

English Public Speaking for Medical Purpose

医学英语演讲赏析

主 编 王 蕾 薄蓉蓉

南京大

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南京大学出版社

图书在版编目(CIP)数据

医学英语演讲赏析 / 王蕾, 薄蓉蓉主编. — 南京 :
南京大学出版社, 2019. 6
ISBN 978-7-305-21803-3

I. ①医… II. ①王… ②薄… III. ①医学-英语-
演讲 IV. ①R

中国版本图书馆 CIP 数据核字(2019)第 051072 号

出版发行 南京大学出版社
社 址 南京市汉口路 22 号 邮 编 210093
出 版 人 金鑫荣

书 名 医学英语演讲赏析
主 编 王 蕾 薄蓉蓉
责任编辑 裴维维 编辑热线 025-83592123

照 排 南京南琳图文制作有限公司
印 刷 南京人民印刷厂有限责任公司
开 本 787×960 1/16 印张 12.5 字数 310 千
版 次 2019 年 6 月第 1 版 2019 年 6 月第 1 次印刷
ISBN 978-7-305-21803-3
定 价 37.00 元

网址: <http://www.njupco.com>
官方微博: <http://weibo.com/njupco>
微信服务号: njyuxue
销售咨询热线: (025) 83594756

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前 言

在“一带一路”的背景下,人才强国战略深入实施。时代和社会发展需要进一步提高国民的综合素质,培养具有国际视野的创新人才。这些变化和 demand 对课程改革和人才培养提出了新的要求,要求高校能提供培养学生国际交流能力的课程,使他们能承担起国家对外交流的任务,而英语演讲课程就是有效培养学生这一能力的课程之一。研究表明,英语演讲课程可以全面提高学生综合运用英语语言的能力,提高学生的文化修养、批判性思维能力和审美能力。

近年来,伴随着医学教育的国际化进程,国家对涉外医学人才的需求越来越大,这对医学院校的英语课程设置提出了更高的要求。医学院校的英语课程不仅要帮助医学生打好语言基础,更要注重培养医学生实际应用语言的能力,尤其是用英语在专业领域开展有效交际的能力。因此,在医学院校开设英语演讲课程,符合医学院校英语教学改革的需求,有利于卓越医学人才的培养。

医学院校的英语演讲课程在设计理据、教学模块等方面可遵循通识类演讲课程设置的一般规律,但在教学内容和教学资源的选择上,则应凸显医学院校自身的人才培养目标和学校特色。在这样的背景下,本教程应运而生。

本教程考虑到了医学院校英语教学中医学性与人文性的统一。选取的演讲材料既包括针对疫苗、基因等医学专业问题的论述,又包括针对触诊、临终关怀等医学人文话题的讨论,体现了医学英语材料的可靠性与时效性。本教程选取的演讲以近年来 TED 演讲资源为主,演讲者从专业的角度呈现了医学研究领域的最新进展及其对医学发展的探索和思考。教程中选取的



演讲涵盖了说解性演讲(informative speech)、说服性演讲(persuasive speech)等常见的英语演讲形式,并深度评析了演讲者在演讲过程中所使用的策略。学习者可以根据自身的专业特点和实际水平,有选择性地将这些演讲技巧运用在具有个人风格的英语公共演讲当中。

本教程由14个单元组成,每个单元包含Speech 1、Speech 2两个演讲,其中Speech 1为精讲材料,Speech 2为拓展材料。每个演讲的标题下方附有一个二维码,学习者可以扫描二维码,观看演讲视频。

Speech 1版块主要由以下三个部分构成:

1. 演讲者简介

这个部分概述了演讲者的背景资料,重点介绍了演讲者的学习经历和职业背景,体现了演讲者的信誉度(credibility)。

2. 英文演讲稿及其中文译文

这个部分呈现了演讲稿原文及其中文译文,便于学习者对讲稿的结构、措辞展开细致地分析。为了使学习者更好地理解 and 掌握演讲的关键信息,编者将该演讲中出现的医学英语高频词汇集中在生词表罗列。

3. 演讲赏析

这个部分在演讲类型、讲稿结构、语言的生动与适切、视觉辅助手段、演讲风格与策略等方面对该演讲展开了详尽地分析,理论的观点参考了Stephen E. Lucas《演讲的艺术》(第十版)一书。

Speech 2版块名为“精彩加油站”,作为Speech 1版块的补充和拓展。

本教程选取的演讲涉及医生的关怀、埃博拉病毒、大脑的自我修复、基因革命、寄生虫的逆袭等话题,科普性与趣味性兼具,难度适中,适合已经开展了医学专业课程学习的医学院校中、高年级学生使用,也适合具有涉外学术演说需求的医务工作者使用。

南京大学陈萱老师对本书提出了许多修改意见,在此表示感谢。

编者

2019年6月

目 录

Lecture 1	A Doctor's Touch 医生的关怀	1
	精彩加油站: Got a Meeting? Take a Walk 要开会? 边走边谈	18
Lecture 2	What You Need to Know About Ebola 你们需要了解的关于埃博拉的事情	21
	精彩加油站: Why Genetic Research Must Be More Diverse 人类基因研究需要更多样化	27
Lecture 3	The Brain May Be Able to Repair Itself—With Help 大脑也许可以在辅助下进行自我修复	32
	精彩加油站: This Gel Can Make You Stop Bleeding Instantly 可以立即止血的凝胶	41
Lecture 4	Welcome to the Genomic Revolution 欢迎进入基因革命时代	45
	精彩加油站: Your Genes Are Not Your Fate 基因决定不了你的命运	57
Lecture 5	Zombie Roaches and Other Parasite Tales 寄生虫的逆袭	61
	精彩加油站: Could We Cure HIV with Lasers? 我们能用激光治疗艾滋病吗?	73
Lecture 6	The Next Outbreak? We're Not Ready 下一次疫情暴发, 我们准备好了吗?	76
	精彩加油站: Plague Doctor in the 17th Century 17 世纪的瘟疫医生	85
Lecture 7	Alzheimer's Is Not Normal Aging—and We Can Cure It 阿尔茨海默病不是正常衰老的必然结果——我们可以治愈它	88
	精彩加油站: Weekly Address: Celebrating Fifty Years of Medicare and	



Medicaid 美国总统奥巴马每周演讲: 庆祝医疗保险和医疗补助制度实施 50 周年	96
Lecture 8 A Second Opinion on Developmental Disorders 关于学习障碍的新认识	100
精彩加油站: The Best Gift I Ever Survived 我收到最好的礼物	107
Lecture 9 What's So Funny About Mental Illness? 精神病有什么可笑的?	110
精彩加油站: Programming Bacteria to Detect Cancer (and Maybe Treat it) 利用细菌发现癌症(也许还能治愈它)	119
Lecture 10 The Mystery of Chronic Pain 慢性疼痛之谜	123
精彩加油站: Peng Liyuan's Speech in Geneva 彭丽媛在瑞士日内瓦出席亲善大使任期续延暨颁奖仪式上的致辞	132
Lecture 11 The Spellbinding Art of Human Anatomy 人体解剖——引人入胜的艺术	136
精彩加油站: On the Virtual Dissection Table 谈谈虚拟解剖台	147
Lecture 12 The Troubling Reason Why Vaccines Are Made Too Late 为什么疫苗姗姗来迟?	150
精彩加油站: Weekly Address: Taking Action Against the Zika Virus 美国总统奥巴马每周演讲——采取行动抗击寨卡病毒	157
Lecture 13 Why Medicine Often Has Dangerous Side Effects for Women 药物对女性的副作用	162
精彩加油站: Weekly Address: Trump's Attack on Obamacare 美国总统特朗普每周演讲: 废除奥巴马医改方案	174
Lecture 14 What Makes Life Worth Living in the Face of Death 当死亡降临	177
精彩加油站: "Am I dying?" The Honest Answer "我快死了吗?" 一个诚实的回答	190

Lecture 1 A Doctor's Touch

医生的关怀



亚伯拉罕·维基斯(Abraham Verghese)是一位印度裔的美国内科医生,同时也是一位畅销书作家。从医学院毕业前,他曾在医院做过一年的清洁工。正是这段经历,让他从人的角度来重新认识病人,也促成他开始写作。他在德克萨斯圣安东尼奥大学成立了医学人文伦理中心,中心的宗旨就是“想象病人的经历”。2011年,他当选为美国医学研究所(Institute of Medicine)成员。2015年,他被奥巴马授予美国国家人文奖章。现在,他是斯坦福医学院医学理论与实践方向的教授、内科医学系高级副主任。



¹ A few months ago, a 40 year-old woman came to an emergency room in a hospital close to where I live, and she was brought in confused. Her blood pressure was an alarming 230 over 170. Within a few minutes, she went into *cardiac collapse*^①. She was *resuscitated*^②, stabilized, *whisked*^③ over to a CAT scan suite right next to the emergency room, because they were concerned about *blood clots*^④ in the lung. And the CAT scan revealed no blood clots in the lung, but it showed *bilateral*^⑤, visible, *palpable*^⑥ breast masses, breast tumors, that had *metastasized*^⑦ widely all over the body. And the real tragedy was, if you look through her records, she had been seen in four or five other health care institutions in the preceding two years. Four or five opportunities to see the breast masses, touch the breast mass, intervene at a much earlier stage than when we saw her.

1 几个月前,一位40岁的女士来到医院急诊室。这个医院离我住的地方不远。她来的时候神志不清,血压处于警戒值:收缩压230,舒张压170。几分钟内她就昏迷了。被救醒后,她的情况开始稳定下来。因为医生担心她的肺部有血块,她被带到急诊室旁边的扫描室进行CAT扫描。结果显示她的肺部并没有血块,但是胸部两侧有清晰可见的肿块,是乳腺肿瘤,并且已经转移到全身各部位。真正悲剧的是,如果你查看她的记录会发现,在过去的两年里,她已经辗转去过四五家医疗机构了。这就意味着这些乳腺肿瘤本来有四五次的机会可以通过触检发现,而医生本可以在更早些时候介入治疗。

² Ladies and gentlemen, that is not an unusual story. Unfortunately, it happens all the time. I joke, but I only half joke, that if you come to one of our hospitals missing a limb, no one will

2 诸位,这不是特例。很不幸,这样的事一直在发生。我常会和人开玩笑地说——或者都不能完全算是玩笑——假如你缺胳膊少

① cardiac collapse 心脏崩溃

② resuscitate *v.* 使复苏,复兴

③ whisk *v.* 搅拌,挥动

④ blood clot 血块

⑤ bilateral *adj.* 双边的,两侧的

⑥ palpable *adj.* 可感知的,明显的

⑦ metastasize *v.* 转移

believe you till they get a CAT scan, MRI or *orthopedic*^① consult. I am not a Luddite. I teach at Stanford. I'm a physician practicing with cutting-edge technology. But I'd like to make the case to you in the next 17 minutes that when we shortcut the physical exam, when we lean towards ordering tests instead of talking to and examining the patient, we not only overlook simple diagnoses that can be diagnosed at a treatable, early stage, but we're losing much more than that. We're losing a ritual. We're losing a ritual that I believe is transformative, transcendent, and is at the heart of the patient-physician relationship. This may actually be *heresy*^② to say this at TED, but I'd like to introduce you to the most important innovation, I think, in medicine to come in the next 10 years, and that is the power of the human hand—to touch, to comfort, to diagnose and to bring about treatment.

腿去了医院,除非你做了 CAT 扫描、磁共振成像和骨科诊断,否则没人会相信你缺胳膊少腿的事实。我并不是反对技术进步的勒德分子,我在斯坦福大学教书,同时还是个掌握尖端技术的内科医生。但在接下来的 17 分钟里,我想告诉你们的是,当我们缩减检查环节,给病人开上一堆化验单,而不再通过问诊和触诊了解病情时,我们错失的就不仅仅是易于诊断和治疗疾病早期了。我们错过的是一套医疗的仪式,是一套我认为可以摧枯拉朽、超越一切的医疗仪式,而这正是医患关系的核心所在。在 TED 讲这个内容可能有点不合时宜,但我想向各位介绍的是,在未来的十年里,医学最重要的变革就是关注人类之手的力量——关爱、抚慰、诊断和治疗的力量。

³ I'd like to introduce you first to this person whose image you may or may not recognize. This is Sir Arthur Conan Doyle. Since we're in Edinburgh, I'm a big fan of Conan Doyle. You might not know that Conan Doyle went to medical school here in Edinburgh, and his character, Sherlock Holmes, was inspired by

3 首先我想介绍一个人,你们不一定认得出他。这是亚瑟·柯南·道尔爵士。我们现在身处爱丁堡,那你们也许有人会知道柯南·道尔是在爱丁堡上的医学院吧。我本人是柯南·道尔的超级粉丝。而他正是在这儿受到一位

① *orthopedic adj.* 整形手术的

② *heresy n.* 异端



Sir Joseph Bell. Joseph Bell was an extraordinary teacher by all accounts. And Conan Doyle, writing about Bell, described the following exchange between Bell and his students.

异常杰出的老师约瑟夫·贝尔的启发,创作了笔下的著名人物——福尔摩斯。柯南·道尔曾对这位老师和他的学生之间的交流做过如下的描述。

⁴ So picture Bell sitting in the outpatient department, students all around him, patients signing up in the emergency room and being registered and being brought in. And a woman comes in with a child, and Conan Doyle describes the following exchange. The woman says, "Good Morning." Bell says, "What sort of crossing did you have on the *ferry*^① from Burntisland?" She says, "It was good." And he says, "What did you do with the other child?" She says, "I left him with my sister at Leith." And he says, "And did you take the shortcut down Inverleith Row to get here to the *infirmary*^②?" She says, "I did." And he says, "Would you still be working at the linoleum factory?" And she says, "I am."

4 贝尔坐在门诊部里,他的学生围绕在他身旁。病人们在急诊室里进行登记、挂号,然后被依次带进来。一个带小孩的女士走了进来。柯南·道尔这样记叙他们之间的交谈:“女人说:‘早上好。’”贝尔问:“你从本泰兰坐渡船过来一路还好吗?”她说:“挺好的。”贝尔又问:“你的另一个孩子呢?”她答:“我拜托住在利斯的姐姐照顾了。”贝尔接着问:“那你来诊所走了印佛里斯那条近路了吧?”她回答:“没错。”贝尔再问道:“你还打算在油毡厂继续干活吗?”她说:“是的。”

⁵ And Bell then goes on to explain to the students. He says, "You see, when she said, 'Good morning,' I picked up her Fife accent. And the nearest ferry crossing from Fife is from Burntisland. And so she must have taken

5 然后贝尔向他的学生解释说:“当她说‘你好’的时候,我听出她的法伊夫口音。而离法伊夫最近的渡船是在本泰兰,所以我推测出她是从那里过来的。你们

① ferry *n.* 渡船

② infirmary *n.* 医务室,医院

the ferry over. You notice that the coat she's carrying is too small for the child who is with her, and therefore, she started out the journey with two children, but dropped one off along the way. You notice the clay on the *soles*^① of her feet. Such red clay is not found within a hundred miles of Edinburgh, except in the *botanical gardens*^②. And therefore, she took a short cut down Inverleith Row to arrive here. And finally, she has a *dermatitis*^③ on the fingers of her right hand, a dermatitis that is unique to the linoleum factory workers in Burntisland." And when Bell actually *strips*^④ the patient, begins to examine the patient, you can only imagine how much more he would *discern*^⑤. And as a teacher of medicine, as a student myself, I was so inspired by that story.

⁶ But you might not realize that our ability to look into the body in this simple way, using our senses, is quite recent. The picture I'm showing you is of Leopold Auenbrugger who, in the late 1700s, discovered *percussion*^⑥. And the story is that Leopold Auenbrugger was the son of an innkeeper. And his father used to go down into the basement to tap on the sides of casks of

也注意到她拿着的外套了吧。这件外套对她身旁的小孩来说太小了。所以她肯定带了两个孩子，路上放下了一个。还有她鞋底上的泥，爱丁堡方圆百里内没有这种红泥，除了植物园。所以她肯定是从印佛里斯抄近路来这儿的。最后，她右手手指有皮炎，这种皮炎只有本泰兰油毡厂的工人会得。”然后贝尔就让她脱了衣服开始检查。他对事物的观察判断能力几乎让人难以置信。作为一名医学老师，同时也是一个学生，这个故事让我深受启发。

⁶ 也许你们还不知道，我们利用感官给病人检查身体虽然看上去操作简单，却是近代的发明。这张照片上的人是利奥波德·奥恩布鲁格，他在18世纪末发明了叩诊法。据说利奥波德·奥恩布鲁格的父亲是个旅馆老板，他常去地下室的酒窖，通过敲击酒桶

① sole *n.* 鞋底

② botanical gardens 植物园

③ dermatitis *n.* 皮炎

④ strip *v.* 剥光

⑤ discern *v.* 了解，识别

⑥ percussion *n.* 敲打，碰撞



wine to determine how much wine was left and whether to reorder. And so when Auenbrugger became a physician, he began to do the same thing. He began to tap on the chests of his patients, on their **abdomens**^①. And basically everything we know about percussion, which you can think of as an **ultrasound**^② of its day—organ enlargement, fluid around the heart, fluid in the lungs, abdominal changes—all of this he described in this wonderful manuscript “Inventum Novum,” “New Invention,” which would have disappeared into obscurity, except for the fact that this physician, Corvisart, a famous French physician—famous only because he was a physician to this gentleman (a picture of Napoleon is shown on the screen)—Corvisart repopularized and reintroduced the work.

来判断桶里还剩多少酒,要不要追加订单。所以当奥恩布鲁格成了内科医生的时候,他也开始使用这种方法。他叩击病人的胸腔,还有腹部。在他的伟大的著作《新发明》里,他记录了基本上我们所了解的一切叩诊的应用,包括确诊器官增大、心肺积水、腹部变化等,这在当时几乎等同于现在的超声波技术。这份手稿几近失传,多亏了一位叫作科维扎卡的法国医生,奥恩布鲁格的这部著作才得以重见天日并逐渐普及。可当时这位医生出名却只是因为他在给这位先生当医生(幻灯片上显示拿破仑的照片。)

⁷ And it was followed a year or two later by Laennec discovering the **stethoscope**^③. Laennec, it is said, was walking in the streets of Paris and saw two children playing with a stick. One was scratching at the end of the stick, another child listened at the other end. And Laennec thought this would be a wonderful way to listen to the chest or listen to the abdomen using what he called “the cylinder.” Later he renamed it the stethoscope. And that

⁷ 一两年后,莱尼克发明了听诊器。据说莱尼克走在巴黎的街上时,看见两个小孩在玩一根棍子,其中一个孩子挠棍子的一头,让另一个孩子在棍子的那头听声音。莱尼克认为用这个他称之为“圆筒”的仪器听胸腔和腹腔是个很不错的主意。后来他把这个“圆筒”命名为听诊器。这就是听诊器和听诊法的由来。于是在

① abdomen *n.* 腹部,腹腔

② ultrasound *n.* 超声波

③ stethoscope *n.* 听诊器

is how stethoscope and *auscultation*^① was born. So within a few years, in the late 1800s, early 1900s, all of a sudden, the barber surgeon had given way to the physician who was trying to make a diagnosis. If you'll recall, prior to that time, no matter what *ailed*^② you, you went to see the barber surgeon who wound up cupping you, bleeding you, purging you. And, oh yes, if you wanted, he would give you a haircut—short on the sides, long in the back—and pull your tooth while he was at it. He made no attempt at diagnosis. In fact, some of you might well know that the barber pole, the red and white stripes, represents the blood bandages of the barber surgeon, and the *receptacles*^③ on either end represent the pots in which the blood was collected. But the arrival of auscultation and percussion represented a sea change, a moment when physicians were beginning to look inside the body.

⁸ And this particular painting, I think, represents the pinnacle, the peak, of that clinical era. This is a very famous painting: “The Doctor” by Luke Fildes. Luke Fildes was commissioned to paint this by Tate, who then established the Tate Gallery. And Tate asked Fildes to paint a painting of social importance.

19 世纪末 20 世纪初的几年时间内,能够给病人诊断的内科医生一夜之间取代了外科理发师(从前能实行外科治疗的理发师)。你可能还记得,在那之前,不管你病得多厉害,到了外科理发师那儿,他们只会给你拔罐,给你放血,给你冲洗。当然如果你愿意的话,他们也给你理个发,两边短后边长,还顺便给你拔个牙,完全没有诊断的环节。也许有些人还记得理发店红白两色旋转的招牌,那红白条纹象征止血的绷带,两侧的容器则代表收集血液的壶。听诊法和叩诊法的出现代表着一个巨大的变化,意味着内科医生开始探视人体的内部。

⁸ 我认为这幅画代表着那个时代医疗水平的顶峰。这是幅非常著名的油画,卢克·菲尔德斯的《医生》。这是一幅受泰特之托创作的作品。泰特当时成立了泰特美术馆,于是他请卢克·菲尔德斯创作一幅能体现社会意义的

① auscultation *n.* 听诊

② ail *v.* 生病,感到不舒服

③ receptacle *n.* 容器



And it's interesting that Fildes picked this topic. Fildes' oldest son, Philip, died at the age of nine on Christmas Eve after a brief illness. And Fildes was so taken by the physician who held *vigil*^① at the bedside for two, three nights, that he decided that he would try and depict the physician in our time—almost a *tribute*^② to this physician. And hence the painting “The Doctor,” a very famous painting. It's been on calendars, postage stamps in many different countries. I've often wondered, what would Fildes have done had he been asked to paint this painting in the modern era, in the year 2011? Would he have substituted a computer screen for where he had the patient?

画,有趣的是菲尔德斯选择了医生这个主题。菲利普是菲尔德斯的大儿子,他9岁的时候生了一场小病却最终不治死于平安夜。菲尔德斯被那位在病床旁守了两三夜的医生深深感动,于是他决定试着描绘出那个时代的医生——用以表示对那位医生的敬意。《医生》这幅名画出现在很多国家的挂历和邮票上。我常想,如果菲尔德斯在2011年被要求画这幅画,他会怎么办?画里的患者是不是得换成电脑显示器了?

⁹ I've gotten into some trouble in Silicon Valley for saying that the patient in the bed has almost become an icon for the real patient who's in the computer. I've actually coined a term for that entity in the computer. I call it the iPatient. The iPatient is getting wonderful care all across America. The real patient often wonders, where is everyone? When are they going to come by and explain things to me? Who's in charge? There's a real *disjunction*^③ between the patient's perception and our own

9 躺在病床上的病人形象几乎只成为通过计算机问诊病人的符号,因为这个说法我还在硅谷惹出了些麻烦。事实上我为那些在电脑里问诊的病人取了一个新名字“电子病人”。全美国的“电子病人”都得到很好的治疗。可现实中的病人却常常感到困惑:人都去哪儿了?他们什么时候来给我解释这些玩意儿?有没有人负责啊?对于什么是最佳医疗这个

① *vigil n.* 守夜,熬夜

② *tribute n.* 致敬,贡品

③ *disjunction n.* 分离

perceptions as physicians of the best medical care.

问题,病人和医生的想法存在着巨大的差异。

¹⁰ I want to show you a picture of what rounds looked like when I was in training. The focus was around the patient. We went from bed to bed. The attending physician was in charge. Too often these days rounds look very much like this, where the discussion is taking place in a room far away from the patient. The discussion is all about images on the computer, data. And the one critical piece missing is that of the patient.

10 我想向你们展示一下,我当年的临床实习是什么样的。在主治医师的带领下,我们从一张病床到另一张病床,我们的工作重心是围绕病人展开的。可现如今的临床实习却往往是这样的:大家在一个远离病人的房间里,围绕电脑上的图像和数据展开讨论。整个过程里最重要的部分已经缺失,那就是病人。

¹¹ Now I've been influenced in this thinking by two anecdotes that I want to share with you. One had to do with a friend of mine who had a breast cancer, had a small breast cancer detected—had her *lumpectomy*^① in the town in which I lived. This is when I was in Texas. And she then spent a lot of time researching to find the best cancer center in the world to get her subsequent care. And she found the place and decided to go there, went there. Which is why I was surprised a few months later to see her back in our own town, getting her subsequent care with her private *oncologist*^②.

11 还有两件对我触动很大的事,我想与你们分享一下。我有一个患有乳腺癌的朋友,在发现一个小的乳腺肿瘤后,她在我住的那个城市做了肿瘤切除手术。那时我在德克萨斯。然后她花了很长时间寻找世界上最好的癌症中心,接受后续治疗。她找到了,然后去了。几个月后,我很惊讶地看见她回来了,在她的私人医生那里进行术后康复。

① lumpectomy *n.* 乳房肿块切除术

② oncologist *n.* 肿瘤学家



¹² And I pressed her, and I asked her, “Why did you come back and get your care here?” And she was reluctant to tell me. She said, “The cancer center was wonderful. It had a beautiful facility, giant atrium, valet parking, a piano that played itself, a concierge that took you around from here to there. But,” she said, “but, they did not touch my breasts.” Now you and I could argue that they probably did not need to touch her breasts. They had her scanned inside out. They understood her breast cancer at the molecular level; they had no need to touch her breasts.

¹³ But to her, it mattered deeply. It was enough for her to make the decision to get her subsequent care with her private oncologist who, every time she went, examined both breasts including the *axillary*^① tail, examined her axilla carefully, examined her *cervical*^② region, her *inguinal*^③ region, did a thorough exam. And to her, that spoke of a kind of attentiveness that she needed. I was very influenced by that anecdote.

¹⁴ I was also influenced by another experience that I had, again, when I was in Texas, before

12 我问她：“你为什么回来接受康复治疗？”她好像不太愿意细讲，只是说：“那个癌症中心非常棒，设施一流。大堂很宽敞，有服务生停车，有自动弹奏的钢琴，有人带你到处溜达。但是他们根本没碰我的胸部。”当然我们现在可以进行争辩，他们也许没有必要碰她的胸部，扫描就可以搞得一清二楚了。他们可以从分子层面了解她的乳腺癌，所以没有必要触诊。

13 但对她来说，这很重要。这足够让她做出回到私人医生那里接受康复治疗的决定。每次去，她的私人医生都会检查她的两侧乳房直至腋尾，还会仔细检查腋窝、颈部和腹股沟。对她来说，这样全面的检查正是她所需要的关注。这件事深深影响了我。

14 另外一段经历同样给我印象深刻。那也是我在德克萨斯时的

① *axillary n.* 腋窝

② *cervical adj.* 颈部的

③ *inguinal adj.* 腹股沟的