

МИНИСТЕРСТВО ОБРАЗОВАНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ

МОГИЛЕВСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
им. А.А. КУЛЕШОВА

AT THE DOCTOR'S

МЕТОДИЧЕСКИЕ УКАЗАНИЯ
И УЧЕБНЫЙ МАТЕРИАЛ
ПО РАЗВИТИЮ НАВЫКОВ УСТНОЙ РЕЧИ

Составители:

Н.А. Домбровская, Н.В. Тарасова

Могилев
МГУ им. А.А. Кулешова
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Рецензент
кандидат филологических наук, доцент
заведующая кафедрой теории и практики
английского языка МГУ им. А.А. Кулешова
Т.Н. Андреева

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Section I

AT THE DOCTOR'S

Study the Vocabulary on the Topic.

Human Body	hair, head, back of the head, top of the head, neck, throat, shoulder, armpit, chest, back, waist, hip, arm, hand, fist, elbow, wrist, palm, leg, thigh, knee, calf, ankle, shin, foot, heel, sole, toe, limbs (upper / lower)
The Skeleton	bones, skull, collar-bone, shoulder-blade, breastbone, forearm, backbone (spine), hip-bone, kneecap, ribs
The Face	eye, nose, ear, mouth, cheek, chin, temple, forehead, jaw, tooth, lip (upper / lower), tongue
The Internal Organs	brain, respiratory system, windpipe, bronchus, lung, heart, liver, gullet, stomach, intestine, kidney, bladder, blood circulation (circulatory system), blood vessels, vein, artery, nervous system, muscle, muscular system
Health	healthy, be in good health, to feel well / fine / all right, be in good shape / fit, to be sick, to be / feel ill with, to be out of order / in poor (ill) health, to be in a bad (poor) shape, to go down with, to catch a disease, to feel seedy, to take a turn for the worse, to get better / recover / be on the mend / out of danger, marked improvement in one's condition
Complaints	ache, toothache / headache / stomach-

ache; pain, to feel pain / suffer from pain / have a sharp pain in the stomach / in the neck, to have a sore throat / eyes / back, to hurt, disorder, sleep / liver disorder, visual disturbance, to have a fever, to be running high temperature, high / low blood pressure, rash itch, spots, blister, sneezing, running nose / cold in the head, to catch (a) cold, to cough, fits of coughing, to have a bad / heavy / dry / persistent cough, giddiness, nausea, vomiting, dizziness, to feel shivery, to faint / lose consciousness, to come to oneself, to feel limp / stiff, fatigue, to be low / run down, a bout of depression, to sweat

Diseases & Disorders

sickness / illness / disease, malady, ailment, mild / fatal case, (non) communicable diseases, (in) curable, catching / contagious / infectious, epidemic, untreatable, chronic, common, mental, venereal diseases, inherited sickness, appendicitis, bronchitis, cancer, chickenpox, small pox, measles, whooping-cough, mumps, scarlet fever, flu / influenza / grippe, pneumonia, tonsillitis / quinsy, asthma, food poisoning, indigestion, sunstroke, AIDS (Acquired Immune Deficiency Syndrome), allergy, rheumatism, heart disease, diarrhoea, tuberculosis, diabetes, concussion, inflammation, burn, cut, fracture, be out of joint, sprain, twist, to limp, boil, bleeding, hurt, injury, wound, splinter, bruise, a black eye, cripple

Diagnosing and Treatment

take temperature, to examine / feel one's pulse, to take / test / measure blood pressure, to sound one's chest / heart / lungs, to make tests, to operate on / for, to remove tonsils, to do X-ray, to treat for, to cure smb of smth, to make a diagnosis, to relieve the pain, to write out a prescription / a sickleave, to make out

a medical certificate, to strip to the waist, to bare one's arm, to breathe deeply, to prescribe a home / hospital treatment

Prescriptions and Medicines to prescribe an injection / a diet, to follow / keep to a diet, take medicine, apply the ointment, rub the cream, wear glasses / contact lenses, stay from work, be on a sick list, put a bandage / plaster on, to take a hot water bottle, to keep warm, to gargle one's throat, to stay in bed / keep (to) bed, to apply a mustard / plaster to one's chest, drug, pill, capsule, tablet, powder, extract, mixture, drops, iodine, antibiotic, antiseptic, anesthetic, pain killer (reliever), vitamin, for soothing the pain, for reducing the temperature / fever, tranquilizer, to take for a headache / cough / a cold, a tablespoonful / a teaspoonful three times a day / every two hours after / before meals / on an empty stomach

Medical Specialists general practitioner (GP) / physician, surgeon, pediatrician / children's doctor, physiotherapist, psychiatrist, neurologist, urologist, gynecologist / women's doctor, ophthalmologist, oncologist, dentist, anesthesiologist, orthopedist, pathologist, nurse, pharmacist, optician, veterinarian, cardiologist, laringologist

EXERCISES

I. Choose the right word:

ill – sick

In Modern English "to be ill" means be in a bad health (be unwell).

"To be sick" is American English. In BE "the sick man" means one who is ill. In this meaning the word "ill" is never used before a noun.

But: ill – tempered / mannered / bred.

"Feel sick" means to have inclination to vomit.

a) “ill” or “sick”

1. He was suddenly taken 2. The nurse mixed the medicine and gave it to the ... man. 3. Some people are motion 7. He woke up with a terrible pain in his stomach and felt ... too. 5. I can't travel by air. I'm air 6. When I am ... I stay in bed. 7. The meat was bad and

Illness – Disease – Sickness – Ailment - Malady

Illness: the state or condition of being sick, whether in body or mind (the most general word in the group).

Disease: a particular kind of illness with special symptoms & name.

Sickness: the state of being sick / ill health / inclination to vomit.

Ailment: a slight physical disorder .

Malady: a lasting dangerous illness, sometimes a chronic or fatal one (also social/ spiritual ...)

b) “disease”, “ailment”, “malady”, “sickness”, “illness”.

1. The most common symptoms of the ... are a high temperature and spots all over the body.

2. The medicine was supposed to cure all kinds of ..., ranging from colds to back pains.

3. I don't think her ... is very serious – she just needs a few days in bed.

4. The disease causes ... and diarrhoea.

5. AIDS and cancer are ... of the 20th century.

Ache – Pain – Hurt

“Pain” refers to suffering of mind and body. It's sharp and sudden.

e.g. I feel pain in swallowing.

“Ache” is generally used only in physical sense.

e.g. My whole body ached.

We normally say: I have a headache (stomachache, backache, earache, heartache, toothache).

But: I have a pain in my knee / arm / leg / neck.

“Hurt” – cause bodily injury, pain

e.g. Did you hurt yourself?

a) "ache", "pain" or "hurt"

1. I sprained my ankle playing football. It ... badly.
2. As Jane was coming home a sudden ... in her heart made her stop and lean against the wall of a house.
3. This heavy suitcase ... my arms.
4. When I broke my arm last year it ... terribly.
5. Did you ... yourself?
6. This shouldn't ... because I'm going to give you an injection, but you may find that the tooth starts ... when you get home.
7. After climbing the mountain he ... all over.

Cure – Heal – Treat

Cure: means bring back to health.

e.g. Headache may be cured.

Heal: means to make healthy after wounds of any kind.

e.g. Broken bones, cuts, scratches, etc. are healed.

Treat: means to take care of with medicines. It refers to the process of curing.

e.g. A person must be treated in order to be cured.

b) "cure", "heal" or "treat".

1. Fresh air, sunshine, good food may ... a patient of consumption by ... his lungs.
2. The doctor said that if I followed his instructions I would soon be ... of the disease.
3. After a fortnight of slight fever the wound ... and he recovered.
4. The open air life on the farm ... him of his headaches.
5. The doctor applied a medicine which soon ... the deep cut in my arm.
6. After scarlet fever complications developed, and they had to be ... for a month before the patient was completely

II. Complete the gaps in the following dialogues with words from the boxes. For speaker A choose words from box A. For speaker B choose words from box B.

A. Symptoms.

diarrhoea pain sneezing sick cough faint sore bleeding
temperature cut

B. Illness

food poisoning flu tonsillitis infection heart attack

a) A: My throat's It hurts to swallow. But I don't ... at all, even though I smoke fifty cigarettes a day.

B: It sounds like ... to me.

b) A: My nose is running and I can't stop I've also got a very high ...

B: It's probably There is a lot of it about.

c) A: My mother feels very ... after eating at that new restaurant. She has had a terrible ... for twenty four hours.

B: Oh, no! That's the third person who's suffered from ... after eating at that place.

d) A: I had this ... in my hand last week. It was very deep and the wound wouldn't stop Now it's painful again.

B: I expect you've picked up some kind of

e) A: At the match yesterday Brian felt very ... and nearly fell over. He said he had a terrible ... in his chest.

B: Oh, no! He didn't have a ..., did he?

III. Find an adjective in list b to match a noun in list a (there may be more than one combination).

a) ache, temperature, illness, pain, person, disease, eyes, pulse, cold, nose, throat, chill, headache, cough;

b) splitting, slight, common, dull, irritating, normal, quick, weak, acute, sore, sick, high, chronic, catching, sharp, running.

IV. What medical problems might you have if

- | | |
|----------------------------------|-------------------------------------|
| 1. you wear shoes that rub? | 7. you eat food you're allergic to? |
| 2. you eat too fast? | 8. you run very fast for a bus? |
| 3. you smoke a lot? | 9. you eat bad food? |
| 4. you play football? | 10. a mosquito bites you? |
| 5. you go skiing? | 11. you get wet on a cold day? |
| 6. you stay too long in the sun? | 12. you think you're ill all time? |

V. Match the words below with correct definitions.

- | | |
|---------------|---|
| 1. an allergy | a is a serious medical condition, sometimes fatal, in which your heart begins to beat irregularly or fails to pump your blood properly; |
|---------------|---|

2. asthma b is a condition of being very sensitive to things such as animals, food, medicine, dust, etc.
3. a chill c is a sudden and severe illness which affects your brain and which can kill you or make you paralysed in one side of your body;
4. cancer d is an injury to the brain caused by a blow to your head;
5. concussion e is an illness where you suffer from deep depression, worry and tiredness;
6. a cold f is a long-lasting chest disease which at times makes breathing very difficult;
7. a fever g is the condition of being constantly unable to sleep;
8. flu / influenza h is a serious disease which may cause death; in which the cells in your body increase rapidly producing abnormal growths;
9. diabetes i is a serious disease which affects your lungs and makes it difficult for you to breathe;
10. a heart attack j is a mild, very common illness which makes you sneeze a lot and gives you a sore throat and a cough;
11. inflammation k is a disease in which there is too much sugar in your blood and you have to inject insulin every day;
12. insomnia l is poor health caused by not eating enough food or by not eating enough of the right kinds of food;
13. malnutrition m is a condition associated with many illnesses where you develop a high temperature;
14. a nervous breakdown n is a mild illness which can give you a slight fever, a headache and your body might shake;
15. rheumatism o is an infectious disease which is like a bad cold. When you have it you feel very weak and your muscles ache;
16. pneumonia p is an illness that makes your joints or muscles stiff and painful;
- 17 a stroke q is a painful swelling and soreness of part of the body which is often red and hot to the touch.

VI. Here is a list of injuries. Look them up in your dictionary to check the meaning and the pronunciation, and fill in the chart. Use your imagination to think of a cause for the injuries.

Injury	Cause	Treatment
a broken arm	a fall during a football match	Set the arm & put it in a plaster
a bruise		
a dislocated shoulder		
a sprained wrist		
a sting		
cramp		
a swollen ankle		
concussion		
a blister		
a black eye		
a burn		

VII. Match the people below (1-14) with the correct definitions (a-n).

- | | |
|--------------------------------|---|
| 1. A consultant | a) is a person who is trained to treat patients by giving them exercise or massage, often to help them walk after an accident or operation |
| 2. A general practitioner (GP) | b) is a doctor whose job is to perform operations |
| 3. A midwife | c) is a person who tests people's eyesight and provides glasses and contact lenses |
| 4. A nurse | d) is a doctor who examines a dead body to find out how the person died |
| 5. An optician | e) is a doctor who treats people suffering from mental illnesses |
| 6. A paediatrician | f) is a person who has been injured or killed in an accident, a fire or a war |
| 7. An out-patient | g) is a doctor trained in general medicine who treats people in a certain local area for all kinds of illnesses, is usually the first doctor people go to when they are ill |
| 8. A casualty | h) is a doctor who specializes in one area of medical treatment, e.g. an eye |

- | | |
|-----------------------|---|
| 9. A pathologist | i) is a person who is qualified to prepare and sell medicines |
| 10. A physiotherapist | j) is a high-rank and very experienced hospital doctor who gives special advice in one particular area of medicine |
| 11. A surgeon | k) is a person who has to visit a hospital regularly for treatment while still living at home |
| 12. A pharmacist | l) is a person who looks after patients in hospital |
| 13. A psychiatrist | m) is a doctor who specializes in treating sick children |
| 14. A specialist | n) is a person, usually a woman, who has been trained to advise pregnant women and to help them when they are giving birth. |

VIII. Complete the sentences & act out a brief dialogue in the surgery of any specialist.

1. If you catch a cold , you consult a
2. You go to see a ... if you have a sore throat.
3. If you have a heart attack you call a
4. If you have a nervous breakdown, you consult a
5. You send for a ... if your little sister or brother has a high temperature.
6. You go to see a ... if you have a poor eyesight.
7. If you need an injection, you go to see a
8. You consult a ... if you need an operation.

IX. Many accidents happen at home. Many illnesses begin at home. Is your home ready to cope with them? Tell what things you should have at home in a first aid box and in what cases they will be extremely useful.

e.g. There must be a thermometer in a first aid box. One takes temperature with its help.

DIALOGUES

I. Between a Mother (M), her Son (S), and the Doctor (D).

M: Your nose is clogged up, your voice is hoarse and your face flushed. You must have a cold. I'm sure. I hope it's nothing more. Where did you manage to get it?

- S: I don't know myself. I must have caught cold last night after a game of football when I felt so hot that I even took my jacket off.
- M: How thoughtless of you, the evening was chilly and windy. Now you'll have to stay in. Here's the thermometer, take your temperature.
- S: Oh, I'll be all right in a few hours.
- M: Now, you do what you are told. Put the thermometer under your arm. Oh, it's thirty eight point three. You'll have to stay away from classes today. I'll call the doctor. (She phones to the local out-patient hospital and is told that the doctor will call while making his daily round of the district).
- D: What do you complain of, my boy?
- S: I have a splitting headache and a sore throat. I feel sort of feverish.
- D: Let me feel your pulse... Open your mouth, please. I see your tongue is coated and your throat inflamed. Now strip to the waist, please. (The doctor sounds the boy's lungs). Take a deep breath ... (To the mother). Your son is to keep his bed for three days. Here is the prescription. The medicine is to be taken three times a day before meals, two tablespoonfuls each time. It will help to keep the fever down. (To the son). Blow your nose gently, young man, or else you'll have an earache ... Nothing serious, but don't get up before Wednesday, as there might be complications.

A. Ask and answer questions on the text.

B. Roleplay the conversation.

II. Symptoms of an illness.

- A: What's the matter, you look seedy, your eyes are red and there are bags under them. Have you fallen ill?
- B: I didn't sleep a wink last night. I had such an awful stomach-ache that I was on the point of calling for urgent medical aid. However, after I took some soothing pills, the pain subsided.
- A: Is it the first time you've had stomach trouble?
- B: I have occasional bouts of indigestion if I eat anything my stomach doesn't agree with, but that is a rare case. A couple of years ago I thought my stomach could digest nails.
- A: It might have been an attack of appendicitis this time.
- B: I don't think so. My brother has been operated on for appendicitis and he knows all the symptoms of this disease. With me it's something quite different.

- A: You'll have to consult a specialist.
B: I hate going to doctors.
A: Who doesn't? But pluck up your courage, old boy. A specialist will diagnose your case, but first be prepared to have your gastric juice tested and some analyses taken. He will prescribe a strict diet and some inoffensive drug for the time being.

- A.** Report the conversation in the past.
B. Roleplay the conversation. Make a similar conversation.

III. Between Two Boys on Injuries.

- B: (Seeing his friend come out of the doctor's office). Hello, Mike, what happened to you? Why is your arm in a sling?
M: I had a bad fall from a bicycle and broke my arm.
B: How awful! Have you any pain now?
M: It still hurts, but not so much as before. The fractured bone has been set and now my arm is in plaster of Paris.
B: So you can't use your arm now, can you?
M: I shan't be able to use it until the plaster is taken off. And what are you doing here?
B: You see, I sprained my ankle when jumping over a gym-horse.
M: Well, it's nothing much to come to the doctor with. Apply a cold compress to it overnight and you'll get the swelling down, I'm sure. I had that sort of thing a year ago. I was limping for a few days, that's all.

- A.** Give a brief account of the text.
B. Roleplay the conversation.

IV. What's the Trouble? (Between Mr. Williams and the doctor).

- W: Good morning, doctor.
D: Morning, Mr. Williams.
W: I'm not sure, doctor. But I haven't been feeling well. I think I must have a touch of flu.
D: Mm. There's a lot of it going round at the moment. What are the symptoms?
W: I'm feeling very tired, and I'm aching all over. I've been sneezing a lot and feeling pretty feverish, hot and cold all the time. Oh, and I have a sore throat.
D: Any vomiting?
W: No, but I don't feel very hungry. I've got no appetite at all.
D: Well, let's have a look at you. Open your mouth. "Aah". Yes, your throat's a bit inflamed; and the glands in your neck are

swollen. Can you just unbutton, your shirt? I want to listen to your chest. Breathe deeply. Right. I'll just take your temperature. Don't say anything for a minute, just keep the thermometer under your tongue. I'll write out a prescription for you, but you know the best thing is just to go home, go to bed and take plenty of fluids.

A. Roleplay the conversation.

B. Situation: You haven't been feeling well lately. At the moment you are examined by the doctor.

Exercise I.

This is a section on symptoms, possible diagnosis and remedies. These nine exchanges between the doctor and the patient have been mixed up. Decide which response should follow which question.

1. I've been suffering from insomnia lately. Do you think I might be heading for a nervous breakdown?
a) Unlikely, but I'll let you have some cough mixture to relieve the symptoms. You can get yourself some lozenges, if you like.
2. I've got rather a sore throat, and I keep feeling a bit flushed. Do you think it could be flu?
b) I would doubt it. Here, rub this cream in for the next few nights to help reduce the swelling.
3. I've got a big bump on the back of my head. Do you think it might be more than a bruise?
c) No, of course not. But I'll prescribe some sleeping pills – to help you get a good night's rest. OK?
4. I keep getting shooting pains down my shin and ankle. Is it possible that I've broken or sprained something?
d) Well, the X-ray didn't show anything. If it's so painful, you'd better have some crutches to walk with and some painkillers to ease the pain.
5. I've got a dull ache in my arm and occasionally I get a spasm. Could it be a minor fracture, a chipped bone or something?
e) Mm, sounds a bit like it. I'll make you out a prescription for some penicillin, and some menthol inhalations might speed up the recovery.

6. I've come out in a rash on my chest. Do you think it could be a skin disease?

7. I keep getting short of breath. Is there any way I could be suffering from asthma?

8. I think I've got an ulcer in my mouth. Do you think it could be a sign that I'm run down?

9. I feel so feverish, and I'm sure I've got a temperature. I'm so afraid that there's something wrong with my heart.

f) It's just possible. I'll strap it up anyway and put it in a sling. That should reduce your discomfort quite a lot.

g) Oh, I shouldn't think so, but I think perhaps you ought to start taking these tranquillisers, to at least get your blood pressure down.

h) Oh no, no, no. You'd know if it was. I'll give you some ointment to rub in to get rid of the inflammation.

i) It might well be. I'll put you on antibiotics for a while anyway, to lessen the risk of serious infection.

Exercise II. Act out conversations in a doctor's surgery making use of the exchanges between the doctor and the patient that you have just read.

Exercise III. Doctor Lennox is a radio doctor. She answers listeners' questions about their medical problems. Work in pairs and match the questions with Doctor Lennox's answers.

a) Hello, Doctor Lennox. Well, three days ago I fell over and cut my arm. There was a little blood, but it soon stopped bleeding and I forgot about it. Now the wound is painful and red. It hurts when I touch it. I also think I may have a temperature. I feel a little hot and quite weak. Do you think I should see my doctor?

b) Doctor Lennox, I am a 63-year-old woman. A few months ago, I was walking upstairs when I suddenly became very faint and almost fell over. Now, whenever I do just a little exercise I get out of breath very quickly. Even when I'm sleeping I have breathing problems. I wake up in the middle of the night and can't get back to sleep. I'm really worried, because I have never had insomnia in my life before. I don't have a pain in my chest, so I don't think I have heart problems. I'm very worried. What do you think?

c) For the last two days, Doctor Lennox, I have been feeling absolutely terrible. My whole body aches. I have a backache and all my

muscles ache. I have a terrible headache too. But the worst thing is the vomiting. Food just won't stay in my stomach for more than a few minutes. And the diarrhoea – I'm in the bathroom every half an hour. I telephoned my doctor and asked for a prescription for some medicine, but she said there wasn't much she could do for me. She said I should stay in bed and drink a lot. Is that right?

- d) I hope you can understand me all right, doctor, but I can't talk very well because of my sore throat. I've had it a few months now. And a cough, too, even though I don't smoke. And I seem to be tired all the time, but I'm never so ill that I can't go to work. I've been to the doctor and had some tests, but they can't find anything wrong with me. What do you think I should do now?

Here are Doctor Lennox's answers. Match her answers to the questions.

1. _____

You should see a doctor as soon as possible. Your doctor will arrange for you to have a complete series of tests. I'm afraid you really could be very seriously ill, you know.

2. _____

You've probably got a minor infection. Sometimes they take a long time to go away. The important thing is to get plenty of rest. Take some time off work and you'll probably be back to normal in a few weeks' time.

3. _____

It sounds as if you have got an infection. You'll have to see your doctor, who will probably write you a prescription for an antibiotic and some medicine to put on your skin as well.

4. _____

You have what is commonly called stomach flue. It's important that you drink a lot. You should feel better soon, but if it continues much longer you should see your doctor.

Role-play

A.

You have some medical problems. Phone a radio doctor and speak about your symptoms.

B.

You are a radio doctor. Speak to the listener about the possible diagnosis and remedy. Give her/him advice to consult a specialist.

Here are some tips on what to do at accidents. Read them and ask yourself if you know what to do in the case of emergency. Discuss if it is necessary to take a first aid course so that each person knows more about this.

Car accident.

(If the emergency services are already at the scene, drive past slowly and don't interfere).

1. Control any serious bleeding and make sure victims can breathe.
2. Leave victims in the car unless there is danger from fire there.
3. Don't smoke or allow any bystanders to smoke.
4. Set warning triangles or send bystanders 200 metres behind and ahead of the scene to warn other drivers to slow down.
5. Get a bystander to call the ambulance (in the UK dial 999, in the USA 911), write down exactly where you are, the number of victims and apparent injuries).
6. Treat the victims as best as you can without pulling them out.
7. Wait for the emergency services to arrive.

Snake bite.

1. Don't cut the wound.
2. Don't suck out the poison.
3. Reassure the patient that snake bites are painful but rarely fatal.
4. Encourage the patient to rest, lying down.
5. Wash the wound and apply a clean dry dressing.
6. Bandage firmly with a soft pad dressing on the wound.
7. Prevent the patient from moving the affected part – this reduces the spread of the poison.
8. You can give aspirin to reduce the pain.
9. Get the victim to hospital as soon as possible.

Shock

1. Move the patient as little as possible. Call for a doctor or ambulance.
2. Position the patient with his or her head low and feet raised – do not move any part that may be fractured.
3. Loosen tight clothing.
4. Keep the patients warm, cover them with a coat or blanket.
5. Reassure the patient by being calm, sympathetic and confident. Even if the patient appears to be unconscious he may be able to hear any unfavorable comments you make.
6. Don't give the patient anything to drink, not even water and definitely not alcohol.
7. Don't give the patient anything to eat.

Listening

Pre-listening task

Correct first-aid treatment, if it's given properly and promptly can save lives.

Of course, if the situation is serious, the first thing to do is seek medical attention.

– How good is your knowledge of first aid?

– What would you do in these circumstances?

1. Someone has a minor burn; should you:

a) put cold water on the burned area?

b) put a tight bandage on it?

c) put butter on it?

2. Someone has a bad burn; should you:

a) put cold water on the burned area?

b) put a tight bandage on it?

c) put a loose, clean covering on?

3. You are the first to arrive at the scene of a car accident; should you:

a) Lie the victims flat and keep them warm?

b) avoid moving the victims and keep them warm?

Listening for the specific information

Listen to this interview with a doctor and check your answers.

What do you think?

Doctor Clarke advises people to find out as much as they possibly can about first aid.

1. Do you know how to: give artificial respiration? / stop bleeding?

2. What would you do if someone: is choking? / has an electric shock? / has swallowed some kind of poison?

Discuss your answers. If you're not sure; find out the right answers.

You've witnessed an accident. Practice with your partner calling the emergency. Try to give all details of the accident.

Translate into English using the active vocabulary:

1. В мире всё ещё есть много неизлечимых болезней. Врачи бес- сильны найти средство для лечения людей, страдающих от этих болезней.
2. – У меня всё болит. – Тебе следовало бы принять болеутоляющую таблетку. – Я уже приняла две, но это не принесло мне облегче- ния. – А ты измерила температуру? – Да, температура у меня очень высокая, 39,3. – Тогда я немедленно вызываю скорую по- мощь.
3. У ребёнка все признаки (симптомы) скарлатины. Если вы сей- час не вызовите врача, у мальчика могут быть серьёзные ос- ложнения. Скарлатина – опасная инфекционная болезнь.
4. Больной жаловался на острую боль в области позвоночника (по- чек, печени).
5. По всей вероятности, его заберут в больницу и прооперируют.
6. Доктор, неужели его состояние так серьёзно? – Да, больной на- ходится в критическом состоянии, но мы делаем всё возмож- ное, чтобы спасти его жизнь. К сожалению, мы не можем га- рантировать полного выздоровления.
7. Если бы ты полоскала горло этой микстурой несколько раз в день, у тебя так не болело бы горло, когда ты глотаешь.
8. – Неужели ты ещё не записался на приём к врачу? У тебя такой сухой и сильный кашель! – Да, а утром у меня был ужасный при- ступ кашля. При ходьбе у меня одышка, а в груди я чувствую боль. – Ты знаешь, когда принимает твой врач? – Да. – Тогда се- годня же идём в поликлинику.
9. Врач выписал мне рецепт на новое лекарство от астмы, но его нельзя купить ни в одной аптеке.
10. Неужели тебе никогда не измеряли давление? – Я никогда не страдала от головных болей.
11. Врачи уже поставили диагноз его болезни.
12. Ты должен записаться на приём к врачу. Он, возможно, даст тебе больничный.
13. Врач попросил пациента раздеться до пояса, чтобы прослушать его лёгкие.
14. Если бы ты сделал рентген грудной клетки, тебя бы не забрали в больницу с воспалением лёгких.
15. Хотя мне и нездоровится, я не стану принимать лекарство, так как терпеть не могу всякие порошки, капли, микстуры. Я про- сто не буду выходить на улицу несколько дней.

Section II

AT THE DENTIST'S

Study the vocabulary and expressions on the topic.

to make an appointment with a dentist; for a check-up; for a dental care; a raging (wretched) toothache; to have one's tooth treated; to be loose; to have one's tooth stopped/ filled; to pull out (remove, extract) a tooth; dentures (set of false teeth); bridge (dental bridge); crown; porcelain tooth; filling; cavity; decay; instrument tray; drill; seat; extraction forceps.

I must have my tooth treated.

I want to order a set of false teeth.

One of my front teeth is giving me trouble.

I need a crown fitted on.

I've got a touch of a toothache.

You must have your tooth out.

I broke my tooth.

It hurts when I bite something.

The filling fell out.

The filling is loose.

The filling on the left upper side is loose.

I have bleeding gums.

Read the text and do the tasks after it.

Once I had a toothache for several days, but I couldn't pluck up courage to go to the dentist. As a matter of fact I went twice, but just as I got on his doorstep and was going to ring the bell the toothache seemed to have gone away, so I went home again. But at last I had to go back, and this time I rang the bell and was shown into the waiting-room.

There were a number of magazines there and I had just got in the middle of an exciting story when the maid came in to say Mr. Puller was ready to see me. I'll have to wait for the next toothache to finish the story.

Well, I went into the surgery and he told me to sit in a chair that he could move up and down, backwards and forwards and then he had a look at the inside of my mouth. He put a little mirror on a long handle inside my mouth and poked about for a while, then he looked serious and said, "Yes, I'm afraid we can't save that one, it will have to come out."

I asked him to give me an injection. He filled a syringe with a liquid called cocaine. I felt a little prick on the gum and then he injected the cocaine. He did this in two or three places and waited for a minute or so.

My mouth felt rather dead. Then he took a pair of forceps, gripped the tooth, gave a twist, then a pull, and the tooth was out. I could see it and hear it, but I couldn't feel it. Then he said, "It's all over. Spit in there and then wash your mouth out with this disinfectant."

A. Describe the procedure of having the tooth extracted by the dentist. (on the basis of the text).

B. Tell about your visit to the dentist when you had your tooth pulled out.

DIALOGUES

I. At the Dentist's.

D: What's troubling you?

A: One of my front teeth is working loose, and there's a wisdom tooth that wants seeing to.

D: You have to have this one out. It's a pity you didn't have it looked at before.

A: I wish to goodness I had.

D: Does the other tooth hurt you now?

A: Not particularly, just a dull steady pain.

D: The tooth is decaying and must be stopped ... (The doctor reaches for the drill, then cleans and drills the tooth with it, inserts a piece of cotton-wool in the cavity and proceeds to make a filling). This will be a temporary filling, I'll make a permanent one next time ... Now we'll attend to the front tooth. Shall I apply an anaesthetic to deaden the pain?

A: Yes, if you please.

D: Here is your tooth extracted. Now rinse your mouth; please.

A: (Rising from the chair and looking into the mirror). The empty space doesn't improve my looks any. How about having a false tooth put it?

D: You'll have to have a small bridge made and two crowns on which to suspend the false tooth. I may direct you to a dental mechanic and he will do this for you.

A. Find the English equivalents to the following:

шататься (о зубе), зуб мудрости, кариес зуба, запломбировать зуб, сверлить зуб, каверна, приготовить пломбу, временная / постоянная пломба, обезболить, заглушить боль, выполоскать рот, зубной техник.

B. Give a brief account of the dialogue.

C. Role-play the dialogue.

II. The Dialogue Between Dr. Kane, the Dentist, and His Patient, Mrs. Moore

- I'm very sorry, Doctor. I'm afraid I'm a little late for my appointment.
- It's all right. The last patient left just a moment ago.
- It's so difficult to judge the time these days. I left home more than an hour ago, but the traffic is so heavy.
- Did you drive?
- Yes.
- And were you able to find a place to park?
- In the parking lot at the corner – but at seventy-five cents per hour. I do hope you won't keep me here too long, Doctor.
- What seems to be the trouble? Sit down, won't you?
- (Mrs. Moore, sitting down in dentist's chair) I have a filling which is loose and is about to drop out. I also have a soreness on the side of my mouth. I don't know whether it is from one of my teeth or whether it's a little neuralgia.
- Let me take a look at it. Open your mouth wide, please. On which side of your mouth did you say it hurts you?
- Ouch! Ouch! (Mrs. Moore begins to wave her arms violently in evidence of great pain).
- But, Mrs. Moore, I haven't even touched you yet.
- I know, Doctor (with a sigh of relief) – but I am so afraid of a dentist, that I feel pain even before you touch me.
- I am sorry you feel this way, but let's see what the trouble is.
- It's on the left side – just above my eye tooth. The pain seems to skip around – sometimes it is in one place and sometimes in another.
- Does the tooth itself ever ache or become sore to the touch? Is it sensitive to heat or cold?
- No, only the gum above the tooth seems to get sore.
- The teeth in that area seem to be sound. It may be a little neuralgia, as you say – but we'd better take an X-ray just to be sure none of the teeth are abscessed. (Dr. Kane adjusts the machine, takes the picture, etc.)
- Now, let's see that loose filling. It's surprising it didn't fall out. There's a good deal of decay around it. There is also a slight cavity on the other side of the tooth which you probably didn't know you had.
- Oh, dear, I hope you won't have to pull the tooth.
- I don't think so. It's not quite as serious as that. But it may take considerable drilling. I'll have to give you an injection of Novocaine. The decay has gone deeply into the tooth. I'd also suggest, from

the size and form of the cavity, that we put in a gold, rather than another silver filling. I doubt whether a silver filling would hold for very long.

- What is the difference between a silver filling and a gold filling?
- About twenty dollars in price, for one thing. The gold filling also lasts longer. With a gold filling we first take an impression, and the filling is then made to conform to this impression. We can reproduce exactly the form of the original tooth.
- I suppose it's all right, but I don't know what my husband will say about the cost. One's teeth are such a problem, aren't they? I dread coming to see you – but of course I mean nothing personal, Dr. Kane.
- I understand. Now open your mouth wide, please. (Mrs. Moore opens mouth wide) Wider, please! A little wider. (Dr. Kane proceeds to put several pieces of cotton into Mrs. Moore's mouth, a small tube to extract the saliva, part of a towel, a tongue depressor, etc.) Wider, please. By the way, Mrs. Moore, how is your husband feeling these days?
- Ugh! Ugh!

A. What are the expressions here which you think any dentist would use before and while examining a patient?

B. Find the English equivalents to the following:

у меня вот-вот выпадет пломба, болеть от прикосновения, реагировать на холодное и горячее, здоровые зубы, глубокий кариес, сделать снимок, сделать укол новокаина, пломба будет долго держаться, сделать отпечаток.

C. Give the synonyms to the words:

to examine, to fall out, to hurt, to pull a tooth, to fill a tooth, healthy.

A. Answer the questions:

1. Why was Mrs. Moore late for her appointment?
2. What did she complain of?
3. Why did Dr. Kane advise her to take an X-ray?
4. What was he going to do about the tooth?
5. What is the difference between a silver filling and a gold filling?

Role-play the following situations.

1. There are two patients in the waiting room. Both are afraid of the dentist. One of them keeps speaking about his teeth and the treatment, the other tries to change the subject.

2. A patient complains of some problems with his/her teeth. A dentist finds out what is wrong with his/her teeth and says what he's going to do.

3. The mother tries to persuade her child to open her/his mouth so that the dentist can treat a bad tooth. The doctor explains what the trouble is and tells how to take care of teeth.

Listening

Listen to this man and woman talking. She is telling him about a newspaper article she read. Complete these sentences as you think they appeared in the newspaper article.

Toothache may bite the dust.

Toothache could be a thing of the past within a few years. A possible cure _____ doctors at Guy's Hospital, London. Toothache _____ an excess of sugar in our diet. The sugar _____ by bacteria that are found in the mouth, and it is these acids that attack the teeth and make cavities. Researchers have discovered a vaccine that attacks the bacteria. Tests _____ on monkeys to establish its reliability and safety. The new vaccine _____ all children when they reach the age of three.

Translate into English using the active vocabulary:

1. Глубокий кариес верхнего зуба, его придётся удалить.
2. Когда вы в последний раз проверяли зубы?
3. Эта пломба шатается, её надо заменить.
4. Запломбируй ты зуб вовремя, сейчас не мучилась бы от зубной боли.
5. Вам давно уже следовало запломбировать этот зуб.
6. Неужели ты ещё не сделала рентген этого зуба? Ведь ты страдаешь от зубной боли уже несколько дней.
7. Запишись на приём к зубному врачу.
8. Если зуб реагирует на холодное и горячее, вы должны собраться с духом и пойти к дантисту.
9. Дантист взял щипцы, сжал ими зуб, повернул их и вырвал зуб.
10. Сплюньте и прополоскайте рот этим дезинфицирующим средством.

A: Доброе утро. Чем могу помочь?

B: Меня зовут Лина Пэрл. Я записана на 10 часов.

A: Садитесь, пожалуйста. Доктор вас скоро примет.

B: Спасибо.

A: Доктор Смит, это мисс Пэрл.

- C: Здравствуйте, мисс Пэрл. Пойдёмте... Садитесь, пожалуйста.
(Мисс Пэрл садится в кресло дантиста)
- C: Что вас беспокоит?
- V: У меня болит зуб слева наверху.
- C: Как долго этот зуб вас беспокоит?
- V: Примерно три дня. У меня там пломба. Она шатается. Боюсь, что она вовсе выпадет.
- C: Давайте я осматрю ваш зуб. Откройте, пожалуйста, широко рот. Я сделаю рентген.
- V: Хорошо.
- C: С правой стороны у зуба довольно глубокое дупло.
- V: Придётся удалить зуб?
- C: Нет, я надеюсь его спасти. Я сделаю укол новокаина, чтобы вы не чувствовали боли... Теперь я могу приступить к работе бормашиной. Вы не чувствуете никакой боли, неправда ли?
- V: Нет, не чувствую.
- C: Я вам предлагаю помимо обычного пломбирования поставить коронку на зуб. Это может его спасти. Сегодня я поставлю временную коронку. Постоянная коронка будет готова через 10 дней. Согласны?
- V: Если вы считаете, что только таким способом можно спасти зуб, то давайте. Я понимаю, что коронка обойдётся довольно дорого. Но что поделаешь?
- C: Хорошо. Можете есть через 2 часа. Позвоните моей секретарше насчёт записи на приём через неделю.
- V: Спасибо, доктор.

Section III

THE LAWS OF HEALTH

Pre-reading task

Answer the questions.

1. Do you agree that good health is a great blessing? Support the statement.
 2. What should one do to keep fit?
 3. How do you take care of your health?
- Now read the text and do the tasks after it.

One of the first duties we owe to ourselves is to keep our bodies in perfect health. Health involves more than just the absence of disease. It is a state of physical, mental and social well-being. A truly healthy person has a realistic outlook on life and gets on well with other people. Good health enables people to enjoy life and have the opportunity to achieve the goals they have set for themselves.

To achieve and maintain good health people must have basic knowledge about the human body and how it functions. There are certain living habits that deserve particular attention.

The various practices that help maintain health are called hygiene. Proper nutrition, exercise, rest and sleep, cleanliness and medical care are all essential parts of hygiene.

Eating the right foods increases resistance to disease and raises the level of vitality. The confusion surrounding nutrition exists because there really is no "ideal diet". Each person has different nutritional needs. Age, sex, body, size, physical activity and other conditions play a role in determining what a person needs to stay healthy.

A balanced and varied diet provides all the food substances needed by the body for healthy growth and development. Fruits and vegetables provide important vitamins and minerals. Meat, poultry, fish, eggs, dairy products and nuts are rich sources of protein. Bread, cereals and potatoes furnish carbohydrates in addition to vitamins and minerals.

Scientists say we would be much healthier if we sharply cut the amount of fatty, salty and sweet foods that we eat. The excessive consumption of fatty products leads to the overproduction of cholesterol which builds up in our arteries causing them to get narrower, so that our blood supply has difficulty in getting through

and this can eventually end in a heart attack or stroke. Eat more foods low in cholesterol. This includes low-fat milk and dairy products, lean meats, poultry without the skin, fish and shellfish. Experts also say cooking foods in olive oil, canola oil and fish oil will help lower cholesterol. And they say it is best to steam, bake or roast foods. Health experts recommend to eat more fruit and vegetables and foods high in fibers such as whole grain breads and cereals and brown rice. Most experts agree that fiber can protect against cancer and reduce the danger of heart attack. Cut the amount of salt in your food. Salt helps raise blood pressure that is linked to heart disease.

Be moderate in eating. Overeating can lead to obesity. Excess weight puts extra strain on the heart and increases a person's chances of getting diabetes and heart disease. So good nutrition includes eating the proper amount of food every day.

Though good eating habits can help maintain and improve health food alone doesn't make a person healthy.

Research, observation and common sense tell us that exercise improves the quality and extends the length of life. Exercise helps keep the body healthy and fit. Vigorous exercise strengthens muscles, aids digestion, improves the function of the circulatory and respiratory systems and helps prevent weight gain. Physical fitness benefits both physical and mental health. It enables the body to withstand stresses that otherwise could cause physical and emotional problems.

If people aren't used to getting regular and vigorous exercise they should begin slowly and build up an exercise program gradually. Daily exercise provides the greatest benefits. Such popular activities as bicycling, jogging, swimming and brisk walking furnish the vigorous exercise necessary for fitness. Participation in various sports and recreational activities helps maintain and improve strength, endurance, flexibility and agility. Research has shown that people who get enough mild exertion are 30 per cent less likely to die of a heart attack than people who do not exert themselves much at all.

Rest and sleep help overcome fatigue and restore energy to the body. Everyone needs rest and sleep, but the amount required differs for each individual. The best time for sleep is during the darkness and stillness of the night. Late hours are very harmful to the health as they exhaust the nervous system. It is a good rule to "rise with the lark and go to bed with the lark".

Rest and relaxation are as important as sleep. After strenuous work or exercise a person may need a period of total rest. At other times only relaxation or a change of pace is necessary. Any activity that differs from the normal routine of work or study can be relaxing. Pleasurable and relaxing activities help the body shed tension and

remain robust. If rest and relaxation do not relieve fatigue and tension a person may have a physical or emotional problem.

Perfect cleanliness is also essential. It controls the growth of bacteria that can cause skin infections. A daily bath or shower keeps the body free from dirt and odor. Daily dental care is another important part of personal cleanliness. Brushing the teeth properly and using dental floss keep the teeth clean and help prevent decay and gum disease.

Besides its importance to health, there is a great charm in cleanliness. We like to look at one who is tidy and clean.

Regular checkups by a physician and dentist play an important role in safeguarding health. Doctors recommend that people have medical care at the first sign of any illness. Early care can result in a quicker cure and lower medical costs. Treating oneself for more than a day or two is unwise unless the condition improves steadily. A physical or medical clinic has the knowledge, special instruments and laboratory equipment to provide accurate diagnosis and treatment. Prevention of disease is an important part of medical care. It may be done with a help of immunization.

Most people would agree that looking after their health should be a number one priority. All it takes a little bit of time and commitment. Leading a healthy lifestyle isn't difficult, by taking a few small steps at a time, you can reduce the risk of contracting serious diseases, improve the quality of your life and feel much better in the process. Health is a precious thing. Taking good care of your body is one of the most important things you can do for yourself.

I. Speak on the points:

1. Health and its importance.
2. What a balanced and varied diet is.
3. Keeping fit doing regular exercise.
4. The significance of rest and sleep.
5. Cleanliness as an essential part of hygiene.
6. Medical and dental care.

II. Role play the dialogues based on these situations:

1. Persuade your friend who is a workaholic to take care of his/her health.
2. Explain to your younger brother /sister how important cleanliness is. Take into consideration his/her age.
3. Recommend your friend a way to lose weight.
4. Convince your patient to attend a polyclinic regularly.

III. Make up short stories of your own using the following proverbs and sayings to support your idea.

- An apple a day keeps the doctor away.
- Early to bed and early to rise makes people healthy, wealthy and wise.
- Health is above wealth.
- Prevention is better than cure.
- Temperance is the best physic. / Gluttony kills more than sword.
- A sound mind in a sound body

IV. Make up a questionnaire “Have you a healthy lifestyle?” and interview your family, acquaintances, friends and groupmates.

Analyse the information and make a report in class.

Read the text and answer the questions after it.

The National Health Service in Great Britain

Britain can claim to have been the first large country in the world to have accepted that it is part of the job of government to help any citizen in need and to have set up what is generally known as a “welfare state”. The National Health Service is generally regarded as the jewel in the crown of the welfare state. It was set up in 1948 and was designed to provide equal basic health care, free of charge, for everybody in the country. Before this time health care had to be paid for by individuals.

Nowadays central government is directly responsible for the National Health System (NHS) although it is administered by local health authorities. About 83 per cent of the cost of the health service is paid for by general taxation and the rest is met from the National Insurance contributions paid by those in work. Medical insurance is organized by the government and is compulsory.

Primary health care is in the hands of family practitioners or general practitioners (GPs). A visit to the GP is the first step towards getting any kind of treatment. The GP then arranges for whatever tests, surgery, specialist consultation or medicine are considered necessary. Only if it is an emergency or if the patient is away from home treatment can be obtained in some other way. Most GPs work in a “group practice”. That is they work in the same building as several other GPs. This allows them to share facilities such as waiting rooms and receptionists. Each patient is registered with just one doctor

in the practice, but this system means that when his or her doctor is unavailable the patient can be seen by one of the doctor's colleagues.

As in most other European countries the exceptions to free medical care are teeth and eyes. Young people (under 21), pensioners and people on Social Security don't have to pay for dental treatment. Other patients pay less than the real cost of dental treatment as there is a maximum charge (in 1980 it was £8.00). This means if the dentist gives you one, two or three fillings, an injection, an X-ray and pulls out a tooth you pay a little for each piece of treatment but you don't have to pay more than the maximum charge because it is subsidized by the government.

Nobody pretends that the NHS in Britain is perfect. The potential of medical treatment has increased so dramatically and the number of old people needing medical care has grown so large that costs have rocketed. The NHS employs over a million people making it the largest single employer in the country. Medical practitioners frequently have to decide which patients should get the limited resources available and which will have to wait, possibly to die as a result. There has been a steady rise in the number of people paying for private medical insurance in addition to the state insurance contribution.

Private medical insurance schemes are becoming increasingly popular but it's not because people believe that private treatment is better than NHS treatment from a purely medical point of view. But it's widely recognized as being more convenient. While NHS patients may wait for a non-urgent operation more than a year, under private schemes people can choose to have their operation whenever and as soon as they want. Besides there are "pay beds" in NHS hospitals which are in a separate room. (NHS patients are usually accommodated in wards containing ten to twenty beds). There are also some hospitals and clinics which are completely private (they are called "nursing homes"). Rich and well-off people can afford to see private practitioners who have surgeries in Harley Street in London, conventionally the sign that a doctor is one of the best.

In the last quarter of the twentieth century the British government implemented reforms in an attempt to make the NHS more cost-efficient. One of these is that hospitals have to use external companies for such duties as cooking and cleaning if the cost is lower this way. Another is that hospitals can "opt out" of local authority control and become self-governing trusts. Similarly GPs can choose to control their own budgets. Together these two reforms mean that some GPs now "shop around" for the best-value treatment for their patients among various hospitals. It became easier for patients to choose and change their family doctor. So GPs were encouraged to compete for patients.

Britain spends less money per person on health care than any other country in the western world. One possible reason for this is the way GPs are paid. The money which they get from the government doesn't depend on the number of consultations they perform. It depends on the number of registered patients they have. Therefore they have no incentive to arrange more consultations than are necessary. It is in their interest that their patients remain as healthy as possible and come to see them as little as possible so that they can have more patients on their books. The other possible reason is the British "stiff upper lip". They don't like to make a big drama out of being ill. Partly as a result of this British GPs prescribe significantly less medicine for their patients than doctors in other European countries do. Besides the feeling that many orthodox medicines are dangerous and should only be taken when absolutely necessary is shared by many Britons. They turn to some of the forms of treatment which generally go under the name of "alternative medicine". A great variety of these are available. However the British medical specialists are quite slow to consider the possible advantages of such treatments and the majority of the population still tends to regard them with suspicion.

Doctors have a very high status in Britain. Specialist doctors have greater prestige than ordinary GPs, with hospital consultants ranking highest. These specialists are allowed to work part-time for the NHS and spend the rest of their time earning big fees from private patients. However GPs are not in any way regarded as second-class. The status of nurses in Britain may be traced to their origins in the nineteenth century. The Victorian reformer Florence Nightingale became a national heroine for her organization of nursing and hospital facilities during the Crimean War in the 1850s. Because of her nurses have almost a saintly image in the minds of the British public, being admired for their caring work. However this image suggests that they do this work out of the goodness of their hearts rather than to earn a living wage. As a result the nursing profession has always been rather badly paid and there is a very high turnover of nursing staff. Most nurses, the vast majority of whom are still women, give up their jobs after only a few years.

1. What was the original aim of the National Health Service and what used to happen before it began?
2. How is the NHS paid for?
3. Who provides primary health care in Britain?
4. Is private medicine practised in Britain?
5. What reforms were proposed for the NHS in the last quarter of the previous century? What did they aim at?

6. Compare health care expenditure in Britain with that in other western countries and explain it.

7. How does the general status and public image of doctors and nurses in Britain compare with that of doctors and nurses in your country?

Read the text and answer the questions after it.

The Public Health Service in Belarus

According to the Law On Health Protection of the Republic of Belarus, state policy on health protection is based on the following principles:

- free and accessible medical care;
- health protection directed towards disease prevention, priority for medical care to mothers and children;
- responsibility for citizen's health rests with state bodies as well as employers.

The public health services embrace the entire population. The network of clinics (polyclinics), hospitals, maternity homes and nursing centres is quite large. You will find local medical centres not only in your neighbourhood but at all big factories and farms, educational establishments.

Primary health care is in the hands of general practitioners or therapists. You make an appointment with him and if you really have a special problem he will send you to a specialist or may direct you to a hospital. If a doctor decided you need medicine you'll get a prescription to take to the chemist's. Large numbers of people (for example, children) do not have to pay for prescribed medicine or pay a small charge for a prescription.

Main emphasis is laid on prevention or prophylactics. The saying has it that "an ounce of prevention is worth a pound of cure". Adults and children visit a polyclinic to receive immunization against various diseases. Periodical medical examinations are practised in schools and higher educational establishments. A general examination is required of persons planning to spend their holidays at a health resort.

If you got into an accident and need help quickly you can use the emergency service. You should dial 01 and ask for "Ambulance". Emergency treatment is available from large hospitals. Many people go there themselves by car, taxi or on foot but more serious cases

such as heart attack, broken bones, serious bleeding or serious burns come by ambulance. Hospital emergency rooms are open twenty-four hours a day. They are often crowded and you might wait a long time to see a doctor. Sometimes you might need X-rays or special laboratory tests. Emergency rooms release patients the same day. They will tell you to go to a doctor outside the hospital for follow-up treatment. If your condition is serious, you might have to stay in the hospital.

State medical centres provide services free of charge. The public health services are financed substantially by the state budget. The part of the expenditures to be spent for health protection annually should not be less than 10 % of the national income. But due to the decline in national income as a result of the worsening economic situation in the country financing of health care has accounted for between 4.8% and 5.3% recently. These funds cover more than 50% of demand.

Sources of financial contributions to health protection include:

State budget funds, non-budgetary funds of local authorities, donations from enterprises, institutions, organizations, public unions and individuals, donations from foreign citizens and persons without citizenship, compensation from legal suits won by health protection bodies brought against enterprises, institutions and organizations that have violated technical procedures and caused loss of health in citizens.

However this amount is not enough. Reduced availability of material resources and maintenance of equipment, as well as lack of modern diagnostic and treatment equipment can be observed in health care institutions. Availability of medicine is an acute problem for the Republic. Serious consideration is being given to developing a pharmaceutical industry within Belarus. Access to highly-qualified and specialized medical assistance for the population in rural areas was reduced.

Nevertheless the package of services offered is growing. Private medicine is practised. Private practitioners charge for visits. Besides private clinics and centres there are services provided by state hospitals and centres that are not free of charge. One may hire a private room in an ordinary hospital. You may wish to be examined thoroughly and be operated on urgently for a special charge. There are many private dentists who provide us with excellent dental care and charge a lot for their services. In the nearest future the spectrum of private services will grow. Now the issue of reforms in the national health care system is being discussed by politicians.

Answer the following questions:

1. What principles is the state policy on health protection based on?
2. The public health services embrace the entire population, don't they?
3. Do they pay much attention to prophylactics in Belarus? Do you agree with the saying that "an ounce of prevention is worth a pound of cure"?
4. In what cases can we use the emergency service?
5. Do state medical centres provide services free of charge?
6. What are the sources of financial contributions to health protection?
7. Is private medicine practised in Belarus?
8. Is there any evidence that medical and dental services are improving ?

Final Discussion on the topic "At the Doctor's"

I. Answer the following questions.

1. What were you last ill with? Did you go to see a doctor?
2. How does your mother treat you for a cold?
3. Do you have a first-aid box at home? What does it contain?
4. What are the most common diseases in Belarus? What are their symptoms?
5. Have you ever been in hospital? What is the daily routine in hospital?
6. Can you think of any advice you should give to patients when they are going into hospital?
7. Have you ever been operated on?
8. What is the procedure of making an appointment with a doctor in your country?
9. When did you last visit a doctor? What did you complain of? How did the doctor examine you? What was his diagnosis? What did he advise you?
10. What can one buy in a chemist's?
11. Do you trust or mistrust doctors? Why?
12. Which would you prefer: a family doctor or a local one? Why?
13. What do we need teeth for?
14. Do you know how to take care of your teeth?
15. Have you any problems with your teeth?
16. When did you consult a dentist last?
17. Why do many people put off their visits to the dentist? Are you one of these people?

Problem Solving

1. Doctors should always give patients all the information about their illnesses and chances of recovery. Do you agree with this point of view? Prove your idea.
2. All people should have basic knowledge of first aid. Do you agree with the statement. Suggest the ways how to make this knowledge available.
3. Do you share the following point of view: "Few men are heroes to themselves at the moment of visiting their dentist". Can you advise how to overcome this fear of seeing a dentist?
4. There are a lot of medical books on the market. They help some people and worry others. Discuss together how useful medical books are for the ordinary home and why. What problems could arise as a result of having these books around? Why?
5. The state should pay for all medical care. There should be no private medical care. Give your pros and cons.
6. Which advances in modern medicine do you admire most? Tell how they've changed our life.
7. What reforms would you like to introduce in the National Health Care Services in Belarus?
8. Tell about the dental service in Belarus, what has been done recently and what should be done in future.

Role-Playing "TV Programme: Medicine for You".

Situation: You're invited to the TV studio to discuss problems of medicine, the present situation, its further development. Everybody is interested in improving people's health. You discuss changes in medicine, people's awareness of natural relief and effects of the accepted preventive measures.

Role – Assignments.

- A₁: You are a TV programme host. You are to lead the discussion, trying to cover all important points, helping the invited people to share their points of view.
- A₂: You are a representative of the Health Care Ministry. Speak about the present situation in Health Care in Belarus and its further development. Be ready to answer the questions of the audience.
- A_{3,4}: You are doctors from a local hospital. Speak about the problems of the modern health care system.

- A₅: You represent the Health Care Department of Great Britain. Speak about medical assistance in your country. Share your impressions of the health care system of Belarus.
- A₆: You are a journalist. You conducted a public opinion poll on the topic “Healthy lifestyle” and studied the problem of national health. Tell what conclusions you came to.
- A₇: You are a student of Medical University. You’re interested in future development of health care and the improvement of people’s health. Participate in the discussion.
- A₈: You represent a charitable organization from Great Britain that has helped the regional hospital for 5 years. Tell about your goals, priorities and future plans.
- A_{9, 10}: You are ordinary citizens who know the health care system in your city. You are critical about some things and would like to change something for the better.

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Учебное издание

Составители:

Домбровская Наталья Александровна
Тарасова Наталья Владимировна

AT THE DOCTOR'S

МЕТОДИЧЕСКИЕ УКАЗАНИЯ
И УЧЕБНЫЙ МАТЕРИАЛ
ПО РАЗВИТИЮ НАВЫКОВ
УСТНОЙ РЕЧИ

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