学术英语

ACADEMIC ENGLISH for MEDICINE

主 编/季佩英 孙庆祥



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



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高等学校专门用途英语(ESP)系列教材是针对新时期大学英语教学的发展方向和新形势下我国人才培养目标对高等教育的要求而开发,以教育部《普通高等学校本科专业目录》的学科设置为基础,结合专家、学者、教师对 ESP 教学的理论和实践研究成果,根据院校实际教学情况综合考虑而编写的一套教材。该系列教材旨在将大学英语教学与学生所学专业相结合,提高大学生的学术英语能力及专业英语水平,为学生毕业后直接使用英语从事本专业工作,或者继续深造学习、进行学术研究以及参加学术活动打下坚实基础。

本系列教材分为"学术提升"和"专业拓展"两大类,以专业学科为基础,以提高英语学术能力和专业英语应用能力为核心,为高等院校师生提供教学和学习资源,同时为教师课堂教学提供有力支持。

学术提升类

高等学校专门用途英语(ESP)系列学术提升类教材以"用中学(learning by doing)"的教育学理念为指导思想,以大学科概念为划分基础,如人文、社科、理工、管理、医学、农林等,旨在帮助学生夯实语言技能、提升学术能力(academic skills),包括学术阅读、学术听力、学术写作和学术口语的能力,以及批判性思维能力和创新思维能力等。

专业拓展类

高等学校专门用途英语(ESP)系列专业拓展类教材以"专业需要(discipline-specific)"的教育学理念为指导思想,在商务、医学、法律、理工等不同方向之下细分为不同专业,旨在帮助学生在具备基本的英语听、说、读、写技能的前提下,获取本专业相关的前沿信息,掌握专业词汇,熟练专业语言的运用,强调培养学生在英语环境下从事本专业工作的能力。

此外, 高等学校专门用途英语(ESP)系列还将陆续推出根据实际教学需求而不断开发的新的分册, 不断丰富该系列教材, 全力支持大学英语课程体系建设。

编写说明

本书使用说明

本教材为《学术英语 医学》,属高等学校专门用途英语(ESP)系列教材中的"学术提升"类,涉及医学领域最基本的方方面面,如医生世界、医疗体制、疾病预防、生命医学、医患关系、医学教育、生物医学伦理、替代医学等,适合修完大学英语基础课程,达到一般要求水平的学生。虽然本教材以专业内容而不是以语言训练为主线,但是基于培养学术交流能力为目的的听、说、读、写、译的训练贯穿每个单元,并且各个单元内容的语言训练相互衔接、前后呼应。学生学完本书后,其有效、得体地使用英语进行学业学习与学术交流的能力将得到较全面的提高。

本书结构框架

本教材分为十个单元。每个单元设一个主题,内容包括围绕同一主题的三篇课文,与专业相关的学术听力、学术口语、学术写作训练以及单元内容相关的词汇测试。每单元结构如下:

- 正课文(Text A)
- 副课文 (Text B)
- 副课文(Text C)
- 学术听力 (Listening: News Report/Lecture/Short Talk/Interview)
- 学术口语 (Speaking: Discussion/Seminar/Presentation)
- 论文写作(Writing: Research Paper Project)
- 词汇测试(Vocabulary Test)

本书内容简介

现将本书各单元的内容简介如下:

Text A 由 Lead-in、Text A、词表、注释和练习五部分组成。课文前的导入部分通过思考题、问答题等让学生先对相关话题作独立思考或者搜集背景知识,以便更好地理解课文。课文注释采用脚注,主要介绍作者、重要人物、概念、事件等。练习部分主要包括以下两个方面:

- 批判性阅读和思考(Critical reading and thinking): 不仅考查学生对文章意思的理解, 也培养批判、质疑精神和独立思考能力。其中的讨论题可以结合 Speaking 中的学术口语 策略使用。
- 语言训练(Language building-up):帮助学生学习医学术语和构词方法、了解学术英语的表达规范并加强正式文体的语感。

Text B 由 Text B、词表、注释和练习组成。其中的练习分为两部分:第一部分是批判性阅读与思考(Critical reading and thinking);第二部分是拓展性的研究(Researching),该板块要求学生结合本单元所学的专业知识完成一项小型的调查研究或自学任务。

Text C 由 Text C、词表、注释和练习组成。课文补充介绍与专业相关的常识。

Listening 为学术听力。介绍听讲座和采访等的一些策略,并布置实践任务。主要培养学生 听专业学术发言、记笔记、整理笔记的能力。

Speaking 为学术口语。主要培养学生在参加学术讨论和进行学术发言时恰当、得体地使用英语的能力。内容包括参与学术讨论时何时发言、如何邀请别人发言、如何提出质疑、如何做大会发言等。

Writing 为学术写作。主要介绍医学论文写作的基本知识,培养学生规范撰写学术论文的意识和能力,包括学术规范写作、文献综述、研究方法、恰当引用、避免抄袭等。

Vocabulary Test 汇总了 Text A、Text B 和 Text C 课文中出现的重要的医学术语和搭配,帮助学生掌握和巩固已学的医学词汇和表达方式。

本书的编写从内容到形式都有不少新的尝试,加之编者水平有限,不妥之处,敬请读者批评指正。

编者 2012年6月

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UNIT

Doctors' Life

Doctors are thought as noble, respectable, and caring, but it is really common to read or hear about the complaints of doctors' being impatient and careless. What are the causes for such complaints? How can ordinary incidents influence the way doctors practice medicine? This unit explores doctors' life from different perspectives so that you can understand them better.

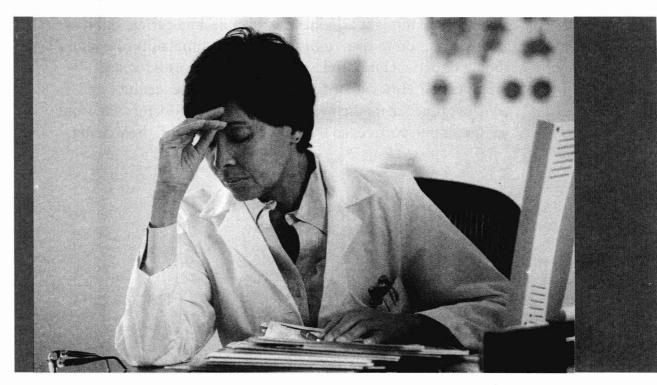


Lead-in

overload	

Neuron Overload and the Juggling Physician

Danielle Ofri²



- Patients often complain that their doctors don't listen. Although there are probably a few doctors who truly are tone-deaf, most are reasonably empathic human beings, and
 - 1 The text is taken from The Lancet (2010), Vol. 376.
 - 2 Danielle Ofri: a physician at Bellevue Hospital in New York and Associate Professor of Medicine at New York University School of Medicine 达尼埃尔·奥弗里(内科医生,副教授)

I wonder why even these doctors seem prey to this criticism. I often wonder whether it is sheer neuron overload on the doctor side that leads to this problem. Sometimes it feels as though my brain is juggling so many competing details, that one stray request from a patient — even one that is quite relevant — might send the delicately balanced three-ring circus tumbling down.

- One day, I tried to work out how many details a doctor needs to keep spinning in her head in order to do a satisfactory job, by calculating how many thoughts I have to juggle in a typical office visit. Mrs. Osorio is a 56-year-old woman in my practice. She is somewhat overweight. She has reasonably well-controlled diabetes and hypertension. Her cholesterol is on the high side but she doesn't take any medications for this. She doesn't exercise as much as she should, and her last DEXA scan³ showed some thinning of her bones. She describes her life as stressful, although she's been good about keeping her appointments and getting her blood tests. She's generally healthy, someone who'd probably be described as an average patient in a medical practice, not excessively complicated.
- ³ Here are the thoughts that run through my head as I proceed through our 20-min consultation.

Good thing she did her blood tests. Glucose is a little better. Cholesterol isn't great. May need to think about starting a statin. Are her liver enzymes normal?

Her weight is a little up. I need to give her my talk about five fruits and vegetables and 30 min of walking each day.

Diabetes: How do her morning sugars compare to her evening sugars? Has she spoken with the nutritionist lately? Has she been to the eye doctor? The podiatrist?

Her blood pressure is good but not great. Should I add another BP med⁴? Will more pills be confusing? Does the benefit of possible better blood pressure control outweigh the risk of her possibly not taking all of her meds?

Her bones are a little thin on the DEXA. Should I start a bisphosphonate that might prevent osteoporosis? But now I'm piling yet another pill onto her, and one that requires detailed instructions. Maybe leave this until next time?

How are things at home? Is she experiencing just the usual stress of life, or

³ DEXA scan: Dual Energy X-ray Absorptiometry scan, a means of measuring bone mineral density 双能量X线吸收扫描,用于测定骨密度等

⁴ BP med: a blood pressure medication 控制血压的药

might there be depression or anxiety disorder lurking? Is there time for the depression questionnaire?

Health maintenance: When was her last mammogram? PAP smear⁵? Has she had a colonoscopy since she turned 50? Has she had a tetanus booster in the past 10 years? Does she qualify for a pneumonia vaccine?

- 4 Mrs. Osorio interrupts my train of thought to tell me that her back has been aching for the past few months. From her perspective, this is probably the most important item in our visit, but the fact is that she's caught one of my neurons in mid-fire (the one that's thinking about her blood sugar, which is segueing into the neuron that's preparing the diet-and-exercise discussion, which is intersecting with the one that's debating about initiating a statin). My instinct is to put one hand up and keep all interruptions at bay. It's not that I don't want to hear what she has to say, but the sensation that I'm juggling so many thoughts, and need to resolve them all before the clock runs down, that keeps me in moderate state of panic. What if I drop one what if one of my thoughts evaporates while I address another concern? I'm trying to type as fast as I can, for the very sake of not letting any thoughts escape, but every time I turn to the computer to write, I'm not making eye contact with Mrs. Osorio. I don't want my patient to think that the computer is more important than she is, but I have to keep looking toward the screen to get her lab results, check her mammogram report, document the progress of her illnesses, order the tests, refill her prescriptions.
- Then she pulls a form out of her bag. Her insurance company needs this form for some reason or another. An innocent and completely justified request, but I feel that this could be the straw that breaks the camel's back⁶, that the precarious balance of all that I'm keeping in the air will be simply unhinged. I nod, but indicate that we need to do her physical examination first. I barrel through the basics, then quickly check for any red-flag signs that might suggest that her back pain is anything more than routine muscle strain. I return to the computer to input all the information, mentally running through my checklist, anxious that nothing important slips from my brain's holding bay.
- I want to do everything properly and cover all our bases, but the more effort I place into accurate and thorough documentation, the less time I have to actually interact with my patient. A glance at the clock tells me that we've gone well beyond our allotted time. I stand up and hand Mrs. Osorio her prescriptions. "What about my insurance form," she asks. "It needs to be in by Friday, otherwise I might lose my coverage." I clap my hand against my forehead; I've completely forgotten about the form she'd asked about just a few minutes ago.

⁵ PAP smear: Papanicolaou smear 巴氏涂片(一种表皮脱落细胞学染色法,多用于妇女子官颈病况的检查和诊断)

the straw that breaks the camel's back: the last in a series of unpleasant events which finally makes you feel that you cannot continue to accept a bad situation 压垮骆驼的最后一根稻草,比喻一系列打击或不愉快的事件中最终使人无法忍受的因素

- of multitasking was developed in the computer field to explain the idea of a microprocessor doing two jobs at one time. It turns out that microprocessors are in fact linear, and actually perform only one task at a time. Our computers give the illusion of simultaneous action based on the microprocessor "scheduling" competing activities in a complicated integrated algorithm. Like microprocessors, we humans can't actually concentrate on two thoughts at the same exact time. We merely zip back and forth between them, generally losing accuracy in the process. At best, we can juggle only a handful of thoughts in this manner.
- The more thoughts we juggle, the less we are able to attune fully to any given thought. To me, this is a recipe for disaster. Today I only forgot an insurance company form. But what if I'd forgotten to order her mammogram, or what if I'd refilled only five of her six medicines? What if I'd forgotten to fully explain the side effects of one of her medications? The list goes on, as does the anxiety.
- At the end of the day, my mind spins as I try to remember if I've forgotten anything. Mrs. Osorio had seven medical issues to consider, each of which required at least five separate thoughts: That's 35 thoughts. I saw ten patients that afternoon: That's 350. I'd supervised five residents that morning, each of whom saw four patients, each of whom generated at least ten thoughts. That's another 200 thoughts. It's not to say that we can't handle 550 thoughts in a working day, but each of these thoughts potentially carries great risk if improperly evaluated. If I do a good job juggling 98% of the time, that still leaves ten thoughts that might get lost in the process. Any one of those lost thoughts could translate into a disastrous outcome, not to mention a possible lawsuit. Most doctors are reasonably competent, caring individuals, but the overwhelming swirl of thoughts that we must keep track of leaves many of us in a perpetual panic that something serious might slip. This is what keeps us awake at night.
- There are many proposed solutions computer-generated reminders, case managers, ancillary services. To me, the simplest one would be time. If I had an hour for each patient, I'd be a spectacular doctor. If I could let my thoughts roll linearly and singularly, rather than simultaneously and haphazardly, I wouldn't fear losing anything. I suspect that it would actually be more efficient, as my patients probably wouldn't have to return as frequently. But realistically, no one is going to hand me a golden hour for each of my patients. My choices seem to boil down to entertaining fewer thoughts, accepting decreased accuracy for each thought, giving up on thorough documentation, or having a constant headache from neuron overload.
- These are the choices that practicing physicians face every day, with every patient. Mostly we rely on our clinical judgment to prioritize, accepting the trade-off that is inevitable with any compromise. We attend to the medical issues that carry the greatest weight and then have to let some of the lesser ones slide, with the hope that none of these seemingly lesser ones masks something grave.

- 12 Some computers have indeed achieved the goal of true multitasking, by virtue of having more than one microprocessor. In practice, that is like possessing an additional brain that can function independently and thus truly simultaneously. Unless the transplant field advances drastically, there is little hope for that particular *deus ex machina*⁷. In some cases, having a dedicated and competent clinical partner such as a one-on-one nurse can come close to simulating a second brain, but most medical budgets don't allow for such staffing indulgence.
- As it stands, it seems that we will simply have to continue this impossible mental highwire act, juggling dozens of clinical issues in our brains, panicking about dropping a critical one. The resultant neuron overload will continue to present a distracted air to our patients that may be interpreted as us not listening, or perhaps not caring.
- When my computer becomes overloaded, it simply crashes. Usually, I reboot in a fury, angry about all my lost work. Now, however, I view my computer with a tinge of envy. It has the luxury of being able to crash, and of a reassuring, omniscient hand to press the reboot button. Physicians are permitted no such extravagance. I pull out the bottle of paracetamol tablets from my desk drawer and set about disabling the childproof cap. It's about the only thing I truly have control over. (1,692 words)

New words and expressions

neuron /'njuəron/ n. a nerve cell which carries messages between your brain and other parts of your body 神经元,神经细胞

overload / ¡əuvə'ləud/ n. a load or burden that is too much 超载,超负荷

juggle /'dʒʌɡəl/ v. try to do several important things at the same time 同时应付好几件事

tone-deaf /,təun'def/ a. unable to tell the difference between different musical notes 音盲的,不会辨别音调的

empathic /em'pæθιk/ a. being able to understand other people's feelings and problems 充满同情心的,有同感的

prey/prei/n. a victim 牺牲品

stray /streɪ/ a. found or occurring apart from others; incidental 零落的,偶遇的,意外的

three-ring circus /'s3:kəs/ n. (AmE,

infml) a place or situation that is confusing because there is too much activity 乱哄哄的地方(场面)

tumble /'tʌmbəl/ vi. collapse 倒塌

spin /spin/ v. rotate rapidly; whirl (使)

diabetes /ˌdaɪə'biɪtiːz/ n. a disease in which there is too much sugar in the

hypertension /, haɪpə'tenʃən/ n. a medical condition in which your blood pressure is extremely high 高血压

cholesterol/kə'lestərol/n. a substance in your blood that can cause heart disease if you have too much of it 胆固醇

medication / med_{ϑ}^{I} ke $I \int \partial n / n$. a medicine 药物

consultation $/_1$ kons ∂ l'ter $\int \partial$ n/ n. a meeting with a professional person, especially a doctor, for advice or

treatment (向专业人士,尤指医生的)咨询,问诊

glucose / gluːkəus/ n. a natural form of sugar that exists in fruit 葡萄糖

statin / stæt $\frac{1}{2}$ n/ n. 斯达汀(一用来抑制胆固醇的药)

enzyme /'enzaɪm/ n. a chemical substance produced by animal and plant cells that causes changes in other chemical substances 酶

nutritionist/njux'trɪʃənɪst/n. one who is an expert in the field of nutrition 营养学家

podiatrist /pə'daɪətr st/ n. one who is specialized in the diagnosis, treatment, and prevention of diseases of the human foot 足病医生

outweigh /aut'wei/ vt. be more significant than; exceed in value or importance 胜过,强过

⁷ deus ex machina: (Latin) an unexpected event or person that abruptly solved a seemingly unsolvable problem (拉丁语)突然出现而扭转局面的人或事

bisphosphonate /bis'fosfəuneit/ n.
一碳酸卦

osteoporosis /ˌɒstiəupə'rəusəs/ n. 骨质疏松 (症)

lurk /lɜːk/ vi. exist without being seen, suspected, or detected 暗藏,隐藏

mammogram /'mæməgræm/ n. 乳房X 线照片

smear/smiə/n. 子宫颈抹片检查;涂片试验

colonoscopy /ˌkəulə'nɒskəpi/ n. 结肠 镜检查(术)

tetanus /'tetənəs/ n. a serious illness caused by bacteria that enter your body through cuts and wounds and make your muscles, especially your jaw, become stiff 破伤风

booster /'buːstə/ n. a small quantity of a drug that increases the effect of one that was given before, so that sb. continues to be protected against a disease (药物的)增效剂

pneumonia /njuːˈməʊniə/ n. inflammation of the lungs 肺炎

vaccine /'væksiːn/ n. a substance which contains a weak form of the bacteria or virus that causes a disease and is used to protect people from that disease 疫苗

train of thought a series of thoughts 一连串的念头

segue /'segweɪ/ vi. proceed without interruption 继续

intersect /ˌɪntəˈsekt/ v. cross 相交,交叉 initiate /ɪˈnɪʃieɪt/ vt. begin 开始

keep sb./sth. at bay prevent an enemy, a problem, etc. from coming close or having a bad effect 牵制, 控制

sensation /sen'seɪʃən/ n. a general feeling such as discomfort, anxiety, or doubt 感觉

evaporate /ɪ'væpəreɪt/ vi. disappear 消失

prescription /prɪ'skrɪpʃən/ n. a written direction by a physician for the preparation and use of a medicine 处方

precarious /prɪ'keəriəs/ a. not safe or likely to fall 摇摇欲坠的,不稳定的

unhinge /ʌn'hɪndʒ/ vt. throw into confusion 扰乱, 打乱

barrel /'bærəl/ v. move very fast, especially in an uncontrolled way 飞奔, 高速移动

red-flag sign a warning sign of danger 危险症状

allotted (time) /ə'lɒt d/ a. officially given to sb. for a particular purpose 分配到的(时间)

coverage /kʌvərɪdʒ/ n. inclusion in an insurance policy or protective plan 承保范围,承保险别

debunk /ˌdiː'bʌŋk/ vt. expose the sham or falseness of 揭露

multitasking /ˌmʌltɪ'tɑːskiŋ/ n. a situation in which a computer or person does more than one thing at the same time 多任务处理,一心多用

microprocessor / maɪkrəu, prəusesə/n. 微处理器

linear /'lɪniə/ a. extended or arranged in a line 线性的

simultaneous /ˌsɪməl'teɪniəs/ a. happening, existing, or done at the same time 同时的

algorithm /ˈælgərɪðəm/ n. 算法

zip /zɪp/ vi. move very quickly 快速移动

attune /ə't juːn/ vt. bring into a harmonious or responsive relationship 使调和,使协调

be a recipe /'res¹pi/ for sth. make it extremely likely that sth. will happen 很 可能造成某事

resident /'rezidənt/ n. a physician receiving specialized clinical training in a hospital, usually after completing an internship 住院医生

lawsuit /'lɔːsuːt/ n. a situation in which a disagreement between people or groups is formally judged in a law court 诉讼

overwhelming / ¡əʊvəˈwelmɪŋ/ a. overpowering in effect or strength 巨大的,势不可挡的

swirl /sw3:l/ n. whirling confusion or disorder 漩涡, 纷乱

perpetual /pə'petʃuəl/ a. continuing or lasting for an indefinitely long time 永久的,不断的

ancillary /æn'sɪləri/ a. serving as a supplement 辅助的

haphazardly /ˌhæp'hæzədli/ ad. in a random manner 杂乱无章地

boil down (to sth.) (infml) summarize

or condense 归纳(某事物);浓缩(某事物)

practicing physician 执业医师

prioritize/prai'dritaiz/ ν. put several jobs, problems, etc. in order of importance, so that you can deal with the most important ones first 按优先顺序列出;确定(工作、问题等的)优先顺序

trade-off an acceptable balance between two opposing things (两种对立 物之间的)平衡,妥协、协调

by virtue of 依靠, 凭借, 由于

drastically /'dræstɪkli/ ad. strongly, suddenly 猛烈地, 突然地

dedicated /'dedikeɪtid/ a. spending all your time and effort on sth. 专注的, 一心一章的

simulate /ˈsɪmjəleɪt/ vt. make or produce sth. that is not real but has the appearance or feeling of being real 模拟

staffing /st ʌfɪŋ/ n. providing with a staff of workers or assistants 人员配备

indulgence /In'dʌldʒəns/ n. a behavior towards sb. that is very kind, especially when it should be strict 迁航. 纵容

as it stands as it is now 按现实情况,以现状来说

high-wire /'haɪwaɪə/ a. dangerous 危险 的,高空走钢丝(般)的

resultant /rɪ'zʌltənt/ a. following as a consequence or result 因而发生的,必然产生的

reboot / riː'buːt/ vt. restart 重新启动

tinge /tɪndʒ/ *n*. a very small amount of a color, feeling, or quality 些许,一点,一丝(颜色、感觉或特征)

reassuring /ˌriːəˈʃʊərɪŋ/ a. making you feel less worried 使人放心的;安慰的

omniscient /pm'nɪsiənt/ a. knowing everything 全知的, 无所不知的

extravagance /ɪk'strævəgəns/ n. luxury 奢侈

paracetamol /,pærə'siːtəmɒl/ n. 扑热 息痛 (解热镇痛药)

tablet /'tæblat/ n. a small round hard piece of medicine to be taken orally 药片

childproof /'tʃaɪldpruːf/ a. incapable of being opened, tampered with, or operated by a child 防止儿童打开的,对儿童安全的

Critical reading and thinking

Task 1 / Overview

An exposition usually consists of three parts: introduction of the theme, elaboration on the theme, and conclusion about the theme. Write a summary of the text with the help provided.

Introduction of the]
theme: the reason for	
some doctors seeming	*.
prey to patients'	
complaints	
	7
Elaboration on the	
theme: Mrs. Osorio's	
visit as a typical	
example	
	J
Conclusion: possible	
solutions to the	
problem faced by	
juggling physicians	

Task 2 / Topics for presentation

Prepare a brief presentation on one of the following topics before class and get ready to deliver it to the class.

- 1 Do you agree that it is sheer neuron overload on the doctor side that leads to the complaint that doctors do not listen?
- 2 Describe Mrs. Osorio's condition.
- 3 What are the good and bad things about Mrs. Osorio's conditions that run through the author's mind?

- 4 Describe the situation when Mrs. Osorio might send the author's delicately balanced three-ring circus tumbling down.
- 5 Compare multitasking in human beings and computers.
- **6** Use numbers to justify that it is the juggling mind that keeps doctors awake at night.
- 7 What are possible solutions to the impossible high-wire act of juggling competing details and panicking about slipping a critical one?

Language building-up

Task 1 / Medical terminology

Medical terms consist of roots, prefixes, suffixes, and existing words. A good knowledge of the word formation will contribute a lot to your understanding of medical literature.

1 Study the word formation of medical terms listed in the box.

Roots	Meaning	
colon(o)-	colon (结肠)	
gluc(o)-	glucose; sweetness (葡萄糖; 甜)	
iatr(o)-	physician; treatment (医师; 医疗)	
mamm(o)-	breast (乳房)	
neur-	nerve (神经)	
nutri-	nourishment (营养)	
oste(o)-	bone (骨)	
pneum(o)-	air; lung (气;肺)	
pod-	foot (足, 脚)	
por-	a cavity, opening, passage or pore (腔; 孔; 洞)	
Prefixes	Meaning	
hyper-	abnormally increased, excessive (超出; 过度的)	
re-	again; back; contrary (再; 又; 回; 反)	
trans-	through; across; beyond (经; 透过; 越; 横过)	
Suffixes	Meaning	
-gram	something written or drawn; a record (书写或图;记录)	
-ia	disease; pathological or abnormal condition (疾病;行为异常或失常的状态)	
-ion	noun-forming suffix (构成名词的后缀)	