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УПРАВЛЕНИЕ ЦИФРОВЫХ ОБРАЗОВАТЕЛЬНЫХ ТЕХНОЛОГИЙ

Кафедра «Лингвистика и иностранные языки»

**«Health care in Great Britain»**  
**Пособие по развитию навыков**  
**чтения, устной и письменной речи**  
по дисциплине

**«Практика устной и письменной**  
**речи»**

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## Аннотация

Пособие по развитию навыков чтения, устной и письменной речи для дисциплин «Практика устной и письменной речи» «Health care in Great Britain» содержит оригинальные тексты на английском языке с необходимой информацией по темам «Hospitals», «Diseases and treatment», «Symptoms of diseases» и упражнения по разным видам деятельности. Пособие предназначено для бакалавров 2, 3 курсов очной и заочной формы обучения направления подготовки 45.03.02 Лингвистика

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## Оглавление

<b>1. Types of hospitals .....</b>	<b>Ошибка! Закладка не определена.</b>
<b>2. Diseases: signs and symptoms .....</b>	<b>34</b>
<b>3. Dental clinic .....</b>	<b>52</b>
<b>Список литературы .....</b>	<b>80</b>

## PART 1

### TYPES OF HOSPITALS

#### Ex. 1. Learn the vocabulary

cancer hospital – онкологический диспансер  
 children's hospital – детская больница  
 convalescent home – санаторий для выздоравливающих  
 cottage hospital – небольшая сельская больница  
 drugabuse clinic – наркологический диспансер  
 ear, throat and nose hospital – ЛОР больница  
 emergency hospital – больница скорой помощи  
 health center – медицинский центр  
 hospice – хоспис  
 hospital for consumption – туберкулёзная больница  
 in-patient clinic – стационарная клиника  
 maternity hospital (home) – родильный дом  
 mental hospital – психиатрическая больница  
 military hospital – военный госпиталь  
 nursing home – дом престарелых  
 ophthalmic hospital – офтальмологическая больница  
 orthopaedic hospital – ортопедическая больница  
 out-patient clinic – амбулаторная клиника  
 paralysis and epileptic hospital – больница для лечения реабилита-  
 ции паралитических и эпилептических больных  
 skin hospital – кожно-венерологический диспансер  
 Rural Health Posts - сельские пункты здравоохранения  
 Health Centres - медицинские центры  
 Urban Polyclinics - городские поликлиники  
 Special Focus Polyclinics - специализированные поликлиники  
 emergency aid station - станция скорой (неотложной) помощи

#### Ex. 2. Read and translate the texts into Russian

##### a). Hospital

Hospital, an institution that is built, staffed, and equipped for the diagnosis of disease; for the treatment, both medical and surgical, of the sick and the injured; and for their housing during this process. The modern hospital also often serves as a centre for investigation and for teaching.

To better serve the wide-ranging needs of the community, the

modern hospital has often developed outpatient facilities, as well as emergency, psychiatric, and rehabilitation services. In addition, “bed less hospitals” provide strictly ambulatory (outpatient) care and day surgery. Patients arrive at the facility for short appointments. They may also stay for treatment in surgical or medical units for part of a day or for a full day, after which they are discharged for follow-up by a primary care health provider.

Hospitals have long existed in most countries. Developing countries, which contain a large proportion of the world’s population, generally do not have enough hospitals, equipment, and trained staff to handle the volume of persons who need care. Thus, people in these countries do not always receive the benefits of modern medicine, public health measures, or hospital care, and they generally have lower life expectancies.

In developed countries the hospital as an institution is complex, and it is made more so as modern technology increases the range of diagnostic capabilities and expands the possibilities for treatment. As a result of the greater range of services and the more-involved treatments and surgeries available, a more highly trained staff is required. A combination of medical research, engineering, and biotechnology has produced a vast array of new treatments and instrumentation, much of which requires specialized training and facilities for its use. Hospitals thus have become more expensive to operate, and health service managers are increasingly concerned with questions of quality, cost, effectiveness, and efficiency.

#### b) Hospitals in Great Britain

Hospital is a term now in general use for institutions in which medical treatment is given to the sick or injured. Hospitals are classified into general and special hospitals.

##### General Hospitals

These establishments consist of two kinds, (a) clinical and (b) non-clinical, each of which, under the modern system, should include every department of medicine and surgery, and every appliance and means for the alleviation of suffering, the healing of wounds, the reduction of fractures, the removal of mal-formations and foreign growths, the surgical restoration of damaged and diseased organs and

bones, and everything of every kind which experience and knowledge prove to be necessary to the rapid cure of disease.

The clinical hospital means an institution to which a medical school is attached, where technical instruction is given by able and qualified teachers to medical students and others. A non-clinical hospital is one which is not attached to a medical school, and where no medical instruction is organized.

#### Special Hospitals

Special hospitals (specialist hospitals) comprises cancer hospitals, hospitals for consumption, children's hospitals, cottage hospitals; ear, throat and nose hospitals, maternity hospitals, mental hospitals, ophthalmic hospitals, orthopedic hospitals, paralysis and epileptic hospitals, skin hospitals, women's hospitals.

*Answer the questions:*

1. What are general hospitals?
2. The modern hospital also often serves as a centre for investigation and for teaching, doesn't they?
3. What is a clinical hospital?
4. What type of treatment do we call "day surgery"?
5. What is a non-clinical hospital?
6. Give the definition of the word "hospital:
7. What types of medical institutions do you know?



**Ex. 3. Match the table**

1. maternity hospital	a) for old people
2. mental hospital	b) for people receiving a particular kind of treatment
3. clinic	c) for people who are dying
4. sanatorium	d) for women who are having a baby
5. hospice	e) for the medical treatment of people who are convalescing or have a chronic illness
6. nursing home	f) for people who are mentally ill

**Ex. 4. Answer the questions**

What type of hospital will you go to .....

- a) if you have an infection in your eye;
- b) if you have major chest pains;
- c) if you have a terrible rash on your arms;
- d) if you have a chronic illness;
- e) if she is pregnant;
- f) if he has an advanced form of blood cancer.

Begin with: If I have a cold, I will go to the polyclinic.

**Ex. 5. Read the dialogue and try to determine in what type of hospital the patient is being examined**

- What's wrong with your arm, Mr. Black?
- I'm afraid, it's a fracture, Doctor.
- How did it happen?
- I was playing a game of tennis. Running to get the ball I fell down on my arm. I felt an awful pain when I tried to get up. My friends had to help me get here.
- That's too bad. You should be careful. Now, let me examine your arm. Does it hurt here?
- Yes, I have a sharp pain.

- I think we'd better have it X-rayed. (After examining the picture)  
Unfortunately, it is a fracture. You'll have to stay in hospital for a couple of days, Mr. Black.

### Ex. 6. Learn the new vocabulary

#### *Types of doctors:*

ambulance doctor - врач скорой помощи  
anesthesiologist - анестезиолог  
cardiologist - кардиолог  
dentist - стоматолог  
dermatologist - дерматолог  
dietarian - диетолог  
expert in resuscitation [rɪˌsʌsɪ'teɪʃ(ə)n] - реаниматолог  
gastroenterologist - гастроэнтеролог  
gynecologist - гинеколог  
medical expert - суд. мед. эксперт  
midwife - акушерка  
morbid anatomist - патологоанатом  
obstetrician - акушер  
oncologist - онколог  
ophthalmologist - офтальмолог  
otorhinolaryngologist - оторинолагинголог (ЛОР)  
ENT specialist – лор специалист  
Pediatrician - педиатр  
Physiatrist - физиотерапевт  
Physician - терапевт  
Psychiatrist - психиатр  
Radiologist - радиолог  
Surgeon - хирург  
TB doctor - фтизиатр  
Traumatologist - травматолог  
Urologist – уролог  
GP (general practitioner) - врач общей практики  
resuscitation specialists - реаниматологи  
doctor in charge - палатный врач



**Ex. 7. Try to guess the type of a doctor according to the descriptions**



- a) Her duties include "traditional" nursing skills and running specialist clinics for immunization, diabetes, and so on.
- b) A nurse (typically a woman) who is trained to assist women in childbirth.
- c) He transports patients by wheelchair or stretcher from the wards, remove dead bodies to the mortuary, lift and carry heavy equipment.
- d) He/she responds to emergencies and gives first aid.
- e) He/she gives advice on health matters, especially to the mothers of

small babies. He/she has other duties in connection with infant welfare (благотворительные) clinics, day and residential nurseries, the examination of schoolchildren, and the care of the aged and the handicapped.

f) He/she visits those who are housebound or those recently discharged from hospital or dress wounds.

### Ex. 8. Learn the new vocabulary

Rooms in hospitals:

reception (area, room) -- регистратура

consulting room – врачебный кабинет

dressing room – перевязочная

operating theatre/room – операционная

surgery – хирургический кабинет

a surgery block – хирургический блок

waiting room – приемная

ward – палата

X-ray room – рентгеновский кабинет

department:

unit/department – отделение

admission department – приемное отделение

reception ward – приемное отделение

casualty department – отделение скорой помощи

children's department – детское отделение

in-patient department – стационарное отделение

intensive care unit (ICU) – отделение интенсивной терапии

out-patient department – поликлиническое отделение

postnatal department – послеродовое отделение

reception ward – приемное отделение

registry – регистратура

resuscitation department – реанимационное отделение

surgical department – хирургическое отделение

medical treatment room – физиотерапевтический кабинет

urgent medical treatment – скорая (неотложная) помощь

burns' department – ожоговое отделение

clinical chair – клиническая кафедра

**Ex. 9. Match the table**

1. Cardiology	a) performs operations on patients
2. Dermatology	b) specializes in pregnancy and birth
3. Hematology	c) treats kidneys diseases
4. Neurology	d) studies illnesses and analysis samples
5. Obstetrics	e) treats diseases of the skin
6. Orthopedics	f) deals with sick children
7. Pathology	g) treats disorders of the nervous system
8. Pediatrics	h) treats bones
9. Physiotherapy	i) specializes in the heart
10. Renal unit	j) designs special exercises for patients
11. Surgery	k) studies blood disorders

**Ex. 10. Read the information**

The nursing profession in the UK

In Britain, every nurse is on a grade. The grade depends on experience and skills, and each grade has different responsibilities and pay. On the bottom grades are unqualified auxiliary nurses who do the routine work on hospital wards. On the top grades are nursing officers, who are usually administrators.

Auxiliary nurses are on the bottom grades, but student nurses get the lowest pay. However, students don't stay at the bottom of the pay scale forever. When they qualify, they start working on a middle grade. As they get experience, they can get promotion and move up the ranks to become staff nurse, then sister (charge nurse if a man), and perhaps eventually nursing officer.

Many nurses work shifts, and often they work overtime to earn more money. After basic training, many nurses choose to do further study and become specialists. Nurses can specialize in many different fields there are triage nurses working in Casualty, and psychiatric nurses who treat the mentally ill. There are health visitors who visit patients in their own homes, practice nurses working in GPs' surger-

ies, and mid wives who deliver babies.

Many of them say they do not get enough pay and respect for the work they do. They say that the work is physically and mentally hard, that they work long hours and get very tired. But they also say that there are many great rewards which have nothing to do with money.

a) Number these jobs from the highest grade to the lowest. (Two of them are equal)

1. charge nurse
2. nursing officer
3. auxiliary nurse
4. sister
5. staff nurse

### **Ex. 11. Read the information and do the tasks**

National Health Service in Great Britain

The main organ of Health Service in Great Britain is the National Health Service. The National Health Service Act was passed through parliament in 1946 and in 1948 this Act received the Royal Assent and was brought into operation. The N.H.S. consists of three parts: the Local Health Authorities, the General Practitioners and Hospitals or Specialist Services.

The Local Health Authority has an obligation to make arrangements with the General Practitioners for the vaccination of those who live within its area. The Hospitals and Specialist Services have definite interrelations too. The role of the family doctor is very important in the Health Service. Not all patients need highly specialized attention and the GP does invaluable work by filtering off 90 per cent of the total medical work

Most medical treatment in Great Britain is free but charges are made for drugs, spectacles and dental care. Free emergency medical treatment is given to any visitor from abroad who becomes ill while staying in the country. But those who come to England specially for treatment must pay for it.

The National Health Service provides free medical treatment

both in hospital and outside. People may use the N.H.S. and they may go to doctors as private patients. Many people who have enough money prefer to be private patients because they think that they can in that way establish more personal relations with the doctor or because they do not want to be put in a large room with other patients. The patient in England can choose between the N.H.S. and private treatment at any time. Moreover he can take one part with the service, the other privately. If a patient is dissatisfied with his N.H.S. family doctor or dentist, he may change to another one. In fact, 97% of the population use the N.H.S.

This freedom of choice applies to doctors and dentists too. All doctors may take part in the Family Doctor System and most of them do so. This service is free to everyone. They can choose whether they want to join the N.H.S. or not and if they can have N.H.S. and private patients. Physicians may have private practice receiving the pay directly from the patients for their medical advice. N.H.S. doctors are paid by the Government, the pay depending on the number of the patients they have served every month.

The hospital service includes general and special hospitals, tuberculosis sanatoria, infectious disease units, and all forms of specialized treatment together with the provision of most surgical and medical needs. Besides the hospitals there are infirmatories and nursing homes. An infirmary is a room in an institution used for sick people. A nursing home is usually a "private small hospital for the patients and aged people. In fact, half of the hospitals are over 100 years old. They were built in the nineteenth century, they are small with about 200 beds. Such hospitals are uneconomic and cannot provide a full range of services, which require a district hospital of 800 beds or more. Now they have more than 150 health centres in the U.K. Health centres provide opportunities for hospital specialists and GPs. Health centres contain all the special diagnostic and therapeutic services which family doctors need, such as electrocardiography, X-ray, physiotherapy, etc. Family doctors have access to hospital resources and can be brought into close relationship with hospital doctors. Health centres are the bases of primary care.

There are centres, which provide consultant services in general medicine and surgery, ear-nose-throat diseases, obstetrics and gy-

naecology, ophthalmology, psychiatry and orthopaedics. All consultations in the centres are by appointment only. The patient is given a definite time at which to attend. Each doctor decides for himself how many patients he can examine for an hour. It must be born in mind that the patient is the most important person in the health centre and all the energies of the medical personnel are directed to helping him as much as possible.

*a) Answer the following questions:*

- 1 When was the N.H.S. brought into operation?
- 2 What parts does the National Health Service consist of?
- 3 Are there any interrelations between these parts?
- 4 Are there private patients in Great Britain?

*b) Arrange the following expressions according to the contents (keep to a logical consistency)*

- a) Types of hospitals in the U.K.
- b) The interrelations between the three parts of the N.H.S.
- c) Freedom of choice applied to doctors and dentists.
- d) The N.H.S. and its structure.
- e) Problems of British health care system.
- f) Freedom of choice of medical treatment.
- g) Health centres in the U.K.



## Ex. 12. Read the text

At the polyclinic

The basic medical unit in our country is a polyclinic. There are district polyclinics for the adult population and for the children. The medical insurance cards guarantee people free of charge medical assistance.

The staff of the polyclinic consists of different specialists: therapists, neurologists, otholaringologists, eye doctors, surgeons and others. Patient makes an appointment with the doctor at the registry or calls him to his home. Personal information of any patient is kept on a computer now. Computers contain detailed records of the patient's medical history.

Ambulant patients are seen at the polyclinic by the district doctors. Doctors receive their patients in the consulting rooms, which have modern apparatuses and equipment for patients' examination and treatment. Besides the consulting rooms there is a diagnostic laboratory for making analyses of blood, urine, gastric juice, sputum, an electrocardiography room, rooms for various roentgenologic, roentgenographic, roentgenoscopic, ultrasonic investigations of organs and a procedure room.

Before making a diagnosis, the doctor asks about the patient's complaints, examines him thoroughly. He listens to his heart and lungs, counts his pulse rate, measures his blood pressure and palpates his abdomen and lymph nodes. All findings of physical examination are recorded into the patient's case-history. A case history is a detailed account of patient's current illness. It also includes information about his past history, history of familial and hereditary diseases.

Sometimes additional investigations are necessary. Nowadays doctors have at their disposal modern diagnostic apparatuses which help them to gain information required to make a proper diagnosis.

On the basis of all data the doctor makes a diagnosis and prescribes a proper treatment. In serious cases a doctor puts a patient on a sick list or refers him to a hospital.

Prevention of diseases is important. That's why population must undergo regular medical check-ups at polyclinics.

Nurses help doctors to examine patients, to fill in case-histories. They also give injections, put bandages and make a wide range of medical and diagnostic procedures.

Doctors at a maternity consultation centres look after the health of expectant mothers from the early months of pregnancy up to delivery.

*a) Transcribe all the doctors' names from the text;*

*b) Answer the questions:*

1. What is the polyclinic?
2. How do people receive medical assistance at the polyclinic?
3. What specialists work at the polyclinic?
4. Where do the doctors receive their patients?
5. What rooms are there at the polyclinic?
6. How does the patient make an appointment with a doctor?
7. How does the doctor perform a patient's physical examination?
8. Where does the doctor record all data of the examinations?
9. What does the doctor do in serious case?
10. What are the duties of nurses?
11. Where do the expectant mothers receive their regular observations?

*c) Translate these words and word combinations into English:*

Участковая поликлиника, штат поликлиники, кабинет врача, жалобы больного, записаться на прием к врачу, кабинет ЭКГ, история болезни, медицинский полис, дополнительные исследования, выдать больничный лист, делать инъекции, вызвать врача на дом, ультразвуковые исследования, регистратура, медицинские и диагностические процедуры, хирург, бесплатно.

### **Ex. 13. Read and translate the text**

The work of an in-patient department

When patients are admitted to the hospital first of all they are



received by a nurse on duty at the reception ward.

Those patients who are to be hospitalized have already received the direction from the polyclinic. The nurse on duty fills in patients' case histories in which she writes down their names, age, place of work, occupation, address and the initial diagnosis made by a doctor at the polyclinic.

Then a doctor on duty examines the hospitalized patients and gives his instruction what department and wards the patients are to be admitted.

At the in-patient department of a hospital life begins early in the morning. The nurses on duty take patients' temperature, give them intramuscular and intravenous injections, take stomach juice for analysis, apply cups and give all the prescribed remedies in the doses indicated by the ward doctors.

The nurses keep all the drugs with special labels: the names of drugs are indicated on them. Patients are not allowed to take the medicines themselves because some drugs are poisonous, the over-dosage of some other drugs may cause unfavorable reactions and even death.

At about nine o'clock in the morning the doctors begin the daily rounds of the wards during which they examine all the patients. After the medical examination the doctors administer the patients different procedures: electrocardiograms are taken, laboratory analyses of blood, urine and gastric juice are made. Some patients are administered a bed regimen, others are allowed to walk; some are to follow a diet.

All the doctors always treat the patients with great attention and care. There is no doubt that such a hearty attitude of the doctors to the patients helps much in their recovery.



*a) Answer the questions:*

1. Have you ever been a hospitalized patient?
2. What happened?
3. How did doctors treat you?
4. How often are you ill?
5. Do you always go to the hospital when you are ill?

### **Ex. 14. Read and translate the text**

#### Medical Service in Britain

In Britain there is a National Health Service (the NHS), which is paid for by taxes and national insurance, and in general people do not have to pay for medical treatment. Every person is registered with a doctor in their local area, known as a general practitioner or GP. This means that the patient's name is on the GP's list, and the patient may make an appointment to see the doctor or may call the doctor out to him if he is ill. People sometimes have to pay part of the cost of drugs that the doctor prescribes. GPs are trained in general medicine but are not specialists in any particular subject. If a patient needs to see a specialist doctor, he must first go to his GP and then the GP will make an appointment for the patient to see a specialist at a hospital or clinic.

Although everyone in Britain can have free treatment under the NHS, it is also possible to have treatment done privately, for which one has to pay. Some people have private health insurance to help them to pay for private treatment. Under the NHS people who need to go to hospital may have to wait for a long time on a waiting list for their treatment. If they pay for the treatment, they will probably get it more quickly. Anyone who is very ill can call an ambulance and get taken to hospital for free urgent medical treatment. Ambulances are a free service in Britain.

*a) Finish sentences*

1. In Britain people do not have to pay for.....
2. Every person is registered with a doctor known as.....
3. If a patient needs to see a specialist doctor, he must first go to his

.....

4. Some people have private health.....
5. Anyone who is very ill can call an ambulance and get free .....

### **Ex. 15. Read the texts and discuss**

#### a) Health Care in Russia

Health care in Russia, both preventive and curative, is available to the whole population. The most distinctive feature of it is the attention paid to prophylaxis. One of the main tasks in the fight against various diseases is the early detection of the first signs of disease. We pay much attention to the health education of the population. We believe that is one of the main available methods of preventing the spread of diseases. For this purpose the press, cinema, radio and television are very helpful.

The basic medical unit in our country is the polyclinic. Polyclinics are large medical centres employing many doctors and nurses. Polyclinics have their own laboratories and X-ray, physiotherapy, surgical and dental departments. We have polyclinics for the adult population and for children. Ambulant patients are seen at the polyclinic by district doctors. Patients who are seriously ill are visited by their district doctor at home. The doctor works 6 hours a day. For the district doctor this is made up of 3 hours seeing patients at the polyclinic and 3 hours in visiting patients in their homes.

The emergency ambulance service operates day and night and is free of charge. The ambulances are equipped with diagnostic, respiratory and anaesthetic apparatus, as well as blood-transfusion and other devices, which enable the doctor to give emergency surgical and medical treatment.

There are several specialised hospitals in Russia for the treatment of particular diseases – infectious and psychiatric diseases, cancer and ophthalmological diseases and others. The Mother-and-Child Health Care Centre is in Moscow. This Centre deals with not only routine problems of obstetrics and gynaecology but also with research in the normal physiology of a female organism starting from an early stage of development. The main task of this centre is to ensure the birth of a healthy child.

At present, there have emerged a number of private diagnostic and consultation centres, general hospitals and specialised clinics. Medical and health care is provided in line with compulsory and voluntary medical insurance programmes set up by the state via private insurance companies.

b) Health services in Russia. At the Polyclinic

Health services in Russia are represented by state, municipal and private medical units. Medical preventive units representing state and municipal health services include a wide range of medical institutions: hospitals, specialized hospitals, clinics, outpatient clinic, medical institutions of maternity and child protection, medical institutions of urgent and emergency aid, sanatorium and health resorts.

Outpatient medical units are divided into five groups according to the number of patients they can provide with medical care in one shift: local, district, municipal, regional hospitals and polyclinics. To receive medical care free of charge a person is to obtain the certificate of obligatory medical insurance. This certificate is given to each Russian citizen regardless of gender and age.

Polyclinic is a medical preventive institution aimed to provide population with diseases' preventive measures, medical aid at home, diagnostic services and examinations of temporary disability. In general, responsibilities of any polyclinic are centered on prevention, prophylaxis and treatment of diseases among local people. People are assigned to the polyclinic according to the place they live, work or study and have their personal 'patient's card' containing information about their visits to doctors, results of laboratory tests and other relevant information.

According to the age criteria there are polyclinics for children (up to fourteen years old) and for adults. Polyclinics have their own laboratories, X-ray rooms; physiotherapy, surgery and dental departments. Each polyclinic has a number of general practitioners (theraputists), doctors specialized in some particular medical field (e.g. allergists, oculists, neuropathologists, surgeons etc.) and attached nurses.

To receive medical care at polyclinic one should be registered there. This can be done by phone, personally or through the Internet.

To register means to provide information about yourself and to book the date and time of visiting the doctor according to the polyclinic's timetable.

A therapist working day consists of consultation hours and home visits. While consulting a therapist asks patients about any complaints they may have and makes notes in the patients' card. Then he takes patients' blood pressure, feels his pulse and listens to his lungs and heart. He may also check patients' temperature. If it is necessary for making a diagnosis the therapist recommends his patient to undergo some special tests: urinalysis, X-ray examination, blood test, etc. Only after the diagnosis is proved, proper treatment is prescribed and recommendations are given.

*a) Write five questions to the text a "Health Care in Russia"*

a) Write about a health care in a place where you live.



**Ex. 16. Read and translate the text**

Health Service in Russia and in Great Britain

Health Service in Russia is controlled by the state. The public health service in Russia is free of charge as well as in many countries.

There is a wide network of medical institutions: hospitals, polyclinics, maternity homes, emergency aid stations and so on. In addition to those, there are many medical institutions which provide medical assistance for money.

30% of the population receive primary care through their work related clinics and hospitals. For certain employment groups such as police and railroad workers special health services exist.

In 2006, the Russian government launched a national project plan that aims to improve four sectors of Russian life, including healthcare. It approved additional \$3.2 billion for healthcare to cover salary increases for doctors and nurses, the purchase of new equipment for clinics and the construction of eight high-tech medical centres in Russia's outlying regions.

Prophylaxis is one of the basic principles of the Russian public health system. Annual medical check-ups are carried out with the aim of detecting diseases at the earliest stages of their development.

There are a number of different types of hospitals and healthcare clinics in use. They include:

- Rural Health Posts offer basic health checks and facilities including routine examinations, immunizations and minor injuries. They cover a population of about 4,000 people.
- Health Centres cover larger rural population of approximately 7,000 people and offer a range of primary care services. They are able to perform minor surgeries and are normally staffed by a team of nurses together with a paediatrician, a therapist and a midwife/gynaecologist.
- Urban Polyclinics provide services which are normally considered general practice and include screening, treatment for chronic illnesses and on-going care. Depending on their size, urban polyclinics would also house approximately 3-4 specialists from fields such as cardio, oncology and obstetrics.
- Special Focus Polyclinics are where paediatricians and other specialists treat children up to the age of 19.

The British National Health Service came into existence in 1948 to provide free medical treatment of every kind. If a person is sick he

goes first to see his general practitioner (GP), who treats minor illnesses. Family doctors work alone or in partnerships with surgeons and bigger urban medical centres, and when necessary go to see patients at their homes. Everyone is normally on the list of a general practitioner (or family doctor), who keeps full records of all treatments and over the years gets to know 2,000 or more people on his or her list.

General practitioners refer people to hospital, if necessary, for more specialized treatment, also free of charge both for outpatients and for those who have to stay in hospital.

*a) Find the following words and word combinations in the text, reproduce the context they are used in and translate them into Russian*

1. medical institutions;
2. receive primary care;
3. certain employment groups;
4. launch a national projects plan;
5. cover salary increases;
6. basic principles;
7. routine examinations;
8. on-going care;
9. minor illnesses;
10. specialized treatment.

*b) Answer the questions*

1. Is the public health service in Russia free of charge?
2. What are the main types of medical institutions?
3. What employment groups do special health services exist for?
4. What is the aim of the Russian government national projects plan?
5. What is one of the basic principles of the Russian public health system?
6. Why are annual medical check-ups carried out in Russia?
7. When did The British National Health Service come into existence?
8. Where do people who are ill go first?
9. What illnesses can GPs treat themselves?

10. Who can refer people to hospitals, if necessary?

**Ex. 17. Learn the following words and word combinations**

Health Service - служба здравоохранения

free of charge - бесплатный

provide medical assistance - оказывать медицинскую помощь

primary - первичный

medical check-up - медосмотр

obstetrics - акушерство

outpatient - амбулаторный больной

detect disease - диагностировать заболевание

screening - скрининг (массовое обследование населения для выявления больных или лиц с высоким риском того или иного заболевания)

Public Health System - система здравоохранения

curative - лечебный

on hospital ground - на базе больницы

under the guidance of - под руководством

to be admitted to the hospital - поступать в больницу

preliminary - предварительный

morning round - утренний обход

to fill in a case history - заполнять карточку больного

assignment - назначение

to put bandages - делать повязки

to perform the operation - сделать операцию

shadowless lamp - бестеневая лампа

blood transfusion - переливание крови

to discharge the patient from the hospital - выписать пациента из

**Ex. 18. Match the English sentences to their Russian equivalents**

<p>1. Health Service in Russia is controlled by the state.</p>	<p>а. Британская Национальная служба здравоохранения появилась с целью обеспечения бесплатного медицинского лечения.</p>
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2. Prophylaxis is one of the basic principles of the Russian public health system.	b. Центры здоровья могут выполнять несложные операции.
3. Health Centres offer a range of primary care services.	с. Семейные врачи посещают своих пациентов на дому.
4. Rural Health Posts cover a population of about 4,000 people.	d. Служба здравоохранения в России контролируется государством.
5. Annual medical check-ups are carried out in Russia.	e. Здравоохранение в России бесплатно.
6. General practitioners refer people to hospital, if necessary, for more specialized treatment.	f. Профилактика является одним из основных принципов российской системы здравоохранения.
7. Family doctors see patients in their homes.	g. Сельские пункты здравоохранения охватывают население около 4000 человек.
8. The public health service in Russia is free of charge.	h. В России проводятся ежегодные медосмотры.
9. The British National Health Service came into existence to provide free medical treatment.	i. Центры здоровья предлагают широкий спектр первичной медицинской помощи.
10. Health Centres are able to perform minor surgeries.	j. При необходимости врачи общей практики направляют людей в стационар для более специализированного лечения.

### Ex. 19. Translate the given sentences into English

1. Целью национального проекта правительства Российской Федерации является модернизация четырёх секторов, в том числе здравоохранения.
2. Широкая сеть медицинских институтов включает больницы, поликлиники, родильные дома, станции скорой помощи и т.д.
3. Одним из основных принципов системы здравоохранения в России является профилактика.
4. Согласно национальному проекту на здравоохранение выделя-

ется дополнительное финансирование на повышение заработной платы врачей и медсестёр, а также на приобретение нового оборудования для клиник и создание высокотехнологичных медицинских центров в отдалённых регионах России.

5. При необходимости врачи общей практики посещают пациентов на дому.
6. Целью ежегодных медосмотров в России является выявление заболеваний на ранней стадии (ранняя диагностика).
7. Широкий спектр первичной медицинской помощи оказывают в Центрах здоровья.
8. Здравоохранение в России бесплатно.
9. Британская Национальная служба здравоохранения появилась в 1948.
10. Сельские медицинские пункты проводят текущие обследования и иммунизацию.

### Ex. 20. Retell the text 15

### Ex. 21. Read, translate and retell the text

Hospitals. Some fact from the history

A hospital is an institution for health care, often but not always providing for longer-term patient stays.

Today, hospitals are usually funded by the state, health organisations (for profit or non-profit), by health insurances or by charities and by donations. In history, however, they were often founded and funded by religious orders or charitable individuals and leaders. Hospitals are nowadays staffed by professional physicians, surgeons and nurses, whereas in history, this work was usually done by the founding religious orders or by volunteers.

Etymology

During the Middle Ages the hospital could serve other functions, such as almshouse for the poor, or hostel for pilgrims. The name comes from Latin hospes (host), which is also the root for the English words hotel, hostel, and hospitality. The modern word hotel derives from the French word hostel, which featured a silent s, which was eventually removed from the word; French for hospital is hôpital.

Grammar of the word differs slightly depending on the dialect. In the U.S., hospital usually requires an article; in Britain and elsewhere, the word is normally used without an article when it is the object of a preposition and when referring to a patient ("in/to the hospital" vs. "in/to hospital"); in Canada, both usages are found.

#### Types

Some patients in a hospital come just for diagnosis and/or therapy and then leave ('outpatients'); while others are 'admitted' and stay overnight or for several weeks or months ('inpatients'). Hospitals are usually distinguished from other types of medical facilities by their ability to admit and care for inpatients.

#### General

The best-known type of hospital is the general hospital, (in the UK known as a District General Hospital) which is set up to deal with many kinds of disease and injury, and typically has an emergency ward/A&E department to deal with immediate threats to health and the capacity to dispatch emergency medical services. A general hospital is typically the major health care facility in its region, with large numbers of beds for intensive care and long-term care; and specialized facilities for surgery, plastic surgery, childbirth, bioassay laboratories, and so forth. Larger cities may have many different hospitals of varying sizes and facilities.

Very large hospitals are often called Medical Centers in the US and usually conduct operations in virtually every field of modern medicine.

Most hospitals in the UK are run by the National Health Service.

#### Specialized

Types of specialized hospitals include trauma centers, children's hospitals, seniors' (geriatric) hospitals, and hospitals for dealing with specific medical needs such as psychiatric problems (see psychiatric hospital), certain disease categories, and so forth.

A hospital may be a single building or a campus. Some hospitals are affiliated with universities for medical research and the training of medical personnel. Within the United States, many hospitals are for-profit, while elsewhere in the world most are non-profit.



### Clinics

A medical facility smaller than a hospital is called a clinic, and is often run by a government agency for health services or a private partnership of physicians (in nations where private practice is allowed). Clinics generally provide only outpatient services.

### Other facilities

Many hospitals have hospital volunteer programs where people (usually students and senior citizens) can volunteer and provide various ancillary services.

Most cities (especially in the U.S.) have laws that require hospitals to have alternative backup power generators, in case of a black-out. Additionally they may be placed on special high priority segments of the public works (utilities) infrastructure to insure continuity of care during a state of emergency.

### History

#### Early history

In ancient cultures, religion and medicine were linked. The earliest known institutions aiming to provide cure were Egyptian temples. Greek temples dedicated to the healer-god Asclepius might admit the sick, who would wait for guidance from the god in a dream. The Romans adopted his worship. Under his Roman name Æsculapius, he was provided with a temple (291 BC) on an island in the Tiber in Rome, where similar rites were performed.

### In ancient Asia

The Sinhalese (Sri Lankans) are perhaps responsible for introducing the concept of dedicated hospitals to the world. According to the Mahavamsa, the ancient chronicle of Sinhalese royalty written in the 6th century A.D., King Pandukabhaya (4th century BC) had lying-in-homes and hospitals (Sivikasotthi-Sala) built in various parts of the country. This is the earliest documentary evidence we have of institutions specifically dedicated to the care of the sick anywhere in the world. Mihintale Hospital is perhaps the oldest in the world.

Institutions created specifically to care for the ill also appeared early in India. King Ashoka founded 18 hospitals c. 230 BC. There were physicians and nursing staff, and the expense was borne by the royal treasury. State-supported hospitals later appeared in China during the first millennium A.D.

The first teaching hospital, however, where students were authorized to methodically practice on patients under the supervision of physicians as part of their education, was the Academy of Gundishapur in the Persian Empire. One expert has argued that "to a very large extent, the credit for the whole hospital system must be given to Persia".

### In the Roman Empire

The Romans created valetudinaria for the care of sick slaves, gladiators and soldiers around 100 BC, and many were identified by later archeology. While their existence is considered proven, there is some doubt as to whether they were as widespread as was once thought, as many were identified only according to the layout of building remains, and not by means of surviving records or finds of medical tools.

The adoption of Christianity as the state religion of the empire drove an expansion of the provision of care. The First Council of Nicaea in 325 A.D. urged the Church to provide for the poor, sick, widows and strangers. It ordered the construction of a hospital in every cathedral town. Among the earliest were those built by the physician Saint Sampson in Constantinople and by Basil, bishop of Caesarea. The latter was attached to a monastery and provided lodgings for poor and travelers, as well as treating the sick and infirm. There was a separate section for lepers.

The church at Les Invalides in France showing the often close connection between historical hospitals and churches.

Church at Les Invalides in France showing the often close connection between historical hospitals and churches

In medieval Europe

Medieval hospitals in Europe followed a similar pattern. They were religious communities, with care provided by monks and nuns. (An old French term for hospital is *hôtel-Dieu*, "hostel of God.") Some were attached to monasteries; others were independent and had their own endowments, usually of property, which provided income for their support. Some hospitals were multi-function while others were founded for specific purposes such as leper hospitals, or as refuges for the poor or for pilgrims: not all cared for the sick.

In medieval Arabia

Meanwhile Muslim hospitals developed a high standard of care between the eighth and twelfth centuries A.D. Hospitals built in Baghdad in the ninth and tenth centuries employed up to twenty-five staff physicians and had separate wards for different conditions. Sultan Bayazid II built a mental hospital and medical madrasa in Edirne, and a number of other early hospitals were also built in Turkey. Unlike in Greek temples to healing gods, the clerics working in these facilities employed scientific methodology far beyond that of their contemporaries in their treatment of patients.



In the modern era

In Europe the medieval concept of Christian care evolved during the sixteenth and seventeenth centuries into a secular one, but it

was in the eighteenth century that the modern hospital began to appear, serving only medical needs and staffed with physicians and surgeons. The Charité (founded in Berlin in 1710) is an early example.

Guy's Hospital was founded in London in 1724 from a bequest by wealthy merchant Thomas Guy. Other hospitals sprang up in London and other British cities over the century, many paid for by private subscriptions. In the British American colonies the Pennsylvania General Hospital was chartered in Philadelphia in 1751, after £2,000 from private subscription was matched by funds from the Assembly.

When the Viennese General Hospital (Allgemeines Krankenhaus) opened in 1784 (instantly becoming the world's largest hospital), physicians acquired a new facility that gradually developed into the most important research center. During the 19th century, the Second Viennese Medical School emerged with the contributions of physicians such as Carl Freiherr von Rokitansky, Josef Škoda, Ferdinand Ritter von Hebra and Ignaz Philipp Semmelweis. Basic medical science expanded and specialization advanced. Furthermore, the first dermatology, eye, as well as ear, nose and throat clinics in the world were founded in Vienna - it was the birth of specialized medicine.

By the mid-nineteenth century most of Europe and the United States had established a variety of public and private hospital systems. In Continental Europe the new hospitals were generally built and run from public funds. In the UK the giant State-run National Health Service, founded in 1948 and one of the world's five largest employers, dominates the hospital sector.

In the United States the traditional hospital is a non-profit hospital, usually sponsored by a religious denomination. One of the earliest of these "almshouses" in what would become the United States was started by William Penn in Philadelphia in 1713. These hospitals are tax-exempt due to their charitable purpose, but provide only a minimum of charitable medical care. They are supplemented by large public hospitals in major cities and research hospitals often affiliated with a medical school. In the late twentieth century, chains of for-profit hospitals arose.

*a) Write ten questions to the text*

b) Write a summary of the text

c) Find in the text and note down sentences with Passive voice

**Ex. 22. Fill in prepositions. Read the text and do the given tasks**

Medical service in Russia

The medical service ..... our country is based on the principle of qualified medical aid. The public health system includes a variety ..... medical institutions. There are polyclinics, hospitals and other curative and preventive institutions.

Hospital is a medical institution where in-patients are treated. There are general hospitals and specialized ones such as infection hospitals, children's hospitals, mental, oncological, emergency and other hospitals and clinics. Babies are born ..... maternity homes. Urgent medical treatment is provided ..... the physicians and resuscitation specialists ..... the first aid ambulance centres.

Each general hospital has several departments. There are surgical, therapeutic, cardiac, neurology, burns and other departments. Medical staff ..... the hospital consists ..... a head doctor, physicians, surgeons, neurologists, ENT-specialists, cardiologists, gynecologists, psychiatrics, oncologists and other specialists. Nursing staff consists ..... doctors' assistants and nurses.

Medical Academy has some clinical chairs on the hospital grounds. The medical students study here ..... the guidance of professors, associate professors and assistants.

When the patient is admitted ..... the hospital he is taken to the reception ward. After a preliminary examination, the patient is directed to a certain department. There are several wards, doctors' and nurses' rooms, a medical treatment room, a dining room, a sterilizing- and a bathrooms, toilets ..... each department.

Every day the doctors make the morning rounds. The doctor in charge examines the patient, listens ..... the heart and lungs, takes blood pressure, palpates the abdomen etc. Then the doctor fills ..... a case history and gives instructions ..... the nurse as to the treat-



ment ..... the patients.

Nurses carry out doctors' assignments: they make injections, take the patients' temperature, feel the pulse, put bandages, apply compress etc. They also sterilize instruments and prepare everything ..... the operations. Operations are performed ..... the surgery block. It's equipped ..... an operating table, a shadowless lamp, an apparatus for anesthesia, blood transfusion.

When the doctors see a marked improvement ..... patients' condition they can discharge them ..... the hospital.

*a) Find in the text the English equivalents for:*

Медицинское учреждение, детская больница, больница скорой помощи, родильный дом, отделение, палата, обучаться под чьим-либо руководством, приемное отделение, предварительный осмотр, физиотерапевтический кабинет, обход, лечение больного, прослушать сердце и легкие, аппарат для анестезии, быть оборудованным.

*b) Order the questions according to the text and answer them:*

1. Where are the operations performed?
2. Are there any laboratories at the hospital?
3. What are the hospital's departments?
4. When do the doctors make their rounds?
5. What are the duties of a nurse?
6. What is the surgery block equipped with?
7. What is the main principle of medical service in Russia?

*c) Open the breaks and write the verbs in necessary form:*

1. The patients \_\_\_\_\_ (to treat) at the in-patient department.
2. Medical staff \_\_\_\_\_ (to consist) of various doctors.
3. Nurses \_\_\_\_\_ (to carry out) doctor's assignments.
4. Operation \_\_\_\_\_ (to perform) in the surgery block.
5. Every hospital \_\_\_\_\_ (to have) a laboratory.
6. The doctor \_\_\_\_\_ (to see) a marked improvement

in patients' condition.

7. The doctor in charge is allowed \_\_\_\_\_ (to discharge) the patients from the hospital.

## PART 2

### DISEASES: SIGNS AND SYMPTOMS

#### Ex. 1. Learn the following words and word combinations

acute - острый

malignant - злокачественный

benign - доброкачественный

duration - продолжительность

abruptly - внезапно

vomiting - рвота

ulcerative colitis - язвенный колит

relapsing attacks - повторяющиеся приступы

to alternate - чередоваться

complication - осложнение

cancer - рак

sign - признак

manifestation - проявление

lack - недостаток, отсутствие чего-либо

severe burn - сильный ожог

heart malfunction - сердечная дисфункция

significant - значительный

to be modified - изменяться, модифицироваться

armpit - подмышка

swollen - опухший, припухший

quinzy - ангина

#### Ex. 2. Read the text and do the given tasks

Disease: signs and symptoms

Disease may be acute, chronic, malignant, or benign. Of these

terms, chronic and acute have to do with the duration of a disease, malignant and benign with its potentiality for causing death.

An acute disease usually begins abruptly and is over soon. Acute appendicitis, for example, is characterized by vomiting, and pain usually localized in the lower right side. It usually requires immediate surgical treatment. The term chronic refers to a process that often begins very gradually and then persists for a long period. For example, ulcerative colitis is a chronic disease. Its peak incidence is early in the second decade of life. The disease is characterized by relapsing attacks of bloody diarrhea that persist for weeks to months. These attacks alternate with asymptomatic periods that can last from weeks to years.

The terms benign and malignant, most often used to describe tumours, can be used in a more general sense. Benign diseases are generally without complications, and a good prognosis is usual. Malignancy implies a process that, if left alone, will result in fatal illness. Cancer is the general term for all malignant tumours.

Diseases usually are indicated by signs and symptoms. A sign is defined as an objective manifestation of disease that can be determined by a physician; a symptom is subjective evidence of disease reported by the patient. Each disease has a lot of signs and symptoms; individual sign such as fever, however, may be found in a great number of diseases.

Fever is an abnormal rise in body temperature. It is most often a sign of infection but can be present when there is tissue destruction, as, for example, from a severe burn or when large amounts of tissue have died because of lack of blood supply. Fever is a highly significant indicator of disease.

The pulse rate is important information. The heart rate varies with the level of physical activity: the heart beats are faster during exercise and more slowly during rest. An abnormal pulse or heart rate may indicate a disease. The heart rate increases in the feverish patient. A weak, rapid pulse rate may be a sign of severe blood loss or of disease within the heart itself. Irregularity of the pulse is an important indicator of heart malfunction.

The respiratory rate (rate of breathing) is modified by disease. Persons with fever have an increased respiratory rate, which serves to

lower body temperature.

Temperature, pulse, and respiratory rate – called the vital signs – may be important manifestations of disease. A fourth vital sign, blood pressure, is equally significant. Among other things, it indicates the amount of blood in circulation.

*a) Choose the right answer:*

1. Which of the following is not characteristic for chronic disease?

- a) The process is developing little by little.
- b) Chronic diseases require immediate surgical treatment.
- c) The process lasts a long period of time.
- d) The acute condition may alter with periods when a patient feels well.

2. According to the text, ...

- a) benign diseases result in severe complications;
- b) a wart if left alone may result in cancer;
- c) some benign tumours may be caused by a virus;
- d) benign tumours produce illnesses that may be fatal.

3. Which of the following is not true?

- a) Fever is one of the most important signs of the disease.
- b) Symptoms are subjected to doctors.
- c) Fever is an unusual increase in body temperature.
- d) There is a great number of signs and symptoms in every illness.

4. Irregularity of the pulse shows everything except ... .

- a) bleeding;
- b) the rise in temperature;
- c) a heart disease;
- d) the cause of disease.

5. Which of the following is not true?

- a) The higher the temperature is, the quicker one breathes.
- b) Temperature, pulse, blood pressure and rate of breathing are significant manifestations of disease.

- c) Fever shows the lack of blood supply.
- d) Blood pressure shows the amount of blood in circulation.

**Ex. 3. Read the text and translate it into Russian**

Acute appendicitis

Acute appendicitis is known to occur in all age groups. It is more frequent in women from 20 to 40 years old. Cases of appendicitis may occur even in infants and in very old age. Acute appendicitis begins suddenly with sharp pain which is at first felt in epigastrium but then becomes generalized in the abdomen. The pain becomes worse on deep breathing in and coughing. It is accompanied by nausea, vomiting, retention of stools and gases. Sometimes constipation or diarrhea may be present. The temperature is normal or subfebrile. With the development of the disease temperature elevation is observed. The pulse is quick, 90-100 beats per minute. The tongue is coated and dry.

The attack of appendicitis may last to 3-4 days. Then the temperature returns to normal, abdominal pains decrease and only a moderate tenderness is felt in the right lower part of the abdomen on palpation. Palpation should be done with great gentleness to avoid rupture of the abscess.

Acute appendicitis is treated surgically. The operation is performed either under local or under general anesthesia.

The appendix is removed immediately to prevent its rupture which may result in peritonitis. Such forms of appendicitis as gangrenous and perforating are particularly dangerous to life. But sometimes even a mild form of appendicitis has a severe course and results in perforation.

*a) Find from the list below the words connected with symptom of appendicitis^*

Nausea, constipation, earache, allergy, rigidity, cough, indigestion, typhoid fever, pneumonia, headache, heart attack, fatigue, nervous breakdown, chicken pox, high temperature, itching, swollen ankle, sharp pain in the abdomen, bleeding, swelling, oedema, smallpox,

marks, poor eyesight, insomnia, agony, toothache, diarrhea, high blood pressure, stomach ache, coated tongue, dizziness.

*b) Put the verbs in necessary form:*

1. Acute appendicitis is \_\_\_\_\_ (to know) to occur in all age groups.
2. It \_\_\_\_\_ (to begin) suddenly.
3. The pain \_\_\_\_\_ (to become) generalized in the abdomen.
4. Acute appendicitis \_\_\_\_\_ (to accompany) by nausea.
5. The temperature \_\_\_\_\_ (to be) normal.
6. The attack usually \_\_\_\_\_ (to last) 3-4 days.
7. A moderate tenderness is \_\_\_\_\_ (to feel) in the right lower part of the abdomen.

**Ex. 4. Make sentences according to the model. Translate the sentences**

Model: Grippe is characterized by pains in the limbs, high temperature, malaise, headache.

Flu – pains in the limbs, high temperature, malaise, headache.

Scarlet fever – sore-throat, elevated temperature, rash.

Chicken-pox – general malaise, temperature, eruption, itching.

Appendicitis – severe pain, gastric disturbances, nausea, vomiting.

Tuberculosis – cough, night sweats, low grade temperature, weakness, malaise, anorexia, loss of weight.

Heart failure – dyspnea, radiating pains, edema, palpitation.

Gastritis – pains, heartburn, nausea, vomiting, diarrhea, constipation.

Pleurisy – dry cough, sharp pains, fever, malaise.

Mumps – swelling of the parotid glands, difficulties in swallowing, sweating, loss of appetite, temperature.

**Ex. 5. Learn the new words**

to suffer - страдать, болеть

insomnia - бессоница

indigestion - нарушение пищеварения

to catch a cold - простудиться

to cough - кашлять

to sneeze - чихать

to be run down - быть разбитым, больным

nervous breakdown - нервный срыв, расстройство

to keep off smth. - держаться подальше, избегать ч-л.

to hurt – повредить

taxes - налоги

to make an appointment to see the doctor – записаться на прием к врачу

the cost of drugs - стоимость лекарств

free treatment - бесплатное лечение

to have private health insurance - иметь полис частной страховой компании

free urgent medical treatment - бесплатная скорая медицинская помощь

### Ex. 6. Read and act the dialogues

1.

*Ann* Good morning, Kate! I'm seriously ill and want you to go to the nearest chemist's, to buy drugs.

*Kate* Certainly Ann, I'll help you with pleasure, what drugs do you need?

*Ann* Doctor thinks, that I have grippe. I have a bad headache, temperature, cough and pains in joints.

*Kate* Well I'll go to the chemist's immediately, because grippe is a very serious disease for its complications.

(Kate comes to the chemist's. She addresses to the chemist):

*Kate* What will you advise for grippe? My friend has high temperature and cough.

*Chem* Take these drugs to relieve the symptoms of grippe and this cough mixture must be taken, a tablespoonful, three times a day. I also advise to take vitamins. She must follow doctor's instructions and stay in bed.

*Kate* Thank you very much, I think my friend will recover soon, good-bye.

2.

A.: A lot of people in Britain don't know very much about the Russian Health Service. Could you tell me some words about its structure?

B.: I'll certainly do my best. As you know, I'm a medical student and know the system of medical aid in our country. Well, where should I begin?

A.: First of all, I'd like to know something about Hospital Service. Is it free of charge?

B.: If you have Insurance Policy you can get medical services free of charge with the exception of some types of stomatologic aid.

A.: What departments are there in the hospital?

B.: As far as I know there are many departments in each hospital: therapeutic, neurology, cardiac, burns, etc. There are also specialized clinics: mental, oncological, infectious and others.

A.: That's excellent. But what about children? Where are they treated?

B.: There are special children's hospitals where they have got all sorts of treatment. Besides in kindergartens and at schools children are given regular medical examination. "Prevention is better than cure", as we say.

A.: You are quite right. What's the medical staff at the hospital?

B.: As a rule, medical staff consists of a chief-doctor, therapists, surgeons, cardiologists, neurologists and many other specialists. They work in the departments. As for nurses, they assist the surgeons during operations, take the patient's temperature, provide medical procedures.

A.: I suppose, a general hospital has necessary equipment, hasn't it?

B.: Yes, of course. Each hospital is modern equipped and has necessary instruments.

A.: I know your state is doing all it can to meet the requirements of a modern Health Service. Thank you for the information. Good-bye!

B.: Good-bye!

*a) Find the English equivalents for the following phrases*

Мне кажется, ...позвольте на вас взглянуть, в чем дело?, я скорее мертв, чем жив; ухудшить положение; я думаю, что мне не



стоит волноваться; соблюдать диету; брось курить; если возможно; хотя бы на время; меньшее зло.

*b) Make questions to the answers below*

1. I am suffering all the illnesses imaginable
2. Yes? I have a sore throat.
3. I feel hot and feverish
4. Take 1 tablespoon 3 times a day before meals
5. Come to me in some days
6. Clinical methods of patient's examination

### **Ex. 7. Learn the new words**

method of examination - метод осмотра, обследования

clinical examination - клиническое обследование

physical examination - физикальное обследование

to make diagnosis - поставить диагноз

cause of a disease - причина заболевания

to reveal - обнаруживать, выявлять

inquiry - опрос, расспрашивание

inspection - осмотр

to count pulse rate - измерять частоту пульса

to measure blood pressure - измерять артериальное давление

X-ray examination - рентгеновское исследование

onset - начало, приступ (заболевания)

past history - анамнез перенесенных заболеваний

family history - семейный анамнез

hereditary - наследственный

disorder - расстройство, нарушение

immediate relatives - близкие родственники

to assess, assessment - оценить, оценка

mental - умственный

mucous membrane - слизистая оболочка

pupil - зрачок

elasticity - упругость

rigidity - неподвижность

outline - контур  
swelling - припухлость  
oedema - отек  
growth - новообразование, опухоль  
heart sound - сердечный тон  
to ascertain - установить, выяснить  
specimen - образец  
to specify - уточнить  
tumour - опухоль  
internal - внутренний  
to strip to the waist - раздеться до пояса  
to inoculate - делать прививку  
inoculation - прививка

### Ex. 8. Read the text and do the tasks

Clinical methods of patient's examination

Before the treatment of a disease it is necessary to make diagnosis, to determine the cause of the disease, and all symptoms by which it can be revealed.

Correct diagnosis must be based on a complete clinical examination of the patient.

The usual methods of physical examination which doctors use in daily practice are: inquiry, inspection, auscultation, palpation, percussion, taking the temperature, counting the pulse rate, taking the blood pressure, making X-ray examinations and various laboratory studies.

By questioning the patient the doctor learns about his complaints, the onset and duration of present illness. It is important to take a careful past history, family history, to reveal hereditary disorders and causes of death of immediate relatives. Assessment of mental and emotional state of a patient may also give valuable information to the doctor.

Inspection is the method by which doctor reveals the appearance of the patient, his build, the state of his skin, mucous membranes, tongue, pupils, etc. Doctor must observe the patient's hands, feet, shape of the chest. He must palpate lymphatic and salivary

glands.

By palpation the doctor determines elasticity or rigidity of the abdomen, the outlines or the enlargement of the abdominal organs, swelling, edema and existence of growth.

While auscultating the patient, the physician can determine the abnormal heart sounds, crepitations and râles in the lungs.

Percussion reveals dullness of sound and distribution of fluids in the body.

The temperature is taken by means of thermometer to ascertain whether the patient has or has no temperature.

The blood pressure is measured by means of tonometer to find out whether the patient is suffering from hypertension or hypotension.

The patient's pulse is counted to assess its rate and rhythm. The normal pulse rate is 65-70 beats per minute.

In diagnostics of diseases various laboratory and instrumental methods of investigation are applied.

The laboratory investigations such as various blood and urine tests, stool studies and sputum, bile examinations may be very informative.

Patient's swabs or smears are taken for cytologic examination. If the patient suffers from any kind of allergy it is necessary to make allergy tests. Mantoux's test is used to detect the presence of tuberculous infection.

Biopsy specimens are taken to specify the character of tumour.

Valuable information may be obtained using modern roentgenologic, endoscopic and ultrasound methods of investigation. With the help of these investigations it is possible to determine position, shape, size, structure and pathology of the internal organs.

The methods of instrumental investigations require special preparation of the patients.

The results of physical examination, laboratory and instrumental investigations are recorded into the patient's case history.



*a) Answer the questions:*

1. What is correct diagnosis based on?
2. What are the usual methods of patient's examination?
3. What does inquiry reveal?
4. What does inspection reveal?
5. What can be determined by palpation, auscultation and percussion?
6. How does the doctor take the patient's temperature, blood pressure?
7. What is the patient's normal pulse?
8. Which are the usual laboratory studies?
9. In what case is it necessary to make biopsy?
10. What modern methods of investigation do you know?

*b) Translate into English*

Осмотр пациента, частота пульса, пальпировать, жалобы пациента, страдать от, тоны сердца, начало заболевания, рентгенологическое исследование, внутренние органы, внешний вид пациента, причина смерти, определять, современные методы исследования.

*c) Choose the right variant to finish sentences*

1. Inquiry reveals ... (past history, patient's appearance, family history).

2. Palpation reveals ... (edema, family history, growth).
3. Counting the pulse reveals ... (blood count, pulse rate, respiratory rate).
4. X-ray examination reveals ... (hypertension, bone lesions).
5. Inspection reveals ... (heart sounds, past history, appearance of the patient).

**Ex. 9. Answer the questions according to the given model**

Model: A.: - When do we ask the patient "How old are you?"

B.: - We ask it if we want to find out his age.

1. Who are you? – (name).
2. What are you? – (occupation).
3. When did you fall ill? – (date of the onset of the disease).
4. What are you complaining of? – (patient's symptoms and complaints).
5. What diseases have you had? – (patient's past history).

**Ex. 10. Name the tools which are used to examine the patients**

Model: a) Bronchoscope – to inspect the interior of the bronchi.

b) A bronchoscope is an instrument used for inspecting the interior of the bronchi.

Gastroscope – to inspect the interior of the stomach.

Phonendoscope – to perform auscultation.

Cystoscope – to examine the bladder.

Otoscope – to inspect the ear.

Thermometer – to take the patient's temperature.

Ophthalmoscope – to visualize the eye ground.

Reflex hammer – to check the patient's reflexes.

**Ex. 11. Read the text**

Great progress of medical science and technology made it possible to control over the vitally important functions of the human organism using advanced diagnostic apparatuses and instruments.

Computer ultrasound devices make an accurate diagnosis of a great variety of diseases of the heart, blood vessels, lungs, stomach.

Everything happening in the patient's organs is immediately registered and shown on screens and indicators. By studying the results of these investigations the physician can make a correct diagnosis and plan the necessary treatment. For example, doctors know much about cardiovascular diseases thanks to radiographic examination of the heart and other methods of ultrasound diagnostics.

It must be stressed that each hospital now possesses new ultrasonic apparatuses, which enable physicians to make diagnosis and administer proper treatment.



a) Answer the following questions

1. What diagnostic apparatuses help doctors to control over the functions of the human organism?
2. Do you know the examples of using ultrasonic devices for diagnostics?
3. Are there any ultrasonic apparatuses in hospitals and clinics in your town?
4. Have you ever been investigated with the help of advanced diagnostic apparatuses and instruments? When was it? What for?

**Ex. 12. Read and act out the dialogue**

Patient: - Good morning, Doctor?

Doctor: - Good morning. Sit down. What is the matter with you?

P.: - You see, I feel a bad pain in the substernal area and I have temperature and bad cough.

D.: - Please, take the temperature. Oh, it is 37.8°C! Now I want to listen to your lungs and heart. Strip to the waist, please.

(Doctor listens to his lungs and heart).

P.: - Tell me, Doctor, is it very serious?

D.: - It will be serious, if you don't follow my instructions. You have only caught a bad cold. I want you to make blood and urine analyses and X-ray examination.

P.: - All right. I shall.

D.: - I'll give you a prescription. Take a dose of this drug three times a day. You must follow a bed regimen. Come and see me again in 3-4 days. Good-bye for the present.

P.: - Good-bye, Doctor. Thank you very much.

*a) Make up and act out a dialogue using the words and word combinations:*

Doctor, appointment, to investigate, to suffer, illness, insomnia, indigestion, to catch a cold, to cough, to sneeze, to guess, to be run down, nervous breakdown, to keep off smth., to hurt, to make an appointment to see - the doctor, the cost of drugs, free treatment, to have private health insurance, to call an ambulance, free urgent medical treatment.

*b) Make up and act out a dialogue using the following situation. Answer the questions:*

Edna Wilson (89) has had a fall and fractured her hip. She says she doesn't want surgery or physiotherapy. She wants her daughter to look after her at home. Mrs. Wilson's daughter is not happy about this. She says her mother is not thinking clearly. She doesn't want to care for her mother 24 hours a day, and wants her to have surgery

'for her own good'.

1. What should Mrs. Wilson's doctor advise?
2. Should people be forced to have medical treatment when they don't want it?
3. Does the family need a psychologist?

**Ex. 13. Speaking and vocabulary. Read about the two situations and work out the meaning of the underlined words. Then decide which you think is the correct answer for each one**

1. You're at home with some friends watching football match on TV. In the excitement one of your friends suddenly starts having a nose-bleed. Do you .....?
  - a) get some ice from the freezer and put it on his nose;
  - b) get some toilet paper, tell him to put it in his nose and suggest that he goes to the doctor to check his blood pressure;
  - c) tell him to pinch the soft part of his nose for five minutes.
2. You're having a picnic with some friends on the beach. One of your friends accidentally picks up a very hot piece of wood and burns her hand. It hurts a lot and she has blisters on her skin. Do you .....?
  - a) pour cold water on the hand and then cover it with a plastic bag;
  - b) cover the burn with suncream;
  - c) break the blisters and put on antiseptic cream.

**Ex. 14. Speaking**

1. What are the main symptoms of .....?
  - a) a cold
  - b) a twisted ankle
  - c) a heart attack
  - d) an allergic reaction
  - e) food poisoning



2. What should you do if you have the illness or injuries above?

### Ex. 15. Reading and listening

You're going to read an article about two people who found themselves involved in life or death situations. Read two texts and discuss – they did the right thing or not.

#### *Text a*

Help! My friend's choking

Library assistant, Mrs., Jonson was having dinner with friends in a restaurant. They were all having a steak and MRS Jonson had just swallowed a piece of meat when she suddenly found that she couldn't breathe.

Her friend hit her on the back, but a piece of steak remained stuck in her throat. She was starting to panic. One of her friend shouted out desperately. "Excuse me, can anyone help my friend? She's choking".

At another table in the restaurant Trisha Goddard, a TV chat show presenter, saw what was happening and rushed over to try to help. She stood behind MRS Jonson and put her arms round her waist, and then pulled hard inwards and upwards three times....

#### *Text b*

The day my little boy swallowed a tomato

"Look at me, Mum," giggled my three-year-old son. I could hardly understand him, as his mouth was full of cherry tomatoes. He had taken them out of the fridge while I was making lunch, "Oh, Peter, don't be silly", I laughed. This was a big mistake. Peter tried to laugh too, and as he did so, one of the tomatoes got stuck in his throat. He tried to cough, but nothing happened. He was choking. I hit Peter on the back, but tomato didn't move. Peter began to turn blue. I ran outside into the street, screaming for help, but the road was completely deserted. I was desperate. I put my whole hand in his mouth and pushed my fingers as far as I could down his throat.....

a) Explain .....

- 1 what the situation was.
- 2 what the person who was giving first aid.

b) Discuss whether you think they did the right thing or not.

c) Listen to what happened next and then answer the questions

1. What happened to Mrs. Jonson in the end? Did Trisha Goddard do the right thing?
2. What happened to Peter in the end? Did his mother do the right thing?

d) Talk to a partner

1. Have you ever had to give first aid?
2. Who to? Why? What happened?
3. Has anyone ever had to give you first aid? What happened?
4. How much do you know about first aid? Where did you learn it?
5. What do you think you should do if someone is stung by a wasp?
6. What do you think you should do if someone loses consciousness?
7. What do you think you should do if someone accidentally takes too many painkillers?

### Ex. 16. Read the text and do the tasks

*Before reading, answer the questions:*

1. What symptoms do people have when they feel stressed?
2. Which three of the things do you think are the most stressful? Number them 1-3 (1 - the most stressful) and compare with a partner:
  - Packing for a trip at the last minute.
  - Being stuck in a traffic jam when you have an appointment.
  - Writing a report for your teacher when you don't have much time to finish it.
  - Running for a bus or a train.
  - Looking after a family member who has a chronic illness.
  - Shopping in your lunch break.
  - Programming a new device using the instruction manual.

**Ex. 17. Explain how you understand these sayings**

1. Prevention is better than cure.
2. One man's meat is another man's poison.
3. Health is not valued till sickness comes.

**Ex. 18. Share your comments about the quotations with the other students in the group**

1. "Nothing is more fatal to health than an over care of it". (Benjamin Franklin)
2. " There are a lot of people in this world who spend so much time watching their health that they haven't time to enjoy it." (Billings, an American writer, 1818-1885)

**Ex. 19. Finish sentences using Participle II**

1. The diagnosis (it was made by the doctor Lebedeva) proved to be correct.
2. The man (he was put on the stretcher after the accident) was in a satisfactory condition.
3. Professor Brown (he was invited to give a course of lectures at our university) arrived yesterday.
4. The results of the laboratory analyses (they were shown to the council of physicians yesterday) proved that the diagnosis was right.
5. All the necessary surgical appliances (they have been prepared for operation) are sterilized.
6. The wound (it was dressed properly) stopped bleeding.

**Ex. 20. Speaking**

Swiss philosopher Henry-Frederic Amiel once said, "To do easily what is difficult for others is the mark of talent. To do what is impossible for talented people is the mark of genius."

What do you think he meant? Do you agree with him?

### **PART 3**

## **DENTAL CLINIC**

### **Ex. 1. Learn the new words**

dental technician — зубной техник

dental team, dental staff - команда (штат) стоматологов

preventive treatment – профилактическое лечение

restoration – восстановление

to put a filling — пломбировать зуб

to extract – удалять

to make a crown (a prosthesis) – изготовить коронку, протез

to remove dental plaque – удалять зубной налет

calculus – зубной камень

bleaching of teeth – отбеливание зубов

oral hygiene - гигиена ротовой полости

dental material(s) – материалы для лечения зубов

dental chair – зубохирургическое кресло

“Good health is above wealth.” – «Здоровье дороже денег»

disturbance – нарушение, расстройство

diabetes – диабет

surrounding tissues - ткани, окружающие зуб

bite – прикус

suitable – подходящий

gum – десна

bridge – мост

local anesthesia – местная анестезия

to relieve – облегчить

to gargle – полоскать

### **Ex. 2. Read the text for information**

Dental clinic

When I have toothache or dental problems, I go to the dental clinic «Denta-Luxe». It is a modern dental clinic. The atmosphere in it

is really warm and welcoming. The walls in the office are light, there are some nice pictures on them. There are some comfortable arm-chairs and sofa where patients can read magazines and watch TV.

In the reception room you can see a receptionist, who speaks to you in a polite manner and gives you necessary information. Her working place is fully computerized.

Dental staff consists of a head-doctor, dentists, dental nurses, dental technicians and receptionists. All of them wear uniforms of attractive styles and colors.

The working day starts at 8 o'clock in the morning. Patients can make an appointment with the doctor in the reception, or over the telephone.

Every member of dental team does his job very good and professionally. The work of the dentists consists of making correct diagnosis, preventive treatment of dental and oral diseases and treatment leading to full restoration of oral health.

Doctors of this clinic give patients all kinds of treatment: they put fillings or inlays, treat gum diseases; extract bad teeth; correct malocclusion and make crowns and prosthesis. They also remove dental plaque and calculus, carry out bleaching of teeth and give instructions on oral hygiene. In their work they use modern methods of treatment and modern dental materials.

This dental clinic is also modern-equipped. There are five dental chairs in it, technical laboratory and X-ray room.

Dental instruments are prepared and sterilized in an autoclave by dental nurse. She also prepares the working place of every dentist and if it is necessary, assists him.

I remember that «Good health is above wealth» and I do my best to visit this dental clinic twice a year.



**Ex. 3. Describe your dental clinic answering the following questions**

1. Where do you go if you have toothache?
2. What can you say about modern dental clinics?
3. What is the atmosphere in such clinics?
4. How do patients make an appointment with the doctor?
5. What are the members of the dental staff?
6. What does the work of dentists consist of?
7. What do the nurses do?
8. What equipment has modern dental clinic?
9. How often must people visit dental clinic for prophylactic examination?

**Ex. 4. Make up and act out a dialogue using the words and word combinations**

Dental treatment, dental clinic, dental examination, dental instruments, dental chair, disturbance, complaint, to complain of, to suffer from, heart disease, diabetes, surrounding tissues, check-up, bite, suitable, gum, bridge, prosthesis, to cause pain, local anesthesia, to reduce, dental equipment, dental nurse, dental health, dental practice, dental disease, dental plaque.

**Ex. 5. Put the verbs in brackets into the necessary form**

1. This dental clinic \_\_\_\_\_ (to work) from 8 o'clock in the morning.
2. My brother \_\_\_\_\_ (to have) a bad toothache yesterday.
3. Dental instruments \_\_\_\_\_ (to sterilize) by dental nurse.
4. He \_\_\_\_\_ (to make) an appointment with doctor already.
5. Dental team \_\_\_\_\_ (to wear) uniforms of blue color.
6. Doctor Ivanov \_\_\_\_\_ (to use) modern dental materials in his work.
7. My brother \_\_\_\_\_ (to work) in modern dental clinic.
8. Dental surgeon \_\_\_\_\_ (to extract) bad teeth.
9. Dental films \_\_\_\_\_ (to make) in X-ray room.
10. Dental technicians \_\_\_\_\_ (to make) crowns and prosthesis.
11. The receptionist \_\_\_\_\_ (to speak) to patients in a polite manner.

**Ex. 6. Fill in prepositions where necessary**

At the dentist

When you have a toothache or some mouth disturbance, you go ..... a dentist.

A patient can make an appointment ..... the doctor ..... the reception himself or ..... the telephone. The reception area ..... a dental clinic is very nice and the atmosphere ..... this room is warm and welcoming.

When a patient comes ..... the dentist ..... the first time, the doctor asks him some questions ..... his present complaints, his dental history and his health in general. He must know if the patient suffers ..... any kind ..... allergy, heart diseases, diabetes and so on. Then doctor examines his teeth and surrounding tissues, checks his bite. If it is necessary, the doctor directs the patient ..... X-ray examination, or ..... other specialist. Then the doctor must decide what type ..... treatment or restoration is the most suitable ..... the case.

Dental therapist puts fillings, inlays and treats gum diseases. He also corrects malocclusion. If the tooth is too bad, the dental surgeon extracts ..... it. The dental orthopedist makes crowns, bridges and prosthesis.

We know that dental treatment can cause pain and discomfort.

That's why local anesthesia is used to reduce these unpleasant sensations.

We must take care ..... our teeth and undergo regular check-ups twice ..... a year.

**Ex. 7. Answer the questions**

1. Where do you go if you have a toothache?
2. How does a patient make an appointment with the dentist?
3. What does the doctor ask the patient?
4. What must the dentist know about the patient's health in general?
5. How does the doctor examine his patient?
6. What is used to reduce pain and discomfort?
7. How many times a year must the patient come to a dentist for regular check-ups?

**Ex. 8. Put the verbs in brackets into necessary form**

1. I ..... a bad pain in the tooth yesterday. (to feel)
2. The dental nurse ..... you an injection. (to make)
3. I usually ..... my teeth twice a day. (to brush)
4. He ..... allergy to anesthetics. (to have)
5. There ..... a computer in the reception room. (to be)
6. The dentist ..... his patients in Room № 16. (to receive)
7. A dental therapist ..... gum diseases. (to treat)
8. The doctor ..... that patient thoroughly. (to examine)
9. The word "dentist" ..... in English language in 17th century. (to appear)
10. Nurses ..... gloves when they ..... during dental procedures. (to wear, to assist)

**Ex. 9. Learn the new words:**

- urgent - срочно  
 hold on, please. - Не кладите трубку, пожалуйста.  
 to keep awake - будить, не давать спать



to make an injection - сделать укол

### Ex. 10. Read and act out the dialogues

#### Dialogue 1

Receptionist: - Dental clinic «Denta-Lux». Good morning.

Patient: - Good morning. My name is Ann Smirnova. I'd like to make an appointment with the dentist.

R.: - Is it for a check-up or a dental work?

P.: - I have a bad toothache, so it is rather urgent.

R.: - Hold on, please.

(after a short pause)

Doctor can see you at 11 a.m. Can you come at this time?

P.: - Certainly. Thank you very much.

R.: - You are welcome.

#### Dialogue 2

Patient: - Good morning, doctor.

Doctor: - Good morning. Sit here, please. What are your complaints?

P.: - I have a terrible toothache. It kept me awake the whole night.

(The doctor begins to examine the patient)

D.: - Open your mouth a bit wider, please. Does the pain get worse when I tap this tooth?

P.: - Oh, yes. The pain is bad.

D.: - Let's make an X-ray of this tooth.

(Some minutes later, after examining the X-ray film)

I'm afraid you've come too late. Nothing can be done. This tooth must be extracted. So I'll send you to our surgeon. In future I advise you to come for regular check-ups.

P.: - Thank you ever so much, doctor. I really appreciate your advice.

#### Dialogue 3

Surgeon: - So, what's the trouble?

Patient: - I have to extract this tooth.

S.: - Make yourself comfortable in the chair. Let me have a look. Open your mouth wider. That's it.

P.: - Will it be painful?

S.: - I'll make you an injection of anesthetics and you will not feel anything. Do you have allergy to any anesthetics?

P.: - No, I don't.

(The surgeon extracts the tooth)

S.: - That's done. Spit out, please. There will be some bleeding after extraction. Do not eat for 2 hours.

P.: - Thank you, doctor. Good-bye.

S.: - Good-bye.

*a) Make up a dialogue "At the Dentist"*

### **Ex. 11. Ask questions**

You are a receptionist at a dental clinic. Ask a patient questions with the words

Ex. What is your name (surname)? How old are you? .....

a) Questions with the information about a patient: name, address, telephone number; sex, age, place of work, occupation; present complaints; habits – the most common questions about habits are the following: tooth cleaning habits; what toothpaste is used; what type of a toothbrush is used; smoking or not smoking; diet – because it plays an important role in dental caries.

b) Questions about present complaints and general health condition: to complain of...; known allergies; heart diseases, diabetes, hepatitis; other diseases; pregnancy; any difficulty to stop bleeding after tooth extraction.

c) Questions about previous dental treatment: how regularly does the patient come for check-ups; the time of putting fillings and other restorations; any kind of periodontal or other treatment.

*a) Make up a dialogue "At the Dentist. At the reception"*

### **Ex. 12. Learn idioms and phrases with the word "teeth"**

1. To have a sweet tooth - «Быть сластенной»

2. To talk through one's teeth - «Говорить сквозь зубы»
3. To show one's teeth - «Показывать зубы»
4. To fight tooth and nail- «Сражаться не на жизнь, а на смерть»
5. Teeth chatter- «Зубы стучат»

*a) Translate the idioms and phrases with the word "teeth"*

(as) rare as hens' teeth \_\_\_\_\_

armed to the teeth \_\_\_\_\_

bare (one's) teeth \_\_\_\_\_

wisdom teeth \_\_\_\_\_

dressed to the teeth \_\_\_\_\_

drop (one's) teeth \_\_\_\_\_

fed up to the back teeth with somebody/something

get (one's) teeth into (something) \_\_\_\_\_

get the bit between (one's) teeth \_\_\_\_\_

give your eye teeth for something/to do something

gnash (one's) teeth \_\_\_\_\_

grind (one's) teeth \_\_\_\_\_

grit (one's) teeth \_\_\_\_\_

have teeth \_\_\_\_\_

hell's teeth \_\_\_\_\_

in the teeth of danger, opposition, etc. \_\_\_\_\_

kick in the teeth \_\_\_\_\_

lie through one's teeth \_\_\_\_\_

like pulling teeth \_\_\_\_\_

pull or teeth \_\_\_\_\_

pull teeth \_\_\_\_\_

put (someone's) teeth on edge \_\_\_\_\_

put some teeth into \_\_\_\_\_

sink one's teeth into something \_\_\_\_\_

skin of your teeth \_\_\_\_\_

The gods send nuts to those who have no teeth

tinsel-teeth \_\_\_\_\_

to the teeth \_\_\_\_\_

*a) Make up your own sentences with the idioms and phrases*

**Ex. 13. Read the text. Give the definition of the underlined words in English**

In hospital

Last year I studied in Great Britain and had some health problems. I had many colds and sore throats. The Smiths, the family I stayed with, decided that I had to be consulted in hospital. In hospital they said that I had problems with my tonsils. They advised me to be operated on. Usually all British families have private health insurance to pay their medical bills. It covers in about 50 percent of medical costs. The rest is paid by general taxation. I wasn't a British citizen and I hadn't any medical insurance. But the Smiths kindly agreed to pay all expenses. So on Wednesday I was taken to hospital. The operation was scheduled on Thursday. I had to have several tests before operation.

I was taken to a large hospital with many departments. First of all I was taken to the X-ray department where they took pictures of my tonsils and throat and analyzed them. Then they tested my blood and made several more tests. After the tests I was placed into my ward. My neighbour, a boy of my age who had undergone an operation the day before, told me that there was nothing to be afraid of.

On Thursday I was taken to the operation room. They had given me an injection before operating on so I didn't feel any pain. I felt rather lonely in the strange surroundings of the operation room and a pretty nurse comforted me during the operation. It lasted about 20 minutes. So in about 45 minutes I was back in my ward. The next day I left the hospital. They told me to see the doctor once again to make sure that everything was okay and I had to take some pills for some time. But operation was a success and I haven't had any health problems till these very days.

a) Answer the questions

1. Do you often visit hospitals?
2. Do you have your family doctor?
3. Have you ever been operated on?
4. Do you pay any health insurance?
5. What do you usually do to keep yourself fit?

### Ex. 14. Learn the words and phrases

prescription department - рецептурный отдел

solid form - твердая форма

liquid form - жидкая форма

powder - порошок

ointment - мазь

solution – раствор

pain-killer - болеутоляющее

laxative - слабительное

label - этикетка, наклейка

for internal use - для внутреннего употребления

for external use - для наружного применения

composition - состав

side effect - побочный эффект

precautions - меры предосторожности

overdosage - передозировка

cotton-wool - вата

dressing material - перевязочный материал

adhesive plaster - лейкопластырь

mustard plaster - горчичник

hot-water bottle - грелка

medicine dropper - медицинская пипетка

thermometer - термометр

syringe - шприц

hygienic means - гигиенические средства

### Ex. 15. Read the text

When you receive a prescription from the doctor or need some medicines you go to the chemist's shop.

There are two departments at a big chemist's shop. At the chemist's department one can have medicines right away; other drugs can be ordered at the prescription department.

At the chemist's one can buy drugs in solid and liquid forms such as: pills or tablets, capsules, powders, mixtures, drops, ointments, tinctures, syrups, and so on. It may be pain-killers, antibiotics, antiseptics, laxatives, tonics, vitamins, and other drugs and solutions.

Every small bottle, tube or box of medicine has a label on it. The labels indicate drugs for internal, external use or injections. The annotation to the drug contains essential information about it: the name of a drug, manufacturer, and composition, directions for use, possible side effects and precautions. It is very important, because any overdosage may cause side effect or even death.

At the chemist's we may buy things necessary for patients' care: cotton-wool, dressing material, adhesive plasters, mustard plasters. One can get hot-water bottles, medicine droppers, thermometers, tonometers, syringes and so on.

There is also a big choice of hygienic means for children and adults.

*a) Answer the questions*

1. Where do you go if you need some medicine?
2. What departments are there at the chemist's?
3. In what forms can you order or buy drugs at the chemist's?
4. Where is the name of the drug and the dose to be taken usually indicated?
5. What information does the annotation to a drug contain?
6. What one can buy at the chemist's?

*b) Find the words in the text*

1. a department where one can order drugs \_\_\_\_\_
2. a small slip of paper on which the name of a medicine is written  
\_\_\_\_\_
3. drugs taken orally \_\_\_\_\_
4. an excessive dose of a drug \_\_\_\_\_

5. an instrument by which a medicine is introduced into the vein  
\_\_\_\_\_
6. an instrument for measuring a temperature \_\_\_\_\_

**Ex. 16. Paraphrase the sentences according to the model.  
Translate into Russian**

Model: I stick a label. - The label is stuck by me.

1. The overdosage may cause a death.
2. This drug caused a side effect.
3. I bought vitamins at the chemist's shop.
4. My sister applied a hot-water bottle to her feet.
5. The doctor administered a cough mixture.

**Ex. 17. Ask different questions to the sentences**

1. The nurse made him an intramuscular injection.
2. This drug caused allergic reaction on the skin.
3. This child takes this medicine three times a day.
4. The doctor will prescribe some sleeping drugs to her.
5. The name of the drug is indicated on a label.

**Ex. 18. Fill in necessary prepositions**

My visit to a doctor

I fell ill and went ..... our district polyclinic. .... the registry a registering clerk asked my name and address and found my case-history. I took it and went ..... my district doctor, who was receiving her patients ..... the Consulting Room Number 5. Several patients were waiting until it was their turn. Soon a nurse asked me to come .....

I must say, that Dr. Ivanova is an experienced therapist. She treats all the members of our family. First ..... all she asked me ..... my complaints.

I felt badly. I had temperature and a sore throat. The nurse asked me to keep the thermometer ..... my armpit ..... some minutes. It was 38°C! My tonsils were swollen and red. The doctor

asked me to strip ..... the waist and listened ..... my heart and lungs. There were no râles ..... the lungs. The doctor said that it was quinzy. She prescribed me a bed regimen ..... some days, medicines and vitamins. To relieve the pain ..... the throat she advised me to gargle my throat ..... an antiseptic solution several times a day. I always follow the prescribed treatment to be well again as soon as possible.

### Ex. 19. Texts for translation

#### *Text 1. History of Hospitals*

As early as 4000 BCE, religions identified certain of their deities with healing. The temples of Saturn, and later of Asclepius in Asia Minor, were recognized as healing centres. Brahmanic hospitals were established in Sri Lanka as early as 431 BCE, and King Ashoka established a chain of hospitals in Hindustan about 230 BCE. Around 100 BCE the Romans established hospitals (valetudinaria) for the treatment of their sick and injured soldiers; their care was important because it was upon the integrity of the legions that the power of ancient Rome was based.

It can be said, however, that the modern concept of a hospital dates from 331 CE when Roman emperor Constantine I (Constantine the Great), having been converted to Christianity, abolished all pagan hospitals and thus created the opportunity for a new start. Until that time disease had isolated the sufferer from the community. The Christian tradition emphasized the close relationship of the sufferer to the members of the community, upon whom rested the obligation for care. Illness thus became a matter for the Christian church.

About 370 CE St. Basil the Great established a religious foundation in Cappadocia that included a hospital, an isolation unit for those suffering from leprosy, and buildings to house the poor, the elderly, and the sick. Following this example, similar hospitals were later built in the eastern part of the Roman Empire. Another notable foundation was that of St. Benedict of Nursia at Montecassino, founded early in the 6th century, where the care of the sick was placed above and before every other Christian duty. It was from this beginning that one of the first medical schools in Europe ultimately grew at Salerno and was of high repute by the 11th century. This example led to the estab-



lishment of similar monastic infirmaries in the western part of the empire.

The Hôtel-Dieu of Lyon was opened in 542 and the Hôtel-Dieu of Paris in 660. In these hospitals more attention was given to the well-being of the patient's soul than to curing bodily ailments. The manner in which monks cared for their own sick became a model for the laity. The monasteries had an infirmitorium, a place to which their sick were taken for treatment. The monasteries had a pharmacy and frequently a garden with medicinal plants. In addition to caring for sick monks, the monasteries opened their doors to pilgrims and to other travelers.

Religion continued to be the dominant influence in the establishment of hospitals during the Middle Ages. The growth of hospitals accelerated during the Crusades, which began at the end of the 11th century. Pestilence and disease were more potent enemies than the Saracens in defeating the crusaders. Military hospitals came into being along the traveled routes; the Knights Hospitallers of the Order of St. John in 1099 established in the Holy Land a hospital that could care for some 2,000 patients. It is said to have been especially concerned with eye disease, and it may have been the first of the specialized hospitals. This order has survived through the centuries as the St. John Ambulance.

Throughout the Middle Ages, but notably in the 12th century, the number of hospitals grew rapidly in Europe. Arab hospitals—such as those established at Baghdad and Damascus and in Córdoba in Spain—were notable for the fact that they admitted patients regardless of religious belief, race, or social order. The Hospital of the Holy Ghost, founded in 1145 at Montpellier in France, established a high reputation and later became one of the most important centres in Europe for the training of doctors. By far the greater number of hospitals established during the Middle Ages, however, were monastic institutions under the Benedictines, who are credited with having founded more than 2,000.

The Middle Ages also saw the beginnings of support for hospital-like institutions by secular authorities. Toward the end of the 15th century, many cities and towns supported some kind of institutional health care: it has been said that in England there were no fewer than

200 such establishments that met a growing social need. This gradual transfer of responsibility for institutional health care from the church to civil authorities continued in Europe after the dissolution of the monasteries in 1540 by Henry VIII, which put an end to hospital building in England for some 200 years.

The loss of monastic hospitals in England caused the secular authorities to provide for the sick, the injured, and the handicapped, thus laying the foundation for the voluntary hospital movement. The first voluntary hospital in England was probably established in 1718 by Huguenots from France and was closely followed by the foundation of such London hospitals as the Westminster Hospital in 1719, Guy's Hospital in 1724, and the London Hospital in 1740. Between 1736 and 1787, hospitals were established outside London in at least 18 cities. The initiative spread to Scotland, where the first voluntary hospital, the Little Hospital, was opened in Edinburgh in 1729.

The first hospital in North America (Hospital de Jesús Nazareno) was built in Mexico City in 1524 by Spanish conquistador Hernán Cortés; the structure still stands. The French established a hospital in Canada in 1639 at Quebec city, the Hôtel-Dieu du Précieux Sang, which is still in operation (as the Hôtel-Dieu de Québec), although not at its original location. In 1644 Jeanne Mance, a French noblewoman, built a hospital of ax-hewn logs on the island of Montreal; this was the beginning of the Hôtel-Dieu de St. Joseph, out of which grew the order of the Sisters of St. Joseph, now considered to be the oldest nursing group organized in North America. The first hospital in the territory of the present-day United States is said to have been a hospital for soldiers on Manhattan Island, established in 1663.

The early hospitals were primarily almshouses, one of the first of which was established by English Quaker leader and colonist William Penn in Philadelphia in 1713. The first incorporated hospital in America was the Pennsylvania Hospital, in Philadelphia, which obtained a charter from the crown in 1751.

### *Text 2. The Modern Hospital*

Hospitals may be compared and classified in various ways: by ownership and control, by type of service rendered, by length of stay, by size, or by facilities and administration provided. Examples include

the general hospital, the specialized hospital, the short-stay hospital, and the long-term-care facility.

#### Bed number and length of stay

Hospitals may be compared by the number of beds they contain. Modern hospitals tend to rarely exceed 800 beds, and though some integrated health facilities may have more beds, they often comprise multiple geographic locations, each with several hundred beds. In the early 21st century, it was thought that a facility of 800 beds was the largest unit that could be governed satisfactorily from a single administrative unit while maintaining a corporate unity.

Another index is the average bed-occupancy rate – that is, the percentage of available beds actually occupied per day or per month. Bed-occupancy rates may be higher in the cold winter months, which bring more respiratory disease. In developing countries the bed-occupancy rate is often more than 100 percent – there are more patients in the hospital than there are beds for them. This situation has also emerged in some developed countries where demand for services has outstripped supply.

The amount of time that a patient spends in a hospital bed, or the average length of stay (ALOS), is another important index and depends on the nature of the hospital. In an acute-care hospital the ALOS will be relatively short. In hospitals catering to the chronically ill, the ALOS will, for the most part, be higher. There may be significant variations between units in the same hospital, depending on the acuity and comorbidities of the patients (comorbidity is the presence of two or more unrelated diseases or disease processes in a single patient). In hospitals in developing countries, the ALOS is much shorter than in developed countries.

#### Ownership and control

The issues of hospital ownership and control underwent significant analysis and change in the late 20th and early 21st centuries. Such transformation was prevalent in developed countries, particularly those in which fiscal sustainability was problematic.

In many countries nearly all hospitals are owned and operated by the government. In Great Britain, except for a small number run by religious orders or serving special groups, most hospitals are within the National Health Service. The local hospital management commit-

tee answers directly to the regional hospital board and ultimately to the Department of Health and Social Security. In the United States most hospitals are neither owned nor operated by governmental agencies. In some instances hospitals that are part of a regional health authority are governed by the board of the regional authority, and hence these hospitals no longer have their own boards.

In Canada some hospitals are owned by religious orders and are contracted to deliver publicly funded services. Other hospitals may be owned by municipalities or provincial or territorial governments.

Worldwide, many hospitals are associated with universities; others were founded by religious groups or by public-spirited individuals. Mental health facilities traditionally have been the responsibility of state or provincial governments, while military and veterans hospitals have been provided by the federal government. In addition, there are a number of municipal and county general hospitals.

### *Text 3. Financing*

Because hospitals may serve specific populations and because they may be not-for-profit or for-profit, there exist a variety of mechanisms for hospital financing. Almost universally, hospital-construction costs are met at least in some part by governmental contributions. Operating costs, however, are taken care of in different ways. For example, funds may come from private endowments or gifts, general funds of some unit of government, funds collected by insurance carriers from subscribers, or some combination thereof. In some countries, operating costs may be supplemented in part by public or private sources that pay charges on uninsured or inadequately insured patients or by out-of-pocket payment by these individuals.

In many countries, and in Europe in particular, the financial support of services in hospitals tends to be collectivized, with funding provided through public revenues, social insurance, or a combination of the two. Thus, the costs of hospital operation are covered infrequently by payments made directly by patients. Details vary somewhat from country to country. In Sweden, for example, most hospital operating costs are financed by public revenues collected by regional governments. Many other European countries follow a similar model, with operating costs for hospitals paid out of national insurance funds;

such is the case in the Netherlands, Finland, Norway, and elsewhere. In contrast, other countries, such as the United States, rely heavily on private insurance funds.

Private health insurance corporations or agencies exist in many countries. These entities may offer different or more services relative to national health insurance, although generally at additional cost as well. Private insurance funds offer an alternative mechanism of hospital financing.

*Text 4. The general hospital*

General hospitals may be academic health facilities or community-based entities. They are general in the sense that they admit all types of medical and surgical cases, and they concentrate on patients with acute illnesses needing relatively short-term care. Community general hospitals vary in their bed numbers. Each general hospital, however, has an organized medical staff, a professional staff of other health providers (such as nurses, technicians, dietitians, and physiotherapists), and basic diagnostic equipment. In addition to the essential services relating to patient care, and depending on size and location, a community general hospital may also have a pharmacy, a laboratory, sophisticated diagnostic services (such as radiology and angiography), physical therapy departments, an obstetrical unit (a nursery and a delivery room), operating rooms, recovery rooms, an outpatient department, and an emergency department. Smaller hospitals may diagnose and stabilize patients prior to transfer to facilities with specialty services.

In larger hospitals there may be additional facilities: dental services, a nursery for premature infants, an organ bank for use in transplantation, a department of renal dialysis (removal of wastes from the blood by passing it through semipermeable membranes, as in the artificial kidney), equipment for inhalation therapy, an intensive care unit, a volunteer-services department, and, possibly, a home-care program or access to home-care placement services.

The complexity of the general hospital is in large part a reflection of advances in diagnostic and treatment technologies. Such advances range from the 20th-century introduction of antibiotics and laboratory procedures to the continued emergence of new surgical

techniques, new materials and equipment for complex therapies (e.g., nuclear medicine and radiation therapy), and new approaches to and equipment for physical therapy and rehabilitation.

The legally constituted governing body of the hospital, with full responsibility for the conduct and efficient management of the hospital, is usually a hospital board. The board establishes policy and, on the advice of a medical advisory board, appoints a medical staff and an administrator. It exercises control over expenditures and has the responsibility for maintaining professional standards.

The administrator is the chief executive officer of the hospital and is responsible to the board. In a large hospital there are many separate departments, each of which is controlled by a department head. The largest department in any hospital is nursing, followed by the dietary department and housekeeping. Examples of other departments that are important to the functioning of the hospital include laundry, engineering, stores, purchasing, accounting, pharmacy, physical and occupational therapy, social service, pathology, X-ray, and medical records.

The medical staff is also organized into departments, such as surgery, medicine, obstetrics, and pediatrics. The degree of departmentalization of the medical staff depends on the specialization of its members and not primarily on the size of the hospital, although there is usually some correlation between the two. The chiefs of the medical-staff departments, along with the chiefs of radiology and pathology, make up the medical advisory board, which usually holds regular meetings on medical-administrative matters. The professional work of the individual staff members is reviewed by medical-staff committees. In a large hospital the committees may report to the medical advisory board; in a smaller hospital, to the medical staff directly, at regular staff meetings.

General hospitals often also have a formal or an informal role as teaching institutions. When formally designed as such, teaching hospitals are affiliated with undergraduate and postgraduate education of health professionals at a university, and they provide up-to-date and often specialized therapeutic measures and facilities unavailable elsewhere in the region. As teaching hospitals have become more specialized, general hospitals have become more involved in providing

general clinical training to students in a variety of health professions.

*Text 5. Specialized health and medical care facilities*

Hospitals that specialize in one type of illness or one type of patient can generally be found in the developed world. In large university centres where postgraduate teaching is carried out on a large scale, such specialized health services often are a department of the general hospital or a satellite operation of the hospital. Changing conditions or modes of treatment have lessened the need or reduced the number of some types of specialized institutions; this may be seen in the cases of tuberculosis, leprosy, and mental hospitals. On the other hand, specialized surgical centres and cancer centres have increased in number.

Tuberculosis and leprosy hospitals

Between 1880 and 1940, tuberculosis hospitals provided rest, relaxation, special diets, and fresh air, and even if the tuberculosis was in an early stage, a stay of more than two years was thought necessary to effect a healing of the disease; a permanent cure was not considered entirely feasible. Today the use of antibiotics, along with advances in chest surgery and routine X-ray programs, has meant that the treatment of tuberculosis need not be carried out in a specialized facility.

Leprosy has been known for centuries to be contagious. Lazar houses (hospitals for individuals with infectious disease) were established throughout Europe in the Middle Ages to isolate those with leprosy, at that time a common disease, from the community. In the 14th century there may have been some 7,000 leper houses in France alone, and some of the earliest hospitals in England were established for lepers.

Thanks to an intense campaign for leprosy elimination begun in the early 1990s, leprosy is now relatively rare. The purpose of the modern leprosarium is not so much isolation as it is treatment. The chronic form of the disease is treated by surgical correction of deformities, occupational therapy, rehabilitation, and sheltered living in associated villages. Acute leprosy is treated in general hospitals, clinics, and dispensaries.

*Text 6. Mental health facilities*

Psychiatric patients traditionally have been cared for in long-stay mental health facilities, formerly called asylums or mental hospitals. Today the majority of large general hospitals have a psychiatric unit, and many individuals are able to maintain lives as regular members of the community. There are still facilities that specialize in the treatment of mental illness.

The hospital stay of many persons with chronic mental illness has been shortened by modern medication and better understanding on the part of the public. Patients are encouraged to participate in facility-based activities and programs. They may be encouraged to return to the community, beginning with trial visits at home, or they may be placed in assisted-living or group homes. Every effort is now made, through the use of appropriate medication and support services, to have the patient integrated into the community. Even those individuals who require custodial care are no longer isolated from contact with their relatives, friends, and the community at large.

In addition, the strong correlation between mental illness and addiction has been noted and has given rise to numerous programs incorporating the simultaneous treatment of both conditions. Such programs are prevalent in developed countries in particular. In some cases special hospitals addressing both mental illness and addiction have been established—for instance, the Centre for Addiction and Mental Health in Toronto.

*Text 7. Long-term-care facilities*

Historically, long-term-care facilities were homes for the elderly, the infirm, and those with chronic irreversible and disabling disorders, especially if the patients were indigent. Medical and nursing care was minimal. Today, however, long-term-care facilities have a more active role in health care. Some facilities are transitional from an acute hospital setting to the community. Others have residents who have a need for professional health care but do not need the intensive care found in an acute-care facility. As a result, long-term-care facilities often are staffed with health professionals and are equipped to care for patients with extensive needs for daily living or to help patients prepare to live at home or with a member of the family. Long-term-



care facilities represent a significant extension of the hospital health care system, helping to conserve expensive facilities for the acutely ill and improving the prospects of the chronically disabled.

*Text 8. Private hospitals*

Many countries have private hospitals that specialize in the treatment of specific diseases. For example, private facilities may be designed specifically for cataract or joint surgery. In Britain small private hospitals are often called nursing homes, many of which provide little more than accommodation and simple nursing, the patient being under the care of a general practitioner or of a visiting consultant physician. Medical practice in the towns of developing countries is characterized by a proliferation of many small private hospitals, usually owned by doctors that have developed to meet the widespread need for hospital care not otherwise available.

Another method of providing health care in a hospital for those able to pay for it, in both developed and developing countries, is the provision of a limited number of beds for private patients within a large general hospital otherwise financed to some degree by public funds. In the United Kingdom and, for example, in West Africa, these beds usually form part of the ward unit, the patient being required to pay for certain amenities such as a measure of privacy, unrestricted visiting, attractively served food, and a more liberal routine. Alternatively, many large general hospitals are able to offer much more costly accommodations in so-called private blocks – that is, in a part of the hospital specially designed and equipped for private patients. Patients in a private block pay a large portion of the total cost of their medical care, including that of surgery.

Wholly independent private hospitals sometimes are run by a company or business consortium. Many of these privately funded hospitals are able to provide most or all of the services of a general hospital, including constant medical care and nursing services. Such facilities, however, are costly.

*Text 9. The hospice*

Historically a hospice was a guesthouse intended for pilgrims and was often closely connected with a monastery and supervised by

monks. From the beginning it had a strong religious connection and exemplified the Christian insistence on compassion and care for the aged, the infirm, the needy, and the ill. In modern Britain the hospice movement developed gradually from its beginning in 1905, when the Sisters of Charity founded the St. James Hospice in London. St. Christopher's Hospice, also in London, founded in 1967, soon became known for its peaceful environment and expert medical and nursing care. In 1974 the first hospice in the United States, the New Haven Hospice (now Connecticut Hospice), was established in New Haven, Connecticut. The hospice movement later spread to many countries worldwide.

#### *Text 10. Mission hospitals*

The spread of Western medicine (or conventional medicine) and the founding of hospitals in developing countries can be attributed in large part to the influence of the medical missionary. The establishment of mission hospitals gained momentum gradually in the second half of the 19th century. By the second half of the 20th century, however, this steady growth had already dwindled, since all but a few of the hospitals and dispensaries founded during that hundred years had been absorbed into the native health care system. The Christian missionaries had a great influence on the creation of centres of Western medicine in many developing countries and in promulgating the concept of a hospital in which health care would be centralized and organized for the benefit of the ill and injured, many of whom would not otherwise have survived. The medical missionaries also promoted the idea and the ideals of nursing as a profession for native men and women.

Apart from its religious associations, a mission hospital functions as a general hospital in the sense that it admits all who need hospital care. A number of mission hospitals, however, have been devoted to specific diseases - for example, leprosy and diseases of the eyes. Perhaps the most important contribution made by mission hospitals is in the enormous numbers of persons, particularly women and children, who have been treated as outpatients.

#### *Text 11. Extended health care*

With the advance in medical science and the ever-increasing cost of hospital operations, the progressive-care concept is more attractive, both for outpatient and inpatient care. Progressive care can be divided into five categories: (1) intensive care, (2) intermediate care, (3) self-care, (4) long-term care, and (5) organized home care.

Self-care facilities are organized into separate units in which ambulatory patients who require only diagnostic or convalescent care are given accommodations similar to those of a hotel. The patients are free to wear street clothes and to go to the hospital cafeteria. Such a ward or wing of a general hospital requires much less costly equipment than the intensive- or intermediate-care units and can be staffed with far fewer nurses and aides.

Home-care programs are for patients who need some health services but not all of the treatment facilities of a hospital. The patients are provided with a range of individualized medical, nursing, social, and rehabilitative services in their own homes, coordinated through one central agency. Patients can be considered ready for home care when: (1) diagnosis and a plan for treatment have been established; (2) inpatient hospital facilities are no longer required for proper care; (3) the nursing service has found that the physical environment of the home is such that the patient receives adequate care; (4) the patient is too ill to visit an outpatient clinic but does not need hospital care; (5) the family environment would have a therapeutic effect, and family members or others can be taught to provide the necessary care; and (6) the family and the patient prefer that care be provided at home. Home care conserves expensive acute-care beds, and most patients on home care do as well as or better than expected.

### *Text 12. Regional planning*

There are several useful historical and modern examples of regional planning, in which hospital networks were integrated into coordinated health services. For example, during the period of the Soviet Union's existence in the 20th century, the government was charged with the responsibility of providing health care to all citizens. In Sweden modern coordinated health services centre primarily on hospital services, which are the responsibility of the government.

In the early 20th century, regional planning of hospital services in Sweden was highly organized. The country was divided into health service regions and had three different levels of health care: primary (general practitioner), secondary (small hospitals that offered most medical specialties), and tertiary (university hospitals, one each for the six main health service regions). Several of the country's hospital facilities had about 1,000 beds, as well as specialized and outpatient facilities. Small communities had health centres or ambulatory service centres that were not necessarily administered as part of the hospital system.

During its existence the Soviet Union took a somewhat different approach. In its thinly populated rural areas, general hospitals, called *uchastok* hospitals, served populations as small as 2,000 to 15,000 persons. The next-larger hospitals, the district hospitals, had 250–500 beds and usually had divisions for surgical, medical, obstetric, and pediatric services and provided care for infectious diseases. Patients who could not be treated adequately in the district hospitals were referred to the next-higher level, the regional hospital, which served a population of 1,000,000–5,000,000 people and contained up to 1,250 beds. The republic hospital, often associated with medical education and with one or more research institutes, occupied the highest level in the Soviet system. Following the dissolution of the Soviet Union, each soviet socialist republic adopted its own approach to administering and financing hospital services and health care.

Regional planning in North America historically was less advanced relative to the government-controlled systems developed elsewhere in the world. One regional pattern that was implemented in the United States was a satellite system, which centred on a metropolis and applied the principle of progressive patient care. The system focused on the efficient provision of comprehensive health care to the residents of the region. Less-serious cases were handled in the outer, more accessible health facilities of the system; the more serious cases were referred to the inner hospitals of the ring or to the research and teaching hospital at the core.

The term metropolitan planning council is often used to denote an advisory planning group that coordinates services between member hospitals in a metropolitan area and decides where specialized

services are to be delivered and what services or number of beds are to be added. However, in the United States most hospitals are not government-operated, and it is often difficult to achieve close cooperation between voluntary groups.

In Canada through the late 1990s and early 2000s, most provinces shifted to regional health authorities, which plan, allocate resources, and apply government health policies. However, several jurisdictions favoured more centralized models, with one or a small number of authorities directing the delivery of all services.

### Text 13. Health care system in the USA

Most Americans have insurance through their employers and what that would entail is what's called co-pay. Every time you see a doctor or need to have a hospital visit, you have to make a payment in addition to what your employer would pay or what your insurance would pay. Usually, it's very minimal and it's probably, \$10. But some are \$20, some are \$50. It's designed to keep people from running to the hospital for every single little thing because they know they have to pay a small amount, too, which is a very fair system. If you don't have insurance, one of two things could happen; if you go to a private hospital some hospitals might accept you as an indigent (very poor) person. They have plans that are intended to pay for your care. Otherwise, you'd go to a state hospital and the service there is pretty minimal. You don't get the best care you can get, but you get, for the most part, adequate care. If you live in a very large city like New York or Los Angeles and don't have insurance, it might be more difficult to get healthcare from a state hospital.

The employer pays part of the health insurance expense. He has a contract with an insurance agent, and with Hospital. The city pays a certain amount for your insurance, and out every paycheck that you get you pay a certain amount. It depends on whether you're single or whether you have a wife and whether you have children. If you have a wife, so you pay about \$30 to \$40 per paycheck towards insurance. The city pays \$30 to \$40 per paycheck and then each time you see a doctor you have to pay the co-pay of \$10. And your wife does the same.

When you have children your insurance will extend to cover

them as well.

Actually, there are only two options on your plan. One is to be an individual and the other is to have a family plan. So you have a family plan to cover, your wife, and your children.

If your wife is expecting a child each time she goes to see the doctor she'll pay \$10. And when the baby is finally ready to be born she will pay \$10 and be admitted to the hospital. And if there's any kind of emergency or anything else there's no extra payment.

So if there's a one-day stay that's what she'll have. If she needs a one-week stay she'll have that. There won't be any extra fee. It'll all be covered under the insurance.

On average women stay in the hospital one day when they have babies.

And on most plans woman can go home the very same day they have a baby. But it's their option they wish to stay at least one day and if there are any complications she can stay longer. Unfortunately, with the expense of medical care, it's in the hospital's best interest to have the woman leave as early as possible to free up the bed for another patient. So they sometimes might rush the patient's discharge from the hospital.

They have a choice what doctor they pick for themselves.

They picked one doctor and ended up not liking that doctor. So they switched to another doctor that they are much happier with.

It affects the doctor that you stop seeing, because they no longer receive payment. They receive payment from the insurance. If you don't have insurance, they receive the payment from you. So it's a way of casting a consumer's vote, so to speak, that you don't see a doctor that you aren't happy with. Then they'll hopefully get the message that they need to change the way they practice.

If somebody has a cold or the flue, that's a fairly common illness. Generally they'll just take a day off from work and stay home and wait till it passes. There are very few drugs out there that are going to eliminate a cold or the flue. Usually it's something that you just have to get through. But if it's something a little bit more serious, generally you can call up and make an appointment to go and see a doctor. If it's something very serious you just go right to the hospital and get admitted immediately.

If there's an emergency, you just dial 911 and that reaches the police dispatch. And if there's any kind of medical emergency they'll immediately get an ambulance on the way. Otherwise, for instance, if you're giving birth or something and it looks a little serious you could call the hospital directly. And they can dispatch an ambulance.

If you have money, you can pay for the extra service that maybe shouldn't be given to everybody. But certainly everybody deserves a minimum. And everybody has that minimum in the United States in a relatively reasonable amount of time.

As far as dental care is concerned, it is pretty much similar to regular health care.

You can belong to a Dental Maintenance Organization where you pay a fee and almost everything is covered. The plan that you belong to is very similar to medical insurance in that you pay co-pay each time you see the dentist. And for certain things like crowns, dentures there's a fixed schedule of fees that you have to pay also in addition to your regular insurance. But what are covered completely are dental visits twice a year. The most important thing you can do for your teeth anyhow is to see your dentist twice a year, have your teeth cleaned and checked, and have any fixed immediately. And that avoids future problems.

#### *Text 14. Options and pay ranges*

Bachelor's degrees are very limiting in the field of psychology. The starting salary for people with a bachelor's degree in psychology in 1997 was approximately 20,600 dollars. With this degree it is possible to work in a psychiatric hospital or residential home as a psychiatric assistant or technician. This work allows a large amount of interaction with patients, specifically, observing and recording their moods and behaviors. Unfortunately a psychiatric assistant does not have much influence with regards to the patient's treatment plan. Furthermore, licensure is not possible with a bachelor's degree alone.

Master's degrees require at least 2 years of full-time graduate study. Other requirements may include an internship in an applied setting and an original research project called a thesis. In 1997, the average salary with a master's degree was 40,000 dollars. Master's level jobs include working in group practices, hospitals, clinics, com-

munity health centers, and government offices. In most states master's degrees are not granted licensure. It is possible to practice therapy with a master's degree, but only under the supervision of a licensed psychologist. Master's degrees clearly offer better pay and responsibilities than a bachelor's degree.

Clinical and counseling psychology offers two doctoral degrees: the Ph.D. and Psy. D. Both are equally challenging, require the same amount of educational training, qualify for licensure, and earn about the same salary (57,000 dollars in 1997). Most doctoral educational programs are designed to last 5 years; however, they often take 7 or 8 to complete. Ph.D. programs are designed more for training in research, while Psy.D. programs emphasize the counseling aspect of psychology. Almost all of psychologists with a Psy. D. can be found practicing psychology in counseling settings. Although, psychologists possessing a Ph.D. can also practice, they are more likely to be involved in research or teaching within the higher education system. Doctoral level psychologists also have ability to obtain licensure and go into private practice. This cannot be achieved with either a bachelor's or master's degree. Furthermore, doctoral degrees provide more job opportunities and job flexibility than the other degrees.

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