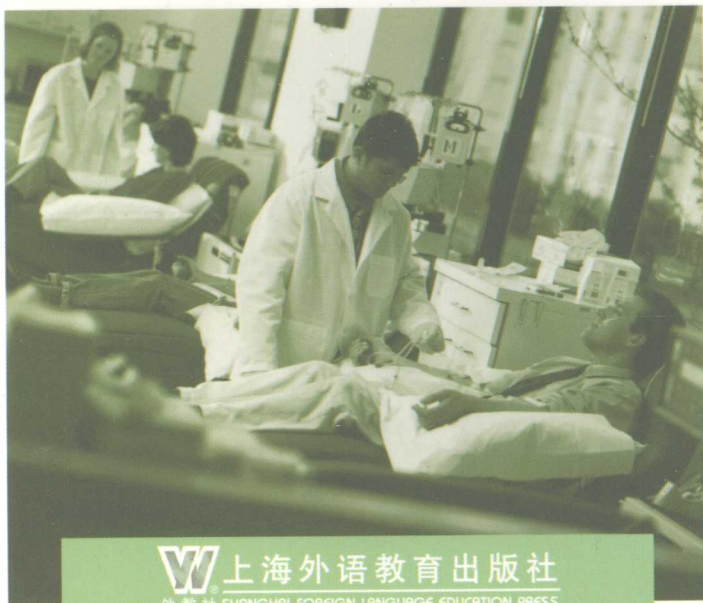


■ 大学英语应用提高阶段专业英语系列教材

# 新世纪 医学英语教程 全新版 社会医学

## Social Medicine A Theme English Course

梁正溜 编写



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外教社 SHANGHAI FOREIGN LANGUAGE EDUCATION PRESS

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# 前言

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自 2001 年第一版问世以来,《新世纪医学英语教程——社会医学》已印刷了六次,并被教育部推荐为大学外语类使用教材。此外,编者在本校使用此教材的过程中,为社会医学英语课程建设做出了不懈的努力,该课程在 2007 年荣幸地入选复旦大学校精品课程体系。

在过去几年课程建设的辛勤耕耘中,编者已考虑并着手修订此教材,从而使之更加完善,更富有内涵,更具有实用性。但是,其宗旨仍然不变,即将社会知识与语言知识融合为一体,充分体现大学英语学习的学术性和语言学习的实用性。经数年呕心沥血,编者成功打造了一个全新版。

本教材由十个单元组成,在内容上有很大程度的调整和充实,选材更赋有针对性,即社会知识和语言知识两者的合理兼顾,从而使本教材洋溢着主题教材的时代气息,同时也提供了语言学习的丰富内容。

本教材在体例上有其独特的一面,课文处理融入了课堂互动交际法的设计。在每个单元前安排了课前任务(Assignments Before Class): 1) 要求指定的学生上网搜寻在课文 A 中出现的某些术语的定义,并准备一分钟独特的口头讲解; 2) 要求指定的学生带着问题阅读课文 A 的相应内容,并以一种独特的方式,准备一分钟的问题回答。这些课前准备的任务将在课堂上由教师有序地、有机地融入到互动的教学活动中,旨在增强学生课堂学习的能动性。

本教材课后练习(Follow-up Activities)的设计基于外语学习的客观规律和教学理念,尤其是词汇练习(Vocabulary Enlargement & Reinforcement)和综合练习(Integration),其设计充分体现了词汇整块习得和阅读中应用的教学理念。

本教材可供教师根据实际教学情况灵活使用,可按照一学期的规定课时(每周 2 学时/36 学时或每周 4 学时/72 学时)而制定教学计划,即可根据课时而在课堂上合理选用每单元的教学内容。如有可能,同时也可结合自有的与主题相关的多媒体课件,这将有利于课程建设。

编者

2007 年 10 月

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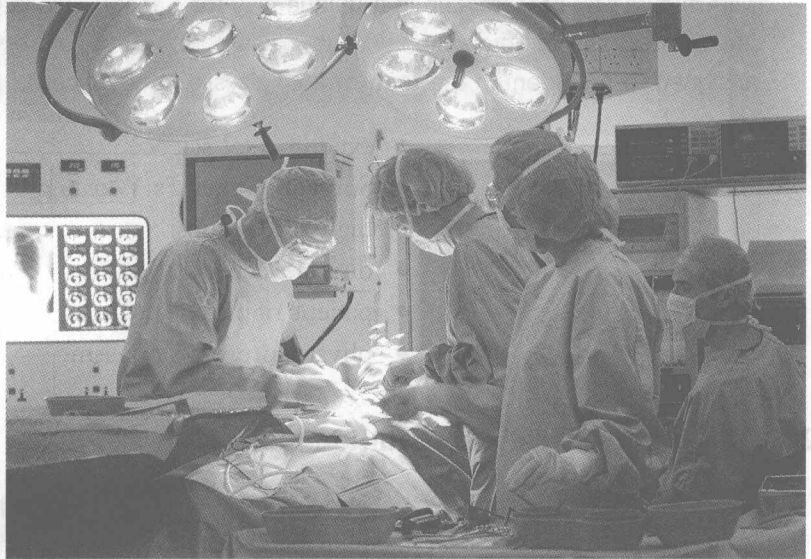
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# UNIT 1



## PREVIEW

Health care, a reflection of the core theme of *Social Medicine*, is the subject of Unit One. Health care is one of the major concerns not merely in the developing countries, but also in the developed countries. Can health care be treated like any other business or industry? Is a patient a customer or a human being who deserves the best that modern medicine can provide? What is the primary objective of medicine? And what is the future of medicine? Dr. C. Everett Koop contends that what is in the best interest of the patient prevails over what is in the best interest of the health care company investors. Dr. Peter Hasselbacher presents a vision of health care for the future.

## I. ASSIGNMENTS BEFORE CLASS

### 1. Quest for Definition

**Directions:** Explore online the definitions of the following terms from Text A and prepare a *one-minute* oral presentation in a unique way for class. ( This is going to be integrated into the communicative interaction in the classroom. Each of the following terms can be assigned to a student in the form of a single slip in advance. )

- experimental science
- Surgeon General's Warning
- high-risk groups
- dismal science
- patient rights
- physician professionalism

### 2. One-minute Oral Presentation

**Directions:** Read carefully the part of Text A that corresponds to your task, and then prepare a *one-minute* oral presentation in a unique way for class. ( This is going to be integrated into the communicative interaction in the classroom. Each of the following tasks can be assigned to a student in the form of a single slip in advance. )

#### PERFORMANCE IN CLASS

NAME	ID#	DATE	
YOUR TASK			Page
1. Introduce Dr. Koop briefly to class.			3
2. Tell class something about Dr. Koop's childhood. ( If possible, act out the role of Dr. Koop in so doing. )			3 – 4
3. What did Dr. Koop do to move the world of medicine forward? ( Present the figures in a meaningful way on the chalkboard. )			4
4. What is the human dimension of science?			5

( to be continued )

YOUR TASK	Page
5. Scientific progress is not enough. Why?	5
6. What's going on that worries Dr. Koop?	6
7. What's Dr. Koop's great expectation?	6 - 7
8. How to protect medicine in the 21 <sup>st</sup> century?	3 - 7
INSTRUCTOR'S EVALUATION:	

## II. A COMMUNICATIVE APPROACH TO TEXT A

**Directions:** This is going to be a joint task for the teacher and students as well. The teacher is expected to ensure that each student's assignment is to be interwoven with the unfolding of the text during the communicative interaction, which is supposed to be enforced by spontaneous questions and answers in the classroom.

### TEXT A

## Protecting Medicine in the 21<sup>st</sup> Century

C. Everett Koop<sup>1</sup>

I don't know if I became interested in science because I was interested in medicine, or if I became interested in medicine because I was interested in science. I have very early memories of<sup>2</sup> wanting to be part of both the world of medicine and the world of experimental science.

From the time I was 6 years old I knew that I wanted to be a surgeon, and even as a young boy I trained my hands for future surgical maneuvers by cutting pictures out of magazines using both my right and left hands<sup>3</sup>. But I also spent hours with my first chemistry set<sup>4</sup>, at first just making colorful solutions, then conducting what may have been some rather sophisticated experiments for a 12-year-old<sup>5</sup>. As a teenager I combined my

surgeon / 'sɜ:dʒən / n. 外科

医生

maneuver / mə'nu:və(r) / n.

技术动作

solution / sə'lu:ʃən / n. 溶液

sophisticated / sə'fɪstɪkeɪtɪd /

a. 非常复杂的

teenager / 'ti:neɪdʒə(r) / n.

十几岁的青少年

interest in chemistry with my budding interest in surgery by performing simple operations on some of the many stray cats<sup>6</sup> that prowled my Brooklyn<sup>7</sup>, New York neighborhood. Using the ether that I supplied, my mother would anesthetize the cats while I removed an unnecessary organ, such as one ovary. We were a good team, and I never lost a feline patient<sup>8</sup>!

After my mother's death in 1974 at age 86<sup>9</sup>, I found among her treasured papers an essay that I had written as a high school senior<sup>10</sup>. Its concluding paragraph<sup>11</sup> summed up my hopes for careers in both science and medicine:

*Now at sixteen I picture myself a surgeon — nothing would give me a bigger thrill and would please me more than to operate on a human being<sup>12</sup> from an altruistic viewpoint of relieving his ills, or from the scientific viewpoint of giving to science some information unknown to it.*

That was the joint dedication to science and medicine that shaped my 40-year career as one of the United States' first pediatric surgeons. In the late 1940s and 1950s I, and a handful of<sup>13</sup> other surgeons, were pioneers in this new field of surgery, often being forced to invent new operations as we encountered congenital abnormalities in newborns that had never before been corrected surgically<sup>14</sup>. Although we were serving primarily as doctors attempting to bring healing and comfort to our tiny patients and their worried families, we were, at the same time, scientists pushing the surgical frontier into the unknown, all the while<sup>15</sup> documenting our hard-won surgical successes. By performing thousands of new and then routine operations, through surgical research, published articles, and innovations in science, pediatric surgery eventually became an established surgical specialty. In those operations that were particularly difficult to perform on newborns, in the brief 40-year span of my surgical career I witnessed a mortality rate<sup>16</sup> of 95% become a survival rate<sup>17</sup> of 95% thanks to<sup>18</sup> the progress made in pediatric surgery.

In addition I learned that for<sup>19</sup> all of its reliance on science, medicine is also an art. I learned that pediatric surgery requires a

budding / 'bʌdɪŋ / *a.* 萌芽的

prowl / praʊl / *vt.* 游荡

ether / 'i:θə(r) / *n.* 乙醚

anesthetize / ə'nesθətaɪz / *vt.*  
麻醉

ovary / 'əʊvəri / *n.* 卵巢

feline / 'fi:lain / *a.* 猫科的

treasure / 'treʒə(r) / *vt.* 珍藏

paper / 'peɪpə(r) / *n.* 文章

essay / 'eseɪ / *n.* 论说文; 散文, 随笔, 小品文

thrill / θrɪl / *n.* 激动

altruistic / æltru'ɪstɪk / *a.* 利他的, 利他主义的

dedication / ,dedɪ'keɪʃən / *n.*  
贡献, 奉献

pediatric / ,pi:di'ætrɪk / *a.* 儿科的

congenital / kən'dʒenɪtəl / *a.*  
先天的

abnormality / ,æbnɔ: 'mælɪtɪ / *n.* 异常

newborn / 'nju:bɔ:n / *n.* 新生儿

document / 'dɒkjʊment / *vt.*  
用文献(文章)证明

routine / ru:'ti:n / *a.* 常规的, 日常的

innovation / ,ɪnəʊ'veɪʃən / *n.*  
创新

specialty / 'speʃəltɪ / *n.* 专业

mortality / mɔ: 'tælɪtɪ / *n.* 必死性; 死亡率

reliance / rɪ'laɪəns / *n.* 依靠

gentle touch, not just on the fragile tissue of an infant's body, but also<sup>20</sup> on the fragile emotions of patients and their families. I learned that to do full justice to<sup>21</sup> my interests in science, surgery, and research, I had to apply myself not merely to curing, but also to caring.

My stress on the human dimension of science remained important as I left my surgical career to become the United States Surgeon General<sup>22</sup>. As surgeon general I always seemed to be issuing a "Surgeon General's Warning" about one thing after another that threatened the health of the American people: cigarettes, smokeless tobacco<sup>23</sup>, AIDS, Reye's syndrome<sup>24</sup>, violence, and a host of<sup>25</sup> others. In each case I had to be certain that the science behind the health warning was impeccable and able to withstand the critics who sought to dismiss the warnings. But I also needed to ensure that<sup>26</sup> the science made sense on a personal level. I had to listen to the American people as well as to talk (sternly) to them. Also, I wanted to be certain that my message reached the most vulnerable<sup>27</sup>, often those high-risk groups<sup>28</sup> living in poverty on the fringes of this affluent and sometimes overconfident society.

At the end of the 20<sup>th</sup> century the scientific research community<sup>29</sup> has done wonders<sup>30</sup> to fulfill medicine's historic goals of prolonging life and alleviating suffering. Almost every day we read about a new scientific breakthrough that provides a cure for this, relief for that, and new hope for millions of people suffering from a variety of diseases. But we know that scientific progress is not enough. We have seen that the dictates of economics, that "dismal science," limit the benefits of medical science. I practiced surgery in the so-called "golden age of medicine," a time when it seemed that each day medical science could do more for patients, and more and more Americans gained access to the health insurance that would provide needed health care. But now, as daily an increasing number of Americans lose their health insurance (the United States has close to 50 million uninsured citizens), and as most of those who

fragile / 'frædʒaɪl / *a.* 脆弱的

dimension / dɪ'menʃən, daɪ- / *n.* 方面;因素

syndrome / 'sɪndrəʊm / *n.* 综合征

impeccable / ɪm'pekəbl / *a.* 无错误的,正确的

withstand / wɪð'stænd / *vt.* 经受,顶住

critic / 'krɪtɪk / *n.* 批评家,评论家

sternly / stɜːnli / *ad.* 严厉地

fringe / frɪndʒ / *n.* 边缘

affluent / 'æflʊənt / *a.* 富裕的

prolong / prə'lonʒ / *vt.* 延长

alleviate / ə'liːviət / *vt.* 减轻(痛苦等)

breakthrough / 'breɪkθruː / *n.* 突破

dictate / dɪk'teɪt / *n.* 控制,支配

dismal / 'dɪzməl / *a.* 阴沉的;凄凉的

are insured are covered through economically driven managed care plans<sup>31</sup>, those who need health care the most are often the ones who get it the least.

I am concerned about the intrusion into medical education by these investor-controlled health care companies: Some have even bought medical schools, and at least one has subsequently filed for<sup>32</sup> bankruptcy. I do not want the education of our next generation of physicians to be held hostage<sup>33</sup> to bottom-line oriented<sup>34</sup> managers who buy and sell hospitals, medical practices, and medical schools as though they were pork futures<sup>35</sup>. Americans are only slowly realizing how many medical decisions have been taken out of the control of physicians and other health care personnel and placed on the desks of accountants and businessmen. Every American should be concerned about the unwillingness of managed care companies to do their fair share<sup>36</sup> in supporting medical education and medical research, especially clinical research.

The scientific community must play a central role in the intense competition for health care dollars, doing what it can to ensure that the combination of public and private funding that has supported the greatest epoch of medical research in history during the last generation is not lost in the scramble for short-term profits.

The baby boomer generation<sup>37</sup>, although accustomed to immediate gratification<sup>38</sup> in most areas of life, has also benefited more than any other generation from the results of long-term scientific research. We need a refurbished partnership between science and consumers to ensure that the best of medical science is available to future health care consumers — I still prefer to call them patients.

I believe that it may take a decade or so to find a new equilibrium involving medical insurances, medical innovations, patient concerns, and physician-directed decision making, an equilibrium that will deliver what is medically necessary, not what is merely profitable. I am hopeful, but not certain, that

intrusion / ɪn'tru:ʒən / n.

闯入

bankruptcy / 'bæŋkrəptsi / n.

破产

hostage / 'hɒstɪdʒ / n.

人质

epoch / 'i:pək, 'epək / n.

时代

scramble / 'skræmbl / n.

争夺

gratification / ɡrætɪfɪ'keɪʃən /

n. 满足, 满意

refurbish / ri:'fɜ:bɪʃ / vt.

更新

partnership / 'pɑ:tənʃɪp / n.

合作关系

equilibrium / ɪ:'kwɪlɪbrɪəm /

n. 平衡

profitable / 'prɒfɪtəbl / a.

有利的



what is in the best interest of<sup>39</sup> the patient will begin to prevail over<sup>40</sup> what is in the best interest of the health care company investors. This attitude must support medical research as well as medical care. The issues of managed care, patient rights, physician professionalism, medical research, and health care in America need to be lifted from the bottom line to our highest aspirations.

prevail / pri'veil / vi. 获胜; 占上风

professionalism / prəʊ'feʃənəlɪzəm /  
n. 职业道德, 职业精神

aspiration / æspə'reɪʃən / n.  
志向, 理想

Source: **SCIENCE**, Vol 281, 25 September 1998

## NOTES

1. C. Everett Koop McInerney Professor of Surgery at Dartmouth Medical School, and Senior School at the C. Everett Koop Institute, also at Dartmouth. From 1981 to 1989 he served as the United States Surgeon General and continues to educate the public about health issues through his writings. Dr. Koop has authored some 230 articles and books, and holds 37 honorary doctorates.
2. have early memories of 动词短语, 意为: 还记得当时/过去……, e.g. I still *have early memories of* teasing my grandpa.
3. by cutting pictures out of magazines using both my right and left hands 当动词 use 用于分词时, 与其它动词(如: cut)不一样, 无需用介词 by 引导, 整个分词短语往往放置在句后, 并且也无需用逗号将其分开
4. chemistry set 化学实验装置
5. conducting what may have been some rather sophisticated experiments for a 12-year-old 语法结构 may have + done 用于对过去发生的事情所作出的一种判断或猜测, 意为: 做了一些对一个 12 岁孩子来说可能是较为复杂的实验
6. stray cats 流浪猫(比较: homeless people 流浪街头/无家可归的人)
7. Brooklyn 地名, 美国纽约市由五个区(borough)组成, 布鲁克林区是其中的一个区
8. lose a patient 动词 lose 在临床上表示“未能成功救活病人”
9. at age 86 简略表达, =at the age of 86
10. a high school senior 中学最后一年的学生
11. concluding paragraph 文章的结尾段, 相对于文章的开头第一段 opening paragraph
12. nothing would give me a bigger thrill and would please me more than to operate on a human being 这是由名词或动词否定形式、助动词 would 或 could 和比较级形式构成的一种语法结构, 表示(最高级)肯定意义, e.g. Your timing *could not be better*. I *couldn't* agree with you more.
13. a handful of =a small number of, a group of

14. corrected surgically 意为:通过外科手术矫正
15. all the while 短语副词,意为:一直,始终, e.g. *All the while* I am wondering: Am I doing the right thing?
16. mortality rate 死亡率
17. survival rate 存活率
18. thanks to =due to, owing to, because of, 意为:由于,多亏, e.g. *Thanks to* a sudden rain, the children came home with wet clothes. *Thanks to* a prompt and proper treatment, the patient recovered from his illness as expected.
19. for 介词,与 all 连用时,意为:虽然,尽管, e.g. *For all* his efforts, he did not succeed.
20. not just ..., but also ... 连词, =not only ... but also ... , 或 not merely ..., but also ...
21. do full justice to 动词短语,后接名词,意为:尽力做好,充分恰当地处理, e.g. Last night I had so many things to do that I could not *do full justice to* my homework. He did not *do full justice to* his data.
22. the United States Surgeon General 美国卫生局局长
23. smokeless tobacco 一种非燃烧无烟烟草,通过对烟草的加热而散发尼古丁,从而达到抽烟的目的
24. Reye's syndrome 雷亥综合征(一种罕见的儿童急性有时为致死性疾病,常作为水痘的后遗症或病毒性上呼吸道感染发生,特点为复发性呕吐及血清转氨酶水平升高,伴有肝脏及其他内脏的特征的改变,可继发一种脑病期,伴急性脑肿胀、意识障碍及癫痫发作)
25. a host of =a large number of
26. ensure that ... =to be certain that ...
27. the most vulnerable (最)弱势群体
28. high-risk groups 高危人群
29. the scientific research community 科技界
30. do wonders to do sth. 动词短语 do wonders 常跟充当定语的动词不定式,意为:创造了……奇迹,取得了……惊人的成就, e.g. China has *done wonders to improve her image in the world*.
31. managed care plans 管理型医疗保健计划,具有严格的利用状况评估等六大特征。该保健中采取了医生补偿机制和医院补偿机制,通过签约和选择提供者及利用把关人和审核进行费用控制。
32. file for 短语动词,意为:(法律上)申请, e.g. She is *filing for* divorce.
33. hold sb. hostage 动词短语,意为:扣押某人为人质, e.g. A terrorist *held the passengers hostage*.
34. bottom-line oriented 注重效益或利润的
35. as though they were pork futures 1)从属连词 as though 与从句中的动词 were 构成虚拟语气; 2)pork futures 政治交易期货



36. do one's fair share 动词短语,意为:做应该做的那份工作, e.g. We were a good team, and each of us *did his fair share* in accomplishing the project.
37. the baby boomer generation 尤指第二次世界大战后 1946—1964 年间美国的生育高峰期出生的那代人
38. immediate gratification 眼前的满足
39. in the best interest of 介词短语,意为:为了……的最大利益
40. prevail over 不及物动词 prevail 后可跟 over 或 against,意为:胜过,获胜,占上风, e.g. Reason *prevailed over* emotion.

### III. FURTHER READING

**Directions:** Read Text B before you are engaged in the follow-up activities.

#### TEXT B

### A Vision of Health Care for the Next Millennium

Peter Hasselbacher

I would like to see a system that recognizes that the health of our community as a whole is necessary for the well-being of every individual in it; well-being / 'wel'bi:ŋ / *n.*  
健康,安康

A future in which we adopt a funding system that has as its purpose to spread the risk of the few among the resources of the many;

A system that does not abandon the sick in the time of their gravest need<sup>1</sup>, nor<sup>2</sup> add confusion or distress at a time of physical, emotional, and financial vulnerability; vulnerability / ,vʌlnərə'bilɪti /

A community that does not ask for any parent to choose between food and clothing for their children or basic medical services for themselves, or for their children; *n.* 劣势;脆弱(性)

A system of care in which the fundamental priorities are set by the people who are subject to<sup>3</sup> illness, not by those who profit from their care; priority / praɪ'ɒrəti / *n.* 优先, 优先权