



前言 Preface

随着医学的不断发展，医学学术国际交流日益频繁，需要医学专业技术人员熟练地使用国际通用语言——英语，阅读英文文献、参加国际学术会议、在国际期刊上发表研究成果等，这无疑给广大的医务工作者及医学专业学生带来了很大的挑战。

2018 年，教育部、国家卫生健康委员会和国家中医药管理局在《关于加强医教协同实施卓越医生教育培养计划 2.0 的意见》中提出“要夯实医学生全面发展的宽厚基础，提升医学生临床综合能力，培育医学生临床科研潜质，拓展医学生国际视野，培养少而精、高层次、高水平、国际化的医学未来领军人才”的号召，这就需要医学生积极提升自身的科研素养，不断提高自身的医学英语水平。《大学英语教学指南》（2020 版）中也明确提出各高校应以需求分析为基础，根据学校人才培养目标和学生成长需要，开设体现学校和专业特色的专门用途英语课程，以增强学生使用英语进行学术交流、从事专业工作的能力，提升学生学术和职业素养。因此，具备较高的医学英语水平是医学生成为卓越医生的必要条件。

本教材是为加快培养适应和引领新一轮科技革命和产业变革的卓越新医科医学人才而编写的医学学术英语教材。作为安徽省一流教材建设项目（2021yljc088）成果，本教材依托省级专业英语教学团队（2020jxtd168），旨在全方位培养学生的医学学术英语能力。除了面向高等医学院校学生，本教材也适用于需要提高医学英语水平的广大医务工作者，以及对医学感兴趣又想提高英语水平的医学英语爱好者等。

本教材围绕立德树人的根本任务，充分融入课程思政理念和内容。除了注重医学英语知识学习和技能提升，本教材还融入 inestimable value of nursing、mental health care for university students 和 cancer care 等思政主题元素，帮助学生树立正确的世界观、人生观和价值观。全书着眼于医学发展，研究医学与人文的关系，关注医学热点（比如 pandemic 和 medical ethics 等），共分为八个单元，单元主题包括 Pandemic、Medicine、Nursing、Mental Health、Food and Nutrient、Drug、Cancer 和 Medical Ethics。每单元主要包含以下内容：

1. 单元主题检索与展示：这部分给出 5 个单元主题词让学生先行检索，并用口头汇报的方式进行课堂展示。

2. 三篇围绕单元主题的阅读文章：这些文章选自权威的科普杂志 [比如 *Scientific American* (《科学美国人》)、*The Economics* (《经济学人》) 等]、权





威医学网站（比如世界卫生组织官方网站等），以及权威医学期刊（比如《柳叶刀》《新英格兰医学期刊》等）。全书选材兼顾了科普性、学术性、人文性、趣味性和前瞻性。

3. 课文配套综合训练：围绕单元主题和阅读材料设计了阅读理解、通用及医学专业学术词汇和搭配、翻译等练习。

4. 学术英语技巧学习与分项训练：包含学术英语听力技巧与练习（每单元两篇听力材料，其中一篇选自 TED 演讲）、学术英语阅读技巧与练习，以及学术英语写作技巧与练习。

基于以上内容，本教材重点训练医学生检索、汲取、处理和表达信息的能力；丰富学生通用学术及医学专业学术词汇量；提升学术阅读、学术听说及学术写作能力与技巧。将语言知识的吸收和语言交际能力的培养充分结合起来，以全面培养学习者的医学学术英语技能，进一步增强他们的学术英语交流能力，为其今后更深入的医学专业学习和工作交流做好学术英语能力上的准备。

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目录 Contents



Part A Information Searching and Delivering	2
Part B Text Understanding	2
Passage 1 Pandemics—What Everyone Needs to Know	2
Passage 2 A Universal Flu Vaccine Is Vital	5
Passage 3 Wearing Face Masks in the Community During the COVID-19 Pandemic: Altruism and Solidarity	8
Part C Integrated Exercises	11
Part D Academic Skills	18
Academic Listening Skill: Recognizing Main Ideas and Supporting Details	18
Academic Reading Skill: Medical Terminology	23
Academic Writing Skill: Topic Sentence and Supporting Details	25
Part A Information Searching and Delivering	30
Part B Text Understanding	30
Passage 1 Medicine	30
Passage 2 What Are the Benefits and Advantages of Telemedicine?	33
Passage 3 Interpreting the Language of Traditional Medicine	36
Part C Integrated Exercises	40
Part D Academic Skills	47
Academic Listening Skill: Recognizing Signal Words	47
Academic Reading Skill: Skimming and Scanning	52
Academic Writing Skill: How to Write Definitions	55



Part A Information Searching and Delivering	60
Part B Text Understanding	60
Passage 1 Men in Nursing: The Challenges in Caregiving...	60
Passage 2 2020: Unleashing the Full Potential of Nursing...	64
Passage 3 If Nurses Nurse, Why Don't Doctors Doctor? ...	66
Part C Integrated Exercises	70
Part D Academic Skills	77
Academic Listening Skill: Finding the Sequence of Events in a Narrative	77
Academic Reading Skill: Signal Words.....	81
Academic Writing Skill: Comparison and Contrast	83
Part A Information Searching and Delivering	90
Part B Text Understanding	90
Passage 1 Mental Health and Mental Disorders	90
Passage 2 No Physical Health Without Mental Health: Lessons Unlearned?	94
Passage 3 Mental Health Care for University Students: A Way Forward?	96
Part C Integrated Exercises	100
Part D Academic Skills	108
Academic Listening Skill: Making Predictions.....	108
Academic Reading Skill: Topic Sentences	112
Academic Writing Skill: Problem and Solution	115
Part A Information Searching and Delivering	122
Part B Text Understanding	122
Passage 1 Diet, Nutrition and Inflammatory Bowel Diseases (Excerpt)	122
Passage 2 Fact or Fiction? Feed a Cold, Starve a Fever —The Answer Is Simmering in a Bowl of Chicken Soup	126
Passage 3 Does Lactose Cause Bloating?.....	128
Part C Integrated Exercises	132
Part D Academic Skills	139
Academic Listening Skill: Making Inferences	139
Academic Reading Skill: Inference Making	142
Academic Writing Skill: Cause and Effect.....	146

P/59

Unit 3
Nursing

P/89

Unit 4
Mental Health

Unit 5
Food and Nutrient

P/121



Part A Information Searching and Delivering	150
Part B Text Understanding	150
Passage 1 Medicine's Journey Through the Body	150
Passage 2 When Legal Drugs Harm and Illegal Drugs Help	153
Passage 3 Dealing with Drug Pricing: Not Just One Solution	155
Part C Integrated Exercises	158
Part D Academic Skills	165
Academic Listening Skill: Identifying Numbers	165
Academic Reading Skill: Facts and Opinions	169
Academic Writing Skill: Examples and Statistics	171
Part A Information Searching and Delivering	176
Part B Text Understanding	176
Passage 1 Building a More Resilient Cancer Healthcare System	176
Passage 2 Disability in Cancer Care: Time for Change?	179
Passage 3 Time to Focus on Value-Based Metrics for Cancer Care?	181
Part C Integrated Exercises	185
Part D Academic Skills	193
Academic Listening Skill: Recognizing Cause and Effect Relationship	193
Academic Reading Skill: Arguments and Evidences	198
Academic Writing Skill: Quoting and Paraphrasing	201
Part A Information Searching and Delivering	206
Part B Text Understanding	206
Passage 1 Introduction to Medical Ethics (Excerpt)	206
Passage 2 Palliative Care—A Shifting Paradigm	210
Passage 3 A Genetically Augmented Future	213
Part C Integrated Exercises	216
Part D Academic Skills	223
Academic Listening Skill: Summarizing	223
Academic Reading Skill: Tables and Figures	227
Academic Writing Skill: Summarizing	232



ACADEMIC ENGLISH FOR MEDICINE

Unit 1

Pandemic





Part A | Information Searching and Delivering

I. Surf on the Internet and find information about the following pandemics before class.

- ① the Black Death
- ② tuberculosis (TB)
- ③ HIV/AIDS
- ④ SARS
- ⑤ swine flu

II. Make a presentation based on the information you've searched.

Part B | Text Understanding

Passage 1 Pandemics—What Everyone Needs to Know



What is the exact definition of pandemic?



A novel infection—new and previously unfronted—that spreads globally and results in a high incidence of morbidity (sickness) and mortality (death) has, for the past 300 years or more, been described as a “pandemic”. The word derives from the Greek *pan-* (which means “across”) and *demos* (which means “people” or “population”). A pandemic spreads across all people. The 1918–1919 flu virus disseminated worldwide, without regard to race, location, cultural belief system, or social status.

There is, though, some disagreement about how and when the term should be used. Until very recently, evidence of contagion monitored by the rapid spread of unfamiliar and generally distressing symptoms was still the main measure of a new, readily transmitted disease. Before the germ theory of infection became established in the mid-to-late nineteenth century and for many



Unit 1 Pandemic



years thereafter, the prevalence and severity of clinical impairment was all that we had to go on. That situation has now vastly changed, with the 150-year-and-continuing—progression in the unraveling of infectious diseases and the incredible advances in both understanding and diagnostic technology that advanced gradually until the 1980s or so, to gather ever increasing momentum with the molecular biology revolution of the past 30 years. Now, modern science provides us with tests that enable the identification of any causative organism both quickly and definitively.

This capacity for rapid diagnosis means that we no longer rely solely, if at all, on seeing severe symptoms. A readily detectable infectious agent that, like the 2009 swine flu virus, tends to cause relatively mild disease in most people but spreads rapidly around the planet will, according to currently used criteria, legitimately be described as causing a pandemic. That's where confusion can arise: the general sense is that “pandemic” is synonymous with catastrophe. With both the media and the broader population ultimately perceiving that the 2009 swine flu pandemic was no more dangerous than the familiar, recurring, “seasonal” influenza epidemics, many had the sense that the regulatory and public health authorities had vastly overstated the level of risk.

Who declares a pandemic?



Pandemic infections are global problems that cannot be dealt with exclusively by individual nation-states. Epidemiologists, statisticians, and other professionals working at the World Health Organization (WHO) based in Geneva, Switzerland, have the responsibility for declaring whether or not a pandemic is occurring. Charged with monitoring and protecting human health everywhere on the planet, the WHO is one of the better functioning agencies of the United Nations. Unlike some UN operations, it rarely attracts the ire of political extremists and xenophobes. Even so, on June 11, 2009, WHO's decision to raise the level of influenza pandemic alert from Phase 5 to Phase 6 ultimately stimulated a great deal of negative media commentary. This first flu pandemic of the twenty-first century just wasn't up to expectations! Nonetheless, working with various national bodies, the WHO generally does a good job, and the 2009 influenza experience illustrates the various stages that culminate in the declaration of a pandemic.

How does the WHO operate?



While the central office is in Geneva, the planet is divided for administrative purposes into 6 regions: Africa, Europe, the Eastern Mediterranean, Southeast Asia, the Western Pacific, and the Americas. Each has a WHO office that serves between 11 and 53 different countries, and the division is not strictly geographic. The Regional Office for the Western Pacific, which includes nations as diverse in geography, size, and location as Australia, China, and Tuvalu, is located in Manila, while that for Southeast Asia is in New Delhi. Some Indonesian territories located on a



standard global map come under the Southeast Asia office.

With influenza, the WHO defines six grades of Pandemic Alert Phase, based on the incidence of the disease and the extent of spread within and between the various regions. The criteria are published and available on the Web for all to see. A Phase 2 Alert, for example, merely informs public health officials, the media, and anyone who cares to look that a new influenza virus has emerged from some animal reservoir (such as pigs, in the case of the 2009 pandemic) and is causing infection in people. Phase 4 means that human-to-human transmission is at a level where there is a continuing, sustainable outbreak within a community. Phase 5 means that the outbreak has now spread to at least two countries in a particular WHO region. The final Phase 6 Alert is issued when human-to-human spread progresses from one WHO region to a second and significant numbers of people are infected.

This classification system, which depends on the distribution and prevalence of the infection, means that the declaration of a Phase 6 influenza pandemic alert does not basically depend on the virulence, or pathogenicity, of the particular influenza A virus. But, given that the terms “pandemic” and “catastrophe” are synonymous to most people, why not change the definition? The problem is that doing so means coupling two different criteria and deciding ahead of time on outcomes that may not ultimately prove to be valid. For example, an influenza infection that seems to be not too bad when it occurs among those who are adequately housed and fed in a wealthy country may prove to be a true catastrophe for the less fortunate. Differences between rich and poor nations involve more than food and shelter, and include a multitude of factors like the availability of medical oxygen support and rapid access to the appropriate antibiotics for treating secondary bacterial infections that can deliver the coup de grace in a viral pneumonia. Then, apart from any social disadvantage, there is the genetic variation that can distinguish ethnic groups and the threat, particularly with influenza, that the virus may mutate to a more virulent form.

“Pandemic” applies to all populations equally, even when they are not in fact equal. Once a novel pathogen starts to spread rapidly and widely, a pandemic must be declared.

Source: Doherty, P. C. 2013. *Pandemics—What Everyone Needs to Know*. New York: Oxford University Press, pp.42-47.

I. Match the words with their definitions according to Passage 1.



- | | |
|------------------|---|
| ___ 1. epidemic | a different from anything known before |
| ___ 2. recurring | b to separate and clarify the elements of sth. mysterious or baffling |