this year (2025). As this is also a major challenge in terms of time given the volume of data in our products, the focus is currently on developing a good roadmap for the process. This roadmap should not only highlight which criteria will be met by when, but also clarify whether and in which areas Thieme will have to accept limited accessibility. This applies in particular to long-standing, "old" data sets.

The basic **assessment of accessibility for digital offerings** in the US is consistent with the assessment for digital products and services in general.

Text-based **content** generally has good accessibility, while videos and images still present challenges for us.

The implementation of subtitles for **videos** described above also applies to products that we distribute in the US.

The approach of using generic alt texts for medical illustrations, currently in place for Thieme products in the DACH region, was reviewed by the US team. Based on differences in market and legal situation, it was decided to create descriptive alternative text for U.S. products.

Technically, all digital Thieme products are hosted on the comprehensive "Thieme Serve" platform. This **means that all products that are already on the platform or will be migrated to it in the future will also benefit from the accessibility adjustments implemented for a product in accordance with the German Accessibility Directive ()**. On [Accessibility on Thieme Serve - Thieme Serve - WIR.wissen](#), anyone at Thieme who is interested can gain an insight into the work of the "Accessibility on Thieme Serve" task force.

eBooks

At Thieme, we distribute our eBooks in the industry-standard formats ePub and ePDF. The same accessibility criteria apply to both formats as to all other digital products and services – the WCAG criteria. Since the different formats have different technical characteristics, their accessibility can be advanced in different ways.

ePub

Thieme has **chosen ePub as its accessible eBook format** because, among other things, its features such as a responsive layout and settings options for font type and size, for example, offer users many possibilities to adapt the display of content to their individual needs and limitations.

In our content, we have long placed **great emphasis on a clear data structure** without hierarchical jumps in headings. Together with other features such as executable internal and external links, this ensures **good, accessible orientation and navigation within the document, even with assistive technologies such as keyboards and screen readers.**

We pay close attention to continuously optimizing our ePubs for use with screen readers. **We have already mastered** challenges such as the structured, clear **language output of tables and lists and the definition of the document language.** In other areas, such as the **handling of mathematical and chemical formulas, we are still working on solutions.**

These technical features are complemented by a high-contrast style sheet that makes our content accessible to everyone.

For several years now, **Thieme has refrained from using technically restrictive rights management (DRM) in its ePubs.** This ensures that our content can be used with any type of reading technology, including assistive technologies such as screen readers.

To improve all these adjustments, we are in close contact with relevant associations, **which verify the procedure for us in tests.**

ePDF

PDF is a widely used e-book format that is also used as standard at Thieme. Our specialist book content for our commercial target groups is published in both ePub and ePDF formats, while the guide content at TRIAS for private customers and consumers is generally only available in ePub format.

In order to create accessible PDF documents, we use **"tagged PDF,"** which enables PDFs to be read in alternative output media such as screen readers or on Braille displays. In addition to the WCAG criteria, the **internationally valid PDF/UA standard³ is decisive for accessibility.** However, creating PDFs in accordance with this standard presents Thieme with enormous challenges. This is because business partners in the prepress and layout stages in the specialist book sector do not have the technical capabilities to generate PDF files in accordance with the PDF/UA standard. Thieme **uses the widely used 3B2 typesetting system⁴** for books and some magazines. This

³ [PDF/UA: How to create accessible PDFs. | Adobe](#)

⁴ [Arbortext 3B2 - Wikipedia](#)

system is characterized by a **high degree of standardization and automation**, while still delivering **high-quality typesetting** that cannot be achieved with other typesetting systems.

At Thieme, we use multi-column layouts due to the wealth of specialist information conveyed in our publications.

At the same time, even a PDF that complies with the PDF/UA standard has features that make it very difficult for people with disabilities to use the document. The **fixed layout**, one of the biggest advantages of PDF for data exchange, **severely restricts users with visual impairments when working with the files**. It cannot be adapted to individual needs. For example, the **multi-column layout often leads to orientation problems** when, for example, strong zoom is used to compensate for visual impairments.

Reworking existing PDF files is time-consuming and costly, and often does not lead to a satisfactorily accessible result, as the options for improving **accessibility in PDFs are limited**.

For these reasons, Thieme offers **ePubs as an accessible version of our eBooks**. We are, of course, in ongoing dialogue with our service providers and industry representatives to continually review how we can generate accessible PDFs in the medium term.

eJournals

European law (EAA) explicitly excludes periodicals, which is why journals for the European market are not a focus of Thieme's efforts to improve accessibility until further notice.

US legislation (ADA) does not make any distinction here; periodicals are also covered by the law. At the same time, Thieme's competitors in **international scientific, technical, and medical publishing (STM⁵)** are placing **an increasingly recognizable value on the accessibility of their products**. The focus here is on **open access articles**, as these are publicly available and therefore theoretically freely accessible to consumers.

Thieme publishes journal articles as ePDFs and HTML on Thieme Connect. This is Thieme's online platform that provides commercial audiences with access to medical and scientific e-books and e-journals. The challenges are therefore similar to those we face with our eBooks and digital products.

Thieme Connect

Thieme Connect essentially consists of HTML texts, images, videos, and PDF files for download.

The factors for increasing accessibility on Thieme Connect are the same as those described in the chapter [Removing barriers in digital products](#) (p.10). The HTML version in particular offers a wide range of options for accessing our content in an accessible manner, as users can easily adapt it to their individual needs and a wide range of assistive technologies are available for HTML pages.

Thieme Connect is currently undergoing a design overhaul. The presentation of content and navigation on the pages are being optimized to improve usability for users and remove barriers at the same time.

⁵ [Home - STM Association](#)

Our **main challenge for Science Journal articles** is therefore also the **alternative text for images**. This is why Thieme is focusing on this area.

ePDF

PDF as an accessible format has already been discussed in the chapter [ePDF](#) (p.12). Due to the limitations for Thieme described there and the weaknesses of the format itself, Thieme is not pursuing the approach of making these PDFs accessible for the time being, as already explained. We will, of course, keep an eye on developments and address this issue in the medium term. **Until further notice, we will ensure that people with disabilities can use the HTML version of the article available on Thieme Connect.** This offers users many more options for adapting the display to their personal needs and is considerably more accessible than a PDF file.

Conclusion

Thieme shares the spirit and intentions of current accessibility laws such as the **European Accessibility Act** and the **Americans with Disabilities Act**. Our company mission is to improve health and healthcare by providing the right information at the right time and in the right place – Thieme therefore has a keen interest in the unimpeded dissemination of its offerings and **continuously strives to effectively remove barriers**.

As part of an internal accessibility strategy, Thieme proactively identifies and exploits opportunities for effective barrier removal. In doing so, it primarily applies the accessibility criteria of the Web Content Accessibility Guidelines. In addition, Thieme follows the recommendations of the German Publishers and Booksellers Association and seeks legal advice on implementation issues. Where, after reasonable consideration, no sufficient options for removing barriers can be established, Thieme applies the applicable law (in particular § 16 BfSG and/or § 17 BfSG in conjunction with the criteria set out in Annex 4 of the BfSG).

In Europe, the current priority under the Barrier-Free Access Act () is on **e-books and specific software provided to consumers** (Section 1 (3) No. 4 BfSG), as well as **on services aimed at consumers in electronic commerce** (Section 1 (3) No. 5 BfSG).

In the international US market, the focus is on our **digital products and services that we distribute under license to US institutions such as schools and clinics**.

In both cases, Thieme pursues an approach that focuses on striking **a good balance between legal requirements, economic feasibility, our purpose, and our responsibility as Thieme to society**.

Versioning

Version	Published	Modified by	Comment
v.3 (current)	June 3, 2026	Lena Hermann	The use of generic alt-texts was added to the document.
v.2	July 22, 2025	Lena Hermann, Sheila Serrer	BFGS has come into force. Wording regarding the transfer deadline has been changed. External information on pages 9 and 11 that links to the intranet has been removed.
v.1	March 2025	Lena Hermann	