医学口译

Medical Interpreting

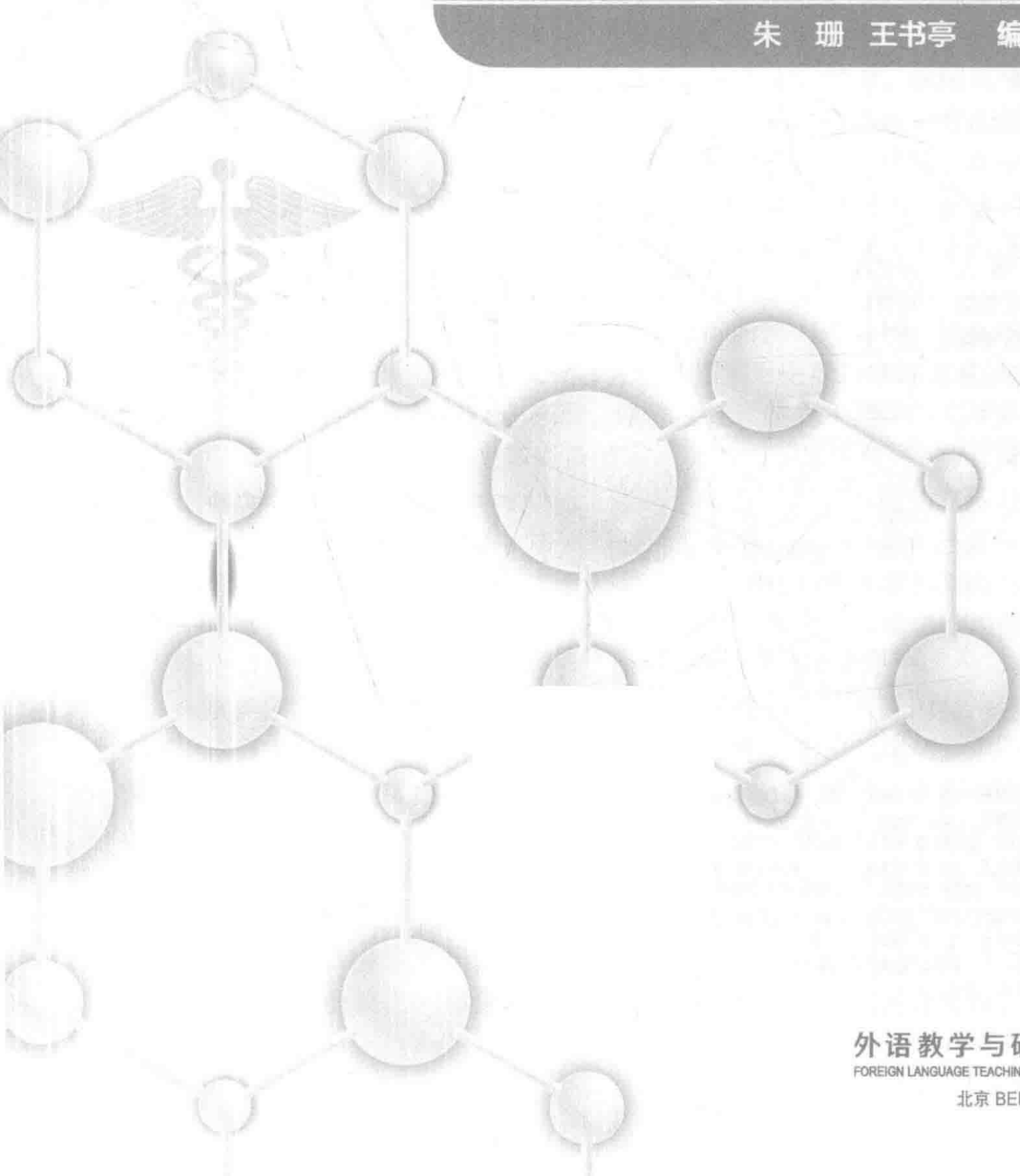
朱　珊　王书亭　编著

外语教学与研究出版社
FOREIGN LANGUAGE TEACHING AND RESEARCH PRESS

中国石油大学（华东）自主创新项目
“ERP模式下口译过程中心理语言认知的探索”成果

医学口译
Medical Interpreting

朱 珊 王书亭 编著



外语教学与研究出版社
FOREIGN LANGUAGE TEACHING AND RESEARCH PRESS
北京 BEIJING

图书在版编目 (CIP) 数据

医学口译 / 朱珊，王书亭编著. — 北京 ：外语教学与研究出版社，2015.11
ISBN 978-7-5135-6818-0

Ⅰ. ①医… Ⅱ. ①朱… ②王… Ⅲ. ①医学－英语－口译－研究 Ⅳ. ①H315.9

中国版本图书馆 CIP 数据核字 (2015) 第 273730 号

出 版 人　蔡剑峰
责任编辑　杨芳莉
执行编辑　董　娇
封面设计　彩奇风
版式设计　付玉梅
出版发行　外语教学与研究出版社
社　　址　北京市西三环北路 19 号 (100089)
网　　址　http://www.fltrp.com
印　　刷　北京九州迅驰传媒文化有限公司
开　　本　730×980　1/16
印　　张　11
版　　次　2015 年 11 月第 1 版　2015 年 11 月第 1 次印刷
书　　号　ISBN 978-7-5135-6818-0
定　　价　32.90 元

购书咨询：(010) 88819929　电子邮箱：club@fltrp.com
外研书店：http://www.fltrpstore.com
凡印刷、装订质量问题，请联系我社印制部
联系电话：(010) 61207896　电子邮箱：zhijian@fltrp.com
凡侵权、盗版书籍线索，请联系我社法律事务部
举报电话：(010) 88817519　电子邮箱：banquan@fltrp.com
法律顾问：立方律师事务所　刘旭东律师
　　中咨律师事务所　殷　斌律师
物料号：268180001

前　言

1. 编写背景

2014年11月，医教协同深化临床医学人才培养改革工作推进会在京召开，国务院总理李克强作出重要批示，医教协同是培养医学人才的有效途径，希望教育部、卫生计生委会同相关方面，加大改革创新力度，以社会需求为导向，遵循医学教育和医学人才成长规律，积极探索医教相长的好做法、新机制，加快构建具有中国特色的医学人才培养体系，为持续提升医疗卫生服务能力和水平、更好保障国民健康提供有力支撑。

《医学口译》正是在这样的时代大背景下应运而生。目前，我国高等院校的医学英语教学问题较多，情况不容乐观，如注重基础英语教育而忽视医学专业英语教育、医学英语师资力量薄弱、教学模式单一化等，其中医学专业英语教材匮乏、教师上课“无米下锅”的问题尤为突出。在这种情况下培养出来的医学专业学生英语应用能力较差，无法实现医患之间流畅的双语交流，应用型、实践型的高级医学翻译人才更是凤毛麟角。

医学口译在欧美国家已经发展到相对成熟的阶段。外来移民较多的美国、加拿大、英国、澳大利亚等文化多元化的国家对医学口译的需求较大，因而制定了一系列全国性的行业标准、法律法规，建立了相应的专业认证机制。以美国为例，作为一个多民族国家，美国英语水平较差的人口[即LEP (Limited English Proficiency)人士]达两千多万，他们不能独立地与医疗服务工作者用英语进行对话，语言障碍严重影响了他们平等地享受医疗服务的权利。2000年，美国健康与公共事业部（HHS）规定联邦财政必须资助LEP人士，为他们提供语言翻译服务，2003年制定了口译员雇用细则以及合格口译员的标准，美国的医学口译行业由此逐步兴起。

与欧美国家相比，我国的医学口译发展相对滞后。随着我国经济迅猛发展，国际交流日益频繁，大量外籍人士来华工作、学习和生活。由于语言不通，就医成了困扰他们正常生活的主要障碍之一。另外，中医正在走出国门，走向世界，为各国人民所接受，但面对生僻难懂的药名和治疗手法，他们往往只能望而却步。我国的医学口译起步较晚、发展缓慢，并不能很快从根本上解决上述问题。但是，近些年来随着世界医疗旅游的发展，我国的医疗旅游事业也乘风而起。2012年4月，在博鳌亚洲论坛医疗旅游与国际合作圆桌会议上，与会者一致认为中国发展医疗旅游正逢契机，医

疗和旅游这两者的结合相得益彰，既可以丰富旅游的内涵，又能够带动医疗保健等相关产业的发展，更为某些城市过剩的医疗资源找到新的输出渠道。但是，医疗旅游同时也面临诸多挑战，如从事医疗旅游的专业人才资源不足，通晓国际语言的医学翻译人才尤其紧缺。

2. 编写特色

《医学口译》作为一本医学口译的专业教材，旨在满足应用型医学口译人才的培养需求，通过系统训练，帮助学习者完成从基础口译能力向医学口译能力的提升，并使其逐步具备医学视译、交替传译和同声传译的能力。本书的主要特点如下：

1）根据现行医疗体系的科室分类编排章节：全书共十五章，较为全面地涵盖了心血管内/外科、神经内/外科、消化科、血液内科、内分泌科、口腔科、神经病科、眼科、肿瘤科、呼吸内科、普外科、妇产科、矫形外科（骨科）、儿科和耳鼻喉科。这种编排方式体现了医学人才培养的社会需求导向，可以真正实现课堂与职场的“无缝对接”。

2）立足科学合理的口译训练模式进行编写：口译训练的目标是帮助学习者掌握多种口译技巧，提高对不同类型口译内容的驾驭能力。另外，学习者对知识的长时间储备能力至关重要。这种能力不仅是一名优秀口译员必须具备的职业素养，更是叩开口译大门必不可少的“敲门砖”。因此，在每章中我们不仅设计了笔记训练、会话口译/视译、交替/同声传译训练三个板块供学习者进行口译训练，还设计了相关医学术语及医学前沿知识两个板块帮助学习者进行医学知识储备。

3. 适用对象

本书适用于具有一定英语基础的医学院学生、翻译专业本科和研究生学生、医务工作者及医学口译爱好者。

4. 使用建议

从作者的课堂试用情况来看，本书可安排大约64个学时的教学内容，每周4个学时，分16周开展。其中有2个学时为口译技巧训练及医学知识补充环节，可进行口译笔记训练、专业词汇输入及医学知识讲解（每章的第一、四、五部分）。需要特别指出的是，医学词汇具有特殊性，多以希腊语、拉丁语以及这两种语言的派生词为主，与一般的英语单词相比，其记忆难度更大，需要结合词根、词缀的意思方能提高记忆效果。因此，任

课教师对词汇进行讲解是很有必要的。另外还有2个学时为口译技能训练环节（每章的第二、三部分），针对对话口译、交替传译以及同声传译等口译能力进行训练，有的放矢，全面提高学习者的口译水平。

本书在编写过程中得到了各界的广泛关注和大力支持。中国翻译协会的黄友义常务副会长、《中国翻译》执行主编杨平、中国外文局翻译专业资格考评中心卢敏副主任以及远在欧美的口译同仁张光波先生等都在编著过程中给予了关心。外研社副总编辑常小玲在百忙之中多次就书稿的编排和出版事宜与作者沟通，对此表示诚挚的谢意。中国石油大学（华东）校领导及文学院的各位领导也十分关心本书的出版工作，在此一并表示感谢。最后，感谢朱珊的爱人姚俊昌先生、父母朱新国先生、刘广秀女士及各位亲友的无私付出。书中难免存在不足之处，敬请各位读者提出宝贵建议。

编者

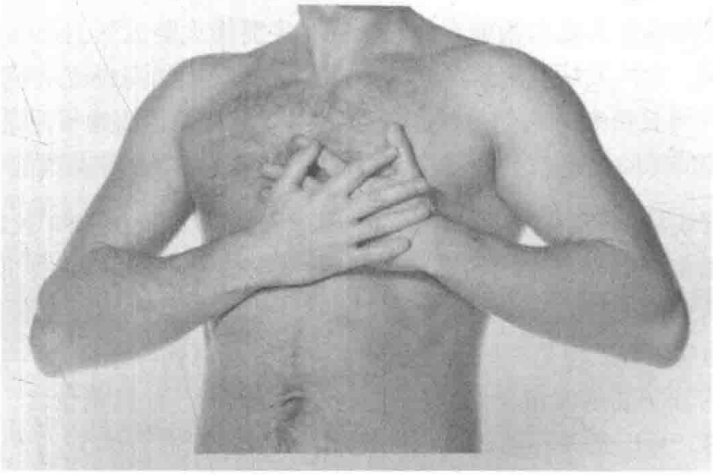
2015年10月

记于青岛唐岛湾畔

目　录

第1章

心血管内/外科
Cardiovasology and Cardiovascular Surgery



Introduction

Cardiovascular disease refers to any disease that affects the cardiovascular system, principally cardiac disease, vascular diseases of the brain and heart, and peripheral arterial disease. The causes of cardiovascular disease are diverse but atherosclerosis and hypertension are the most common. In addition, with aging come a number of physiological and morphological changes that alter cardiovascular function and lead to increased risk of cardiovascular disease, even in healthy asymptomatic individuals.

Cardiovascular disease is the leading cause of deaths worldwide, though, since the 1970s, cardiovascular mortality rates have declined in many high-income countries. At the same time, cardiovascular deaths and disease have increased at

a fast rate in low-and middle-income countries. Although cardiovascular disease usually affects older adults, the antecedents of cardiovascular disease, notably atherosclerosis, begin in early life, making primary prevention efforts necessary from childhood. There is therefore increased emphasis on preventing atherosclerosis by modifying risk factors, for example by healthy eating, exercise, and avoidance of smoking tobacco.

This chapter mainly focuses on cardiac disease, hypertension, hypertension and kidney disease and care for patients of cardiovascular diseases.

心血管疾病是影响心血管系统的疾病，主要指大脑血管、心脏血管和周围动脉的疾病。它的发病原因繁多，其中动脉粥样硬化和高血压是罪魁祸首。另外，年龄的增长带来一系列生理和形态上的变化，使得心血管功能发生改变，增加了患病的风险，即使身体健康、无相关症状的人群也存在风险。

心血管疾病是世界上导致死亡的主要原因。自20世纪70年代以来，在许多高收入国家，因心血管疾病导致死亡的比例已经下降；但在中低收入国家，心血管疾病患病人数以及由此导致的死亡人数仍以较快的速度增长。老年人通常易患心血管疾病，但是一些前驱症状，特别是动脉粥样硬化，早年就会出现，对该疾病的预防要从儿童开始。通过降低患病风险，如健康饮食、适度运动、禁止吸烟等，可以加强预防动脉粥样硬化。

本章训练的重点是心脏病、高血压、高血压与肾病以及心血管病人的护理。

Part I Note-taking

Directions: *Take notes while listening to the following passages. The relevant skills are employed to help you improve the ability of taking notes and decrease the pause of thinking.*

Passage One

心脏骤停

王先生，男性，50岁，因突发PEA（无脉搏性电活动）的心脏骤停[①]，于2014年7月26日下午5点43分收治入院。

病人两周前冲浪时踝部骨折。根据病人家属讲述，入院当日，病人起床后感到胸痛和呼吸困难，随即跌倒，不省人事，伴随四肢抽搐、呼吸困难。急救人员实施了气管插管，并持续给予心肺复苏[②]以维持心率。

病人发病前身体状况良好，1周前曾被医院诊断为“静脉曲张”，下肢超声检查未发现异常情况。病人无药物过敏史，无吸烟、酗酒等不良嗜好，有静脉炎家族病史，无其他家族性疾病，育有2子1女，身体均健康。

病人心脏骤停后及时实施了心肺复苏术，迅速建立人工有效循环，保障病人基本生命支持，包括畅通气道、人工呼吸和人工胸外按压。

NOTES:

① **心脏骤停**（cardiac arrest）：也称为心肺骤停或循环骤停，是指心脏无法正常收缩而导致射血功能的突然终止，医生将这种突然的心跳停止称为心脏骤停（SCA, sudden cardiac arrest）。

② **心肺复苏**（CPR, cardiopulmonary resuscitation）：这是一种急救程序，当病人发生心脏骤停时，立即施以心脏复苏术可防止对大脑造成不可逆的损害，恢复自主的血液循环和呼吸功能。心肺复苏本身并不能“重启”心脏的正常功能，它的主要作用是向大脑和心脏回流部分供应含氧血，以此延缓组织的死亡，为病人复苏带来一线希望，避免造成永久性的脑损伤。

Passage Two

Vascular Heart Disease

One of the major causes of death in Australia today is vascular heart disease. Cardiovascular disease is a disease which affects the heart and blood vessels

and can lead to heart attacks. It is still Australia's greatest health problem. It claims more lives than any other disease and its health and economic burden exceeds that of any other diseases.

Much of the death and disability caused by cardiovascular disease is preventable. Many Australians remain at higher risk of the disease through smoking, with little improvement in exercise participation in recent years, and the proportion of overweight and obese Australians is increasing.

Smokers are one of the high-risk groups of cardiovascular disease because smoking is known to have harmful effects on arteries, both in the heart and in the general circulation.

Over the last three decades there has been an almost 66 percent fall in cardiovascular death rates. This is mainly the result of early medical interventions and improvements in some risk factors such as blood pressure, smoking and diet.

Part II Dialogue Interpreting

Directions: *Interpret the following dialogue alternatively into English or Chinese.*

At the Cardiologist

Mrs. Yang, a woman from the suburb, goes to see the cardiologist about her heart condition.

Doctor: Hello, Mrs. Yang, how have you been?

Mrs. Yang: 我觉得不太舒服，两个月前我去找了我的家庭医生，她也不知道是什么原因，所以又介绍我去找一名营养师。

Doctor: Which dietician did you see? Was it Mrs. Tan or the new one?

Mrs. Yang: 不是谭太太，是一个新的营养师。她叫我注意饮食，说体重减轻不要紧，还说胆固醇[③]测定值6.5并不算太高，不会造成问题的。

Doctor: Well, obviously she doesn't know what she is talking about. When a person loses weight dramatically, as it has been in your case, it can be for two reasons: first, because he / she is not eating as much as they used to, and second, because there is a malignancy in the body.

That is why before taking action, we send our patients to a dietician. With regards to your cholesterol level, the internationally agreed normal level of cholesterol, regardless of age, is 5.2. Your level is 6.5. In your case, it is quite alarming because you've had a heart attack and have blocked arteries. A high cholesterol level will help block the arteries even more. The dietician was supposed to give you a diet to help you reduce the level of cholesterol.

Mrs. Yang: 大夫，胆固醇真的这么重要吗？我并不觉得胸部疼，这个与心脏动脉有什么关系呢？

Doctor: I will explain what the situation is. The heart has three arteries. When only one of them is blocked, the problem is not too significant. However, when they are all blocked, as in your case, the problem can be serious and the question of a by-pass operation emerges.

At the moment, your heart is functioning normally, despite the blocked arteries. The attack hasn't damaged the muscle severely, and you haven't been feeling chest pain. That is why we haven't considered operating yet, and we are trying to improve the situation by providing you with a proper diet that will reduce your cholesterol level. However, as soon as you start feeling chest pain, we will consider an operation.

Mrs. Yang: 谢谢您的指导，我现在明白多了，但愿不需要动手术。

Doctor: Very well. Here you are. I want to see you in two months' time and take another ECG. I will also send you to another dietician. My secretary will make the appointment for you. Goodbye.

NOTES:

③ **胆固醇（cholesterol）**：胆固醇存在于血液中的脂蛋白中（lipoprotein），其存在形式包括高密度脂蛋白胆固醇（HDL, high density lipoprotein）、低密度脂蛋白胆固醇（LDL, low density lipoprotein）与极低密度脂蛋白胆固醇（VLDL, very low density lipoprotein）等。高密度脂蛋白有助于清除细胞中的胆固醇，而低密度脂蛋白超标一般被认为是心血管疾病的前兆。豆类、牛奶、海鱼、苹果、葡萄等含高密度脂蛋白多，而动物内脏、蟹黄、鱼子、蛋黄、松花蛋等含低密度脂蛋白多。

Part III Consecutive / Simultaneous Interpreting

Directions: *Interpret the first passage into Chinese and the second into English.*

Passage One

Screening④ for Heart Disease

Ladies and gentlemen,

Heart disease is a leading cause of death worldwide, and affects not only the heart but other major parts of the body. Early detection prevents complication such as heart failure, stroke, kidney disease and artery disease. I am going to detail an individual's risk to the disease as well as recommendations for prevention.

Heart (Cardiovascular) Screening

Heart disease is a broad term that describes a range of diseases of the heart and blood vessels. "Heart disease" is often used interchangeably with "cardiovascular disease".

Why is cardiovascular screening important?

Cardiovascular disease begins with damage to the body from lifestyle factors of smoking, physical inactivity and unhealthy diet. This progresses to the development of high-risk diseases such as obesity, high blood pressure and diabetes.

Screening identifies those at risk of future cardiovascular events of the heart and other major body organs. It also identifies those with modifiable risk factors, which are reversible and reduce one's risk of developing cardiovascular disease.

Who should go for screening of cardiovascular risk factors?

Every adult aged 18 and above should go for screening of cardiovascular risk factors. Patients with diabetes, high blood pressure and long-standing kidney disease have a higher risk for cardiovascular disease and should be screened regularly based on their doctor's advice.

What is global cardiovascular risk assessment?

Global cardiovascular risk assessment involves assessing a patient's total cardiovascular risk rather than just assessing risk factors (high cholesterol, blood pressure, diabetes or obesity) in isolation.

The best known global cardiovascular risk assessment tool is the Framingham

Risk Score (FRS)[5]. Click on this link to try calculating your own risk score.

It should be done every five years starting from the age of 18. For individuals at risk but who have no symptoms, the assessment is followed by advice on making certain lifestyle changes such as cutting back on cigarettes, eating healthy foods and exercising regularly and, where appropriate, medicines are given to treat high blood pressure, high lipids and diabetes. Individuals at low risk should continue to lead a healthy lifestyle. More frequent assessment is recommended for those who are diabetic, chronic smokers or obese.

How to calculate the ten-year coronary artery disease risk?

It is calculated based on age, sex, ethnicity, smoking status, Total and High Density Lipoprotein (HDL) or good cholesterol level, systolic blood pressure.

NOTES:

④ screening: To screen for a disease means to examine people to make sure that they do not have it. (疾病的) 筛查，检查

⑤ Framingham Risk Score (FRS)：1947年11月，美国马萨诸塞州的弗雷明汉（Framingham）成立了心脏病学研究基地（Framingham Heart Study）。1998年该研究提出了针对冠心病的风险评分，即Framingham Risk Score。这个评分函数把男性和女性分为两组，将不同年龄段、总胆固醇值、是否吸烟者、高密度脂蛋白值和收缩压值等指标赋以分值，测试者将自己的得分相加，得出总分对照患病机率表，即可预测出10年中患心血管病的机率。

Passage Two

高血压与肾病

有些病人到了尿毒症期才醒悟，原来高血压是罪魁祸首。在此提醒大家：血压持久升高可对心、脑、肾、血管等“靶器官”造成损害。

高血压是怎么影响肾脏的呢？肾血管压力过高会导致肾血管病变。肾脏损伤初期，仅有轻度蛋白尿，随着病情发展，肾功能逐渐下降，如果病情迅速恶化，头痛为突出症状，伴有恶心、呕吐、食欲缺乏、心脏扩大、心力衰竭、视力模糊，甚至失明、精神错乱及神经系统异常。尿检可出现尿蛋白[6]量增多，并有红细胞和白细胞。少数病人出现肉眼血尿[7]，所以要保护肾脏，就得控制血压。