Carlo Pesce

Medical English

LINGUE ZANICHELLI

Carlo Pesce

Medical English

LINGUE ZANICHELLI

Introduction

This book is aimed at helping medical students and doctors whose mother tongue is not English to overcome the difficulties that can arise when they have to interact in English with patients and colleagues, either in their home country or abroad—a situation that has become commonplace in today's globalized job market. In order to perform their duties with ease and competence, foreign doctors have to improve their communication skills and become familiar with the common medical expressions employed by native speakers. The focus of this book is not on technicalities, such as fine anatomical nomenclature, sophisticated diagnostic procedures, or treatment protocols, which—as a rule—are identified by the same or similar terms in most languages.

The first chapter covers the cultural barriers that hamper communication with patients from a different background. In the following chapters, readers enter a virtual hospital, meet its staff, and visit its service units. They encounter patients, collect medical histories, perform physical examinations, put together the patients' write-up, file the patient's medical records, request diagnostic tests, and prescribe therapy. Several chapters cover specific medical areas; the most common medical terms are illustrated in a typical dialogue scenario. Finally, there is an overview of the major features of the health services of the United Kingdom and the United States, and two sets of multiple-choice questions for self-assessment.

This is not an all-encompassing medical textbook, something that would be well beyond its scope. In fact, the medical notions that the reader already knows are brought up here in a concise style for the sole purpose of explaining the usage of common terms and idiomatic expression, with an eye to the distinctive features of the Anglo-Saxon cultural approach to health and disease. Nor is this a medical dictionary—a source of information that does not lend itself to page-by-page reading, or a substitute for a textbook. Medical dictionaries, in printed[1] or digital[2] format, are certainly precious tools for the for-

[1] The American Heritage Stedman's Medical Dictionary, 2nd edition, Houghton Mifflin (several additional versions available).

[2] medical-dictionary.thefreedictionary.com

eign health professional, and readers of this book are encouraged to consult them regularly in order to verify the meaning and check the spelling and pronunciation of tens of thousands of medical terms.

This book is written in plain, simple English, which readers with a B2 proficiency level should find easy to understand. The text is supplemented by more than two hundred figures with legends, lists of technical terms in table format, and boxes dealing with specific issues that deserve further explanation. Inevitably—and I am tempted to say unfortunately—this book includes thousands of health-related words, most of which are accompanied by brief explanatory notes and phonetic transcriptions, with differences between American and British usage being highlighted. As you would expect, the selection of these words has been a matter of subjective judgment and preference; other words, which some may consider essential, have been omitted. I will be pleased to receive comments and suggestions from the readers of this book with a view to improving it in the future.

Carlo Pesce M.D., Ph.D

ACKNOWLEDGMENT

I was encouraged to set out to teach Medical English by the seminal work of Robert Snipes[3], from the University of Giessen, Germany. As far as I know, Prof. Snipes was the first to put forward the view that a physician, whether a native English speaker or not, but with extensive clinical experience in English-speaking countries, is more suited to teaching English in Medical Schools than a linguist.

I am grateful to Dr. Isabella Nenci for encouraging me to write this book, and to Bernard Patrick for reading and discussing the manuscript with me.

[3] Snipes R. "Courses in Medical English". In: *Medical Education in Europe* (de Konig J, ed). MedNet: Lille-Maastricht 1998-1999.

Contents

CHAPTER 11

CHAPTER 12

CHAPTER 13

CHAPTER 14

CHAPTER 1

Cultural Barriers

You are reading this book because you want to improve your communication skills in English with colleagues and patients belonging to a cultural background different from yours. Problems may arise not only because you have to make yourself understood in a foreign language, but also because, if you want to practice medicine successfully, you need to overcome the barriers inherent in intercultural communication.[1-3]

The "R" Word

Major problems are caused by reference to **race** (*corr.* **racial**, **racism**, **racist**), or by any other expression that singles out ethnic differences (►1). Not only is the word race (the infamous, unspeakable of "R" word) politically incorrect, it is also scientifically wrong. In many areas of the world, any hint at "R" arouses sad memories of the past, or connotes a devastating daily experience. Nonetheless, there are situations in which, if you use medical English, you cannot avoid defining the ethnicity of your patients.

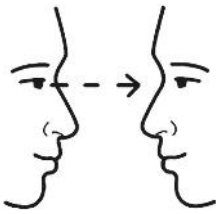
The golden rule is to address **ethnicity** (*adj.* ethnic) only if strictly needed; if you can identify a human being in any other way, do it that way. For instance, you enter office A, where there are two women, one white, the other black; the white woman sends you to office B, where you are asked who took care of you in office A. In this case, you are on the safe side if you answer using any identifier other than ethnicity, even if "the white woman" seems the easiest answer.

ethnicity
[ɛθˈnɪsɪti]

◄1 The concept of human race is widely embedded in popular culture, even thought it has been dismissed by science.

innocent to you, but are frowed upon or totally inappropriate elsewhere in the world (see also *Cultural Issues* p. 8).

▼5 Eye-to-eye contact with patients fosters their trust in the caregiver.

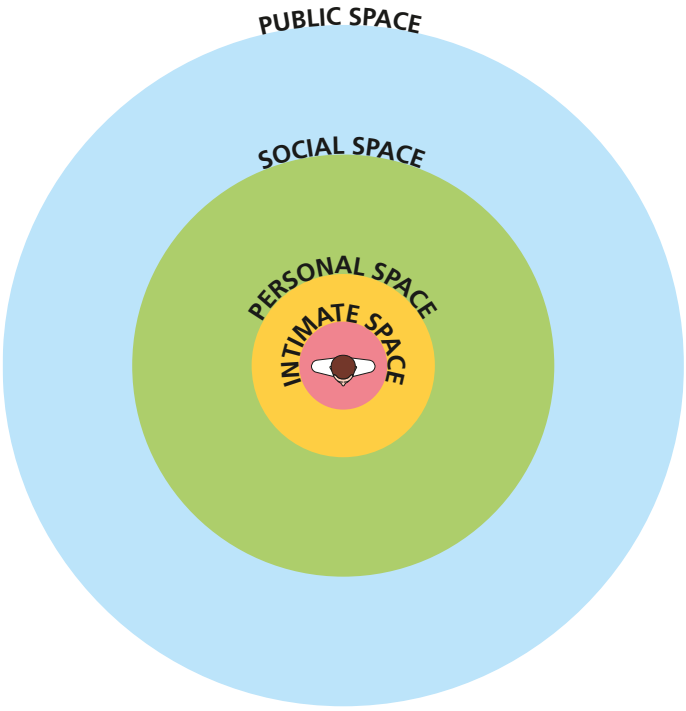


Another issue is **body language**, a form of non-verbal communication (►5). For instance, for some Orientals, the doctor or the nurse is someone superior in the social hierarchy, so they may be embarrassed to contradict you. One way of showing their respect is to nod at anything you say, even if they do not understand what you ask, or they disagree. If you are not familiar with the culture of your patients, make sure that their verbal answers match non-verbal communication.

The **time frame** of your interview with patients also deserves a few remarks. For many people from African countries or Latin America, time is no object, so they may start talking and talking freely in your office. During the medical interview, you are supposed to take care of the person in front of you without beeing distracted. However, you should tactfully conduct the interview within the given time frame, and make clear to your patients when their time is over.

What are **space blobs?** In any culture, there are imaginary space blobs of different sizes around individuals, which make them feel comfortable (►6). The smallest is for intimate encounters; a larger blob is

►6 Each culture accepts space blobs around the body, according to different situations.



required for relatives and friends, and the largest ones for strangers, formal meetings, or occasional encounters in the street. The size of this series of space blobs varies across different cultures. Americans, for instance, need larger space blobs than Indians; they feel ill at ease, for instance, on a crowded bus, whereas members of other cultures are not bothered in such a situation. Again, beware of space blobs with your patients. Some of them could feel that you are getting too close, and consider this an aggressive gesture; others that you are too far away, and consider this a lack of kindness.

In summary, you must be aware that cultural diversity does exist, and that to take care of your patients you have to accept what is new, strange, even ridiculous or stressful to you, something you cannot understand according to your cultural background (►7). Rejection will take you nowhere; a good answer is to identify your culturally derived preferences and habits in order to understand other peoples' cultural preferences and habits. Acceptance, tolerance, and respect for other peoples' values and views of the world, and a positive attitude, are what you need in these situations.

Folk Medicine

Traditional medicine, also called **folk medicine**, is practiced extensively in many countries, such as in Central Asia and the Arctic, where **shamans** (*corr.* **shamanism**) enjoy a special role as religious healers. In sub-Saharan Africa, 80% of the population depend on

shaman
['ʃɑːmən]

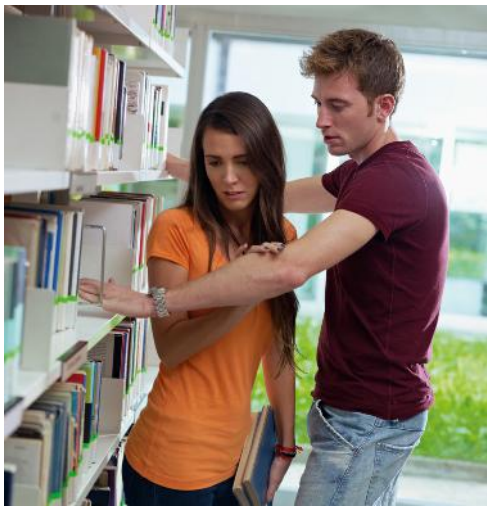
◄7 Remember that your cultural shock is quite similar to their cultural shock.

traditional medicine for primary health care, this being the healing approach the majority of patients know and accept. Traditional medicine is based on **herbal medicine**, with **herb** and **tea** production and marketing generating a thriving business. This approach should not be rejected outright as a remnant of the past and an ignorant practice; in fact, some of these traditional remedies have been adopted in Western medicine.

The 2015 Nobel prize for medicine was awarded to Tu Youyou, who purified the active component of sweet wormwood (*Artemisia annua*). Used in Chinese traditional medicine for centuries, this herb is now recognized as one of the most effective antimalarial drugs. Age-old techniques, which include **acupuncture**, **herbal medicine**, and peculiar procedures such as **cupping** (►8), still enjoy a prominent role in Far East Asia. In China, traditional medicine is taught in medical schools, alongside Western medicine.

CULTURAL ISSUES Is This Sexual Harassment?

The pictures show two scenarios that may be construed as sexual harassment. What is your interpretation? The picture on the left, in my opinion, suggests sexual harassment. The only other interpretation is that the filing cabinet is about to fall and the man is trying to save the woman from being crushed! The picture on the right is more controversial. If the woman is a new employee, and the man is her boss, then this is sexual harassment. If the two are old acquaintances, and she is on the verge of a nervous breakdown, the scene could be OK—at least in my culture. However, the bottom line is this: beware of anything that could be construed as sexual harassment, unless you are totally familiar with the local culture. Your life experience does not set the rule in other cultural environments. What you perceive as decent behavior could be interpreted elsewhere as sexual assault.



Carlo Pesce

Medical English

In today's world, healthcare personnel often operate in international settings in which English is the working language. *Medical English* provides medical students and physicians with the language and communication skills, technical terms and common idiomatic expressions that they need in order to perform their professional duties effectively. Written by a physician with considerable experience in intercultural communication and in teaching technical English in Medical Schools, this book can easily be understood by readers with a B2 level of proficiency. The multiplicity of challenges that foreign doctors face when they have to communicate in English and/or in a new cultural environment are addressed in a clear, informal style through a narrative approach that draws upon the author's broad professional experience.

Medical notions that are familiar to readers in their own language are presented in English in real-world, everyday settings; the terms used –many of which are accompanied by phonetic transcriptions–are briefly explained in writing and in over 200 figures, photos, drawing and cartoons. Although this book is written in American English, the British spelling is specified whenever it differs from the U.S. standard. More technical definitions are included in separate *Reference Lists*, while *In Detail* boxes deal with specific issues that need further explanation.

Medical English is composed of two sections, *Practicing Medicine* and *Specialty Areas,* each of which is supplemented by a *Self-Evaluation Test*.

- *Practicing Medicine* explains how to perform basic professional tasks in English. The first chapter, *Cultural Issues*, deals with how to overcome cultural barriers in order to work effectively in a multicultural environment. The following chapters cover issues of health and disease, hospital services, and routine professional tasks, such as interviewing patients, performing clinical examinations, writing up the patient's history, requesting radiology and laboratory tests, and prescribing therapy. Finally, the British and American healthcare systems are reviewed.
- *Specialty Areas* deals with the English language used in the various medical and surgical specialties. These chapters are complemented by numerous *Reference Lists* and *Anatomic Tables*, and cover both technical expressions and the more idiomatic terms that patients may use.

Carlo Pesce, MD PhD, is a Professor of Pathology at the University of Genoa. A diplomate in Anatomic Pathology of the American Board of Pathology, he has practiced medicine for several years in the U.S. and Africa, as well as in his native country, Italy. Since 2011, he has taught Medical English at the Genoa Medical School and at several partner Universities in Europe and Africa.

PESCE*MEDICAL ENGLISH LU
ISBN 978-88-08-42049-7
9 788808 420497
1 2 3 4 5 6 7 8 9 (60T)

Ebook Bundle and Digital Resources

If you purchase a hard copy of this book, you can download a free ebook version by means of the **Booktab Z** free application, available from App Store (Apple) or from Google Play (Android).
To access all protected resources and the ebook available at **online.universita.zanichelli.it/pesce** you will be required to log in to **my.zanichelli.it** with the activation key found inside your book.

Al pubblico € 25,00 • • •
In caso di variazione Iva o cambiamento prezzo consultare il sito o il catalogo dell'editore
www.zanichelli.it