



Sandra Schiller *Hrsg.*

Fachenglisch für Gesundheits- berufe

Physiotherapie, Ergotherapie, Logopädie

4. Auflage

 Springer

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Sandra Schiller
Hildesheim, Deutschland

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Vorwort zur 4. Auflage

Nach zahlreichen Nachdrucken der 2011 erschienenen dritten Auflage von „Fachenglisch für Gesundheitsberufe“ bietet die vierte Auflage eine Aktualisierung und Erweiterung der bisherigen Inhalte. Da die Ausrichtung des Buches auf die Gemeinsamkeiten der drei therapeutischen Gesundheitsberufe bisher stets als bereichernd empfunden wurde, behält auch diese Auflage den interdisziplinären Ansatz bei. Die physiotherapeutischen Beispiele stammen weiterhin primär aus dem Vereinigten Königreich bzw. Irland, die ergotherapeutischen primär aus den USA und die logopädischen primär aus Kanada. Um dabei keine unnötige Verwirrung hinsichtlich unterschiedlicher Schreibweisen und unterschiedlichem Sprachgebrauch zu verursachen, wird sich im Buch jedoch einheitlich am britischen Englisch orientiert.

Der Schwerpunkt liegt unverändert auf dem beruflichen Handeln und der Kommunikation in der therapeutischen Interaktion. Zur Vorbereitung auf das Arbeiten im Ausland werden nicht nur typische Redewendungen, sondern auch die verschiedenen Formen der beruflichen Dokumentation mit Beispielen vorgestellt. Darüber hinaus bietet das Buch einen Einblick in weitere relevante Themen wie etwa Gesundheitswesen, Hochschulbereich und Berufstätigkeit im Ausland. Die bewährte Struktur mit acht großen thematischen Units wurde beibehalten. Die einzelnen Units und Kapitel können in der vorgeschlagenen oder einer individuellen Reihenfolge gelesen und erarbeitet werden. Der Appendix bietet einen schnellen Zugriff auf häufig benötigte Informationen wie z.B. im Gesundheitsbereich gebräuchliche Abkürzungen, Therapiematerialien und -geräte sowie nützliche Redewendungen für Beruf und Studium.

Zentrale Texte des Buches sind nach wie vor auch als Audiodateien auf der Homepage des Springer-Verlages zugänglich. Als Ergänzung zu diesem Sprachlehrbuch bietet der Springer-Verlag nun erstmalig auch ein Vokabelbuch „Fachenglisch für Gesundheitsberufe“ in einer englisch-deutschen und deutsch-englischen Fassung zum Nachschlagen und Vokabellernen an.

Die vierte Auflage des Buches bietet eine willkommene Gelegenheit, zahlreichen Personen meinen Dank auszusprechen:

Margit Franke (SLT), Britta Neumann (OT) und Katrin Hilpert (PT) erarbeiteten die Übersetzung von fachspezifischem Vokabular.

Dr. Bryan Ruppert (Seattle University) beriet bei der Unterscheidung zwischen amerikanischem und britischem Sprachgebrauch hinsichtlich Vokabular und Orthographie.

Anne Fechner und Britta Neumann danke ich für die ursprüngliche Diskussion über die Struktur des Buchs. Besonderer Dank gebührt Christina Aere (MSc SLT), Judith Elliott (MSc) und Barbara Mohr-Modes (MSOT) für ihre wunderbaren Beiträge und ihr anhaltendes Engagement für dieses Buchprojekt. Herzlichen Dank auch an Concettina Trimboli (MSc) für neue Anregungen.

Weiterhin danke ich ganz besonders meinen Studierenden an der HAWK in Hildesheim, die mir immer wieder zeigen, welche Inhalte wie am besten nutzbar sind, kritische Fragen stellen, meine eigene Begeisterung für viele Themen teilen und ihre eigenen Interessen einbringen.

Beim Springer-Verlag haben Eva-Maria Kania und Esther Dür den Produktionsprozess für die vorliegende Auflage auf kompetente und freundliche Art und Weise begleitet.

Die positiven Rückmeldungen von Kolleg:innen der Physiotherapie, Ergotherapie und Logopädie im In- und Ausland, von Dozierenden für Fachenglischkurse an Berufsfachschulen und Hochschulen sowie nicht zuletzt von Auszubildenden und Studierenden, aber auch von einem breiten Kreis an Lernenden im Selbststudium waren für mich über all die Jahre seit der ersten Auflage 2007 sehr motivierend.

Für die gute Aufnahme aller vorherigen Ausgaben des Buches bin ich den Leser:innen dankbar. Selbstverständlich freue ich mich auch für diese Auflage auf Ihre Rückmeldungen.

Sandra Schiller

Vorwort zur 1. Auflage

Berufsangehörigen, SchülerInnen und Studierenden in den deutschsprachigen Ländern einen umfassenden Einstieg in das Fachenglisch für die Gesundheitsberufe Physiotherapie, Ergotherapie und Logopädie zu bieten, ist das Ziel dieses Buchs. Die Tatsache, dass es sich gleichermaßen an alle drei Berufsgruppen wendet, reflektiert die für den angelsächsischen Bereich charakteristische **interdisziplinäre Ausrichtung** der drei Berufe und verdeutlicht ihre gemeinsamen Interessen und Perspektiven.

TherapeutInnen, die sich für eine Auslandstätigkeit entscheiden, interessieren sich erfahrungsgemäß für viele verschiedene englischsprachige Länder, von Kanada bis Neuseeland. Es ist eine Besonderheit von „Fachenglisch für Gesundheitsberufe“, diese **Pluralität der sprachlichen und kulturellen Erfahrung** zu berücksichtigen: Die physiotherapeutischen Beispiele stammen schwerpunktmäßig aus Großbritannien/Irland, die ergotherapeutischen schwerpunktmäßig aus den USA und die logopädischen schwerpunktmäßig aus Kanada. Um dabei keine unnötige Verwirrung hinsichtlich unterschiedlicher Schreibweisen usw. zu verursachen, wird durchgängig die Orthographie des britischen Englisch verwendet.

Der inhaltliche Schwerpunkt des Buches liegt auf dem Bereich des **beruflichen Handelns und der Kommunikation zwischen TherapeutInnen und KlientInnen** (► Units 3–5). Zur Vorbereitung auf eine Auslandstätigkeit werden nicht nur typische Redewendungen für die therapeutische **Gesprächssituation** behandelt, sondern auch die verschiedenen Arten von **beruflicher Dokumentation** (von Fallaufzeichnungen bis Arztbericht) mit Beispielen vorgestellt. Darüber hinaus bietet das Buch einen Einblick in weitere relevante Themen wie etwa **Gesundheitswesen, Hochschulbereich und Auslandsbewerbung**. Obwohl der Aufbau einer logischen Struktur folgt, können die einzelnen Units auch in beliebiger Reihenfolge gelesen oder erarbeitet werden.

Mit einer Mischung aus Informationstexten, praktischen Beispielen, Wortschatzübungen, Rechercheaufgaben sowie Reflexions- und Diskussionsfragen eignet das Buch sich nicht nur für die Verwendung in einem **Sprachkurs**, sondern auch für das **Selbststudium**. Um zu einem erschwinglichen Preis einen möglichst breiten Überblick bieten zu können, sind die zum Buch gehörige umfangreiche deutsch-englische/englisch-deutsche **Vokabelliste** und weitere aktuelle Informationen über die Webseite des Springer-Verlags zugänglich. Im Buch selbst bietet der **Appendix** einen schnellen Zugriff auf häufig benötigte Informationen wie z.B. im Gesundheitsbereich gebräuchliche Abkürzungen, Therapiematerialien und -geräte, Körperebenen und Richtungsangaben sowie nützliche Redewendungen für das Therapiespräch und für Vorträge bzw. Referate.

Ich wünsche Ihnen viel Freude an der Arbeit mit diesem Buch und viel Erfolg in Ihrer beruflichen Kommunikation in englischer Sprache!

Über Ihre Rückmeldungen und Anregungen würde ich mich freuen.

Sandra Schiller
Hildesheim im August 2007

Spelling

Learning English can sometimes be confusing because all regional varieties of English contribute their own more or less distinct version of the language. As the main differences probably occur between British and American English, some general tips are given in this section.

Here are some **common spelling differences** between **British English (BE)** and **American English (AE)**:

BE	AE
-our behaviour, colour, neighbourhood, favourite (CAN so)	-or behavior, color, neighborhood, favorite
-re centre, centred, fibre, theatre, litre, metre (CAN so)	-er center, centered, fiber, theatre, liter, meter
-ce practice (noun), licence (noun), defence, offence, pretence	-se practise (noun), license (noun), defense, offense, pretense
grey	gray
-ise/-ize organise/organize, organisation/organization, recognise/recognize, realise/realize, realisation/realization (CAN so)	-ize organize, organization, recognize, realize, realization (CAN: -ize)
-yse analyse, analysing, paralyse, catalyse	-yze analyze, analyzing, paralyze, catalyze (CAN eher so)
ageing	aging
-ll counsellour, counselling, woollen, cancelled, fuelled, labelled, travelling (Canadian so)	-l counselor, counseling, woolen, canceled, fueled, labeled, traveling
-l enrol, enrolment, fulfil, skilfull	-ll enroll, enrolment, fulfill, skilfull
-logue catalogue, dialogue, analogue	-log catalog, dialogue/dialog, analogue/analog
programme (but: computer program)	program
sceptical	skeptical

Irish English spelling is more or less identical to the UK English spelling. Australian and New Zealand English spelling is very close to UK English spelling. Canadian English spelling uses both UK and US English spellings (see e.g. Karen's Linguistic Issues: <http://www3.telus.net/linguisticsissues/> for examples).

The following spelling differences concern **medical terms** derived from classical languages

BE	AE
anaesthesia	anesthesia
paediatrics	pediatrics
orthopaedist	orthopedist
gynaecology	gynecology
leukaemia	leukemia
lymphoedema	lymphedema
oesophagus	esophagus
diarrhoea	diarrhea
homoeopathy	homeopathy
fetus	fetus

Note		
When using the automatic correction mode of your word-processing programme to write a text in English, make sure that you have selected the appropriate type of English.		

Here are some examples of **word differences** between British English (BE) and American English (AE):

BE	AE
maths	math
adrenaline, nor-adrenaline	epinephrine, nor-epinephrine (AE, CAN)
anaesthesiology	anesthesia (AE, CAN)
mechanical/ invasive ventilation	mechanical ventilation (AE, CAN)
physiotherapy	physical therapy
speech and language therapy	speech-language pathology
hydrotherapy	aquatic therapy
CV	resume
torch	flashlight
sickness benefit	sick-pay
cupboard	closet
dustbin	garbage can
nappy or pad	diaper
holiday	vacation

Try to note more differences in your chosen subject area.

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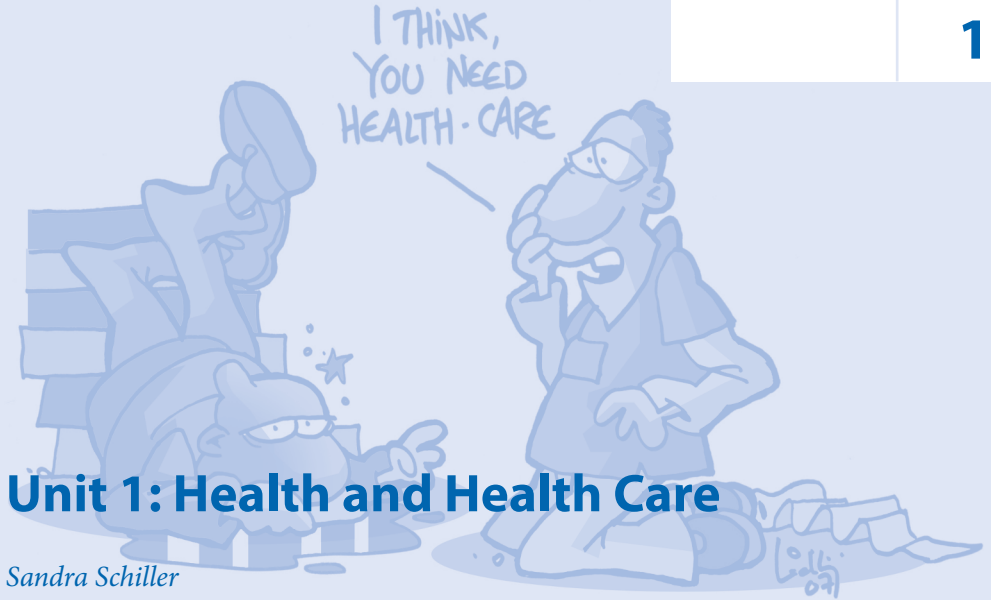
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Ergänzende Information Die elektronische Version dieses Kapitels enthält Zusatzmaterial, auf das über folgenden Link zugegriffen werden kann https://doi.org/10.1007/978-3-662-62038-0_1.

1.1 Not Feeling Well

(Judith Elliott, Sandra Schiller)



Audio file online

Jenny is an RGN and works in an acute hospital in Birmingham. Today she is out to meet her best friends, Judy and Daniel, for lunch. Judy works in the private sector as a health care assistant and Daniel is a physiotherapist.

Jenny: Hi folks, how's it going?

5 Judy: Oh, as usual very busy. How are you? I haven't seen you around much!

Daniel: Well, that's right, it feels like we haven't seen you for ages!

Jenny: Ah well, I'm fine. You know what it's like...

Daniel: Oh well, indeed. So what will we have for lunch then?

10 Judy: I don't know... What about something light, perhaps a salad?

Jenny: Sounds great, salad it is then.

Judy: Yeah, really, I'm not in good form today. I'm feeling a bit light-headed and nauseous. I think we might have another one of these bugs going around – another winter vomiting bug, you know. I just feel a little weak.

15 Daniel: Isn't it strange the way you can never really get rid of these bugs? They just seem to spread around on a regular basis. And we have such strict hygiene rules in our hospitals, if you think of it. It's appalling!

Jenny: Well, the general public has quite a lot to do with it as well, you know. People simply don't understand the nature of the problem and that

20 they are a primary source of spreading infection in the hospital if they don't decontaminate their hands and wear aprons.

Judy: That reminds me of one of my elderly ladies who I used to look after. She caught the bug last year and RIP'd shortly after. Really sad story. She was such a fighter and... there you go! And if I think of her son – always

25 on sick leave! For benefits, you know. He never admitted it, but it was so obvious! He was in a car crash five years ago and suffered from bad whiplash afterwards. I believe he was really bad immediately after that, but come on, five years later?! I don't know...

Daniel: It is quite a bad condition, whiplash, you know... you can't just get
30 rid of it very easily. It often takes a long time and a lot of physio to sort you out again.

Judy: I know, but he is a real hypocrite. On benefits and ongoing sick leave ever since it happened, but a lot of cash-in-hand jobs, if you know what I mean. Really awful! Well, I suppose you always get those, don't you?

- 35 Jenny:** But you also get a lot of decent people, you know that. We had a gentleman in the other day and he suffered from a really bad flu. Also he had a nasty injury to his right shoulder. He had fallen off some scaffolding, he's a builder, you know. Mr Simmons said he was going to sign him off for a week, but he refused. Well, initially he did, but agreed to it in the end. He simply could
- 40** not have gone back to work straight away. See, you do get all sorts in our jobs.

Judy: Well, I suppose you are right, but let's not spend all our time talking about being ill all the time.

Daniel: We're off for the moment, so let's talk about nicer things than that, okay? Look, our lunch! Have a nice meal!

Note

While surgeons carry the appellation "Dr" in North America, fellows of the Royal College of Surgeons in the UK are referred to as "Mr" or "Ms". This peculiar habit is a reference to the historical origin of surgeons who did not attend medical school but were simply skilled tradesmen.


Note

The verb "to RIP" is bad health care slang derived from *RIP* – "Rest in Peace."

Active Vocabulary

-  **Make a list of all the words related to states of health that you can find in the dialogue. What do they mean in German?**

Exercise


-  **Find a conversation partner to talk about the state of your own (or other people's) health and fitness and see how many words from the text or from the list below you can use. Feel free to make something up altogether.**

Active Vocabulary: (Not) Feeling Well

to be in good health	to be in good shape	to be taken ill	to fall ill
unwell	miserable	exhausted	weakened
infirm	feeble	bedridden	to be off colour
to feel kinda funny	to feel run down	to be/feel under the weather	to be/feel out of sorts

Note

In American English "being sick" or "feeling sick" means "krank sein" or "sich krank fühlen". In British English the expression "being ill" or "feeling ill" is more common. In British English, "feeling sick" or "being sick" may be used synonymously with "feeling ill" or "being ill" but it can also mean "feeling nausea" and "vomiting".

 **Additional info**
see Unit 8,
Appendix

Note

The vocabulary from this chapter may also be useful for some of the exercises in

► Unit 4.

1.2 Introduction to Health and Ill Health

(Sandra Schiller)

Health



Audio file online

In its most basic form the word “health” refers to the **absence of disease**. The most commonly accepted definition of health is that of the World Health Organization (WHO), which states that “health is a **state of complete physical, mental and social well-being** and not merely the absence of disease or infirmity” (WHO 2020). By extending the meaning of health to encompass the psychological and the social dimension, this by now classical definition stated that disease and infirmity cannot qualify health if regarded in isolation from **subjective experience**. In the 1970s and 1980s, the WHO’s holistic view of health was further widened to include the components of intellectual, environmental and spiritual health. This broad understanding of **health as “well-being”** has ultimately also contributed to the current popularity of the concept of “wellness” in industrialized countries.

However, the WHO definition has also met with some antagonism: some critics argue that such a comprehensive notion of health makes it difficult to distinguish “health” from “happiness”, while others maintain that health cannot be defined **as a state** at all, but must be seen **as a process** influenced by the shifting demands of daily living and the fluctuating meanings people attribute to their lives. They therefore consider the WHO definition to be more idealistic than realistic.

Active Vocabulary: Odd One Out

Decide which of the words listed below is *not* a synonym for the word used in the text. Please look up unfamiliar words in a general dictionary. One example has already been done for you.

Additional info see Unit 8, Appendix

commonly (line 2)	widely – publicly – usually
merely (line 4)	gradually – only – simply
to encompass (line 6)	enclose – inhabit – include
to state (line 7)	to formulate – to put forward – to dispute
current (line 11)	topical – present – remote
comprehensive (line 14)	concise – elaborate – extensive
notion (line 14)	idea – understanding – theory
to distinguish (line 15)	differentiate – vary – discriminate
to maintain (line 15)	claim – argue – keep
shifting (line 17)	rigid – variable – alternating

Health promotion



Contrary to the more traditional understanding of disease prevention in Western medicine, the field of health promotion has its roots in many different disciplines and is based on a more holistic approach to health in line with the WHO understanding of health as a complex phenomenon. Health and well-being are seen as the result both of the **individual's self-responsibility** as well as the **government's responsibility** for providing adequate health and social measures.




Audio file online


- In 1978 the **WHO Declaration of Alma Ata on Primary Health Care** expressed a global social and humanistic approach to health by stating that the promotion of healthy lifestyles cannot be accomplished unless resources are distributed more equally and health policies developed: "The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries." This requires an analysis of the specific health care needs of specific sub-populations, the social causes of health inequalities and adequate measures to reach vulnerable groups.

- According to the WHO definition originally presented at the **Ottawa Conference**, the first international conference on health promotion, in 1986: "Health promotion is the process of enabling people to increase control over, and to improve, their health." The following **five categories** were considered essential for the goals of health promotion: building healthy public policy, creating supportive environments for health, strengthening community action, developing personal skills, and reorienting health services. In recent years, the concept of individual responsibility and the adoption of healthy lifestyles have additionally become a focus of attention.


- Health promotion incorporates the areas of disease prevention, health protection and health education. The aim of **disease prevention** is to protect as many people as possible from the harmful consequences of threats to their health, e.g. through immunization campaigns. **Health protection** deals with regulations and policies such as the implementation of a no-smoking policy at the workplace or the commitment of public funds to the provision of accessible leisure facilities in order to promote fitness and well-being. The aim of **health education** in schools or primary health care settings is to influence behaviour and to help individuals, groups, or whole communities to develop positive health attributes through the promotion of issues such as physical fitness, weight loss, healthy nutrition, stress management, etc.

 **Additional info**
see Unit 8,
Appendix

Active Vocabulary: Odd One Out

 Decide which of the words listed below is *not* a synonym for the word used in the text. Please look up unfamiliar words in a general dictionary.

contrary to (line 1)	opposed to – conflicting with – according with
in line with (line 3–4)	unlike – similar – comparable
adequate (line 6)	sufficient – suitable – serviceable
to accomplish (line 10)	to achieve – to activate – to attain
specific (line 15)	given – particular – special
to require (line 15)	to demand – to need – to precede
goal (line 22)	aim – focus – objective
to strengthen (line 23)	to undermine – to bolster – to reinforce
area (line 27)	field – component – domain
implementation (line 30)	installation – publication – execution
accessible (line 32)	open – restrained – available
issue (line 36)	subject – matter – distress


 **Additional info**
see Unit 8,
Appendix

Active Vocabulary: Health and Health Promotion

 The English equivalents to these German words are used in the text. What are they?


- gesund = _____
- Gesundheitsförderung = _____
- gute körperliche Verfassung = _____
- Krankheitsprävention = _____
- Schwäche, Gebrechlichkeit = _____
- Wohlbefinden, Gesundheit = _____

Discussion

-  1. Do you consider the WHO definition of health to be realistic or idealistic? Give reasons in support of your answer.
2. Are there any other widely recognized definitions of health?
3. Can health be defined as a state? Give reasons in support of your answer.
4. Have a look at the following statement taken from the Recommendations of the 2nd International Conference on Health Promotion (Adelaide, Australia, April 1988): "Prerequisites for health and social development are peace and social justice; nutritious food and clean water; education and decent housing; a useful role in society and an adequate income; conservation of resources and the protection of the ecosystem. The vision of healthy public policy is the achievement of these fundamental conditions for healthy living." (Source: WHO. Global Conferences on Health Promotion. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/second-global-conference>)
Do you think that health exists in our society? What are the implications for global public health?



Group Activity

-  Imagine you were to support a health promotion campaign. Get together with some fellow students in a small team and think of a specific event. What would be your target group(s)? Which types of activities would you organize? How would you go about it?

Disease and Illness



Physicians typically make a distinction between disease and illness. In their understanding, the term **disease** usually refers to a structural problem in the body that can be measured, studied under a microscope or diagnosed by a test. A disease is an abnormal condition of the body or mind that causes

- 5 discomfort, dysfunction or distress to the person suffering from it. “Disease” is sometimes used as an umbrella term that includes syndromes, symptoms, injuries, disabilities, deviant behaviours, etc. In contrast, a person’s subjective perception of having poor health is generally called **illness** or **sickness**. This crucial distinction between the two terms means that one person can have a
- 10 disease and still feel healthy and fit, while another one feels ill and is convinced he or she is suffering from an illness, even though no disease can be detected.

Diseases can be serious, like ALS, or trivial, like the common cold. Some diseases are silent, like diabetes or high blood pressure, and only discovered by running a test. Hereditary diseases, like haemophilia, are genetically

- 15 passed from parents to children. Most congenital diseases are hereditary. While some diseases, such as AIDS, are contagious or infectious, others cannot be spread from person to person. Industrial diseases like pneumoconiosis are caused by hazardous or polluted work environments.

The recognition of a specific medical condition as a disease can have significant

20 positive or negative social or economic implications for the individual as well as for public or private health care providers. Whether a condition is considered a disease may vary from culture to culture or over the course of time. Post-traumatic stress disorder, whiplash injury, attention deficit hyperactivity disorder or even obesity are just some examples of conditions that were not considered

- 25 diseases some decades ago or are not recognized as such in all countries.



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Symptom and Sign



The classification of a particular feature in health care as a sign or a symptom strictly depends on who observes it. Any sensation or change in health function experienced by the patient is considered a **symptom**, which may be characterized as weak, mild or strong. Thus, symptoms refer to a


- 5 patient’s subjective report of the state he or she is in. Pain, nausea, fatigue, etc. are symptoms as they can only be perceived and related by the patient. The cause of concern which makes a patient seek medical advice is called a “presenting symptom” or “presenting complaint”, whereas the symptom leading to a diagnosis is known as the “cardinal symptom”.



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- 10 In contrast, a **sign** is regarded as “objective” evidence of the presence of a disease or disorder as detected by a physician or a therapist during the physical examination of a patient. The expression “clinical sign” is also common – it emphasizes that the observation takes place in a clinical context. Nystagmus, ataxia, joint inflammation, muscle spasm, etc. are by necessity signs, as they can only be identified by physicians or other health professionals. They can give the doctor or therapist important clues about which disease may lie behind the patient’s symptoms.

A collection of signs or symptoms that occur together is commonly called a **syndrome**, for example Down syndrome.


 **Additional info**
see Unit 8,
Appendix

Active Vocabulary: Disease and Illness I

-  What are the English equivalents of the words listed below? They are all used in the above text.

- abweichendes Verhalten = _____
- Adipositas = _____
- Behinderung = _____
- Fehl-, Dysfunktion = _____
- Krankheit = _____
- Krankheit (spezif.) = _____
- Kummer, Verzweiflung, Not, Leiden = _____
- posttraumatisches Belastungssyndrom = _____
- schlechter Gesundheitszustand = _____
- Schleudertrauma = _____
- Unbehagen, Unwohlsein = _____
- Verletzung = _____

Questions

-  1. What are the various possible causes of disease?
2. Why is it relevant that a condition is recognized as a “disease”? Some reasons are mentioned in the text but you can probably think of some more.
3. Can you give any examples of cultural or historical differences in illness perception or the recognition of diseases?
4. What is the difference between a symptom and a sign?

Illness Behaviour and Cultural Influences



The term “**illness behaviour**” is used to describe a patient’s thoughts, reactions, and coping mechanisms in case of illness, e.g. regarding perception and understanding of sickness, seeking help for health problems, utilization of health care systems, and benefits gained from health care. The expression “**health behaviour**”, on the other hand, refers to what people do to maintain their health, e.g. following guidance on nutrition, exercise, hygiene, preventive check-ups and so on. These behaviours are influenced by individual factors, e.g. education and past experiences, but also by social or cultural

factors. This needs to be recognized by health professionals if they want to understand their patients properly.

However, they do not only need to be aware of their patients' cultural backgrounds, but also of their own cultural beliefs and biases. This includes the critical reflection and possible modification of the health care services they provide. The provision of health care needs to be based on a culturally sensitive attitude, appropriate cultural knowledge, and skills that are flexible enough to provide culturally relevant, effective care for patients from a variety of backgrounds.

? Questions

1. What does the term "illness behaviour" refer to? Can you give some examples from your own experience?
2. What does the term "health behaviour" mean? Can you give some examples from your own experience?

Discussion

"Individuals from different cultures perceive and experience illness within the context of their cultural backgrounds. These experiences are not uniform, and attempts to discount them will lead to significant dilemmas in their treatment" (Bonder, Martin & Miracle, 2002, p. 68).

- ⌚ What do you think of this statement? Can you give any examples from your own professional experience that support or refute it? Please discuss.

Exercise: Opposites

- 📖 These adjectives are all used to talk about diseases, their symptoms and effects. Match the words in italics with their opposites in the table. The first one has already been done for you as an example.

acquired	alive	chronic	##	malign
mild	minor	robust	susceptible	tense(d)

1. The opposite of *healthy* is ill .
2. The opposite of *major* is _____ .
3. The opposite of *dead* is _____ .
4. The opposite of *acute* is _____ .
5. The opposite of *severe* _____ .
6. The opposite of *benign* is _____ .
7. The opposite of *congenital* is _____ .
8. The opposite of *resistant* is _____ .
9. The opposite of *relaxed* is _____ .
10. The opposite of *delicate* is _____ .

1.3 Some Commonly Encountered Medical Conditions

(Sandra Schiller)

Alzheimer's	acquired deafness	aphasia	apraxia	asthma
back pain	catatonia	cerebral palsy	cerebrovascular accident (CVA)	chronic obstructive pulmonary disease (COPD)
cystic fibrosis	dementia	dysarthria	dysphagia	fatigue
juvenile arthritis	lymphoedema	muscular dystrophy (MD)	obsessive-compulsive disorder (OCD)	paraplegia (PARA)
psychosis	repetitive strain injury (RSI)*	sciatica	stress incontinence	stuttering

*The term occupational overuse syndrome (OOS) is also used.

Exercise




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Here are some conditions commonly encountered in occupational therapy, physiotherapy or speech and language therapy. Read the 25 descriptions which follow and decide which word from the table on p. 8 is described in each case. The first one has already been done for you as an example.

- _____ **apraxia** _____ = inability to carry out a complex or skilled movement due to deficiencies in cognition
- _____ = a group of chronic respiratory disorders characterized by the restricted flow of air into and out of the lungs
- _____ = a group of motor disorders resulting in loss of muscular coordination and muscle control; caused by damage to the motor area of the brain during foetal life, birth and infancy
- _____ = a swallowing disorder often depicted by difficulty in oral preparation, pharyngeal transit, and/or oesophageal motility
- _____ = a rheumatic condition causing inflammation, swelling and stiffness in the joints
- _____ = most often the result of poor posture, an injury or overuse
- _____ = occurs when the bladder leaks if put under pressure, perhaps by a cough or a sneeze, or during strenuous activity
- _____ = difficulty in speaking characterized by frequent repetition or prolongation or by frequent hesitations or pauses that disrupt the rhythmic flow of speech
- _____ = causes recurrent breathlessness, wheezing and difficulty in breathing

10. _____ = occurs when the normal blood flow to the brain is suddenly interrupted or blocked
11. _____ = total or partial loss of the ability to use or understand language; usually caused by a stroke, brain disease, or injury
12. _____ = a disabling neurological disorder that may be characterized by memory loss, disorientation, hallucinations, loss of ability to read, write, eat, or walk, and finally dementia
13. _____ = caused by repetitive movement leading to muscular pains or problems with nerves, ligaments and joints in the upper limbs
14. _____ = a hereditary, chronic, progressive disease characterized by excessive mucus secretion clogging the lungs and pancreas
15. _____ = a motor speech disorder that results from weakness, paralysis or lack of coordination
16. _____ = a condition due to blockage or damage of the lymphatic system resulting in accumulation of lymph fluid in tissue
17. _____ = a progressive mental disorder that affects memory, judgement and cognitive powers
18. _____ = nerve inflammation characterized by sharp pains along the area from the hip down to the back of the thigh and surrounding area
19. _____ = a motor abnormality usually characterized by immobility or rigidity
20. _____ = an anxiety disorder characterized by recurrent uncontrollable thoughts and/or irresistible urges to engage repetitively in an act
21. _____ = an impairment in motor and sensory function affecting the lower portion of the trunk and legs
22. _____ = state of exhaustion or loss of strength and endurance; decreased ability to maintain a contraction at a given force
23. _____ = a major mental disorder that can cause extreme personality disorganization, loss of reality orientation and inability to function appropriately in society
24. _____ = an inherited degenerative neuromuscular disorder characterized by progressive muscle weakness and atrophy
25. _____ = loss of hearing that occurs or develops some time during the lifespan but is not congenital

 **Additional info**
see Unit 8,
Appendix

Active Vocabulary: Disease and Illness II

 **Are you familiar with the following words that were used in the exercise?**
Please write down the equivalent English terms.

- Angst = _____
- anstrengende Aktivität = _____
- Atemlosigkeit, Atemnot = _____
- Ausdauer = _____
- Desorientiertheit, Verwirrtheit = _____
- Entzündung = _____
- Gedächtnisverlust = _____
- Halluzination = _____
- Haltung = _____
- Husten = _____
- (Laut-)Dehnung = _____
- Lymphe, Lymphflüssigkeit = _____
- motorische Störung = _____
- Niesen = _____
- Paralyse, (vollst.) Lähmung = _____
- pfeifende, keuchende Atmung = _____
- psychische Störung = _____
- Schlaganfall = _____
- Schwellung = _____
- Steifheit, Unbeweglichkeit = _____
- Überbeanspruchung = _____
- Unvermögen, Unfähigkeit = _____
- Verletzung = _____

1.4 Health Professionals

(Sandra Schiller)



Physicians and nurses are probably the medical practitioners best known to the general public.

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Physicians work in primary care or are hospital-based. In the USA, there are two types of physicians: M.D.s – medical doctors (with a degree as Doctor of Medicine), and D.O.s – osteopaths (with a degree as Doctor of Osteopathy). The training of D.O.s is similar to that of M.D.s though they are specialized in the musculoskeletal system and place a strong emphasis on a holistic perspective.

Nurses care for people with actual or potential health problems in hospital, nursing home and community. In the United Kingdom there are four main

branches of nursing: adult nursing (registered general nurse – RGN), children's nursing (registered sick children's nurse – RSCN or registered nurse (child)), mental health nursing (registered mental nurse – RMN) and learning disability nursing (registered learning disability nurse – RLDN). In the USA,

- 15 the various types of nurses include Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Advanced Practice Nurses (APNs).

Midwives support mothers and their families throughout the childbearing process, carry out clinical examinations and provide health and parenting education, sometimes together with other health and social care services.

- 20 Midwifery is an independent university degree programme or a special training course for registered nurses.

Health visitors are registered nurses or midwives in the United Kingdom with special training in the assessment of the health needs of individuals, families and the community. In particular, they have a major support role for

- 25 families with pre-school children.


Health care assistants (HCAs) assist health care professionals like nurses and midwives in hospitals, clinics and community nursing. They help with basic patient care like washing and dressing, assisting patients with eating and drinking, toileting and bed making.

- 30 In the US health care system there is a general trend towards saving costs by relying more heavily on nonphysician health care professionals, who may function as direct primary health care providers and prescribe medications, albeit (in most US states) under the direction and supervision of an M.D. or D.O. For example, **physician assistants** (PAs) were introduced in the US health
- 35 care system in the 1960s as medical personnel trained to provide treatment and care for primary health care ailments. They handle technical procedures and exercise some degree of medical responsibility. **Nurse practitioners** (NPs) are APNs with specialized training who conduct physical examinations, prescribe medication, diagnose and treat illness, interpret lab tests and
- 40 counsel patients on health care options.

There are many more health-related occupations, most of which are classified under the term “allied health professions” (AHPs), like occupational therapists, physiotherapists and speech and language therapists.

Note
<p>In the United Kingdom and many other Commonwealth countries (excluding Canada), the M.D. is a higher doctoral degree, comparable to the German Dr. med. An M.D. typically involves either a number of publications or a thesis and is examined in a similar fashion to a Ph.D. (Doctor of Philosophy) degree. In Canada, the M.D. is the basic medical degree required by medical practitioners.</p> <p>In the USA, there are two basic medical degrees allowing the practice of medicine, i.e. the M.D. and the D.O. It is important to note that in North America, medical degrees are not equivalent to research doctorates (Ph.D.) as they do not require the writing of a doctoral dissertation. In the USA and Canada, the M.D. is therefore a professional degree and not equivalent to a Ph.D. in medicine.</p>

Exercise


-  What is the job description of a physician assistant? What kind of training does a health visitor have? What does a nurse practitioner do? Do some research on the internet to find out more.

Exercise: Medical Specialities



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According to the American Association of Medical Colleges (AAMC) (<https://careersinmedicine.aamc.org/explore-options/specialty-profiles>) there are 160 different specialities or sub-specialities that graduating physicians can pursue. Physicians work in one or more of several specialities.

-  Match each type of physician with the right job description. The first one has already been done for you as an example.

anaesthesiologist	dentist	emergency physician	general practitioner (GP)
geriatrician	obstetrician and gynaecologist (ob/gyn)	ophthalmologist	orthopaedist
otorhinolaryngologist (or ENT specialist)	paediatrician	psychiatrist	surgeon

- The general practitioner (GP) assesses and treats a wide range of conditions, ailments, and injuries as the first point of contact for ill people. (Medical speciality: general medicine)
- The _____ is specialized in the diagnosis and treatment of mental health problems. (Medical speciality: _____)
- The _____ is concerned with the health of infants, children, and teenagers. (Medical speciality: _____)
- The _____ is specialized in disorders of bones, joints and associated structures. (Medical speciality: _____)
- The _____ treats injury, disease, and deformity through operations. (Medical speciality: _____)
- The _____ is specialized in resuscitation, medical emergencies, pain relief, and trauma management. (Medical speciality: _____)
- The _____ administers drugs or agents to abolish the sensation of pain in surgical patients. (Medical speciality: _____)
- The _____ is specialized in the treatment or study of diseases and ailments of old people. (Medical speciality: _____)
- The _____ is responsible for general medical care for women, but also provides care related to pregnancy and the reproductive system. (Medical speciality: _____)

10. The _____ is specialized in the diagnosis, medical treatment, and surgical treatment of eye diseases.
(Medical speciality: _____)
11. The _____ diagnoses, treats and restores the teeth, oral cavity and associated structures. (Medical speciality: _____)
12. The _____ is specialized in disorders affecting the ears, nose, and throat. (Medical speciality: _____)

1.5 Types of Health Care Systems

(Sandra Schiller)



Particularly in advanced welfare states, health care systems are faced with the idealistic expectation that the whole population has **equal access to health services** that provide high-quality care and remain financially viable. The most obvious distinction in health care systems worldwide can be made
5 between public and private health care systems.

Public Health Care Systems

Public health care systems embody the notion that the state is responsible for providing its citizens with health care treatment regardless of whether they have the means to pay for it or not (i.e. **universal coverage**). Two

- 10 main types of public health care systems are found in Europe. In both, the contributions made by all contributors are pooled and services are provided only to those who need them.

Firstly, there are the **social health insurance-based systems** (SHI), found in countries like Germany, where employees and their families are insured by
15 the state. In an SHI system, contributions come from workers, the self-employed, enterprises and government.

Secondly, there are **tax-based systems**, found in countries like the United Kingdom (UK) and Scandinavia, where all residents of a country are members of a state insurance programme. In tax-based systems, general tax
20 revenue is the main source of financing, so that users in this system only pay a small fee for medical services or even none at all. The government is the primary agent responsible for providing or purchasing health services. In general, the tax-based system has been highly criticized because of its long waiting lists for non-emergency services (elective plastic surgery, etc.) and
25 the lack of measures in place for quality assurance.

In most countries with a public insurance system, a parallel private system is allowed to operate. This is often referred to as **two-tiered health care**. Since the 1990s, both types of public insurance system have tried to contain costs and adapt to recent demographic developments, such as the ageing
30 population, by assuming more market-like features such as increased competition among health care providers and raising private out-of-pocket payments.

Private Health Care Systems

- 35 In private health care systems health services are delivered on the basis of a **fee-for-services plan**. The insured individual pays a monthly premium personally or through an employer, so that at the time of hospitalization or other specific care the total amount of the bill need not be paid by the user. Instead, the insurance company will be responsible for paying most of the
- 40 bill, although there is often an excess. This type of system is based on the general assumption that the user is financially capable of paying for the insurance fee, an obvious drawback for people who are not in that position.


However, health insurance is often only widely available at a reasonable cost


- 45 through an employer-sponsored **group plan**, leaving unemployed and self-employed individuals at a disadvantage.

In their pure form private enterprise systems are rare as most countries try to provide some basic form of health service to their citizens. The United States of America (USA), for example, uses a private health care system for


- 50 the majority of its citizens with residual public services only for specific needy groups within the population.

Active Vocabulary: Odd One Out

-  Decide which of the words listed below is *not* a synonym for the word used in the text. If you do not know the meaning of a word, please look it up in a general dictionary. One has already been done for you as an example.

 Additional info
see Unit 8,
Appendix

viable (line 3)	feasible – tenable – calculable
distinction (line 4)	differentiation – discrimination – distinctiveness
to embody (line 7)	to contain – to ingrain – to include
regardless (line 8)	remorseless – irrespective – albeit
means (line 9)	capacity – measures – funds
lack (line 25)	absence – abundance – want
to contain (line 28)	to border – to limit – to curb
feature (line 30)	property – statement – characteristic
drawback (line 42)	penalty – disadvantage – handicap
residual (line 50)	remnant – remaining – remote

 Additional info
see Unit 8,
Appendix

Active Vocabulary: Health Care Systems I

-  What are the English equivalents of the words listed below? They are all used in the above text.

- Einzelleistungsvergütung = _____
- Gebühr = _____
- Gesundheitssystem, Gesundheitswesen = _____
- Selbstbehalt = _____
- sozialversicherungsbasiertes System = _____
- steuerbasiertes System = _____