Medical English Textbook

大学公共医学英语（下）

赵贵旺　主编

人民軍醫出版社
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（下　册）

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内 容 提 要

《大学公共医学英语》一书由全国十余所重点医科大学长期从事医学英语教学的一线教师共同编写而成。全书分上、下两册，每册 8 个单元。每单元分为 Text A，Text B，Supplementary Reading 三大部分。Text A 的内容侧重医学英语的科普性、社会性、人文性，同时注重所选内容能更好地体现语言自身的交际功能。Text B 的内容侧重医学英语的专业性，而 Supplementary Reading 的内容则是与 Text A 一致，是 Text A 的补充。

本教材适用于医学院校大学本科、研究生阶段学生的教学使用，同时也适合医学英语爱好者和临床医生的自学使用。

《大学公共医学英语》系列教材

编　委　会

前　言

《大学公共医学英语》一书是应人民军医出版社的邀请，由全国十余所重点医科大学长期从事医学英语教学的一线教师编写而成。该书的编写与出版主要是针对我国本科院校医学专业大学二年级后的英语教学进行的。目前，我国大学医学英语的教学还没有统一的教学大纲，教学时数也不尽相同，教材的编写各有千秋，互有长短。在总结前人经验的基础上，经过编委会的认真讨论，最终决定该教材的编写力求做到以下三点的突破与创新。

一、教材的定位

教材的定位是关键，没有准确的定位，就不可能编写出符合实际情况的理想教材。一本教材的定位首先要考虑学生的实际需求，其次是教学课时的安排，再次是大的整体的教学现状。大学三年级的医学生正处于从医学基础知识向医学临床知识的过渡阶段；另外，大三学生在思想上也正处于从感性认识向理性认识转变的过程。在这一时期，无论是哪一科的教学，都会对他们的成长或者说是思想的成熟与转变起到正面或负面的影响。医学英语的教学作为医学教育的一部分决不能停留在简单的、狭隘的语言教学上，而是应该将这阶段的教学转向以英语为载体，充分了解医学的人文信息、科普信息及其他相关的医学社会信息，同时最大限度地掌握专业英语的相关术语及表达方式。因此，我们最终将该教材定位于《大学公共医学英语》，其内涵包括三个方面：一是大学英语，二是医学英语，三是公共医学英语。其宗旨是帮助学生完成从大学英语向医学专业英语的过渡。

二、教材的选材

该教材共分上下两册，每册 8 个单元，每单元又包括 Text A，Text B，Supplementary Reading 三大部分。Text A 的选材侧重于医学英语的科普性、社会性、人文性，同时注意所选内容能更好地体现语言自身的交际功能。另外，文章的题材及体裁力求做到丰富多样，避免过分单一。在教材 16 个单元所选的文章中，有医学科普论文、医学报道、医学故事、人物传记、人生感悟等。内容涉及到有关健康保健、医学史、医学管理、医学人才的流失、医患冲突与隐私、医学伦理、中医药、幽默小说等十多类。Text B 的选材则侧重医学英语的专业性，而 Supplementary Reading 的选材则是基本与 Text A 保持一致。教师在使用本教材时，可根据各自学校的情况或本人的实际情况，有所选择地使用。另外，每个单元除了两篇主课文外，还选入了一些医学保健，医学名言，医学欣赏类的内容，并且这部分内容在版式设计上也力求轻松活泼，以弥补传统医学英语教材无论在编写还是排版方面略显沉闷的不足，以引起学生课外学习的兴趣，增加学生课外学习的机会。

三、习题的设计

对于课后习题的设计，分三步来进行。一是课前热身练习，设计在课文中，由学生在预

习课文时完成；二是针对课文内容的练习，主要包括口语、词汇、阅读；三是根据课文的进度及学生的课外需求增加的课外练习，包括完形填空、阅读理解、英译汉、写作等。这部分主要是针对大学英语六级考试及研究生入学英语考试所涉及到的一些题型及难度而设计的。这样，教师在教学之余会更为主动，以满足部分同学对应试的需求。

总之，该教材无论是在定位、选材，还是习题编写上，都力求避免过分专业化，导致教学的畏难情绪；避免选材过分单一化，导致教学的枯燥无味；避免练习的过分机械化，导致练习的名存实亡。

一套教材的编写，从孕育到组稿，从编写到成书，从试用到正式出版都需要经过大量、细致的工作。她既要求编写人员齐心协力，更要求大家无私奉献；她既是主编创意的体现，更是大家智慧与劳动的结晶；她既要求一线教师的努力，更需要学生的积极参与。在教材的整个编写过程中，我们得到了人民军医出版社领导及同志们的大力支持。在教材的试用过程中，得到了河北医科大学本硕班的同学及天津医科大学部分同学的热情参与，以及他们对教材修改时提出了宝贵的建议和意见。另外，在排版及校对过程中，河北医科大学外语部的多位老师积极参与，做了大量的相关工作。在此，一并表示衷心的感谢。

先后经过长达两年的艰苦努力，本书就要与大家见面了。我们衷心希望大家以此为缘，从心开始，互通有无，相互提高，共同努力，为我国大学医学英语的教学奉献一份真诚！

愿：

师生同源，万源共饮四时明；

智慧如灯，一灯能破千年暗！

编　者

2006 年 5 月

CONTENTS

Unit Nine

Text A

The movement of emigrants in key professions is growing. The number of physicians from poor to rich countries is growing. Some people described the phenomenon as "the brain drain." While some countries suffer the consequences of the so called "brain drain", others are beginning to reap its potential from the "brain gain". "Brain drain or brain gain", what is your perspective of this phenomenon?

Fatal Flows—Doctors on the Move

—by Lincoln C. Chen & Jo Ivey Boufford

The movement of physicians from poor to rich countries is a growing obstacle to global health. Ghana, with 0.09 physician per thousand population, sends doctors to the United Kingdom, which has 18 times as many physicians per capita. The United States, with 5 percent of the world's population, employs 11 percent of the globe's physicians, and its demand is growing. As underscored in the article by Mullan in this issue of the Journal, today, 25 percent of U. S. physicians are international medical graduates, and the number is even higher in the United Kingdom, Canada, and Australia. Many of these graduates come from poor countries with high disease burdens—precisely those nations that can least afford to lose their professionals. <1> <5> <10>

The plain truth is that medical systems in the United States and other wealthy countries are heavily dependent on imported workers—for hospital staffing, coverage of underserved areas, and meeting gaps in skill levels. U. S. medical schools turn out a relatively stable 17,000 graduates annually, but the demand for residency staffing exceeds this number by 30 percent. This gap is <15>

filled by international medical graduates, most of whom will attain citizenship or permanent residence and remain in the United States to practice medicine. Medical coverage of disadvantaged Americans also depends on U. S. federal waivers for international medical graduates to enter primary care practice in <20> underserved areas. The dependence is not confined to doctors, since nurses and other medically skilled workers are in equally high demand.

International professional mobility is inevitable when persons have skills they can sell in a global marketplace. The migration of medical professionals reflects a balance of supply and demand —but it has ethical implications, too. <25> Demand in affluent countries pulls health care workers from poor countries as low salaries, limited career prospects, poor working environments, family aspirations, and political insecurity push them out. The beneficiaries are the importing countries and, of course, the migrants themselves. Countries that intentionally export skilled workers tolerate "brain drain" in exchange for financial re- <30> mittances, relief from high unemployment rates, and the possibility of scientific connections. Markets for medical labor operate in and across all of the major world regions, with Asians moving into North America, Egyptians into countries with oil-exporting economies, and Eastern Europeans into an expanding European Union. South Africa exports health professionals to wealthier countries while <35> simultaneously importing them from neighboring African nations.

Emigration from the poorest countries is unquestionably damaging. More than a dozen countries in sub-Saharan Africa have plummeting life expectancies mostly as a result of the epidemic of human immunodeficiency virus infection and AIDS. With just 600,000 doctors, nurses, and midwives for 600 million peo- <40> ple, African countries need the equivalent of at least 1 million additional workers in order to offer basic services consistent with the United Nations Millennium Development Goals. Instead, these countries are moving backward, with the hemorrhaging of clinical and professional leaders crippling the already fragile health care systems. These failures have been characterized as "fatal flows," be- <45> cause poor people are left vulnerable to devastating diseases and avoidable death. The exodus also constitutes a silent theft from the poorest countries through the loss of public subsidies for medical education, estimated at $500 million annually for all emigrating skilled workers from Africa.

Moral outrage over the "poaching" behavior on the part of rich countries <50> has reached a crescendo. Yet simply blocking migration is neither effective nor ethical, since freedom of movement is a basic human right. The challenge is to advance human health while protecting health workers' rights to seek gainful employment. The first responsibility for action belongs with each country to "train, retain, and sustain" its workforces through national plans that improve

salaries and working conditions, revitalize education, and mobilize paraprofessional and community workers whose services are demonstrably more cost-effective and who are less likely to emigrate. Since such urgent actions must be pursued in the world's poorest nations, much will depend on the global community's provision of appropriate financial and technical aid. <55>

The U. S. government and philanthropic institutions, arguably the most influential actors in global health, should demonstrate stronger leadership by broadening their current strategies. The President's Emergency Plan for AIDS Relief is well financed, at $15 billion over five years, but its strategy is preoccupied with short-term numerical targets for patient treatment in 15 priority countries. The Bill and Melinda Gates Foundation, the world's largest philanthropic organization, focuses its support on the development of breakthrough health technologies. To enhance their impact, outreach, and sustainability, both of these organizations must invest more in human resources and health care systems —the delivery vehicle for ensuring that persons have access to available technology. Dispatching U.S. health professionals abroad through laudable programs such as the one proposed by the Institute of Medicine should not be misconstrued as a substitute for the essential task of building local capacity. <60> <65> <70>

The United States must become more informed about global health in order to navigate domestic policies in the midst of rapidly changing international developments. The case for U. S. leadership is based not simply on humanitarianism but also enlightened self-interest. As demonstrated by international medical graduates, the United States is inextricably linked to global health. It has a vital stake in controlling the spread of infectious diseases such as the severe acute respiratory syndrome (SARS)and looming avian influenza pandemics. Protecting Americans requires viral detection and interdiction at points of origin, which are undermined by the depletion abroad of qualified professionals. <75> <80>

The United States can better harmonize its domestic and global health policies by moving toward self-sufficiency in preservice training. In the 1990s, fears of a physician surplus drove federal workforce policies. Now, dire predictions of massive shortages of 200,000 physicians and 800,000 nurses by 2020—driven by the escalating demands of an aging society, new technologies, management of chronic diseases, changing family structures, and consumer and provider preferences—are prompting major American organizations to endorse targeted increases in the size of U. S. medical schools and the number of residency training slots. A serious engagement of key stakeholders in the United States is needed to develop effective policies for the health care workforce that prepare for the future without raiding the limited human resources of poorer societies. <85> <90>

Managing international medical migration ultimately will require global

political consensus. As the most powerful actor in multilateral agencies and funds, the United States must join other governments in crafting collective solutions. In the last two annual meetings of the World Health Assembly, African health ministers pushed through resolutions calling for urgent action to dampen unplanned emigration of health care workers, and Commonwealth states recently enacted a code of conduct to curtail unethical recruitment. The World Health Organization just announced that its 2006 World Health Report will provide a global action agenda with regard to human resources for health care. The migration of workers in service industries is on the agenda for the upcoming negotiations of the World Trade Organization. In terms of global health, especially the health of Americans, U. S. leadership at home and abroad can make a decisive difference in an increasingly interdependent world.

Reflection:

The debate that the developing countries are losing many highly -skilled graduates to other countries —mainly the U. S. —when there are shortages in their areas of expertise has aroused global awareness over the past few years. The brain strain for the U. S is a small number but it represents a huge sacrifice in the developing world. By so doing, the weaker get weaker and the stronger get stronger.

New Words, Phrases & Expressions

1. underscore [ˌʌndəˈskɔ:] v. to emphasize sth so that people pay attention to 强调
2. waiver ['weivə] n. document that records the waiving of a legal right 弃权(书)
3. plummet ['plʌmit] v. to suddenly go down in value or amount, fall very suddenly and quickly (价格)突然暴跌，坠落
4. midwife ['midwaif] n. a specially trained nurse whose job is to help woman deliver a baby 助产士
5. devastate ['devəsteit] adj. destroying; shocking and unsetting 令人震惊的
6. exodus ['eksədəs] n. (from/to)a situation in which a lot of people leave a particular place at the same time (大批人同时)离开，涌离
7. poach [pəutʃ] v. take(staff or ideas) from sb/sth esp. in an underhand way 挖走(公司或球队的人员)，剽窃(某

人的想法）

8. crescendo [kri'ʃendəu] n. a sound that becomes gradually louder; climax; high point (声音，音乐的)渐强，高潮，顶点

9. revitalize [ri:'vaitəlaiz] v. to put new strength or power into sth 使恢复活力

10. philanthropic [ˌfilən'θrɔpik] adj. of or inspired by philanthropy 博爱的；慈善的；仁慈的

11. dispatch [di'spætʃ] v. send someone or something somewhere for a particular purpose 派遣，派送

12. laudable ['lɔ:dəbl] adj. deserving praise or admiration 值得赞赏的

13. navigate ['nævigeit] v. find the position and plot the course of a ship, an aircraft, a car, etc. 导航，指引方向

14. loom [lu:m] adj. appearing in an indistinct and often threatening way 逼近，隐约出现

15. pandemics [pæn'demiks] n. a disease that affects the population of a large area 大流行性疾病

16. interdiction [intə'dikʃn] n. an official order from the court telling someone not to do sth 禁令

17. depletion [di'pli:ʃn] n. the reduction of the amount of sth that is available 削减，损耗

18. dire ['daiə] adj. extremely serious, bad or terrible 极度严重的，糟糕的

19. endorse [in'dɔ:s] v. to express formal support or approval for someone or sth (正式)赞同，支持

20. misconstrue [ˌmiskən'stru:] v. misunderstand 误解

21. stakeholder ['stekhəuldə] n. 财产保管人

22. consensus [kən'sensəs] n. (reach consensus) agreement in opinion, collective opinion 共识，意见一致；共同看法

23. dampen ['dæmpən] v. make (sth) less strong; restrain 使减弱；抑制

24. curtail [kə'teil] v. to reduce sth such as the amount of money you spend 缩减

25. multilateral ['mʌlti'lætərəl] adj. 多边的，多国的

26. in the midst of in the situation/event of 在……时期

27. be preoccupied with think of sth a lot 全神贯注于，入神的

28. in exchange for to give one thing and receive the other in return 交换

Notes

1. Many of these graduates come from poor countries with high disease burdens—precisely those nations that can least afford to lose their professionals.
   These poor countries are suffering from a lot of problems and diseases such as AIDS. The leaving of these graduates, complicated with the existing problem of health professional shortage, represents a huge sacrifice in the developing world.
2. disadvantaged Americans: someone who is from a poor background and lacks the benefit of good education and cultured environment 弱势群体
3. financial remittances: money sent from post 外来汇款
4. The United Nations Millennium Development Goals 联合国二十一世纪发展目标
   The Millennium Development Goals (MDGs) which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 form a blueprint agreed to by all the world's countries and all the world's leading development institutions
5. Instead, these countries are moving backward, with the hemorrhaging of clinical and professional leaders crippling the already fragile health care systems.
   The leading health professionals from poor countries move into the wealthy countries, causing serious damage to the nation's vulnerable health care system.
   (Figurative Speech) The brain strain is compared to hemorrhaging—a serious medical condition in which a person bleeds a lot. Both brain strain and hemorrhaging are fatal flow, one to the nation and the other to life.
6. The exodus also constitutes a silent theft from the poorest countries through the loss of public subsidies for medical education.
   It takes $150,000 to train a doctor in Africa. Doctors leave after an internship, and Africa has lost not just a $150,000 but everything that goes with it. By so doing, the weaker gets weaker and the stronger gets stronger.
7. poaching behavior 挖人才行为
8. The Bill and Melinda Gates Foundation
   Mr. Gates has been a notable donor to charities and good causes. The Bill and Melinda Gates Foundation was created in 2000 to improve "equity in global health and learning". Gates has donated nearly $26 billion to the foundation.
9. The case for U. S. leadership is based not simply on humanitarianism but also enlightened self-interest.
   While American's leadership in the world affairs is taken for granted in support for the poor financially and technically, it is sensible for them to realize that their support is inevitably linked to their self-interests in terms of global health.
10. Protecting Americans requires viral detection and interdiction at points of origin,