高等学校学术英语（EAP）系列教材

ACADEMIC ENGLISH
for Medicine

学术英语 第二版

医学

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Map of the book

	VIEWING	SPEAKING	WRITING
	Prediction	Analyzing your audience	Choosing a topic
	Finding major points	Having clear objectives	Writing a title
	Note-taking forms	Having a clear structure and a sense of timing	Writing an introduction
	Note-taking symbols (1)	Introduction	Writing a methods section
	Note-taking symbols (2)	Body: Linking the points	Writing a findings / results section
	Dealing with unfamiliar words	Body: Making an argument	Writing a discussion / comment section
	Listening for evidence	Body: Making a counterargument	Writing a conclusion
	Cornell note-taking system	Conclusion	Creating a reference list
	Writing out notes in full	Visual aids	Writing an abstract
	Integrated exercises	Rehearsal and delivery	Providing author information

UNIT

7

Reading

Text A: Letting Doctors Make the Tough Decisions

Text B: Nine Words

Viewing

Listening for evidence

Speaking

Body: Making a counterargument

Writing

Writing a conclusion

Doctor-patient Relationship

Life can be hard. Relationships are often difficult. In an era of fast advancing medical technology, rapidly changing medical ethics, and ever-increasing malpractice lawsuits, a good doctor-patient relationship is critically important for effective health care delivery. This unit sheds some light on how to build such a relationship.

READING

Text A

Lead-in

Task Read the title of Text A and imagine three different situations in which doctors may be asked to make "tough decisions" for their patients. Then write them down.

1 _____

2 _____

3 _____

Now read Text A and find out what doctors are supposed to do in dealing with tough situations.

Letting Doctors Make the Tough Decisions[1]

Pauline W. Chen[2]

1 Soon after I finished my surgical training, I worked with a young doctor who was impressive not only for his clinical skills but also for his devotion to patients. He was large and powerfully built but never seemed to loom over his patients, miraculously shrinking down to their eye level whenever he spoke with them. He listened intently to every detail of their travails and always ended the visits by asking if they still had any unanswered questions.

2 One afternoon I was surprised to see him at a nursing station, his massive arms gesticulating as he complained to a nurse about one patient's family. The patient was dying, and the young doctor had organized a meeting with the family to talk about withdrawing life-support machines[3] and medications and starting comfort measures. The family had spent the entire meeting asking questions but then refused to make any decisions or withdraw any treatments.

3 "I spent all this time telling them we could continue to inflict pain on their loved one

1 The text was retrieved on Dec. 2, 2011 from https://well.blogs.nytimes.com.

2 Pauline W. Chen: 陈葆琳（外科医生，《纽约时报》专栏作家）

3 life-support machine: a piece of equipment that keeps a person alive when he / she is extremely ill and cannot breathe without help 呼吸机

or we could make him comfortable," he said, his hands still moving. "I told them suffering or comfort — it was their decision. But in the end, they made no decision and just walked right out of the room."

4 The way doctors and patients approach medical decisions has changed sharply over the last 50 years. For generations, these decisions were the exclusive purview of doctors; and patients, if they participated, often had little say in the final choice. But that paternalistic decision-making process began to change in the late 1960s and 1970s, as movements calling for patient empowerment grew and medical ethicists began articulating principles regarding the ethical care of patients.

5 One tenet that gained particular traction among clinicians was respect for the person. Applied to the work done in wards, clinics and operating rooms, this ethical principle led to a new clinical ideal: patient-centered care.

6 But a second ethical principle, one closely linked to the first, also played an increasingly important role in the patient-doctor relationship: the notion of respect for a person's autonomy. With time, autonomy would mean letting patients make their own decisions; and that interpretation would work its way into the teaching programs of medical schools and into state laws that mandated discussion of treatment options with patients.

7 For the next 40 years, young doctors, myself included, would be trained to restrain ourselves from making anything but emergency or mundane decisions for patients.

8 But a new study reveals that too much physician restraint may not be all that good for the patient — and perhaps may even be unethical. While doctors might equate letting patients make their own decisions with respect, a large number of patients don't see it that way. In fact, it appears that a majority of patients are being left to make decisions that they never wanted to in the first place.

9 Researchers interviewed more than 8,000 hospitalized patients at the University of Chicago. When it came to medical decisions, almost all the respondents wanted their doctors to offer choices and consider their opinions. But a majority of patients — two out of three — also preferred that their doctors make the final decisions regarding their medical care.

10 "The data says decisively that most patients don't want to make these decisions on their own," said Dr. Farr A. Curlin, an associate professor of medicine at the University of Chicago and one of the authors of the study.

11 The challenges appear to arise not when the medical choices are obvious, but when the best option for a patient is uncertain. In these situations, when doctors pass the burden of decision-making to a patient or family, it can exacerbate an already stressful situation. "If a physician with all

of his or her clinical experience is feeling that much uncertainty," Dr. Curlin said, "imagine what kind of serious anxiety and confusion the patient and family may be feeling."

12 Patients and their families also often don't realize that their doctors may be grappling with their own set of worries. "Doctors may think, 'Who am I to presume to know what my patients need?'" Dr. Curlin noted, and may be hesitant to assert their own opinions for fear that they might commit some kind of ethical transgression. Some will resort to veiling their own opinions in a half-hearted attempt to direct the decision. While the doctors might be convinced that they are being objective and dispassionate, more often than not they are sending mixed messages.

13 A doctor may, for example, tell relatives that it is their choice to withdraw life support from a dying patient. But that doctor may also use value-laden language to describe the options. One alternative may be described to the family as "reasonable" or "comforting," while the other is depicted as "invasive," "aggressive" or "painful."

14 "This creates a kind of bizarre dishonesty in how we communicate," Dr. Curlin said. "Patients end up feeling manipulated and will resist making any decision at all."

15 For doctors, then, the key to preserving patient autonomy — and patient-centered

care — lies not in letting patients make the final decisions alone but in respecting their opinions and shouldering the responsibility together. And while patients will need to be more explicit and ask for that help, doctors, like my young colleague and, I admit, myself, will need to be more mindful of whether patients want them to share information, be directive or hand over the responsibility of the decision.

16 "We have to stop drawing a circle around patients and their families," Dr. Curlin said. "We have to stop subjecting them to the loneliness and burden of autonomy and instead begin standing in that circle with them."

(938 words)

New words and expressions

miraculously /məˈrækjʊləsli/ *ad.* in a way that is very surprising or difficult to believe 令人惊奇地；不可思议地

travail /ˈtræveɪl/ *n.* (*usually pl.*) difficult and bad situations or experiences 困境；痛苦经历

gesticulate /dʒeˈstɪkjʊˌleɪt/ *vi.* make movements with your arms and hands, usually while speaking, because you are excited, angry, etc.（讲话时）做手势

inflict /ɪnˈflɪkt/ *vt.* make sb. suffer sth. unpleasant 使遭受

purview /ˈpɜːvjuː/ *n.* the extent or range of function, power, or competence 范围；权限

paternalistic /pəˌtɜːnəˈlɪstɪk/ *a.* advising and helping people but also controlling them by not letting them make their own decisions and choices 家长式作风的

empowerment /ɪmˈpaʊəmənt/ *n.* the process of giving a person or group of people power and status in a particular situation 许可；授权

ethicist /ˈeθɪsɪst/ *n.* a specialist in ethics 伦理学家

tenet /ˈtenɪt/ *n.* a belief or principle 信条；原则

traction /ˈtrækʃn/ *n.* pulling power, as of a draft animal or engine 牵引力

autonomy /ɔːˈtɒnəmi/ *n.* the ability or opportunity to make your own decisions without being controlled by anyone else 自主能力；自主

mandate /mænˈdeɪt/ *vt.* give an official command that sth. must be done 命令；指示

mundane /ˌmʌnˈdeɪn/ *a.* ordinary and not interesting or exciting 普通的；平凡的

unethical /ʌnˈeθɪkl/ *a.* morally unacceptable 不道德的

equate /ɪˈkweɪt/ *vt.* consider or treat as equal or equivalent 同等对待；等同

respondent /rɪˈspɒndənt/ *n.* sb. who answers questions, especially in a survey（尤指调查中）回答问题的人

grapple /ˈgræpl/ *vi.* struggle or work hard to deal with sth. 尽力解决；努力解决

presume /prɪˈzjuːm/ *vi.* decide to do sth. without permission 擅作主张；越权行事

hesitant /ˈhezɪtənt/ *a.* slow to do sth. because of nervousness or uncertainty 迟疑的；踌躇的

transgression /trænzˈgreʃn/ *n.* doing sth. that is not allowed by a law, custom, or religion（对法律、习俗或宗教的）违反

half-hearted /ˌhɑːf ˈhɑːtɪd/ *a.* done with no real interest or enthusiasm 兴趣不大的；不热心的

dispassionate /dɪsˈpæʃnət/ *a.* not influenced by personal feelings 不带感情的

value-laden /væljuː ˈleɪdn/ *a.* presupposing the acceptance of a particular set of values 价值观负载的；带有观点的

bizarre /bɪˈzɑː/ *a.* very unusual and strange 极其怪诞的；异乎寻常的

explicit /ɪkˈsplɪsɪt/ *a.* fully and clearly expressed, leaving nothing implied 明确的；清晰的

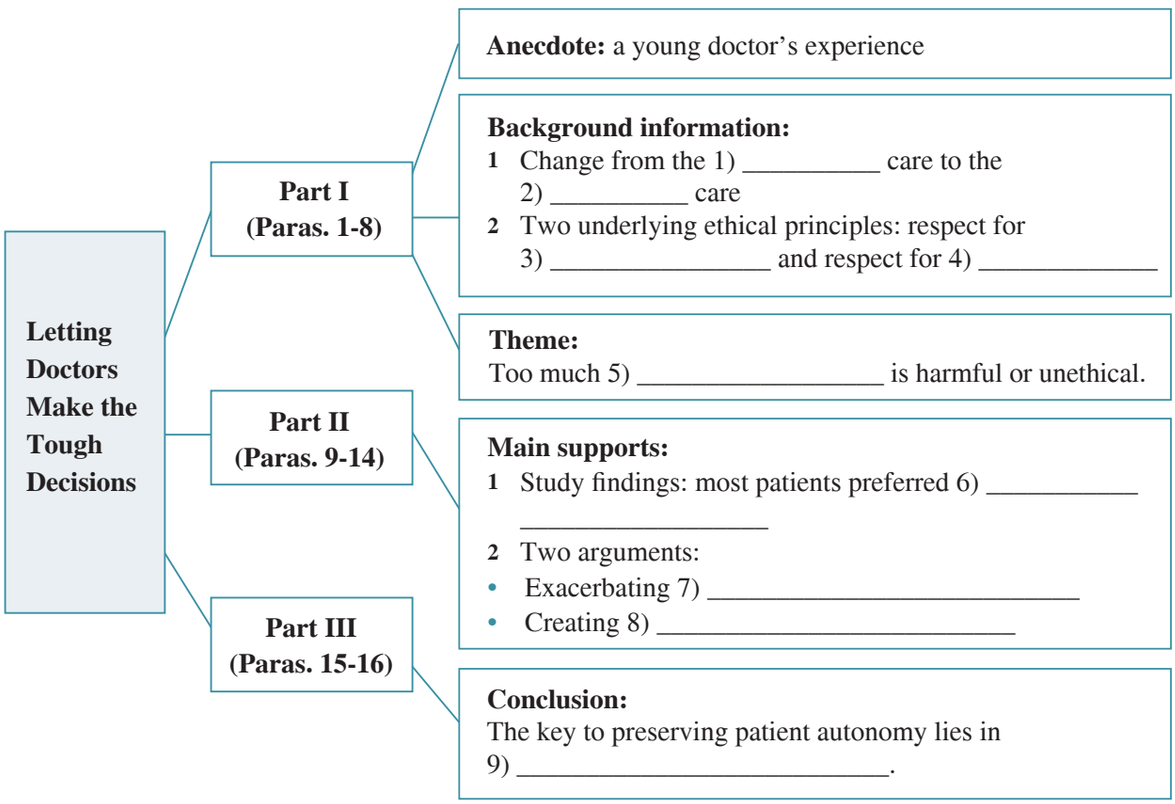
manipulate /məˈnɪpjʊˌleɪt/ *vt.* influence sb. or control sth. in a clever or dishonest way（以巧妙或不诚实的方式）影响，操纵

mindful /ˈmaɪndfl/ *a.* conscious or aware of sth. 留心的；警觉的

Critical reading and thinking

Task 1 / Overview

This text can be briefly divided into three parts: introduction to the theme, argumentation for the theme, and conclusion. Read the text and complete the following diagram.



Task 2 / Topics for presentation

Prepare a brief presentation on one of the following topics before class and get ready to deliver it to the class.

1 What difficult situation is the young doctor facing?

2 What is paternalistic decision-making in medicine?

3 In what way can patient empowerment be good for the patient?

4 Why does the author say too much physician restraint may not be all that good for the patient?

5 What kind of considerations may have prevented doctors from making decisions for their patients?

6 What should doctors do to build a good doctor-patient relationship?

Language building-up

Task 1 / Medical terminology

1 Study the word formation of medical terms listed in the box.

Building block	Meaning	Example
-ful	full of（充满……的；具有……的）	stressful, painful
-ian	a person who specializes or is expert in（专事……的人）	physician, clinician
-ize	make, cause to become, engage in; subject to（变得；成为；置于……）	hospitalize
physi(o)-	physical（身体的；生理的）	physician
-y	condition; state; quality（状态；性质）	autonomy

2 Match each of the definitions with its corresponding English term and Chinese equivalent.

clinical	autolysis	painful	ethicist
unethical	clinician	hospice	autonomy
psychiatry	surgical	physician	hospitalize
meditation	medication	physiologist	
安养院	自主能力；自主	生理学家	伦理学家
不道德的	让（某人）住院治疗	疼痛的	临床的
外科的；手术的	医生；内科医生	自溶	精神病学
临床医生	沉思；冥想	药物	

	English	Chinese	Definition
1	_____	_____	medicine or drugs given to people who are ill
2	_____	_____	the condition or quality of being autonomous; independence
3	_____	_____	a physician or other qualified person who is involved in the treatment and observation of patients, as distinguished from one engaged in research
4	_____	_____	of, pertaining to, or correctable by surgery
5	_____	_____	causing pain; full of pain
6	_____	_____	involving working with people who are ill, rather than in laboratory
7	_____	_____	a specialist in ethics
8	_____	_____	not ethical
9	_____	_____	a person licensed to practice medicine; a medical doctor
10	_____	_____	admit or send a person into a hospital for treatment

Tips **Word formation in medical terminology: Clipping**

Clipping, also called shortening, refers to the process whereby a word is shortened by clipping off part of the word without change in its meaning and word class. For example, ***exam*** is a shortened form of ***examination***, ***flu*** of ***influenza***, ***specs*** of ***spectacles***, and ***polio*** of ***poliomyelitis***.

Task 2 / Signpost language

Starting a paragraph

In many cases, the first sentence of a paragraph introduces the main topic that is going to be focused on and meanwhile provides a smooth shift from the previous paragraph. This natural shift can be achieved by repeating certain words in the previous paragraph or using transitional markers such as *to begin with*, *firstly*, *on the one hand*.

Underline the first sentences of paragraphs 4, 5, 6, 8, 11 and 12, analyze how the author manages to bring in a new topic and maintain coherence, and complete the following table.

Para.	Key word(s) repeated to achieve smooth transition	Key word(s) used to introduce a new topic
4		
5		
6		
8		
11		
12		

Task 3 / Formal English

The following sentences are taken from Text A. Replace the underlined formal words with less formal ones.

_____ **1** For generations, these decisions were the exclusive purview of doctors … (Para. 4)

_____ **2** One tenet that gained particular traction among clinicians was respect for the person. (Para. 5)

_____ **3** … and that interpretation would work its way into the teaching programs of medical schools and into state laws that mandated discussion of treatment options with patients. (Para. 6)

_____ **4** When it came to medical decisions, almost all the respondents wanted their doctors to offer choices and consider their opinions. (Para. 9)

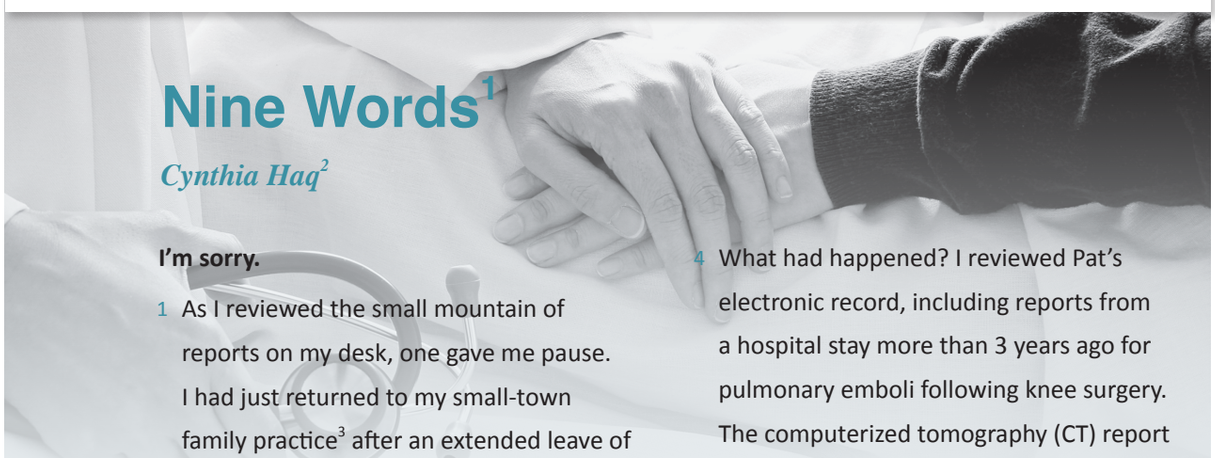
_____ **5** But a majority of patients — two out of three — also preferred that their doctors make the final decisions regarding their medical care. (Para. 9)

_____ **6** Doctors … may be hesitant to assert their own opinions for fear that they might commit some kind of ethical transgression. (Para. 12)

_____ **7** … doctors, like my young colleague and, I admit, myself, will need to be more mindful of whether patients want them to share information … (Para. 15)

Text B

Relationships between doctors and patients, as shown in Text A, can be really difficult, and this is especially the case when doctors make mistakes. The author of Text B shows how effective communication and mutual understanding, as embodied by the "nine words," can help bridge the distance between doctors and patients in the wake of tragedy or the face of death.



Nine Words[1]

Cynthia Haq[2]

I'm sorry.

1 As I reviewed the small mountain of reports on my desk, one gave me pause. I had just returned to my small-town family practice[3] after an extended leave of absence. Pat had lung cancer.

2 Pat was a 78-year-old beloved patient for whom I had cared for more than a decade. She was a dairy farmer, mother of six, interior designer, and one of the best pie bakers in the county. Reports from the hospital and oncologist confirmed widespread metastases. Pat had declined aggressive treatment. She was receiving palliative care from hospice under the supervision of an oncologist. I called Pat to express my concern. Her response was lukewarm. I offered help if she desired.

3 A few days later I spoke with the oncologist. He provided details and added, "You might want to check the records. The primary lesion was detected years ago, but there was no follow-up. Someone dropped the ball."

4 What had happened? I reviewed Pat's electronic record, including reports from a hospital stay more than 3 years ago for pulmonary emboli following knee surgery. The computerized tomography (CT) report described extensive bilateral infiltrates and a possible small nodule in the base of the left lung. Follow-up was recommended, but no follow-up was obtained. A chest X-ray report from a visit more than a year ago with one of my partners revealed a left lower-lobe pneumonia and suggested follow-up to ensure resolution; no follow-up was obtained. Pat presented infrequently for care and usually only if something was wrong. There was no indication in any of the notes that the abnormality was noted. Pat had not been informed of the findings.

5 Who was responsible for identifying, discussing, and following these issues — the hospital team, my partners, or the radiologists? None of these was to blame.

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1 The text is taken from *Family Medicine* (2006), 38(9).

2 Cynthia Haq: 辛西娅·哈克（医学教授）

3 family practice:（为一般家庭和个人服务的）家庭医疗

6 As Pat's family physician, it was my responsibility to follow up abnormal tests. I had made a serious mistake.

7 I was afraid, ashamed, and confused. Had Pat rejected me because of this mistake? Was she angry? Would she sue me? What was wrong with me? Was I a bad doctor? Could I be trusted? Had I made other serious mistakes? What was wrong with our health care system? Was the mistake due to pressure to see more patients more quickly? Did the conversion from a paper chart to an electronic medical record contribute to the error? Would early detection and treatment have changed the outcome? What should I do?

Forgive me.

8 Discussion with a trusted colleague helped me sort out my thoughts. Yes, I had missed a finding. No, we will never know if early detection would have changed the outcome. Yes, I should share this information with the patient and apologize.

9 I took a deep breath, called the patient, and asked permission to visit her at home. She agreed.

10 It was a quiet, bright, sunny day. Pat was lying in bed in a darkened room with mildly labored breathing[4]. I kneeled at the bedside and took Pat's hand. She wept when she saw me. She said she had no pain but was very tired. She was worried about her husband of nearly 60 years, who had also been ill, and distraught about conflicts with many family members who were not on speaking terms. I listened.

11 Finally I shared what I had come to disclose. I had made a mistake. I did not note the possible nodule on the CT scan. I was sorry that Pat had cancer. I was sorry that I had not fulfilled my responsibility to provide her with as much information as possible so that she might have taken action sooner. I did not know if this would have made a difference in the outcome.

12 Pat's immediate response was, "It's not your fault that I have cancer. If you had found this earlier, I might have had 4 terrible years, instead I had 4 good ones. You did nothing wrong."

13 I emphasized that yes, I was indeed responsible for not noting the nodule on the report, for not discussing it with her, for not providing options for further evaluation and management. She repeated that no, I was not to blame.

14 I was forgiven.

15 A tremendous load was lifted from my shoulders. Since Pat had forgiven me, perhaps I could forgive myself and continue as her doctor through the end of her life.

I love you.

16 I took another deep breath and continued. "Pat, I have known you and your family for many years. I care about you. May I continue to be your doctor?" I wondered if Pat could trust me with my imperfections. Pat immediately responded, "Of course.

4 labored breathing: an abnormal respiration characterized by evidence of increased effort to breathe 呼吸困难

You're my doctor. You know me. I want you to care for me. The oncologist is fine, but he doesn't know me."

17 One week later we conducted a family meeting in Pat's home with her husband, children, and the hospice team. Another deep breath: "We are here because we love Pat. None of us is perfect. There are no perfect families. Yet because of Pat's love, forgiveness, and courage, we have this precious gift of time together." We discussed Ira Byock's four things[5] that matter most at the end of life. Pat expressed her love and hopes: for the family to be at peace, to celebrate the good times, and to support one another in the difficult times to come. Pat died less than 2 days later.

Thank you.

18 In her quiet and simple way, Pat taught us profound lessons about accepting the unexpected, forgiving, celebrating, hoping, and living and dying with courage and dignity.

19 I'm sorry. Forgive me. I love you. Thank you.

(934 words)

New words and expressions

leave of absence *n.* time permitted away from work for a certain period 休假

interior designer *n.* 室内设计师

oncologist /ɒŋˈkɒlədʒɪst/ *n.* a specialist who specializes in the treatment of tumors 肿瘤学家；肿瘤医师

metastasis /meˈtæstəsɪs/ *n.* (*pl.* metastases) the spread of a disease, especially cancer cells, from one part of the body to another 转移

supervision /ˌsuːpəˈvɪʒn/ *n.* the act of watching a person or activity and making certain that everything is done correctly, safely, etc. 监督；管理

lukewarm /ˌluːkˈwɔːm/ *a.* not showing much interest or excitement 不热心的；冷淡的

lesion /ˈliːʒn/ *n.* any structural change in a bodily part resulting from injury or disease 损害；损伤；病灶

follow-up /ˈfɒləʊʌp/ *n.* sth. that is done to make sure that earlier actions have been successful or effective 后续行动；跟进行动；随访

embolus /ˈembələs/ *n.* (*pl.* emboli) sth. such as a hard mass of blood or a small amount of air that blocks a vessel carrying blood through the body（血管的）栓塞，血栓

bilateral /baɪˈlæt(ə)rəl/ *a.* having or involving two sides 双边的；双侧的

infiltrate /ˈɪnfɪlˌtreɪt/ *n.* 浸润物；渗透物

nodule /ˈnɒdjuːl/ *n.* a small round lump 小结节；小瘤

lower-lobe /ləʊə ˈləʊb/ *n.* （肺）下叶

5 Ira Byock's four things: Ira Byock is a physician specializing in palliative care. He authored *Dying Well* in 1997 and *The Four Things That Matter Most* in 2004. In the latter, he teaches how to practice the four most important phrases in life, that is, "Please forgive me," "I forgive you," "Thank you," and "I love you." 艾拉·比奥克的四句心灵告白

abnormality /ˌæbnɔːˈmæləti/ *n.* an abnormal feature, especially sth. that is wrong with part of sb.'s body 变异；变态

radiologist /ˌreɪdiˈɒlədʒɪst/ *n.* 放射科医师

sue /sjuː/ *vt.* make a legal claim against sb., especially for money, because they have harmed you in some way （尤指为要求赔偿金而）起诉，控告

conversion /kənˈvɜːʃn/ *n.* a change or an adaptation in form, character, or function 转换；变换

sort out put in order; clarify 整理；厘清

distraught /dɪˈstrɔːt/ *a.* extremely anxious or upset 心烦意乱的

not on speaking terms not feeling friendly toward sb.（与某人）关系不好，不相往来

disclose /dɪsˈkləʊz/ *vt.* make known 公开；揭露

profound /prəˈfaʊnd/ *a.* important and having a strong influence or effect 深刻的；意义深远的

Critical reading and thinking

Task / Comprehension

1 Choose the best answer to each of the following questions.

1 Why did the author review Pat's electronic record?

A. To confirm Pat's diagnosis.

B. To know what tests had been done for Pat.

C. To understand how Pat's disease developed.

D. To find out who was to blame for Pat's condition.

2 What was Pat's response to the author's confession?

A. She blamed the author for the fault.

B. She rejected the author's apology.

C. She neglected the author.

D. She forgave the author.

3 Who does the author think should be responsible for the medical mistake on Pat?

A. One of the author's partners.

B. The author herself.

C. The oncologist.

D. Pat's family.

4 What did the author feel she should have done?

A. Suggesting aggressive treatment for Pat.

B. Offering help when Pat required.

C. Ordering a CT scan for Pat.

D. Doing follow-up for Pat.

5 What did Pat value when saying the author could continue to be her doctor?

A. The author's honesty with Pat.

B. The author's medical expertise.

C. The author's knowledge about Pat.

D. The author's sincerity with Pat's family.

6. Which of the following best describes the author as a doctor?

A. Conscientious.

B. Hard-working.

C. Competent.

D. Careful.

2 Work in groups of 4-5 to complete the summary outline of each topic covered in the text.

1 Pat's personal status

- A 78-year-old woman suffering from _____ and receiving _____
- A dairy farmer
- Mother of six
- Interior designer
- One of the best _____

2 Pat's electronic record

- The computerized tomography (CT): extensive bilateral infiltrates and a possible small nodule in the base of the left lung, with follow-up recommended but not obtained
- A chest X-ray more than a year ago: _____
- The abnormality not noted
- Frequent visits to doctors but _____

3 the author's self-reflection

- Who to blame? _____.
- As Pat's family physician, the author had responsibility to _____; the author made a serious mistake.
- All sorts of questions running through the author's mind: Pat's response, possibilities of other mistakes, problems with health care system, causes of medical mistakes or errors, what-ifs, and next actions.

4 the author's visit to Pat

- Pat lying in bed in a darkened room with mildly labored breathing
- The author kneeling at the bedside listening to Pat's story
- The author apologizing for _____
- Pat's forgiveness for _____

5 the lesson the author learned from Pat

- Accepting the unexpected
- Forgiving
- Celebrating
- Hoping
- _____

Researching

Task Medical malpractice counts as one of the most important issues in medical practice. Work in groups of 4-5 to explore relevant information about this subject in the following aspects:

- definition of medical malpractice
- liabilities of medical malpractice
- avoidance of medical malpractice

Now report your findings to the class.

VIEWING Interview

Listening for evidence

The speaker usually provides essential evidence to support the main opinion. Such evidence, consisting of details, helps the audience to understand his / her opinion more fully. While listening, you should try to distinguish the supporting details from the opinion. You may ask: What evidence does the speaker resort to? What does the speaker want me to believe with such evidence?

Details commonly used by the speaker can be facts, examples, anecdotes, explanations, elaborations, exceptions, and authoritative opinions. Most often no signal words follow the main point to indicate supporting details, but sometimes expressions are used to indicate that the speaker is shifting from a main point to a supporting detail.

Useful expressions for introducing a detail

Type of detail	**Signaling expression**
Example	*for example, for instance, such as*
Anecdote	*That reminds me …, I remember once …, This is exactly what I experienced …*
Explanation	*this means that, that is, in other words, that is to say, what I mean is, meaning*
Elaboration	*in addition, moreover, furthermore, also*
Exception	*except for, apart from, other than*
Opinion	*in his / her opinion, from his / her point of view, from his / her perspective*

Word bank

conceptual /kənˈseptʃuəl/ *a.* 概念上的
deliberate /dɪˈlɪbəˌreɪt/ *vi.* 仔细考虑
deliberation /dɪˌlɪbəˈreɪʃn/ *n.* 深思熟虑
empower /ɪmˈpaʊə/ *vt.* 授权
transparency /trænsˈpærənsi/ *n.* 透明度
accountability /əˌkaʊntəˈbɪləti/ *n.* 义务；责任
commitment /kəˈmɪtmənt/ *n.* 承诺

Task 1 Watch a video clip and complete the following sentences.

1 The shared decision-making refers to a conversation between the clinician, traditionally considered _____, and the patient, traditionally considered _____.

2 Now patients become experts in their own lives and have knowledge. Whether correct or incorrect, knowledge that they have and bring in should be _____. Sharing their own knowledge / information, both the patients and the clinicians deliberate and consider _____ of options in relation to _____. From that process, the option set narrows down to _____.

3 The process of information sharing with the family about the options was _____ for informed consent. In terms of deliberation, it all happened behind closed doors among the doctors. The patient had _____.

4 The study includes _____. On average, certain decision-making interventions extend the consultation by about 10 percent.

5 Anything that enhances transparency and accountability in health care can begin to reduce _____. Shared decision-making is one strategy in which _____ and the patients are empowered to _____ and to _____. Clinicians have a moral obligation to actually do everything they can to provide that level of transparency to the decision-making process and to feel that they are _____.

Task 2 Watch the video clip again and determine what evidence the speaker uses to support the main opinion.

Type of detail	YES / NO	Details
fact		
example		
anecdote		
explanation		
elaboration		
exception		
opinion		

SPEAKING Presentation

Body: Making a counterargument

A counterargument is an argument offered in opposition to another argument. It involves an opinion or a fact that challenges the reasoning behind someone's proposal and shows that there are grounds for taking an opposite view. Sometimes you can build counterarguments by asking yourself how someone who disagrees with you might respond to each of the points you have made and what your response would be.

Language patterns

Making a counterargument	This approach is not likely to work. I wouldn't go along with sb. on that. I'm not really sure if I would go along with sb. there. I doubt / wonder whether the argument bears close examination. To assume that … is to miss the point. … seem to overlook / ignore an important / a fundamental fact. It is true that …, but it doesn't follow that … You claim that … Unfortunately,…
Emphasizing a point	I want to stress / highlight … I'd like to emphasize / put emphasis on … It's important to remember that … We should bear in mind that … Don't forget that … The crucial / essential / fundamental point is …

Task Work in pairs to practice the above language patterns. One of you is going to make an assertion about the following points and the other expresses a counterargument.

Example

***Student A*:** As I see it, traditional Chinese medicine is a lot safer than the mainstream Western medicine.

***Student B*:** I wouldn't go along with you on that. The fact is people simply don't know much about the side effects of many traditional therapies.

1 doctors as the sole medical decision-maker
2 traditional Chinese medicine (TCM)
3 self-experimental treatment
4 dietary effects on health

5 patient autonomy
6 herbal therapies
7 acupuncture
8 euthanasia (安乐死)
9 hospice

Research paper WRITING

Writing a conclusion

In the conclusion section, you summarize the research and highlight the importance and contributions of your ideas.

The length of the conclusion section can vary from one paragraph to two or three paragraphs. However, it should basically cover the following points:

- Refer back to your research question or hypothesis.
- Restate the thesis.
- Explain the significance of your findings.
- Offer recommendations for future action.

If the conclusion drawn from the study is universal, the present simple tense is used to state the conclusion. However, the past simple tense should be employed to discuss the conclusion that is true only in a specific study.

Sample

Conclusion

In this study, we found that a substantial number of ICDs were implanted in patients who were similar to those who either were excluded from major clinical trials of primary prevention ICDs or shown not to benefit from ICD therapy in other trials. Such patients not only have more comorbidities than patients receiving an evidence-based device, but they are at a higher risk of in-hospital death and any post-procedure complication. We observed considerable variation in non-evidence-based ICD implants by site. The rate of non-evidence-based ICD implants was significantly higher for nonelectrophysiologists than electrophysiologists. There was no clear decrease in the overall number of non-evidence-based ICD implants over time. As such, more efforts should focus on enhancing adherence to evidence-based practice.

Source:

Al-Khatib SM, Hellkamp A, Curtis J, et al. Non-evidence-based ICD implantations in the United States. *JAMA*. 2011; 305(1): 43-49.

Task Search medical journals for a research paper and make an analysis of its conclusion section.

Vocabulary tests

Task 1 / Academic words

Complete the following sentences with the words from the box. Change the form where necessary.

communicate	obvious	equate	commit	presume
devotion	colleague	exclusive	explicit	interpretation
final	unethical	manipulate	challenge	participate
author	respondent	restrain	reveal	ethical

1 The _____ of the paper agree to it being submitted to the journal for publication.

2 Graduates of the program will be equipped with the knowledge and skills to meet the _____ in the globally growing broad spectrum of biomedical and healthcare opportunities.

3 The scientist and his _____ are working on the idea of using T cells to target cancer cells and destroy tumors.

4 Deeply _____ to the welfare of his patients, Dr. Drake specializes in minimally invasive treatment options and believes in a conservative, minimalistic approach to surgery.

5 Nurses need to _____ effectively with the patients and the caregivers to achieve positive client outcomes.

6 Hard work is not always about the hours that are put in; it is more often about the dedication and _____ to the craft.

7 Many people _____ cancer with death, not realizing that with prompt, proper care and a positive outlook many cancers can be cured.

8 Currently, pharmaceutical companies have the _____ right to sell the drugs they develop for 20 years.

9 This section provides a more _____ illustration of the concepts related to protein synthesis.

10 When parents disagree with doctors on a child's treatment, who should have the _____ say?

11 The scientific basis has been re-assessed, resulting in a new _____ of the test results.

12 The importance of analyzing routine chemistries in living genetically _____ mice is increasingly clear.

13 The conduct of biomedical research involving the participation of human beings implicates a variety of _____ concerns pertaining to such values as dignity, bodily integrity, autonomy, and privacy.

14 We of course grow older, rather than younger, and must pay the price by putting up with a great number of _____ physiological changes.

15 College students who _____ in the current study exhibited fairly high knowledge of autism and low stigma toward people with autism.

16 Stroke was _____ to be the cause of death of some Serbian medieval rulers without much solid evidence.

17 The number of _____ you need depends on your survey goals and how confident you want to be in your results.

18 If you are under a(n) _____ diet related to any health issues, we strongly recommend that you check with your doctor to see if this medication is right for you.

19 The results of the recent study _____ that sugar adds stress to the heart by decreasing the functionality of the heart's muscles.

20 It is _____ to conduct experiments that would lead to the death of the animals although animal testing has contributed to many life-saving treatments.

Task 2 / Collocations

Complete the following lexical chunks taken from Texts A and B according to the Chinese given in brackets.

1 nursing _____（护士站）

2 _____ machine（呼吸机）

3 comfort _____（舒适护理措施）

4 _____ treatment（停止治疗）

5 _____ decision-making process（家长式决策程序）

6 patient _____（病人授权）

7 medical _____（医学伦理学家）

8 ethical _____（伦理准则）

9 clinical _____（临床理念）

10 _____ care（以病人为中心的护理）

11 patient _____（病人自主权）

12 treatment _____（治疗选择）

13 _____ purview（专属领域）

14 _____ decision（紧急状况下做的决定）

15 physician _____（对医生的限制）

16 _____ and confusion（焦虑与困惑）

17 ethical _____（违背伦理）

18 family _____（家庭医疗）

19 widespread _____（广泛转移）

20 _____ treatment（积极治疗）

21 _____ lesion（原发病灶）

22 recommend _____（建议随访）

23 electronic _____（电子病历）

24 pulmonary _____（肺栓塞）

25 computerized _____（CT，计算机断层扫描）

26 bilateral _____（双侧浸润）

27 _____ X-ray（X线胸片）

28 left _____ pneumonia（左下肺叶肺炎）

29 _____ breathing（呼吸困难）

30 hospice _____（临终关怀团队）