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Sandra Schiller

**Fachenglisch für Gesundheitsberufe**

Physiotherapie, Ergotherapie, Logopädie

Sandra Schiller

# Fachenglisch für Gesundheitsberufe

- Physiotherapie
- Ergotherapie
- Logopädie

2. Auflage mit 11 Abbildungen

Unter Mitarbeit von  
Christina Kritter, Judith Holzknacht und  
Barbara Mohr-Modes

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## Vorwort zur 2. Auflage

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Schon vor Erscheinen der ersten Auflage von „Fachenglisch für Gesundheitsberufe“ zeichnete sich der Bedarf an einem solchen Sprachlehrbuch ab. Die Tatsache, dass schon nach kurzer Zeit eine zweite Auflage erforderlich wurde, bestätigt diesen Eindruck.

Seit Erscheinen des Buches freue ich mich über das positive Feedback von Kolleginnen und Kollegen der Physiotherapie, Ergotherapie und Logopädie im In- und Ausland, von Dozentinnen und Dozenten für Fachenglischkurse an Berufsfachschulen und Fachhochschulen sowie nicht zuletzt von Schülerinnen und Schülern bzw. Studierenden.

Besonders erfreulich ist dabei, dass der interdisziplinäre Ansatz und der Fokus des Buches auf den Gemeinsamkeiten der drei Berufsgruppen vielfach als bereichernd empfunden wird, auch wenn somit bei einem Buch diesen Umfangs die einzelnen Berufsgruppen nicht in aller thematischen Breite vorgestellt werden können.

Die zweite Auflage präsentiert die Texte und Übungen noch übersichtlicher und macht sie damit leichter zugänglich. Zusätzlich bietet die zum Buch gehörige Homepage des Springer-Verlags ein zusätzliches Angebot, das die Möglichkeiten zum selbstständigen Lernen und Vertiefen erweitert und v. a. Lernenden mit geringeren Englischkenntnissen hilft, sich die Inhalte des Buches besser zu erschließen.

Im Internet finden Sie:

- alle Fragen und Übungen sowie alle Beachte-Hinweise (Notes) in deutscher Übersetzung
- eine umfangreiche englisch-deutsche Vokabelliste als Nachschlagewerk
- thematische englisch-deutsche/deutsch-englische Vokabellisten zu den einzelnen Kapiteln bzw. Themen der Units zum aktiven Vokabellernen und zum Überprüfen der „Active-Vocabulary-Übungen“
- eine Übersicht zu Unterschieden in der britischen, amerikanischen und kanadischen Schreibweise.

Ich wünsche auch der zweiten Auflage eine gute Aufnahme beim interessierten Fachpublikum und freue mich über Ihre Anmerkungen und Anregungen.

Sandra Schiller  
Hildesheim im Februar 2009

# 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 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

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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

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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.



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## Unit 1: Health and Health Care

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## 1.1 Not Feeling Well



Jenny is an RGN and works in an acute hospital in Dublin. 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?

**5 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?

**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. So 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 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.

### Exercise

- 📝 **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?**
- 🗣️ **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

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".

#### 🌐 Additional info online

#### 📘 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”<sup>1</sup>. 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.

### 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

<sup>1</sup> 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.

- 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
- 20 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 (line 1.2)	widely – publicly – usually
merely (line 1.4)	<del>gradually</del> – only – simply
to encompass (line 1.5)	enclose – inhabit – include
current (line 1.11)	topical – present – remote
comprehensive (line 1.14)	concise – elaborate – extensive
notion (line 1.14)	idea – understanding – theory
to distinguish (line 1.15)	differentiate – vary – discriminate
to maintain (line 1.15)	claim – argue – keep
implementation (line 2.14)	installation – publication – execution
accessible (line 2.16)	open – restrained – available

### 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 = \_\_\_\_\_

🌐 Additional info online

### 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 2<sup>nd</sup> 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/healthpromotion/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?

## 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
- 10 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

- 15 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.
- 20 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
- 25 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

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".

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

15 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: 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?


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## 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)

- The opposite of *healthy* is ill .
- The opposite of *major* is \_\_\_\_\_ .
- The opposite of *dead* is \_\_\_\_\_ .
- The opposite of *acute* is \_\_\_\_\_ .
- The opposite of *severe* \_\_\_\_\_ .
- The opposite of *benign* is \_\_\_\_\_ .
- The opposite of *congenital* is \_\_\_\_\_ .
- The opposite of *resistant* is \_\_\_\_\_ .
- The opposite of *relaxed* is \_\_\_\_\_ .
- The opposite of *delicate* is \_\_\_\_\_ .

## 1.3 Some Commonly Encountered Medical Conditions

Alzheimer's	acquired deafness	aphasia	<del>apraxia</del>	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
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

 **Additional info**  
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**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.

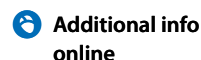
- Angstneurose = \_\_\_\_\_
- anstrengende Aktivität = \_\_\_\_\_
- Atemlosigkeit, Atemnot = \_\_\_\_\_
- Ausdauer = \_\_\_\_\_
- Desorientiertheit, Verwirrtheit = \_\_\_\_\_
- Entzündung = \_\_\_\_\_
- Gedächtnisverlust = \_\_\_\_\_
- Halluzination = \_\_\_\_\_
- Haltung = \_\_\_\_\_
- Husten = \_\_\_\_\_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

- 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).  
5 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,  
10 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  
15 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, feeding, toileting and bed making.

In the US health care system there is a general trend towards saving costs by  
30 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  
35 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.

- 40 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**

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
otorhino-laryngologist (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 **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

In private health care systems health services are delivered on the basis of

35 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


35 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.

- 40 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 (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 36)	<del>penalty</del> – disadvantage – handicap
residual (line 43)	remnant – remaining – remote


### 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 = \_\_\_\_\_
- Versicherungsbeitrag, Prämie = \_\_\_\_\_
- Zahlung aus eigener Tasche, Zuzahlung = \_\_\_\_\_
- zweistufig = \_\_\_\_\_

 **Additional info online**

### Questions

-  1. Who is generally eligible for health care services in a public health care system?
2. What is the difference between the two main types of public health care systems in Europe?
3. What does “two-tiered health care” mean?
4. How are private health care systems organized?

### Discussion

-  What are the advantages and disadvantages of public health care systems compared with private health care systems?