

# 全科医学

## Textbook of Family Practice

原著 Robert E. Rakel

主译 彭国忱

副主译 梁万年 王法成 郑毅

第6版



人民卫生出版社

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# 中文版序

医学的发展使专业划分越来越细，这有利于医学专业更快提高，但不利于为病人提供全面的个体化医疗服务，不便于患者就诊。Francis Peabody 在 1923 年提出，医生应该掌握全科知识，为病人提供全面、个体化的医疗服务。经过充分的酝酿，直至 1969 年，美国全科医学专业委员会（ABFP）成立了，这意味着全科医学专业的诞生。欧美及澳大利亚的全科医学经过 30 多年的历程，已经发展成一门成熟的学科，全科医生占医生总数的 40%~50%，在全民医疗保健中起到了十分重要的作用。

我国的全科医学尚处于起步阶段。随着社会、经济和卫生事业的发展，随着医疗体制改革的深入，我国对全科医学的需要和认识必将不断提高。1997 年，我国决定加强社区医疗保健。京、津、沪、穗先后开展了试点工作，已经确定发展社区医疗，着手培养全科医生。2000 年中央决定，通过全科医学毕业后教育和 600 学时的医生转型培训，争取在“十五”期间使我国全科医生的比例达到 40%~60%。但是我国幅员辽阔，各地区发展很不平衡。总体上，我国尚缺乏有一定实践经验的高水平全科医生、全科医学管理干部、护士，以及其他相关人才。因此面临大量的培训任务，需要高质量的培训师资和教材。我国现有的培训材料还不能适应全科医学的培训要求。我们翻译这本《全科医学》的目的即在于试图适应这一需求，希望这本书对我国全科医师的培养有所帮助。

Robert E. Rakel 主编的《全科医学》（Textbook of Family Practice）从 1973 年的第 1 版到 2002 年的第 6 版，是美国最具权威性的全科医学专著之一，是美国培养全科医生和基层医生的重要参考书，也是取得美国全科医学委员会的执业证书和每 6 年一次的全科医生再注册考试的必备参考书。为了适应我国全科医学发展和全科医师培训的需求，我们把这本书介绍到中国。“他山之石，可以攻玉”，但愿本书能加深大家对全科医学的认识，有助于我国的全科医学事业的发展，推动我国全科医生的培养，并了解美国全科医生的服务范围和工作水平，以及美国的医疗制度。期望能对我国医疗制度的改革有所借鉴。

本书适合全科医学高等教育、毕业后教育使用，可供全科医学教师、各层次医生和全科医学管理人员参考。

我们 2000 年底得到《全科医学》的第 5 版，开始组织翻译，2001 年 1 月召开了第 1 次翻译人员会。得到第 6 版样书后，着手将译文改为第 6 版，试图在原书第 6 版出版当年（2002 年）出中文版。但由于第 6 版有大幅度改动，加大了译文改版的工作量和难度，使截稿时间推迟到 2002 年底。而第 6 版的大幅改动表明此书的新颖性和先进性。

先后有 44 人参加翻译工作，邀请了 15 位审校人员。首都医科大学梁万年教授审校第 I、II、III、V 篇；安定医院的郑毅主任审校精神心理部分；和平里医院的彭俊周主任与煤炭总医院的同仁们审校第 IV 篇。

我们得到了原书作者 Robert E. Rakel 的热情帮助和鼓励，为中文版的出版提供了方便。感谢 Rakel 和翰科北京代表处及其上级机构，感激各位译者和审校者的辛勤工作，使中文版能够及时地奉献给中国读者。

谨将本书中文版向煤炭总医院建院 10 周年、全科医学分会成立 10 周年和全科医师协会成立献礼。

由于时间紧，水平有限，错误之处在所难免，恳请读者批评指正。

主 译  
彭 国 忱

# 前 言

正式承认全科医学为一门专业已经 32 年多了。这是第 6 版《全科医学》，它继承了 1973 年的第 1 版和 1995 年的第 5 版的传统。作者的目标是在一本书中包含这一学科最基本的信息，不断进行修订，使之保持资料的先进性，适合当代全科医生的需要。

像过去的版本一样，多数作者都是全科医生。对临床章节仍坚持第 1 版所确立的方针，把此领域的权威与有经验的全科医生联合起来，对全科医学确保内容而言是现代而贴切的。

作者不仅十分注重工作中最常见到的问题，也注意到虽不常见，但“一旦疏忽将十分严重”的问题。预防是全科医生的擅长，作者十分注重潜在严重问题的早期诊断。在疾病尚无特异性表现阶段，需要早期诊断的技巧，而当症状已持续一段时间并已出现典型表现时，则需要治疗的技能；两者相比，前者更重要。

本版新章节集中在循证医学、临床准则的应用和综合医学，后者将交错的医学融入到临床工作的主流。新章节是临床指南、以论据为基础的健康保健、医疗实践中的研究和精神躯体医学。

作者的目的是以简明易懂的方式表现出全科医学专业的基本知识，用 1 千多幅表格和插图来提高这种表现力。

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