



技能型紧缺人才培养培训工程教材

面向21世纪全国卫生职业教育系列教改教材

供中高职(类用课)护理、英护、助产、检验、药剂、卫生保健、
康复、口腔工艺、影像技术等相关医学专业使用



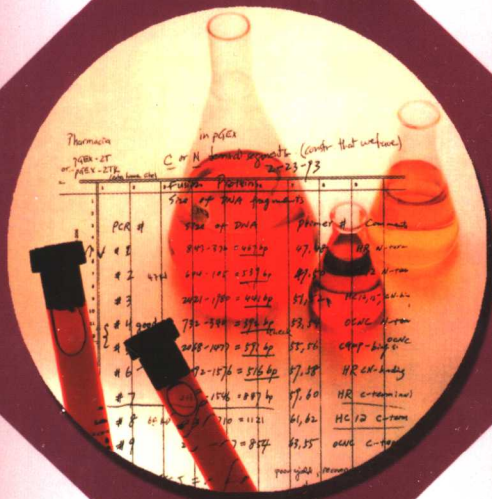
Vocational English :Medicine

专业英语

(Book Two)

(下册)

赵旦 主编



科学出版社

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Vocational English: Medicine (Book Two)

专业英语 (下册)

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科 学 出 版 社

北 京

内 容 简 介

本书是“技能型紧缺人才培养培训工程”教材和面向 21 世纪全国卫生职业教育系列教改教材之一,本书是在《专业英语(上册)》的基础上对医学英语基本知识的进一步延伸和补充。本教材的特点是:选材广泛,内容具有实用性和前瞻性;形式多样;针对性强。每课的生词均为中英文双解,课后附有注释,有利于学生自学。本书充分调动学生的主观能动性,让学生在反复实践的氛围中不断提高专业英语水平和各项技能。本书适合已具备一定的公共英语和医学英语基础的中、高职护理、助产、检验、药剂、卫生保健、康复、口腔工艺、影像技术等相关医学专业学生使用。

图书在版编目(CIP)数据

专业英语(下册)/赵旦主编. —北京:科学出版社,2004

(技能型紧缺人才培养培训工程教材

面向 21 世纪全国卫生职业教育系列教改教材)

ISBN 7-03-013527-X

I. 专… II. 赵… III. 英语-高等学校:技术学校-教材 IV. H31

中国版本图书馆 CIP 数据核字(2004)第 050545 号

责任编辑:吴茵杰 / 责任校对:张怡君

责任印制:刘士平 / 封面设计:卢秋红

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科 学 出 版 社 出 版

北京东黄城根北街16号

邮政编码:100717

<http://www.sciencep.com>

西 源 印 刷 厂 印 刷

科学出版社发行 各地新华书店经销

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2004 年 7 月第 一 版 开本:850×1168 1/16

2004 年 7 月第一次印刷 印张:9 1/4

印数:1—5 000 字数:178 000

定价:15.00 元

(如有印装质量问题,我社负责调换〈环伟〉)

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序 言

雪,纷纷扬扬。

雪日的北京,银装素裹,清纯,古朴,大器,庄重。千里之外的黄山与五岳亦是尽显雾凇、云海的美景。清新的气息、迎新的笑颜,在祖国母亲的怀抱里,幸福欢乐,涌动着无限的活力!

今天,“面向 21 世纪全国卫生职业教育系列教改教材”——一套为指导同学们学、配合老师们教而写的系列学习材料,终于和大家见面了!她是全国卫生职业教学新模式研究课题组和课程建设委员会成员学校的老师们同心协力、创造性劳动的成果。

同学,老师,所有国人,感悟着新世纪的祖国将在“三个代表”重要思想的指引下,实现中华民族的伟大复兴,由衷地欢欣鼓舞与振奋。与世界同步,祖国的日新月异更要求每个人“活到老,学到老”,才能贡献到老,终生幸福。学习的自主性养成、能动性的发挥与学习方法的习得,是现代人形成世界观、人生观、价值观和掌握专业能力、方法能力、社会能力,进而探索人生与一生持续发展的基础、动力、源泉。面对学习,每个人都会自觉或不自觉地提出三个必须深思的问题,即为什么学?学什么?怎么学?

所以,教材的编写老师也必须回答三个相应的问题,即为什么写?为谁写?怎么写?

可以回答说,这一套系列教改教材是为我国医疗卫生事业的发展,为培养创新性实用型专业人才而写;为同学们——新世纪推动卫生事业发展的创新性专业人才,自主学习,增长探索、发展、创新的专业能力而写;为同学们容易学、有兴趣学,从而提高学习的效率而写;为同学们尽快适应岗位要求,进入工作角色,完成工作任务而写。培养同学们成为有脑子,能沟通,会做事的综合职业能力的专业人才。

为此,教材坚持“贴近学生、贴近社会、贴近岗位”的基本原则,保证教材的科学性、思想性,同时体现实用性、可读性和创新性,即体现社会对卫生职业教育的需求和专业人才能力的要求、体现与学生的心理取向和知识、方法、情感前提的有效连接、体现开放发展的观念及其专业思维、行为的方式。

纷飞的雪花把我们的遐想带回千禧年的初春。国务院、教育部深化教育改革推进素质教育,面向 21 世纪教育振兴行动规划和“职业教育课程改革和教材建设规划”的春风,孕育成熟了我们“以社会、专业岗位需求为导向,以学生为中心,培养其综合职业能力”的课程研究构思,形成了从学分制、弹性学制的教学管理改革,建立医学相关多专业的高职、中职互通的模块化课程体系,延伸到课程教学内容与教学模式开发的系统性课题研究。

新课程模式的构架,由“平台”和“台阶”性模块系统构成。其中,“平台”模块是卫生技术人员在不同专业的实践、研究中具有的公共的、互通的专业、方法与社会能力内容;而“台阶”模块则是各专业的各自能力成分的组合。其设计源于“互动整合医学模式”。现代医疗卫生服务是一个以服务对象——人的健

康为中心的、服务者与被服务者、服务者(医学与医学相关专业工作者)之间协调互动的完整过程。医疗卫生服务是一个团队行为,需要不同专业人员从各自专业的角度提供整合性的专业服务,才能达到最佳效果。她是“生物-心理-社会医学模式”的完善、提升与发展。

系统化的课程开发与教材编写的依据是教育部职成教司“中等职业学校重点建设专业教学指导方案”(教育部办公厅[2001]5号文)和教育部、卫生部护理专业“技能型紧缺人才培养培训工程”指导方案(教育部教职成[2003]5号文),积极吸收国外护理教育与国外职教的先进教学理论、模式与方法。课程体系在国际平台上得到了同行的认可,她保证了课程、教材开发的先进性与可操作性的结合。教材的主编选自全国百余所卫生类职业院校与承担教学任务的高水平的医院,他们富有理论与实践经验。教材编写中,编写人员认真领会教育部、卫生部护理专业“技能型紧缺人才培养培训工程”的指导原则,严格按照“工程”方案的课程体系、核心课程目标、教学方法而完成编写任务。

使用本套系列教改教材,应把握其总体特点:

1. 相关医学专业课程体系的整体化

高职、中职不同教育层次、不同专业的课程结构形成开放性的科学系统。各“平台”、“台阶”课程教材之间、教材与学生的心理取向以及认知情感前提、社会、工作岗位之间,通过课程正文系统和“链接”、“接口”的“手拉手”互连,为学生搭建了“通畅、高速、立交、开放”的课程学习系统。学生可利用这一系统自主选择专业与课程,或转换专业、修双专业等,以适合自己的兴趣和经济状况、社会和专业岗位的需求,更好地发展自己。

每门课程的教材内部结构分为正文与非正文系统。正文部分保证了模块在课程系统中的定位,非正文部分的“链接”等对课程内容做了必要的回顾与扩展,保证学生的学习和教师的指导能在专业目标系统与各学科知识系统之间准确地互动整合,提高教学的有效性。

2. 学习的能动化

在学生的学习成长过程中,模块化教材体系为教师指导下的学生自主学习提供了基础。学生可以把岗位特征、社会需要与个人兴趣、家庭的期望和经济承受能力相结合,自主选择专业,调动学习的能动性,促进有效学习过程。这种作用已经在国际化职教课程研究中得到证实。

3. 课程学习向实践的趋近化

促进了医学相关专业的专业发展,缩小了教学与临床实践的距离。

“平台”与“台阶”的模块化课程结构,使护理等医学相关专业在医疗卫生大专业概念的基础平台上,能够相对独立地建构自己专业的学习与发展空间。于此,“台阶”的专业模块课程,可按照本专业的理念、体系、工作过程的逻辑序列与学生认知心理发展的发展序列,建构二者相互“匹配”的专业课程教学体系,特别是得以形成以“行动导向教学”为主的整合性专业课程,提高了课程的专业与应用属性,使专业教学更贴近岗位要求。

同时,“台阶”性专业课程系列的模块集群为校本课程开发留有空间。

4. 课堂教学活动与学习资源的一体化

学校在现代教学观念与理论引导下,可以按照不同的心理特点与学习方法、学习习惯,引导学生,可以组成不同班次,选择相适合的老师指导。

现代职业教育要求教师根据教学内容与学生学习背景,活用不同的教学模

式、方法与手段,特别是专业课程通过“行动导向教学”的团组互动、师生互动,指导学生自学和小组学习,这样在情境性案例教学中,培养学生的综合职业能力。本套教材配合这样的教学活动,通过正文与非正文内容,恰当地处理重点、难点和拓展性知识、能力的联系,引导学生通过适当形式学习,使学生有兴趣学,容易学,学会实际问题,不再是“满堂灌”、“背符号”。

5. 科学性、工作过程与可读性的统一化

教材的正文系统是学习资源的主体信息部分,应当认真研读。正文外延与内涵以专业的科学性及其工作过程为基础,深入浅出,化繁为简,图文并茂。非正文系统,特别是“链接”、“片段”和“接口”的创新性设计,起到系统连接与辅助学习作用。“链接”的内涵较浅而小,而“片段”的内涵较“链接”为多。它们既是课程系统内部不同课程、专业、教育层次之间的连接组件,而且是课程系统向外部伸延,向学生、社会、岗位“贴近”的小模块,它帮助学生开阔视野,激活思维,提高兴趣,热爱专业,完善知识系统,拓展能力,培养科学与人文精神结合的专业素质。对此,初步设计了“历史瞬间”、“岗位召唤”、“案例分析”、“前沿聚焦”、“工具巧用”、“社会视角”、“生活实践”等7个延伸方向的专栏。各教材都将根据课程的目标、特点与学生情况,选择编写适宜内容。“接口”表述的内涵较深,存在于另一门课程之中,用“链接”不足以完成,则以“接口”明确指引学生去学(复)习相关课程内容,它是课程连接的“指路牌”。

我们的研究与改革是一个积极开放、兼容并蓄、与时俱进的系统化发展过程,故无论是课程体系的设计还是教材的编写,一定存在诸多不妥,甚至错误之处。我们在感谢专家、同行和同学们认可的同时,恳请大家的批评指正,以求不断进步。

值此之际,我们要感谢教育部职成教司、教育部职业教育中心研究所有关部门和卫生部科教司、医政司等有关部门以及中华护理学会的领导、专家的指导;感谢北京市教科院、朝阳职教中心的有关领导、专家的指导与大力支持。作为课题组负责人和本套教材建设委员会主任委员,我还要感谢各成员学校领导的积极参与、全面支持与真诚合作;感谢各位主编以高度负责的态度,组织、带领、指导、帮助编者;感谢每一位主编和编者,充分认同教改目标,团结一致,克服了诸多困难,创造性地、出色地完成了编写任务;感谢科学出版社领导、编辑以及有关单位的全力支持与帮助。

“河出伏流,一泻汪洋”。行重于言,我们相信,卫生职业教学的研究、改革与创新,将似涓涓溪流汇江河入东海,推动着我们的事业持续发展,步入世界前列。

纷纷扬扬的雪花,银装素裹的京城,在明媚的阳光下粼粼耀眼,美不胜收。眺望皑皑连绵的燕山,远映着黄山、五岳的祥和俊美。瑞雪丰年,润物泽民。腾飞的祖国,改革创新的事业,永远焕发着活力。

全国卫生职业教学新模式研究课题组
《面向21世纪全国卫生职业教育系列教改教材》
课程建设委员会

刘晨

2002年12月于北京,2004年1月2日修

前 言

《专业英语》(下册)是在上册的基础上对医学英语基本知识的进一步延伸和补充,其适用对象为已具备一定的公共英语和医学英语基础的中、高职医学生;其总体构想是:学生在经过本教材 54 学时的学习后,能进一步巩固并扩大医学词汇量,熟悉医学英语的特点,为今后踏上工作岗位后的继续学习和及时获取最新医学信息打下基础。

本教材的特点是:

1. 选材广泛,内容具有实用性和前瞻性。本教材所选文章大部分取自最新英语原版医学杂志或教科书,内容包括内、外、妇、儿、护理、康复、药物及保健等,用字准确,行文地道,对学生的英语学习和专业知识的巩固均有帮助。

2. 形式多样。每课都由课文、对话、练习及补充阅读四大部分组成,内容基本围绕一个主题展开,便于教学。

3. 课文中常用医学词汇复现率高,有利于学生记忆。

4. 对话和练习的编写均紧扣课文,针对性强。

5. 每课的生词均为中英文双解,课后附有注释,有利于学生自学。

编者认为,掌握语言的关键在于善于积累、灵活运用、主动交流,而学习语言的目的也是为了运用和交流。因此,在本教材的使用过程中,应注意理论与实践的有机结合,尤其要强调实践的重要性。在教学中应始终贯彻以“操练”为主的教学方法,充分调动学生的主观能动性,让学生在反复实践的氛围中不断提高专业英语水平和各项技能。

《专业英语(下册)》在编写的过程中得到了许多领导、专家和同行的指导与帮助。无锡卫生学校临床学科的邓西平老师在百忙中为我们筛选了常用医学名词;加拿大籍教师 Peter Arthur Stanleigh(唐磊)先生逐字逐句审阅了全书的英文部分。在此,我们一并对他们无私的帮助表示衷心的感谢。

由于编写时间仓促,编者水平有限,教材中难免还有些疏漏和错误之处。本书的编者恳请广大教材使用者批评指正。

赵旦

2004 年 4 月于无锡

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Lesson 1

IMPROVING HEALTH AMONG THE ELDERLY PEOPLE

Text

Ageing is a privilege and a social achievement. It is also a challenge that will impact on all aspects of 21st century society. It is a challenge that cannot be addressed by the public or private sectors in isolation; it requires joint approaches and strategies.

The age distribution of the world's population is changing. With advances in medicine and prolonged life expectancy, the proportion of older people will continue to rise worldwide. A demographic revolution is underway throughout the world. Today, worldwide, there are around 600 million persons aged 60 years and over. This total will double by 2025 and will reach virtually two billion by 2050 — the vast majority of them in the developing world. For example, there were 390 million people aged over 65 years recorded in the 1998 World Health Report, and this figure is estimated to double by 2025. The post-war baby boom generation will reach 65 years of age in 2011, significantly augmenting the number of older people.

In many developing countries, particularly in Latin America and Asia, increases of up to 300% of the elderly population are expected by 2025. By 2050, there will be 2 billion people over the age of 60, 80% living in developing countries. The growth in this population is staggering, posing tremendous challenges in caring for this ageing group.

As people age, they have a greater susceptibility to chronic and life-threatening diseases as well as acute infections, exacerbated by compromised immune systems. In addition, cancer, cardiovascular diseases, diabetes, infections and poor oral health, most notably tooth loss and severe periodontal conditions, are more prevalent in this age group. The consequences of these diseases and conditions are significant, leading to disabilities and reduced quality of life.

In some countries, older people tend to live alone, away from friends and family. The lack of social support and feelings of loneliness and isolation may affect their mental health and well-being. There is a need to provide sensitive health ser-

vices that are accessible, appropriate and acceptable to them. Their general health must be taken into account when planning complex treatments that may involve surgical procedures¹. Special needs, diagnoses and advanced treatment planning are crucial. Accordingly, the implications for research and training are considerable.



“Healthy older persons are a resource for their families, their communities and the economy”

are cared for at home by their parents². On their death, the orphaned children are left behind (currently 14 million under the age of 15 in African countries alone) are mainly looked after by their grandparents. It is not only in developing countries that the role of the elderly in

In our fast ageing world, the elderly will play an increasingly critical role through volunteer work, transmitting experience and knowledge, helping their families with caring responsibilities and increasing their participation in the paid labor force.

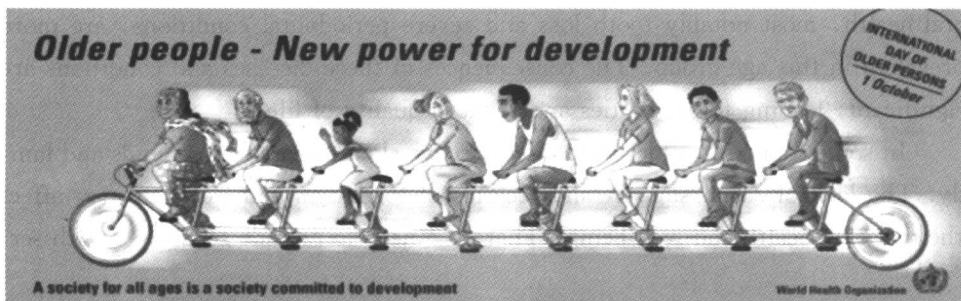
Already, older persons make positive contributions to society. For instance, throughout Africa -and elsewhere - millions of adult AIDS patients are cared for at home by their parents. In Spain, for example, caring for dependent and sick individuals (of all ages) is mostly done by older people (particularly older women).

Such contributions to development can only be ensured if older persons enjoy adequate levels of health, for which appropriate policies need to be put into place. In line with the Madrid International Plan of Action, the World Health Organization launched in 2002 a document titled “Active Ageing - A Policy Framework,” outlining

Facts about ageing

- In 2000, there were 600 million people aged 60 and over. There will be 1.2 billion by 2025 and 2 billion by 2050.
- Today, about two thirds of all older people are living in the developing world; by 2025, it will be 75%.
- In the developed world, the very old (age 80 +) is the fastest growing population group.

Older people - New power for development



its approaches and perspectives for healthy ageing throughout the course of life.

Words to Watch

1. expectancy / ik 'spektənsi / *n.* the act or state of awaiting an event or result
期望
2. demographic / ,di:mə 'græfik / *adj.* of or relating to characteristics; of a population group 人口统计学的
3. boom / bu:m / *n.* a sudden increase, as in population 激增,突然的增长,如人口激增
4. augment / ɔ:g 'ment / *vt.* make (something already developed or well under way) greater, as in size, extent, or quantity 扩大,增加
5. stagger / 'stægə / *vt.* overwhelm with emotion or astonishment 使吃惊
6. tremendous / tri 'mendəs / *adj.* extremely large in amount, extent, or degree; enormous 极大的,巨大的
7. susceptibility / sə ,septə 'biliti / *n.* the condition of being open to a stimulus, condition or disease 易感性
8. exacerbate / eks 'æsə(:)beit / *vt.* greatly increase the severity, violence, or bitterness of; aggravate 恶化,增剧,激怒,使加剧,使烦恼
9. compromise / 'kɒmprəmaiz / *vt.* expose or make liable to danger 危害
10. immune / i 'mju:n / *adj.* of, relating to, or having the ability to resist infection by a specific pathogen 免疫的
11. cardiovascular / ,kɑ:diəu 'væskjulə / *adj.* of, relating to, or involving the heart and the blood vessels 心脏血管的
12. prevalent / 'prevelənt / *adj.* widely or commonly occurring, existing, accepted, or practiced 普遍的,流行的
13. accessible / æk 'sesəbl / *adj.* easily obtained or reached 易得到的
14. surgical / 'sɜ:dʒikl / *adj.* of, relating to, or characteristic of medical procedures involving opening or repairing of the body 外科的
15. crucial / 'kru:ʃiəl / *adj.* extremely significant or important 至关重要的

Phrases and Patterns

take into account	考虑
labor force	劳动力
in line with	与……一致,符合

Notes on the Text

1. Their general health must be taken into account when planning complex treatment that may involve surgical procedures. 制定可能包括外科手术在内的综合治疗方案时,必须考虑他们的全身健康状况。

该句的主句为 Their general health must be taken into account…。When… procedures 为主句的时间状语,其中 that 引导的定语从句,其先行词是 treatment。

2. For instance, throughout Africa -and elsewhere-millions of adult AIDS patients are cared for at home by their parents. 两个“-”之间是补充说明的内容,可先不看。这句话的意思是“例如,在整个非洲—以及别的地方—数以百万的成年艾滋病患者在家中由他们的父母亲照顾着。”

Dialogue

Words to Know

ego / 'egəu / n.	自我
recede / ri 'si:d / vi.	向后退,减弱

A staff nurse and her friend John are talking about ageing.

Nurse: Have you read this article in the newspaper?

John: What? Oh, no. I have not yet. What is it about?

Nurse: It's about ageing. It is said that the proportion of people aged 60 or over is four times greater than it was in 1901.

John: Yes, ageing is a development issue. It is not only a privilege and a social achievement but also a challenge, which will impact on all aspects of our 21st century society.

Nurse: For example, we will need more health services. Can you imagine what it'll be like when we are old?

John: I've never thought about it. I do know that some old people are oppressed by the fear of death.

Nurse: The best way to overcome it—so at least it seems to me—is to make your interests gradually wider and more impersonal, until bit-by-bit the walls of your ego recede. You will then become more open and your life will become increasingly merged into universal life.

John: Well, the man who, in old age, can see his life in this way, will not suffer from the fear of death and ageing. That's just you're only as old as you feel.

Exercises

I . Comprehension of the text

Answer the following questions according to the text:

1. Why is the age distribution of the world's population changing?
2. How many people who are aged over 65 years will be there in 2025?
3. What may affect older people's mental health?
4. What is more prevalent among the old age group?
5. Which health services should be provided for the people?

II . Words to drill

1. *Write in full each of the following broken words*

- 1) The age _____ n of the world's population is changing.
- 2) The growth in this population is _____ g, posing tremendous challenges in caring for this ageing population.
- 3) The _____ s of these diseases and conditions are significant, leading to disabilities and reduced quality of life.
- 4) In some countries, older people _____ d to live alone.
- 5) Special needs diagnosis and advanced treatment planning are _____ l.

2. *Choose the best answer for each of the following sentences*

- 1) The age distribution _____ the world's population is changing.
A. with B. in C. to D. of
- 2) The post-war baby _____ generation will reach 65 years of age in 2011.
A. prosperity B. boom C. expansion D. bloom
- 3) The consequences of these diseases and conditions are significant, leading to disabilities and reduced _____ of life.
A. quantity B. level C. quality D. standard
- 4) There is a need to _____ sensitive health services that are accessible, appropriate and acceptable to them.
A. supply B. provide C. equip D. furnish

III . Translation

1. *Translate the following passage into Chinese*

One of the most important of all of the great problems that the world faces at the present time is the rapidly increasing pressure of the population on land and natural resources. This enormous increase of population will create immense problems. In the 21st century, unless something desperate happens, there will be as many as 7 billion people on the surface of the earth!

Why is this enormous increase in population taking place? It is really due to the spread of the knowledge and the practice of what is coming to be called Death Control. We have all heard of Birth Control. Death Control is something rather different. Death Control recognizes the work of the doctors, nurses, hospitals, and health services in keeping alive people who a few years ago would have died of some of the incredibly serious diseases. Squalid conditions, filth and lack of sanitation, which we can

remedy by an improved standard of living, caused a lot of disease. Medical examinations at school catch diseases early and ensure healthier school children. Scientists are at work stamping out malaria and other more deadly diseases. If you are seriously ill there is an ambulance readily available to take you to a modern hospital. Medical care helps to keep people alive longer.

We used to think seventy was a good age; now eighty and ninety are coming to be recognized as a normal age for human beings. People are living longer because of this Death Control, and fewer children are dying, so the population of the world is shooting up.

2. *Translate the following sentences into English*

- 1) 门诊病人与住院病人的比例是多少?
- 2) 这些药物既影响癌细胞又影响正常细胞。
- 3) 世界人口的年龄分布正在发生变化。
- 4) 到 2025 年这个数据估计将要翻一番。
- 5) 出生体重低与对感染的易感性有关。

Supplementary Reading

Words to Know

ritual / 'ritʃuəl / n.	仪式, 典礼
psychotherapy / 'saikəu, θerəpi / n.	心理疗法, 精神疗法
disintegration / dis, inti 'greɪʃən / n.	严峻的
autonomy / ɔ: 'tɒnəmi / n.	人身自由, 自主性
stem / stem / vi.	起源, 发生
integrity / in 'tegriti / n.	完整, 完全; 正直, 诚实
bureaucratic / ,bjʊərəu 'krætik / adj.	官僚主义的
scanty / 'skænti / adj.	不足的, 贫乏的
absolve / əb 'zɒlv / vt.	替……开脱(罪责)
senile / 'si:nail / adj.	年老的, 衰老的
evasion / i 'veɪʒən / n.	逃避, 遁词

The old do not have to look exclusively to the past. Relieved of some of life's responsibilities and fortified by many years of experience and knowledge, they may have a much better idea of how to spend their time enjoyably than they did in their youth. Of course, not all enjoyment is restricted to just the mental or philosophical. Healthy physical activity remains quite possible for most of us well into our later years.

Old people sometimes display surprising freedom and forthrightness in the expression of their thoughts and feelings, and an ability to transmit affection. It is as though some of the rituals which constrict us in earlier life fall away as we age.

However, a higher percentage of people suffer from emotional distress in old age than at any other time in adult life; and the gap between need and care is often filled by dubious measures, such as heavy-handed prescription medicine. For many years it was assumed that old people were not appropriate candidates for psychotherapy. Now, a few clinicians have risen to the challenge and discovered that individual and group psychotherapy is just as effective with the old as with the young.

It is easy to understand why an earthquake causes terror. Yet in old age there may be terror of a very private nature, a sense of disintegration sometimes stemming from inner conflicts, sometimes from a premonition of death or the fear of becoming dependent.

Dependency is a grim choice! Insecurity and deprivation must be weighed against loss of autonomy and integrity. However, if there is nothing shameful about the dependency of a baby or a young child, then there should be nothing shameful about the dependencies that are natural with old age and diminishing physical resources.

The complexity and impersonality of the bureaucratic establishments, which have the means to provide help, are often threatening to old people. The younger generation today, on the other hand, will have had many decades to interact with "the system" by the time they reach old age.

Many of us, including healthcare providers, assume that we know what old people and dying people want, but our assumptions are often a reflection of our own thoughts and feelings based upon personal interpretations of scanty bits of observation. Such assumptions are really an excuse to avoid close contact with the terminally ill. Assuming we "know" what they want, we absolve ourselves from being with them, and sharing their thoughts about the end of life.

We sometimes assume, wrongly, that old people are too confused or senile to be aware of the nearness of death. As a result, communication between a dying person and others is subject to extraordinary omissions and distortions. "Protecting" the dying from knowledge of their condition often serves to protect us from the uncomfortable prospect of talking about dying and death. Evasions like this only lead to increasing isolation at a time when emotional honesty and understanding are most needed.

Comprehension Check

1. Choose the appropriate answers to fill in the blanks.

- 1) Paragraph 1 is about _____.
- 2) Paragraph 2 is about _____.
- 3) Paragraph 3 is about _____.
- 4) Paragraph 5 is about _____.

- a. Knowing Better How to Enjoy Life
- b. Freedom in Expression
- c. Psychotherapy Effective with Some of the Old
- d. Period of Greater Emotional Distress
- e. Dependency: a Grim Choice