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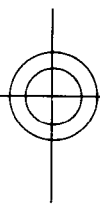


新世纪全国高等中医药院校规划教材

# 护 理 专 业 英 语

◆ 主编 黄嘉陵

中国中医药出版社



新世纪全国高等中医药院校规划教材

# 护理专业英语

(供护理专业用)

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# 前 言

护理学是医学科学领域中重要的分支学科,在人类医疗实践中起着不可替代的重要作用。随着社会的进步,社会文明的不断提高,护理学有了更深刻的内涵、更广阔的外延,承载着更多维护人类身心健康的使命。所以,护理专业人才,尤其是高学历高素质护理人才,不管在我国还是在海外,需求量都越来越大。社会的人才需求,就是教育的人才培养目标。培养高素质、高水平护理专门人才须从教育开始,培养具有中国特色的高水平护理人才需从我国高等中医药院校护理教育开始。为此,国家中医药管理局委托全国中医药高等教育学会规划、组织编写了高等中医药院校护理专业第一套、第一版教材,即“新世纪全国高等中医药院校护理专业规划教材”。

为确保教材的科学性、先进性、公认性、权威性、教学适应性,确保教材质量,本套教材采用了“政府指导,学会主办,院校联办,出版社协办”的运作机制。即:教育部、国家中医药管理局宏观指导;全国中医药高等教育学会及全国高等中医药教材建设研究会负责调研、规划、组织编写,以及教材的审定和质量监控;全国开设护理专业的高等中医药院校,既是教材的使用单位,又是编写教材的主体,在研究会的组织下共同参加,联合编写;中国中医药出版社作为中医药行业的专业出版社,积极协助学会、研究会的组织编写出版工作,提供有关编辑出版方面的服务,并提供资金方面的支持。这个“运行机制”集四位于一体,有机地结合了各方面的力量,有效地调动了各方面的积极性,畅通了教材编写出版的各个环节,保证了本套教材按时、按要求、按计划出版。

本套教材主要为护理专业的专业课程,共 21 种。至于护理专业开设的相关医学课程,本着“一书多纲”的精神,拟采用新世纪全国高等中医药院校中医学专业相关规划教材。21 门护理专业规划教材是:《护理学导论》《护理学基础》《中医护理学基础》《健康评估》《护理科研》《护理心理学》《护理管理学》《护理伦理学》《护理教育》《护理美学》《内科护理学》《外科护理学》《妇产科护理学》《儿科护理学》《骨伤科护理学》《五官科护理学》《急救护理学》《社区护理学》《养生康复学》《营养与食疗学》《护理专业英语》。

鉴于历史原因,我国开展护理高等教育相对较晚,而中医药院校开展高等护理教育更晚,大多数中医药院校都是近几年才陆续开设本科护理教育。所以,中医药院校高等护理教育面临很多困难。如:缺乏适合的本科护理教材;护理师资

力量不足,师资队伍参差不齐;尚无编写护理教材经验的专家。为使中医药院校高等护理教育尽快达到本科教育同等水平,同时又具有中医护理特色,本套教材采用双主编制,聘请医学院校具有多年高等护理专业教学、临床和编写高等护理教材经验的专家,以及具有护理专业高层次学历和一定教学经验的专家,与中医药院校具有一定护理教学经验的专家,共同主编第一版供中医药院校本科护理专业用的教材。两位主编排名不分先后,为并列主编。

真诚感谢北京大学、复旦大学、第二军医大学对这套教材的大力支持!真诚感谢三所大学参加我们这套教材编写的各位专家!正是她(他)们的参与,使这套教材体现了现代护理教育的高水平。同时也感谢高等中医药院校的护理专家,正是她(他)们的参与,使中医护理的内容在高等教育的教材中得以体现,使这套教材成为目前真正具有中国医学特色的高等护理教材。

本套教材从临床实际出发,以西医病名为主进行编写,部分西医病名难以准确涵盖的中医病证,则以中医病证进行编写。

编写具有中国特色的供中医药院校护理专业本科用的教材尚属首次,中西医护理专家共同合作编写教材也是首次,所以在组织、编写、中西医护理内容的结合等方面都缺乏经验,难免会有不少不尽如人意的地方甚至错漏之处,敬请教学人员、管理人员和学生予以指出,以便重印或再版时修改,以利不断提高教材质量,为培养高水平、高素质护理人才打好基础。谨此,我们向编写和使用本套教材的全体专家、教师和学生致以真诚的感谢!

全国中医药高等教育学会  
全国高等中医药教材建设研究会  
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## 编写说明

本书为新世纪全国高等中医药院校规划教材，由国家中医药管理局指导，全国中医药高等教育学会、全国高等中医药教材建设研究会主办，各院校联办，中国中医药出版社出版发行。

本书为我国中医药院校护理专业（本科）学生的专业英语课程教材。此课程在中医药院校为新设课程，此教材亦为创新性教材。

我们恪守紧密结合教学实际，严格保证教材质量的原则，力求将此书打造成精品。本书内所有课文的材料均选编自英文原版文章。语言规范、简洁，其内容涉及护理伦理学、基础护理学、临床护理技能、中医护理基础知识等；力求覆盖日常护理工作中的交流内容。每单元包括日常护理对话、课文（Text A, Text B）及词汇表、课文注释和练习题。练习题内特增编“护理能力测试题”，其特色突出，实用性强，难度较大，对临床护理技能及专业英语教学具有明显的促进与检测作用。建议学时为 60~80。

学生通过对本教材的学习，可以达到用英语进行书面和口语的专业表达，顺利进行涉外护理工作的目的。

参加编写的人员均为各中医药院校的教师。主编担任全书的总体规划设计、编写组织及稿件审定工作，副主编除参加编写工作，还承担了审稿工作，编委们均按单元承担编写工作，毛红英编委除参加单元编写工作，还承担了附录编写及能力测试题的选材、审稿工作。希望本书的编写能为护理专业英语课程建设及教材建设打下良好的基础。

《护理专业英语》编委会

2004. 12

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# Unit 1

## Dialogue

(N = Nurse; P = Patient)

N: Hello! Are you Mrs. Goodwin?

P: Yes, I am.

N: I am Miss Huang, your nurse. How are you today?

P: Fine, thank you. Nice meeting you.

N: I will take you to your room. Will you please follow me?

\* \* \*

N: This is the tub & shower room. You may use it from 7 o'clock in the morning until 8 o'clock in the evening. Over here is a toilet. There is another one over there, in case this one is occupied.

N: This bed is yours, and this is your call button. If you want a nurse's help you may push the button once, like this. When you call us, a light will be on outside your room. Do you understand my explanation?

P: Yes, I do. Thank you.

N: This is your bedside table. It is best to keep only small things that you need often in your bedside table, such as toilet articles and some underwear. If you have any valuables, you can put them in the hospital safe.

P: No, I don't. Thank you very much.

N: Would you mind changing into your night gown? Your doctor will come to see you soon. I'll come back in a few minutes.

## Words to Know

tub /tʌb/ n. 浴缸

tub & shower room (有浴缸和淋浴的) 浴室  
 gown /gaun/ n. 长袍, (在手术室工作时穿的) 罩衣  
 underwear /ˈʌndəweə/ n. (总称) 内衣  
 valuables n. 贵重物品

## Text A

### Principle of Respect for Autonomy

The word autonomy comes from the Greek *autos* (self) and *nomos* (governance). The principle of respect for autonomy means that nurses have the obligation to help the patient act autonomously, based on his values and beliefs. We assume that the patient has the capacity to act intentionally, with understanding of the options presented, and without controlling influences that would prevent the decision from being free and voluntary. A person's autonomy is violated when he is treated as a means to meeting another's goal without regard to his own goals.

Sometimes patients make choice with which their caregiver disagrees. The American Hospital Association's Patient's Bill of Rights states that patients in hospitals and institutions have the right to refuse treatment and to be informed of the medical consequences of that action. The term patient's preference assumes that the patient's choice of medical treatment is based on his own values and personal assessment of the benefits and burdens. When we speak of quality of life, we mean the subjective satisfaction experienced by the patient in his life in its physical, mental, or social aspects. When the patient makes a choice that the clinician thinks is unwise, a process of clarification and negotiation can sometimes be helpful.

The rules of truthfulness, privacy, and confidentiality are derived from the principle of autonomy. Confidentiality means keeping information patients reveal to their health care provider confidential. This is an aspect of respecting their autonomy that can be violated. In



Fig.1 Florence Nightingale

one study, physicians and students reported discussing cases at parties and with their spouses and identifying patients by name to much greater degree than patients thought had occurred.

Veracity is truth-telling, the rule that it is wrong for a nurse to lie to a patient. The patient needs to receive factual information so he can make appropriate autonomous decisions. The clinician is bound by his role to disclose all relevant information. This is called role fidelity. Fidelity means faithfulness to promises. Lying to patients under the guise of concern for their welfare interferes with patient's autonomy and damages the credibility of the nurse because patients trust nurses to tell the truth. Patients who discover that a nurse has deceived them, such as in the case of receiving a placebo, will lose trust in all the nurse's future action. When lying seems unavoidable, more effort needs to go into finding another solution. The principle of respect for autonomy does not apply to people not in a position to act in an autonomous manner. This means that infants, suicidal people, and drug-dependent patients may be validly controlled on the grounds of beneficence to protect them from harm. Under the principle of beneficence, the nurse may legitimately restrain a patient from exercising his autonomy by trying to jump out a window. But people judged mentally incompetent are still capable of making autonomous choice about what they want to eat or what clothes they wish to wear.

The intentional limiting of patients' autonomy "for their own good" is the definition of paternalism. This is the old-fashioned "doctor-know-best" attitude of physician to patient. One form of paternalism is benevolent deception, in which the clinician purposely withholds information because, in his judgement, the information may be too upsetting for the patient. Physicians in 1970s' made unilateral decision to not treat deformed newborns without consulting the parents because they thought they were saving the parents from the emotional burden of decision. But when this practice was exposed the public including parents and others were outraged.

Clinicians may use benevolent deception if they think patients wouldn't want to know their diagnosis. But a number of studies have shown that patients do want the truth. Clinicians may refrain from telling patients difficult truths because they feel uncomfortable doing so. In response to this, some medical schools have started teaching students how to break bad news to patients.

Respect for patient autonomy is an important principle, but caregivers also have autonomy. When the Oregon physician-assisted suicide statute became law, nurses opposed to suicide on moral grounds were concerned about their ability to exercise their professional



autonomy without abandoning their patient. In response, the Oregon Nurses Association drew up a policy clarifying the nurses' rights and responsibilities under the law. The association's White Paper on Assisted Suicide provides guidelines for ethically withdrawing from a case without abandoning the patient for nurses who do not want to be involved, as well as guidelines for nurses willing to care for the patient who is committing physician-assisted suicide.

Although the principle of respect for autonomy is of major importance, other principles such as nonmaleficence, beneficence, and justice have as much or more weight, depending on the situation.

## Words and Expressions

- autonomy /ɔ:ˈtɒnəmi/ *n.* 自主, 自主权  
 autonomous /ɔ:ˈtɒnəməs/ *adj.* 自主的, 自治的  
 autonomously *adv.* 自主地, 自治地  
 caregiver /ˈkeəgɪvə/ *n.* (医院中的) 看护, 医护人员  
 clinician /kliˈniʃən/ *n.* 临床医师, 临床教师  
 confidentiality /ˌkɒnfɪˈdenʃiələti/ *n.* 私密性, 隐秘  
 confidential /ˌkɒnfɪˈdenʃəl/ *adj.* 秘密的, 隐秘的  
 veracity /vəˈræsiti/ *n.* 说话老实, 诚实  
 disclose /disˈkləʊz/ *v.* 透露, 泄露  
 fidelity /fɪˈdeliti/ *n.* (对诺言等的) 信守, 忠诚  
 guise /gaɪz/ *n.* 外表, 伪装  
 placebo /pləˈsi:bəu/ *n.* 安慰剂, 安抚话  
 suicidal /su:ˈɪsaɪdl/ *adj.* 想自杀的, 自杀的  
 on the grounds of 根据……, 以……为理由  
 beneficence /bɪˈnefɪsəns/ *n.* 行善, 善行  
 legitimately /lɪˈdʒɪtɪmətli/ *adv.* 合法地  
 paternalism /pəˈtɜ:nəlɪzəm/ *n.* 家长作风, 家长主义  
 benevolent /bɪˈnevələnt/ *adj.* 善意的  
 deception /dɪˈsepʃən/ *n.* 欺骗; 受骗  
 withhold /wɪðˈhəʊld/ *v.* 隐瞒, 不给  
 unilateral /ˌju:nɪˈlætərəl/ *adj.* 单边的, 单方面的  
 deformed /dɪˈfɔ:md/ *adj.* 畸形的