

# 全科医学

Textbook of Family Medicine

第 8 版

主编

Robert E. Rakel

David P. Rakel

主审

陈 竺

主译

曾益新



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Robert E. Rakel and David P. Rakel

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# 序

医学科学的发展经历了从整体走向局部,再从局部整合为整体的过程。医学模式的转变也经历了“纯生物学模式→生物学社会学模式→生物社会心理学模式”的过程。这些转变体现了医学由“粗犷”到“精细”,再从局部到整体的发展历程,但今天的“整体”已非最初的整体,它体现了医学对“人”的理解,对生命的关注,对知识的整合。与之相对应的,医学理念也从单纯的疾病治疗、疾病预防向健康促进推进。这些发展、转变和推进就是全科医学产生和发展的基础。

我国是一个正在老龄化的人口大国,也是一个处于社会主义初级阶段的发展中国家。一方面我们需要为国民提供必要的健康保障,另一方面又必须紧密结合我国的基本国情。现有的医疗体制把大量的医疗资源集中在大城市的大医院,不但造成了群众反映强烈的“看病难、看病贵、看病累”问题,而且也不能依靠有限的大医院来满足全体居民的医疗健康需求。发展基层医疗、全科医学是我们走出困境的唯一出路。

因此,无论是行业的属性、存量的问题、变量的趋势,还是增量的需求,都迫切需要发展全科医学、培养全科医师、壮大全科医疗。充分发挥群众健康守门人、医疗费用看门人的重要作用,为居民提供全方位、连续性、易及性、个体化的医疗保健服务。与此同时,发展

全科医生制度也是“保基本、强基层、建机制”医改基本战略的关键支点和重要落脚点。2011年7月,国务院颁布了《关于建立全科医生制度的指导意见》,站在战略和全局高度,在全国范围启动并大力推进全科医生制度,并在此基础上提出了“一种模式、两条途径、三个统一、四条渠道”的总体思路,凸显出全科医学、全科医生、全科医疗的关键在于制度设计、核心在于人才队伍、根本在于教育培训。

教科书是全科医学教育培训事业的基础和关键,我们在充分借鉴国际成功经验、积极把握国内实际情况和培养需求的基础之上,认真挑选了在国际上得到广泛认可的全科医学教材,精心组织了这本英文教材的翻译工作。衷心期望《全科医学》的翻译出版能够有力地促进我国全科医生的培养、全科医疗的完善、全科医学的发展,进而对我国的医药卫生事业和群众健康事业起到积极的推动作用。

陈竺

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2012年5月26日 于北京

# 前言

发展全科医学人才队伍、健全基层医疗服务体系是推进我国医药卫生事业发展、满足人民群众医疗保健需求的重要途径和关键环节。全科医生是以人为中心、以家庭为单位、以预防为主导,以社区健康的整体维护为方向,为居民提供连续的、综合的、易及的、协调的、个体化的医疗保健服务,是群众健康的守门人、医疗费用的看门人。人才队伍建设的根本在于良好的教育和规范的培训,而优秀的教材和参考书又是必不可少的工具。

全科医学学科自 20 世纪 60 年代建立以来,在西方发达国家已经发展成为临床医学领域中较为成熟的一门专业学科,这为我国发展全科医学学科、构建全科医生培养体系、培养全科医师队伍提供了有益的指导和参考。我们根据国内的实际情况和培养需求,挑选出了国际上广泛认可的这版英文教程。精心组织北京协和医学院的部分教授、医师、医学生对此书进行了认真的翻译,力争使得此书成为国内全科医师规范化培训和高校全科医学教学的重要参考书。

本书由威斯康星大学家庭医学系 David P. Rakel 副教授和贝勒医学院的 Robert E. Rakel 教授共同主

编,自 1973 年首版出版以来,作为全科医学领域的经典之作畅行不衰,为许多国家的全科医师、医学生提供了宝贵的参考。本书全面介绍了现代全科医学所需要的知识和技术,尤其是把全科医学的思维和理念贯穿到知识的讲解和传授中。本书在结构上分为全科医学的基本概念及全科医学实践两大部分,在内容上涵盖了内科、外科、妇产科、神经科、五官科及心理医学等各个学科及其重要分支。本书不仅斟酌了全科医学基本理论的深度与广度,更注重教材知识的系统性和实用性,尤其突出以患者为中心的全科医疗实践,强调临床实用性,引导全科医师规范行医。

本书在翻译过程中得到了北京协和医院一线医务人员和人民卫生出版社领导的大力支持,确保了此书的顺利翻译出版,在此一并表示感谢!

由于翻译工作时间紧任务重,书中难免存在疏漏和不足之处,恳请有关专家、学者、临床医师批评指正。

曾益新 王仲

2012 年 5 月 26 日 于北京



# 原 版 序

此《全科医学》于 1973 年首次出版,适逢“家庭医疗”专科初建之时。2005 年,“美国家庭医疗委员会”更名为“美国家庭医学委员会”,本书第 8 版亦交代了其名称更替。

人们可以在线获得全部英文电子版教程尚属首次。此外,你还可获得包括 30 个从 Elsevier's Procedures Consult 处获得的流程视频等补充资料。

威斯康星大学家庭医学副教授 David Rakel,与他父亲共同主编了本版教程。

该教程的设计思路是为家庭医生们提供一处能够帮助他们保持与最新医学进展同步的资源。本书也特别有助于正在准备获得美国家庭医学委员会认证或者再认证的家庭医师。

我们的目的是为负责患者初级医疗服务的专业人员,特别是可能没有能够在各个领域接受足够训练的专业人员提供一处资源,以提高他们对初级医疗的理解。

该教程几乎所有作者都是家庭医师。对于每个临床章节,我们仍然保持着从第 1 版起即建立的规矩,即

由一个该领域内的专家和一个富有临床经验的家庭医生共同编写,以保证信息既具有时代性,又能满足家庭医师的真正需求。

本版中应用了色彩对要点和某些重要信息做出高亮标记,其中还包含了超过 1000 个列表和图示,以方便读者更快地获取这些重要信息。在主要治疗的框里应用了推荐强度等级来说明证据的强度,并且会主要关注 A 级的证据。

本书关注于家庭医生最常遇到的问题,并特别关注了具有潜在严重性,如果漏诊将产生危险后果问题的诊断。在疾病的早期和没有分化的阶段作出识别和诊断比症状进展到足以明确诊断时再诊断要困难许多。而早期的诊治不仅降低死亡率,也更加的经济。

为 Elsevier 的同仁对本书质量的高标准要求 and 坚持致以最诚挚的感谢!

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# 第一部分

## 家庭医学原则

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