



高等院校新概念  
医学英语系列教材



# 医学英语 文献阅读(二)

A Reading Course (II)

丛书总主编 王亚娜 吴让科



主编 / 曹素贞  
主审 / 白永权 华仲乐

Medical  
English

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**Medical English:  
A Reading Course (II)**

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主 编： 曹素贞  
副主编： 马 雁 倪晓宏  
编 者： (以姓氏笔画为序)  
马 雁 陈 羽  
倪晓宏 曹素贞  
职 锦

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# 序 言



近几年国内许多从事英语教育和研究的学者在多种杂志上发表文章，也在许多学术研讨会演讲，都认为21世纪中国大学英语教育将逐步向专门用途英语（ESP, English for Special Purpose）方向发展，专门用途英语将成为中国大学英语教育的主流。支持这种观点的依据很多，但主要有两条：一是专门用途英语在整个英语学习和教育中层次最高，是大学生学习英语的最高目标；二是我国大学英语教育进一步发展的需要，近年来大学基础英语教育所取得成就为开展专门用途英语教育奠定了良好的基础。同时我们也必须清楚地认识到，由于学校所在地不同、学校的层次不同、学生入学时英语水平不同，大学英语教育由基础英语教育转向专门用途英语教育是个漫长的过程。

医学英语（EMP, English for Medical Purpose）是专门用途英语中非常有特色的一个分支，是英语应用语言学与医学各学科交叉渗透的一个学科。随着我国医学科学的迅速发展，医学英语已在医学各个领域发挥着越来越重要的作用。在临床工作中、医学专业学习中、医学科学研究中和国际医学学术交流活动中，医学英语都表现了它在医学发展过程中不可取代的位置。因此，医学英语水平的高低对医学工作者的专业发展产生了重要的制约作用，这对医科专业学生及广大医科人员的医学专业英语各种能力有了较高要求，而这种医学英语水平的全面提高有赖于医科院校的医学英语教学改革的深化和提升。

医学英语教育如何定位，开设哪些课程，多少学时，教材如何编写，目前还没有公认的权威性纲领文件可依。但不少医学院校经过教学实践，已总结出一套适合自己学校和地区的做法。

广东地区八所医科院校，中山大学中山医学院、南方医科大学、广州医



学院、暨南大学医学院、广州中医药大学、广东药学院和广东医学院，联合成立了《高等院校新概念医学英语系列教材》编写委员会，组织一批长期从事医学英语教学和研究的专家、学者和教师参与编写这套医学英语系列教材。旨在解决当前开展医学英语教学教材严重短缺和不足的困境。

该系列教材包括阅读、写作、听说、翻译、词汇等几个分册。阅读分册的教材包括《医学英语文献阅读》（一）和（二）。阅读技能的训练是教学工作中的一项重要任务。在具备一定阅读能力的基础上，开展专业英语文献阅读，达到逐渐积累医学术语，熟悉并掌握医学英语的语言特点和医学文章的基本特点是阅读教程的主要任务。写作分册的教材包括《医学英语写作分类表达指南》、《高级医学英语写作教程》和《实用医学英语写作教程》。该系列写作分册的教材旨在帮助医科学生和医学工作者掌握规范的医学英语写作表达法，熟悉常见的医学文章类型、结构和写作要求。《医学英语视听说教程》强调从理论上帮助学习者归纳视听说技巧和方法，注重培养和提高医科学生及医学工作者的听、说交流技巧，其功能性值得广大医科学生、教研人员和医学工作者重视。医学英语的翻译有鲜明的特点，《医学英语实用翻译教程》和《药学英语翻译实践教程》从翻译的实用性着手，配合医、药文献选编的例句，介绍医药类文章翻译的常用方法，为读者清晰呈现如何解决医学英语这类科技文章的翻译难点。《医学英语词汇教程》在词汇的记忆方法上将医学专业知识与医学英语术语讲解相结合，囊括了医学领域的常用词汇。

该套教材的亮点注重知识性，凸显实用性，体现时代性，非常适合高等医药院校本科生和研究生的教学需要。在几个医学院校试用后，因其编写创新、结构新颖、用途实际的特点得到教师的认可和学生的欢迎。

中华医学会医学外语分会主任  
白永权教授

# 前 言

## Preface

随着中国教育国际化进程的推进,大专院校纷纷开设了各种双语、全英教学的专业课程。医科作为跟国际接轨最紧密的专业之一,还大量引进了国外原版教材和最新的医学文献资料库,这无疑对学生的医学英语阅读能力提出了更高的要求。同时,随着临床教学医院普遍开展英语查房和病例讨论,学生的医学英语水平明显地影响了他们在临床实践中的表现和病人对他们的信任。根据Hutchingson的理论,专业英语(English for Specific Purposes, ESP)分为学术目的(English for Academic Purposes, EAP)和职业目的(English for Occupational Purposes, EOP)两方面。显然,当前的环境对学生的学术和职业英语都有很高的需求。

而编者们在医学英语教学实践中发现,当前医学生的公共英语基础扎实,医学知识较全面,但医学英语刚起步,英语的医学文献阅读量小,文献体裁接触面窄,医学知识、公共英语与医学英语存在明显落差;虽然部分专业词汇已经在双语和全英课程中有所接触,医学词汇仍是影响文献理解的难点。医学生急需一座医学英语的桥梁来完成从公共英语向专业英语的顺利过渡,并进而为国际化高水平的医科学习和临床工作奠定坚实的基础。《医学英语文献阅读(二)》正是为此目的而编写。

本书是《高等院校新概念医学英语系列教材》之一,与《医学英语文献阅读(一)》一致,沿用“突出医学共核知识,实现医学与语言的有机结合”的原则,从学生的语言特点和实际运用的需求出发,形成了以下几方面的特点:

1、文献兼融学术目的和临床目的,两者分类渐进而同时又紧密结合,具有鲜明的ESP

课程特色。

为学术语言学习的课文包括了基础医学、临床医学、环境医学、社会医学、预防医学、灾难医学、循证医学、口腔医学、护理学、医学伦理等。对应的临床文献则配套地编排了相关病例的知情协议书、出入院病历、外科手术报告、转诊咨询、公众灾难预防指引等。词汇部分也同样从疾病分类、器官名称、手术类别、化学成分等进行单词强化。因此，全书体系完整紧凑，而每个单元内部又环环相扣，实现了学术和临床的有序结合。

2、文献类型丰富，题材覆盖面广，资料新。

本书的文献题材触及医学各分支的最新发展，文献类型包括经典教材节选 (text extract)、期刊论文 (original research paper)、病例报告 (case report)、社论 (editorial)、综述 (review)、摘要 (abstract & summary)、博客文章 (blog)、投稿须知 (instructions)、标书邀请 (request)、学术会议通知 (announcement) 以及大量的临床档案范文 (sample clinical records)。其中大部分资料出版于近几年，如：9.11十年健康回顾 (2011)，日本核电危机时碘盐预防指引 (2011) 等。

3、教材材料编写紧扣教学理念，突出阅读课教学特点。

每单元的学术文献作为精读强调学术风格，语言规范严谨。临床文书作为泛读侧重篇章框架，文字则简明扼要，文风各异。精读文章前后各安排了预习问题 (preview questions) 和课后拓展思考题 (extended discussion)，前者可作为预习时阅读的引导思路和理解检查，后者问题往往更进一层，意在深入分析并综合运用语言。整部教程的编写都紧扣课堂教学和自我阅读提高的过程。

4、内容精简、实用，适用范围广。

本书针对当前医学临床和科研的需求而编，展示了大量实用的模版和范例，书后的附录还提供了比较详尽的常用医学缩略语和对应全称，在大家普遍薄弱的医学单词发音、记忆上别出心裁地归类强化。因此，本书除了适用于教学和自习，也具有较高的长期借鉴和参考价值。

全书共12单元，每个单元包括Text A, Text B和Medical Vocabulary



Workshop三部分。Text A以医学学术文献(EAP)为主,文章全部摘自医学类经典教材或权威杂志、网站,如Harrison内科学, New England Journal of Medicine, the Lancet等,覆盖了医科目前最有代表性的各分支研究。Text B以医学职业/临床文献(EOP)为主,包括医疗实践中最常用的各类文书以及临床科研中最需要的标书申请和会议交流。Medical Vocabulary Workshop则是针对广大医科师生在医学英语教学中的最大困难——医学专业词汇而编写,有目的地突出了其中构词的特点归类和发音以便于学习记忆。各单元的三部分后面都附有练习,包括阅读理解、讨论拓展、词汇运用、段落翻译等。为便于自学和查阅,精读的Text A课文都提供了详细的注释,书后附有词汇表、练习参考答案、以及其他补充拓展的辅助资料。泛读的Text B临床文书前也有简洁的语篇介绍和导读。本书适合于大学英语提高阶段的教学使用,可供医学专业高年级、七年制、八年制和硕士研究生等医科学生作为课程用书,也可供广大医学工作者在临床和教学中作为参考书使用。

参加本书编写的5位老师全部来自中山大学医学英语教学第一线,曹素贞负责全书的整体构思、选材确定、结构框架及统稿,并独立负责全书Text B部分。马雁独立负责全书Medical Vocabulary Workshop部分并协助统稿。全体编写人员参与了Text A文章和插图的多轮推选,并单独或合作编写了各单元Text A文献的词汇、注释和练习。具体分工如下:曹素贞(Unit 1)、倪晓宏(Unit 2、3、4、9)、陈羽(Unit 5、8、10、11)、职锦(Unit 6、7、8、12)、马雁(Unit 9)。陈羽和职锦还参与了书稿的目录和附录的版面整理工作。

编者所在的中山大学医学英语教学团队以及广东省医学英语系列教材编写委员会的各位专家学者在本书的策划、编写以及试用的过程中提出了很多宝贵意见并给予了我们大力的支持,中山大学医学院多名外籍专家和客座教授也热忱提供了重要的参考资料和指导意见,并为本书专门撰写了部分文稿。由于篇幅和选材的关系,本书最终只选用了加拿大University of British Columbia (UBC)两位专家的作品。在此一并致以衷心的感谢。

编者

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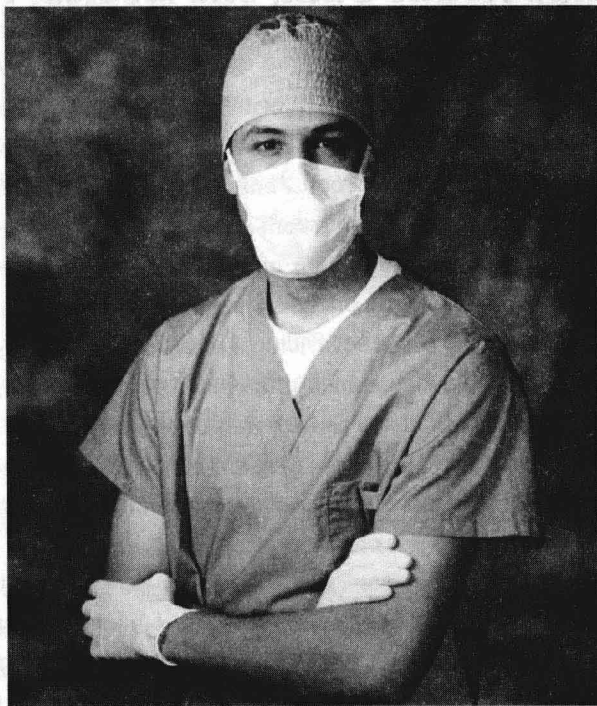
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# Unit 1

## Medical Professionalism



• **Preview Questions:**

Read through the text and answer the following questions.

1. Who was Hippocrates? What was he famous for?
2. Did Hippocrates actually write the oath? Why is/isn't the authorship important?
3. How did the oath change since it was first penned? What versions are mentioned?
4. What do people criticize about the original oath? Are they reasonable? Why or why not?
5. Why has the Hippocratic Oath remained rooted throughout the long history of changes?

## Text A

### Hippocratic Oath, The Medical Ideal

Perhaps the most enduring — certainly the most quoted — tradition in the history of medicine is the Hippocratic Oath. Named after the famous Greek physician Hippocrates<sup>1</sup>, this oath was written as a guideline for the medical ethics of doctors. Although the exact words have changed over time, the general content is the same — an oath to respect those who have imparted their knowledge upon the science of medicine, and respect to the patients as well as the promise to treat them to the best of the physicians' ability.

#### Who Was Hippocrates, and Did He Write the Oath?

For a man considered by many to be the "Father of Medicine", little is known about Hippocrates of Cos. He lived circa 460-380 BC, and was the contemporary of Socrates<sup>2</sup> as well as a practising physician. He was certainly held to be the most famous physician and teacher of medicine in his time. Over 60 treatises of medicine, called the Hippocratic Corpus, have been attributed to him; however, these treatises had conflicting contents and were written sometime between 510 and 300 BC, and therefore could not all have been written by him.

The Oath was named after Hippocrates, certainly, although its penmanship is still in question. According to authorities in medical history, the contents of the oath suggest that it was penned during the 4th Century BC, which makes it possible that Hippocrates had himself written it. Anyway, regardless of whether or not Hippocrates himself had written the Hippocratic Oath, the contents of the oath reflect his views on medical ethics.

#### From Medical Ideal to Standard Ethics Guidelines

The Hippocratic Oath was not very well received when it was first penned, being a representation of only a minor segment of Greek opinion at the time. However, by the end of ancient times, physicians began conforming to the conditions of the oath. It is possible that when scientific medicine suffered a gross decline after the fall of the Roman Empire, this oath, along with the dictates of Hippocratic

medicine, was all but forgotten in the West. It was through the perseverance of the spirit of inquiry in the East that the tenets of Hippocratic medicine — and the Hippocratic Oath — survived this period of deterioration, notably through the writings of Arabian authorities in medicine. The knowledge of Greek medicine was later revived in the Christian West through the Latin translations of both these Arabic works and the original Greek texts.

By the late 17th Century, standards of professional behaviour had been set in the Western World. The first code of medical ethics to be adopted by a professional organisation was written by English physician Thomas Percival (1740-1804) in 1794, which was adapted and adopted by the American Medical Association (AMA) in 1846. This code of ethics, which provided a gold standard for professional physicians, dictated the moral authority and independence of physicians in service to others and their responsibility towards the sick, as well as the physician's individual honour.

The seeds had been sown by Hippocrates — or one of his ghost writers.

After World War II, 23 doctors from Nazi Germany concentration camps were found guilty of breaching the code of medical ethics by performing horrifying medical experiments on prisoners. This incident led to the composition of the Nuremberg Code (1947)<sup>3</sup>, which represented the starting point in discussions regarding ethical treatment of human subjects, and outlined the ethics of medical research with regard to the rights of these subjects. This in turn led to the adoption of the Declaration of Geneva oath by the World Medical Association in 1948.

### Contemporary Dilemmas in the Modern World

The reintroduction of the oath has been problematic. Medical ethics are complex. They must balance patient expectations, social demands and taboos, economic and political realities, and evolving medical and scientific knowledge. For instance, the original oath required patients to be cured regardless of circumstances. However, using placebos in double-blind trials, considered essential for drug development, means doctors do not attempt a cure. The original oath would also forbid triage. This is used during war or disasters when treatment is prioritized based on patients' survival chances. Different medical care for patients with or without health insurance would be impossible. Some dangerous types of chemotherapy using toxic drugs in high doses would be disallowed. Finally, the original oath prohibits assisted euthanasia to relieve the suffering of patients with incurable conditions.

Therefore people argue that the original Hippocratic Oath is invalid in a society that has seen drastic socio-economic, political and moral changes since the time of Hippocrates. This has led to the modification of the oath to something better suited for our times. Four of the most widely used versions nowadays are the Declaration of Geneva — mentioned previously, the Prayer of Maimonides, the Oath of Lasagna, and the Reinstatement of Hippocratic Oath. Although they differ in wording and content, the main tenets are the same — treat patients to the best of one's abilities, never cause intentional harm, and maintain patient confidentiality — although none of them call upon various deities to punish the physician if he transgresses from the oath, save for the Reinstatement!

Today, most graduating medical students swear to some form of the oath before they go out into the world to practice medicine. However, this is usually a modern version, which bears little resemblance to the original. Some medical schools, particularly in the United States, combine other oaths with modern rules to create a workable ethical model. Unlike the original, the new oath does not require that doctors

swear it before they can practice. Instead, it is a code of practice, and a symbol for young doctors entering the profession and their commitment to healing. The question is — why has such an old bit of writing, descended from ancient times, so profoundly influenced the practice of medicine throughout the history of medical science?

G.E.R. Lloyd<sup>4</sup> said of Hippocratic medicine: "In the Western world, the name Hippocrates has always stood for an ideal". And this is what the oath is all about — an ideal gold ethics standard representing a clear dividing line separating healers and killers, a commitment that physicians make to protect life, and never to take life away deliberately. In a world where society is always attempting to put the blame on physicians when things go wrong, this oath, when upheld, would protect not only physicians and their patients, but also their families and the society as a whole.

It is understandable that some radicals may demand the removal of the Hippocratic Oath at graduation with the argument that it is too antiquated to be of use. However, even in this modern age of technological and medical enlightenment, a gold standard in moral and medical ethics — no matter how utopian it sounds — is still needed not only to set an example to those who are inheriting the medical business, but also to protect those at the receiving end of the medical practice. Modification of the original oath is unavoidable — Hippocrates, being a man who was meticulous in his scientific methods and keen in his observations of the world with regard to man and disease, would surely have approved of the changes for the sake of keeping up with the developments of the world — but as long as our physicians and practitioners hold true to the basic tenets of the Hippocratic Oath, it would continue to serve mankind for long after the name of its writer has been forgotten.

(The text is adapted from "Edited Guide Entry", 20th August 2003 by Farlander. (<http://h2g2.com/dna/h2g2/A1103798&clip=1>).

## Words and Expressions

- **impart** [im'pɑ:t] *v.* to make known; pass on, of information 通知; 透露; 传授 (知识)
- **circa** ['sə:kə] *prep.* (used with a date) at the approximate time of (与日期连用) 大约, 可简写为c.或ca.
- **contemporary** [kən'tempərəri] *n.* a person living at the same time or of approximately the same age as another 同代人, 同龄人; *a.* existing or occurring at the present time 当代的; 现代的
- **penmanship** ['penmənʃip] *n.* style or technique of writing by hand, here in the text it means authorship 书法; 书写技巧, 本文意为“作者, 署名”
- **dictate** [dik'teit] *n.* an authoritative command, a guiding principle 命令, 规定, 要求
- **tenet** ['tenit, 'ti:nit] *n.* a belief, opinion, or dogma 原则, 信条
- **revive** [ri'vaiv] *v.* to be brought back to life, consciousness, or strength 恢复, 复原
- **taboo** [tə'bu:] *n.* tabu; ritual restriction or prohibition 禁忌; 忌讳; 戒律
- **triage** [tri'ɑ:ʒ] *n.* the principle or practice of sorting emergency patients into categories of priority