



Dr. phil. Sandra Schiller

- Studium der Mittleren und Neueren Geschichte sowie der Anglistik an der Universität Heidelberg und der University of Wales (Aberystwyth)
- Mehrjährige Erfahrung als private Sprachtrainerin für Führungskräfte
- Nach Lehrtätigkeit an einer britischen Universität und einem Austauschprogramm für US-amerikanische Studierende seit 2002 am BSc- und MSc-Studiengang Ergotherapie, Logopädie und Physiotherapie an der HAWK Hildesheim/Holzminden/Göttingen
- Lehr- und Forschungsinteressen: Fachenglisch, Transkulturalität, Ethik, Sozial- und Kulturgeschichte der Therapieberufe



Christina Aere, B.A., M.Sc., SLP (C)

- Abschluss in Linguistik und Psychologie an der Simon Fraser University (1995) vor dem Master-Studium (M. Sc.) in Kommunikationsstörungen (Sprachtherapie) an der University of Western Ontario
- Neunjährige Erfahrung als klinische Sprachtherapeutin sowohl an kanadischen als auch deutschen Krankenhäusern besonders in den Bereichen Neurologie und Trauma



Judith Holzknacht, B.Sc. (Physiotherapy), MCSP, MISC P

- Abschluss des Studiums an der HAWK Hildesheim/Holzminden/Göttingen 2004
- Bachelorarbeit zum Thema "Ethik in der Physiotherapie: Eine Analyse bestehender internationaler und nationaler physiotherapeutischer ethischer Prinzipien"
- Tätigkeit als Physiotherapeutin im Our Lady's Hospital in Navan, Republik Irland



Barbara Mohr-Modes, MSOT

- Bachelor-Abschluss an der University of Puget Sound, USA 1972
- Master of Science in Occupational Therapy (MSOT) an der University of Puget Sound, USA 2003
- Ergotherapeutin an einer jugend- und familientherapeutischen Beratungsstelle in Regensburg
- Dozentin an einer Fachakademie für Heilpädagogik

1 Sandra Schiller

2 **Fachenglisch für Gesundheitsberufe**

3 Physiotherapie, Ergotherapie, Logopädie

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

Sandra Schiller

Fachenglisch für Gesundheitsberufe

- Physiotherapie
- Ergotherapie
- Logopädie

Unter Mitarbeit von
Christina Aere, Judith Holzknecht und
Barbara Mohr-Modes

1
2
3
4
5
6
7
8

Dr. Sandra Schiller

Internationale Kommunikation
HAWK Hochschule für angewandte Wissenschaft und Kunst
Fachhochschule Hildesheim / Holzminden / Göttingen
Fakultät Soziale Arbeit und Gesundheit
Studiengänge Ergotherapie, Logopädie und Physiotherapie
Goschentor 1
31134 Hildesheim
e-mail: Sandra.Schiller@hawk-hhg.de

9
10
11
12
13
14
15
16
17
18
19
20

ISBN-13 978-3-540-28532-8 Springer Medizin Verlag Heidelberg

Bibliografische Information der Deutschen Nationalbibliothek
Die Deutsche Bibliothek verzeichnet diese Publikation in der Deutschen Nationalbibliografie;
detaillierte bibliografische Daten sind im Internet über <http://dnb.d-nb.de> abrufbar.

Dieses Werk ist urheberrechtlich geschützt. Die dadurch begründeten Rechte, insbesondere die der Übersetzung, des Nachdrucks, des Vortrags, der Entnahme von Abbildungen und Tabellen, der Funksendung, der Mikroverfilmung oder der Vervielfältigung auf anderen Wegen und der Speicherung in Datenverarbeitungsanlagen, bleiben, auch, bei nur auszugsweiser Verwertung, vorbehalten. Eine Vervielfältigung dieses Werkes oder von Teilen dieses Werkes ist auch im Einzelfall nur in den Grenzen der gesetzlichen Bestimmungen des Urheberrechtsgesetzes der Bundesrepublik Deutschland vom 9. September 1965 in der jeweils geltenden Fassung zulässig. Sie ist grundsätzlich vergütungspflichtig. Zuwiderhandlungen unterliegen den Strafbestimmungen des Urheberrechtsgesetzes.

Springer Medizin Verlag.

springer.de
© Springer Medizin Verlag Heidelberg 2008
Printed in Germany

Die Wiedergabe von Gebrauchsnamen, Handelsnamen Warenbezeichnungen usw. in diesem Werk berechtigt auch ohne besondere Kennzeichnung nicht zu der Annahme, dass solche Namen im Sinne der Warenzeichen- und Markenschutz-Gesetzgebung als frei zu betrachten wären und daher von jedermann benutzt werden dürften.

Produkthaftung: Für Angaben über Dosierungsanweisungen und Applikationsformen kann vom Verlag keine Gewähr übernommen werden. Derartige Angaben müssen vom jeweiligen Anwender im Einzelfall anhand anderer Literaturstellen auf ihre Richtigkeit überprüft werden.

Planung: Marga Botsch, Heidelberg
Projektmanagement: Claudia Bauer, Heidelberg
Satz: medionet Prepress Services Ltd., Berlin
Layout und Umschlaggestaltung: deblik Berlin

SPIN 11360940

Gedruckt auf säurefreiem Papier 22/2122/cb – 5 4 3 2 1 0

Vorwort

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 Therapiegespräch 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

Acknowledgements

First of all I owe a very big thank you indeed to my three wonderful collaborators, Christina Aere (MSc SLT), Judith Holzkecht (BSc PT) and Barbara Mohr-Modes (MSOT) for all their great ideas and contributions to their respective subject areas. It was a real pleasure working with them!

I would like to thank my students at Hildesheim, who have been a great source of knowledge and inspiration in addition to being guinea pigs for the material in this book. Many cheers to Ines Klämbt (SLT), Kirstin Lambrecht (PT), Katharina Matzel (SLT), Britta Neumann (OT), Ute Rüdiger (PT), Hanna Runge (SLT), Sandra Schoeren (SLT) and Daniela Wolter (OT) for contributing to some of the contents. Thanks a lot to Margit Franke (SLT), Katrin Hilpert (PT) and Britta Neumann (OT) for their assistance in translating technical terms into German. I also am grateful to Anne Kohler (SLT) and Britta Neumann (OT) for discussing the structure of the book and sharing their ideas.

At Springer Verlag thanks is due to Antje Gerber (PT) and Kristina Jansen (PT) for their support and enthusiasm and to editors Marga Botsch and Claudia Bauer, whose experience and patience saw the book through the various stages of the publishing process.

I would especially like to thank Mo Ogier (Guernsey) and Dr Bryan Ruppert (Seattle) for agreeing to read various drafts of the manuscript even when they hardly knew how to find the time to do so. Bibiane and Martin Hobert and Uwe Zangmeister lent their equipment and expertise in a serious computer crisis.

Without initial support from Christoph Letzel (OT), Claudia Selzer (OT) and Dr Heike Penner (SLT) I would not have found myself in the position to contemplate creating “Fachenglisch für Gesundheitsberufe”.

Last but not least, I am gratefully amazed that Dr Christiane Schlaps has managed to keep up an interest in this topic even though it could not be further from her own professional pursuits.

Weitere Beiträge

Ines Klämbt und Sandra Schoeren. The Physiology of Voice (► Unit 2.7).

Kirstin Lambrecht. Doing Further Training: The PNF Course in Vallejo, California (► Unit 7.1).

Katharina Matzel. Stuttering Treatment Programme of the American Institute for Stuttering (AIS) (► Unit 6.4).

Britta Neumann. The Therapeutic Relationship and the Intervention Process (► Unit 4.1), OT Exercise in ► Unit 4.5 und Liste "Materials and Tools Often Used in Paediatric Occupational Therapy" (Appendix).

Ute Rüdiger. Charity Work: A Physiotherapist in East Africa (► Unit 7.1).

Hanna Runge. Working for a School Board in the USA (► Unit 3.8).

Sonia Wilson. Doing a Bachelor's Degree – An Occupational Therapy Student's Perspective (► Unit 6.6).

Daniela Wolter. Practical Experience as an Occupational Therapist in the Southwest of Africa (► Unit 7.1).

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.

Contents

Unit 1: Health and Health Care	1	Unit 4: Communicating with Patients –	
1.1 Not Feeling Well	2	From Initial Assessment to Discharge	75
1.2 Introduction to Health and Ill Health	3	4.1 The Therapeutic Relationship and the	
1.3 Some Commonly Encountered		Intervention Process	76
Medical Conditions	8	4.2 Making an Appointment	77
1.4 Health Professionals	10	4.3 Case History	78
1.5 Types of Health Care Systems	12	4.4 The Initial Assessment Interview –	
1.6 The Health Care System of the UK:		Basic Interview	79
The National Health Service (NHS)	14	4.5 The Initial Assessment Interview –	
1.7 Health Care in the USA	18	Detailed Interview and Questionnaire.	84
1.8 Health Services in the USA	22	4.6 Documentation – Case Notes	88
1.9 The German Health Care System	23	4.7 Completing a Physical Examination	91
		4.8 Clinical Reasoning Processes in Chest	
Unit 2: Body Parts and Body Functions	25	Physiotherapy – An Excursion to Respiratory	
2.1 Basic Anatomical Terms	26	Physiotherapy Treatment.	94
2.2 The Anatomy of the Human Body	27	4.9 Interpretation of Test Results and Observations	97
2.3 The Parts of the Body	29	4.10 Treatment	101
2.4 Compound Words in Anatomy	29	4.11 Documentation – SOAP Notes	105
2.5 The Brain and Nervous System	33	4.12 Progress Report and Discharge Summary	111
2.6 Human Locomotion	34		
2.7 The Physiology of Voice	35	Unit 5: Interdisciplinary Collaboration –	
2.8 The Larynx and Thoracic Cavity	40	The Vocabulary of Health Professionals	
2.9 Auscultation of the Lungs	42	in Multi-Professional Teams.	115
2.10 Human Anatomy in English Proverbs and		5.1 Health Care Teams and Team Collaboration	116
Sayings	44	5.2 The International Classification of Functioning,	
		Disability and Health (ICF)	117
Unit 3: Places of Work and Professional		5.3 Health Professionals and Attitudes toward	
Responsibilities	47	Disability	119
3.1 Allied Health Professions	48	5.4 Assistive Devices	120
3.2 What Do Occupational Therapists,		5.5 Areas Covered in Rehabilitation Programmes	123
Physiotherapists and Speech and		5.6 Team Conference on an Inpatient Sub-Acute	
Language Therapists Do?	49	Stroke Unit.	124
3.3 The Working Conditions of Occupational		5.7 Team Meeting for an IEP (Individualized	
Therapists, Physiotherapists and Speech and		Education Plan) in the USA.	127
Language Therapists around the World	53	5.8 Neurological Patient Admission to Hospital –	
3.4 Occupation – Movement – Communication	53	Example of a Hospital Medical Ward Chart Note.	131
3.5 Therapeutic Treatment Methods in			
Occupational Therapy and Speech and		Unit 6: Higher Education – OT, PT, SLT at University. 137	
Language Therapy	54	6.1 Differences between School and University	138
3.6 Physiotherapy Fields of Activity and Clinical		6.2 Study Skills: Academic Reading	138
Practice	56	6.3 Study Skills: Academic Writing	141
3.7 Working in Private Practice in the USA	58	6.4 Study Skills: Presentations and Discussions	144
3.8 Working for a School Board in the USA	60	6.5 A Short Overview of Higher Education in	
3.9 Working in a Hospital in the USA	61	the UK and the USA	149
3.10 The Multi-Professional Setting within a		6.6 Doing a Bachelor's Degree – An Occupational	
Hospital in the United Kingdom	63	Therapy Student's Perspective	153
3.11 Asking and Giving Directions	65	6.7 Doing a Master's Degree – A Speech-Language	
3.12 Working Shifts for Allied Health Professionals		Pathologist's Experience	155
in Public Hospitals	69	6.8 The International Perspective on AHP	
3.13 Instruments and Equipment in the Hospital	70	Programmes	157
3.14 Health and Safety in the Hospital.	71	6.9 University Application and Statement	
		of Purpose	158

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

Unit 7: Working Abroad	161
7.1 The Experience of Working Abroad	162
7.2 State Registration and Professional Associations	166
7.3 The Job Application Process in the United Kingdom and the Republic of Ireland	169
7.4 Writing a Curriculum Vitae (CV)	178
7.5 Writing a Covering Letter for a Job Application	181
Unit 8: Appendix	187
8.1 Abbreviation List	188
8.2 General Grades of Specialization of OTs, PTs and SLTs in the UK	192
8.3 Therapy Materials and Equipment	192
8.4 Directions and Planes of Reference	194
8.5 Human Locomotion	195
8.6 Useful Phrases for Patient Communication.	195
8.7 Useful Phrases for Presentations and Discussions.	198
8.8 Key – Lösungsschlüssel	199
Bibliography.	205



Unit 1: Health and Health Care

- 1.1 Not Feeling Well – 2
- 1.2 Introduction to Health and Ill Health – 3
- 1.3 Some Commonly Encountered Medical Conditions – 8
- 1.4 Health Professionals – 10
- 1.5 Types of Health Care Systems – 12
- 1.6 The Health Care System of the UK:
The National Health Service (NHS) – 14
- 1.7 Health Care in the USA – 18
- 1.8 Health Services in the USA – 22
- 1.9 The German Health Care System – 23

1.1 Not Feeling Well



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 is it going?

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

Daniel: 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?

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. So I just feel a little weak.

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 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 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 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?

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 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 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.

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

in good health	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”.

i 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**Health**

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”¹. By extending the meaning of health to encompass the psychological and the social dimension, this by now classical definition stated that disease

¹ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 states (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

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.

Health promotion



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.

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.

commonly	widely – publicly – usually
merely	gradually – only – simply
to encompass	enclose – inhabit – include
current	topical – present – remote
comprehensive	concise – elaborate – extensive



notion	idea – understanding – theory
to distinguish	differentiate – vary – discriminate
to maintain	claim – argue – keep
implementation	installation – publication – execution
accessible	open – restrained – available

Active Vocabulary

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. <http://www.who.int/health-promotion/conferences/previous/adelaide/en/index5.html>)

5. 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?

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

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

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 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”. 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.



Active Vocabulary

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.) = _____
- Krankheit, Unwohlsein, Übelkeit = _____
- 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?

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 box. 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

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	paraplegia (PARA)
psychosis	repetitive strain injury (RSI)	sciatica	stress incontinence	stuttering

Exercise

 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 above is described in each case. The first one has already been done for you as an example.

1. apraxia = inability to carry out a complex or skilled movement due to deficiencies in cognition
2. _____ = a group of chronic respiratory disorders characterized by the restricted flow of air into and out of the lungs
3. _____ = 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
4. _____ = a swallowing disorder often depicted by difficulty in oral preparation, pharyngeal transit, and/or oesophageal motility
5. _____ = a rheumatic condition causing inflammation, swelling and stiffness in the joints
6. _____ = most often the result of poor posture, an injury or overuse
7. _____ = occurs when the bladder leaks if put under pressure, perhaps by a cough or a sneeze, or during strenuous activity



1.3 Some Commonly Encountered Medical Conditions

8. _____ = difficulty in speaking characterized by frequent repetition or prolongation or by frequent hesitations or pauses that disrupt the rhythmic flow of speech
9. _____ = 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. _____ = paralysis of the spine 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

Active Vocabulary

- 📍 Are you familiar with the following words that were used in the exercise?
Please write down the equivalent German terms.

- 1 — Angstneurose = _____
- 2 — anstrengende Aktivität = _____
- 3 — Atemlosigkeit, Atemnot = _____
- 4 — Ausdauer = _____
- 5 — Desorientiertheit, Verwirrtheit = _____
- 6 — Entzündung = _____
- 7 — Gedächtnisverlust = _____
- 8 — Halluzination = _____
- 9 — Haltung = _____
- 10 — Husten = _____
- 11 — (Laut-)Dehnung = _____
- 12 — Lymphe, Lymphflüssigkeit = _____
- 13 — motorische Störung = _____
- 14 — Niesen = _____
- 15 — Paralyse, (vollst.) Lähmung = _____
- 16 — pfeifende, keuchende Atmung = _____
- 17 — psychische Störung = _____
- 18 — Schlaganfall = _____
- 19 — Schwellung = _____
- 20 — Steifheit, Unbeweglichkeit = _____
- Stimmungsschwankungen = _____
- Überbeanspruchung = _____
- Unvermögen, Unfähigkeit = _____
- Verletzung = _____

1.4 Health Professionals



Physicians and nurses are probably the medical practitioners best known to the general public. **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), mental health nursing (registered mental nurse – RMN) and learning disability nursing (registered nurse for the mentally handicapped – RMHN). In the USA, 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. 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 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, feeding, toileting and bed making.

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 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 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

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.

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.

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

According to the Miller-Keane Encyclopedia & Dictionary of Medicine, Nursing, & Allied Health (2003) there are 119 different specialities or sub-specialities that physicians can be trained in. 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

1. The general practitioner (GP) assesses and treats a wide range of conditions, ailments, and injuries as the first point of contact for ill people.
2. The _____ is specialized in the diagnosis and treatment of mental health problems.
3. The _____ is concerned with the health of infants, children, and teenagers.
4. The _____ is specialized in disorders of bones, joints and associated structures.
5. The _____ treats injury, disease, and deformity through operations.
6. The _____ is specialized in resuscitation, medical emergencies, pain relief, and trauma management.
7. The _____ administers drugs or agents to abolish the sensation of pain in surgical patients.
8. The _____ is specialized in the treatment or study of diseases and ailments of old people.
9. The _____ is responsible for general medical care for women, but also provide care related to pregnancy and the reproductive system.
10. The _____ is specialized in the diagnosis, medical treatment, and surgical treatment of eye diseases.
11. The _____ diagnoses, treats and restores the teeth, oral cavity and associated structures.
12. The _____ is specialized in disorders affecting the ears, nose, and throat.

1.5 Types of Health Care Systems



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 between public and private 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 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 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 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 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 population, by assuming more market-like features such as increased competition among health care providers and raising private out-of-pocket payments.

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 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 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 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.

viable	feasible – tenable – calculable
distinction	differentiation – discrimination – distinctiveness
to embody	to contain – to ingrain – to include
regardless	remorseless – irrespective – albeit
means	capacity – measures – funds
lack	absence – abundance – want
to contain	to border – to limit – to curb