



ALFRED NOBEL UNIVERSITY

**M. KABANOVA**

**T. PLEKHANOVA**

**P. BRADBEER**

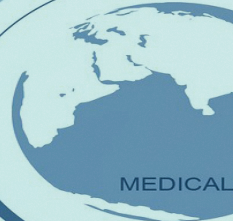
# Health Care System

---

Health Care  
Doctor  
Hospital  
Pharmacist  
Nurse  
Dentist  
First Aid  
Surgeon  
Emergency



22.02.35.2





УНИВЕРСИТЕТ имени АЛЬФРЕДА НОБЕЛЯ

**М.Р. КАБАНОВА  
Т.Н. ПЛЕХАНОВА  
П.В. БРЕДБИЕР**

# **ЗДРАВООХРАНЕНИЕ В УКРАИНЕ И ЗА РУБЕЖОМ**

**Английский язык (углубленное изучение)**

**Учебное пособие**

Под общей редакцией доктора педагогических наук,  
профессора О.Б. Тарнопольского

Днепро  
2017

УДК 811.111:61  
К 12

Рекомендовано  
ученым советом Университета  
имени Альфреда Нобеля  
(протокол № 2 от 21 апреля 2017 года)

*Рецензенты:*

*Т.К. Мавропуло*, доктор медицинских наук, профессор, профессор кафедры педиатрии 3 и неонатологии Государственного учреждения «Днепропетровская медицинская академия МОЗ Украины».

*В.В. Зирка*, доктор филологических наук, профессор, профессор кафедры английской филологии и перевода Университета имени Альфреда Нобеля.

Навчальний посібник призначено для студентів усіх спеціальностей, а також для всіх бажаючих підвищити рівень володіння англійською мовою з тем, присвячених охороні здоров'я, медичним послугам, функціонуванню лікарняних закладів в Україні та за кордоном.

**М.Р. Кабанова**

К 12 Health Care System = Здравоохранение в Украине и за рубежом. Английский язык (углубленное изучение): учебное пособие / М.Р. Кабанова, Т.Н. Плеханова, П.В. Бредбиер; под общ. ред. О.Б. Тарнопольского. – Днепро: Университет имени Альфреда Нобеля, 2017. – 56 с.

ISBN 978-966-434-386-9

Учебное пособие предназначено для студентов всех специальностей, а также для желающих повысить уровень владения английским языком по темам, связанным со здравоохранением, медицинскими услугами и функционированием лечебных учреждений в Украине и за рубежом.

УДК 811.111:61

ISBN 978-966-434-386-9

© М.Р. Кабанова, Т.Н. Плеханова,  
П.В. Бредбиер, 2017

© Университет имени Альфреда Нобеля,  
оформление, 2017

## ВВЕДЕНИЕ

Учебное пособие «Health Care System» является профессионально-ориентированным и направлено на формирование коммуникативных компетенций в таких видах речевой деятельности, как чтение, говорение, письмо. Также учитывается необходимость развивать навыки, самостоятельной аудиторной и внеаудиторной работы в режиме управляемой автономии.

Целью данного учебного пособия является формирование у студентов профессиональных языковых, речевых и социокультурных компетенций и стратегий, которые будут способствовать их конкурентоспособности на рынке труда. Авторы учебного пособия «Health Care System» надеются, что представленный материал будет способствовать развитию креативного мышления, поможет обучаемым в достижении уровня владения языком B2, т. е. независимого пользователя согласно терминологии Европейских Рекомендаций языкового образования.

Учебное пособие «Health Care System» состоит из следующих разделов: Medical Institutions; Examination of the Patient; Case History; In-Patient Department; at the Chemist's; English Prescription; Health Service; Health Care System in the USA and Great Britain; Appendix; Glossary.

Благодаря усвоенному материалу студенты смогут продуктивно общаться на английском языке в профессиональной среде, понимать без словаря содержание специального текста, проводить целенаправленный поиск необходимой информации, реализовывать свои коммуникативные намерения и т. п.



## CONTENTS

ВВЕДЕНИЕ .....	3
UNIT 1. MEDICAL INSTITUTIONS .....	5
UNIT 2. EXAMINATION OF THE PATIENT .....	15
UNIT 3. CASE HISTORY(HISTORY TAKING) .....	21
UNIT 4. IN-PATIENT DEPARTMENT .....	23
UNIT 5. AT THE CHEMIST'S.....	26
UNIT 6. THE ENGLISH PRESCRIPTION .....	29
UNIT 7. HEALTH SERVICE .....	32
UNIT 8. HEALTH CARE SYSTEM IN THE USA AND GREAT BRITAIN .....	37
APPENDIX 1 .....	47
APPENDIX 2.....	50
APPENDIX 3 .....	52
KEY TO EXERCISES.....	53
BIBLIOGRAPHY .....	55

# UNIT 1. MEDICAL INSTITUTIONS

## 1. MATCH EACH WORD ON THE LEFT

(A) WITH THE APPROPRIATE  
DEFINITION ON THE RIGHT (B)

A	B
1. ache	1. an onset or occurrence of a disease
2. ambulance	2. a rigid dressing to hold a fractured bone in place and prevent movement
3. attack	3. physical or sometimes psychological signs which distress the patient and help the doctor to diagnose the disease
4. bandage	4. a continuous pain, not a sharp sudden pain
5. blood	5. strip of cloth or other dressing used to bind or cover an injured part of the body
6. (plaster) cast	6. a specially equipped vehicle for transporting the sick and wounded
7. check-up	7. the red fluid circulating in the heart, arteries and veins
8. chemist	8. a room or division of a hospital
9. complaint	9. an act of healing, restoration to health, successful medical treatment
10. cure	10. an illness, ailment, statement of a wrong, grievance
11. discharge	11. a temperature (of the body) greater than usual
12. fever	12. a person working at a chemist's shop
13. fracture	13. a break in a bone
14. medicine	14. a careful investigation into a person's physical fitness
15. prescription	15. permission to leave hospital
16. recovery	16. – the science and practice of diagnosing, treating and preventing disease; – the branch of medical science and practice that makes use of diet etc. as distinguished from surgery and obstetrics; – any substance used in treating disease or relieving pain

A	B
17. remedy	17. succession of doctor's visits or calls
18. round	18. any medicine or treatment that cures, heals or relieves a disease or tends to restore health
19. symptom (s)	19. getting well again
20. ward	20. a doctor's written direction for making up and use of a medicine

*2. FILL IN THE GAPS WITH THE WORDS GIVEN ABOVE IN THE COLUMN A*

1. I have \_\_\_\_\_ in my shoulder.
2. The rooms where patients in the hospital lie are called \_\_\_\_\_.
3. I was brought to the hospital in \_\_\_\_\_.
4. The doctor gave me a \_\_\_\_\_.
5. Nurses had started night \_\_\_\_\_, checking the condition of the patients.
6. The ageing rockstar suffered a severe heart \_\_\_\_\_ while on stage.
7. I don't think it's the best \_\_\_\_\_ for a cold.
8. The \_\_\_\_\_ was black with blood.
9. My friend broke his arm and it was in a \_\_\_\_\_ for three months.
10. Harry suffered numerous \_\_\_\_\_ in his skiing days.
11. Take the \_\_\_\_\_ round to the chemist's to have it made up.
12. When I put my hand on his forehead, I knew he had \_\_\_\_\_.
13. He coughed \_\_\_\_\_ in the train on his way home.
14. After two weeks in intensive care and one month of further treatment, the patient made a full \_\_\_\_\_ from the ebola virus.
15. A physician usually asks the patient what he complains of and according to the \_\_\_\_\_ carries out the medical examination.
16. Can junior medical students make a patient's \_\_\_\_\_ analysis?
17. Doctors must remember that often it will be difficult to diagnose a disease, sometimes it'll be even more difficult to \_\_\_\_\_ it.
18. Two days before her \_\_\_\_\_ Mary's temperature suddenly rose again.

*3. HERE ARE SOME THINGS YOU CAN DO TO TAKE CARE OF YOUR HEALTH. WHICH TWO DO YOU THINK ARE THE MOST IMPORTANT?*

1. Not smoking.
2. Taking regular exercise.
3. Eating good quality food.
4. Having regular check-ups.
5. Dieting to keep your weight down.
6. Not drinking alcohol.

*4. COMPLETE ONE OF THESE SENTENCES, WRITE THE SENTENCE DOWN, HAND IT TO THE TEACHER AND THE OTHER STUDENTS WILL TRY TO GUESS WHICH SENTENCE IS YOURS*

1. \_\_\_\_\_ is the most important thing you can do to take care of your health because \_\_\_\_\_.
2. The things I do to take care of my health are \_\_\_\_\_.
3. I think that \_\_\_\_\_ is more important for your health than because \_\_\_\_\_.

*5. READ THE TEXT BELOW*

### **THE CURRENT STATE OF THE REFORMED HEALTHCARE SYSTEM IN UKRAINE**

A healthcare system in any country follows certain universal criteria: **hierarchical structure; management of communications between subjects and objects of management. Also a national healthcare system should consider the peculiarities of the population's health condition, its pattern of disease.**

**The structure of healthcare in Ukraine has three main levels of management: national, regional and subregional (local).**

**The National** level of the healthcare system is represented by the Ministry of Healthcare of Ukraine and healthcare institutions under state ownership, which are subordinated directly to the Ministry of Healthcare of Ukraine.

**The Regional** level of the healthcare system is represented by the healthcare agencies of the oblast state administrations and the state

healthcare institutions which were devolved to their management by corresponding decisions of the highest agency of state power and also by healthcare institutions which are the public property of regional territorial communities (oblast hospitals, diagnostic centers, etc).

**The Subregional** (local) level of the healthcare system is represented by the state's regional administrations, regional, municipal, regional in cities, settlements and village local government authorities and various healthcare institutions which are managed by these agencies exercising their rights as public property.

The basis of the national healthcare system of Ukraine is primary healthcare, which is usually provided mostly by general practitioners organized on a territorial basis.

The principle of accessibility is implemented according to Article 49 of the Constitution of Ukraine, which states "Each person has the right to healthcare, medical treatment and medical insurance". The state creates the conditions for efficient and accessible medical service for all citizens. In state and public healthcare institutions, the medical service is still, in principle, provided free. The state contributes to the development of medical institutions under all forms of ownership.

According to Article 35 of the Law of Ukraine "Basis of Legislation of Ukraine on Healthcare", the state guarantees the provision of accessible socially acceptable primary healthcare as the fundamental basis of the population's health care, which includes consultation with doctors, simple diagnostics and treatment of the most common diseases, injuries and forms of intoxication, preventive measures and also the guidance of patients towards receiving specialized and highly qualified assistance.

In consequence of the recent reform, the healthcare system in Ukraine is now divided into four levels of medical assistance – primary (institution of family medicine), secondary (specialized), tertiary (highly specialised) and emergency.

### **The system of primary healthcare**

Creating a promising model of primary healthcare includes the structural-organisation and financial-economic differentiation of primary and specialized service, with a gradual increase in financing of primary healthcare.

Centers of primary healthcare (CPH) include paramedic-midwife stations, ambulatories of family medicine and first aid posts. CPH manage these divisions, distribute medication and medical equipment. Sub-

divisions of primary healthcare centers undertake treatment and prevention of the most common diseases.

The system of relations between the providers of primary healthcare services and the population operates through the mechanism of free choice of family doctor and/or his/her substitution.

The main principles of providing primary healthcare services are: qualification, efficiency, availability (accessibility).

### **Institution of family medicine**

Mostly, primary healthcare services are provided by ambulatories of family medicine, which are created on the basis of medical district hospitals, polyclinics, village outpatient clinics and paramedic-midwife stations. The main link in this sphere is the family doctor. S/he is the first person to be asked for help. The family doctor is a doctor who can give a complex assessment of a patient's health and prescribe treatment which takes into consideration all the patient's symptoms. His/her duties involve clinical examination, regular routine inspections, etc. Because a family doctor observes all members of a family (adults and children) throughout their lives, s/he can detect serious diseases early and diagnose them at an early stage. Such doctors do not replace doctors of particular specialties – surgeons, endocrinologists, cardiologists, etc. All practitioners of particular specialties continue to work in consulting-diagnostic centers and provide help to the population. The task of a family doctor is to guide a patient to a needed doctor as early as possible. Also a family doctor instructs members of the population to conduct self-examinations for cancer and take preventive measures on their own.

A family doctor is not a paramedic or therapist. The programme of medical higher education for future family doctors is wide and highly demanding, covering 16 different specialties needed for effective provision of primary care.

### **The system of secondary medical care**

Secondary (specialized) medical care is provided in ambulatory (out-patient) or stationary (hospital) conditions in planned or emergency cases; it includes consulting patients, diagnosis, treatment, rehabilitation and prevention of diseases, injuries, intoxication, pathological and physiological conditions by doctors of the appropriate specialty. Secondary healthcare is provided in stationary conditions by multi-field hospitals, hospitals of rehabilitation and planned treatment, by specialized medical centers, etc.

By 2018 it is planned to unite all institutions of secondary care level in Ukraine into about 100 medical districts.

The division of medical institutions in accordance with their sphere is being conducted through changing the orientation of existing hospitals.

The route for patients who require secondary care is directed by the family doctor. It is s/he who diagnoses diseases and directs patients to particular specialists. This system makes the process of treatment significantly faster.

### **System of tertiary medical care**

The third (highly specialised) level of care is provided in hospital conditions on a planned basis or in emergency cases. Tertiary aid includes providing patients with the same services as secondary aid, but using highly technical equipment and highly specialized medical procedures of a greater level of complexity. Highly specialised healthcare services are provided in specialized hospitals, dispensaries, specialized sanatoria, clinics of scientific research institutions, which are under the management of the Academy of Medical Sciences of Ukraine and the Ministry of Healthcare of Ukraine, and local institutions of healthcare (municipal, regional hospitals), which are linked to corresponding departments of medical academies, institutes and universities, institutes for further training of doctors. Highly specialised (tertiary) healthcare services are provided by doctors who have the required training in illnesses and conditions which are difficult to diagnose and treat, when the diseases require special methods of diagnostics and treatment, and also for the purpose of diagnosing and treating rare diseases.

### **Emergency and ambulance aid**

The aim of reforming the system of emergency medical aid is to guarantee the arrival of emergency aid in time. The reform aims to reduce the travelling time for ambulances to a maximum of 10 minutes in towns, and 20 minutes in villages. For this reason, all the structures of emergency aid, which earlier were subdivisions of different hospitals are now being taken out of the structures of these medical institutions and united in the Integrated Center of Emergency and Catastrophe Medicine. All calls are directed to an integrated control room which is equipped with an audio-recording and audio-filing system. All people who accept the calls are required to have completed a medical education.

In addition, the number of emergency teams and emergency centers is being increased. Also now the system of emergency and first aid services is based on the principle of **extraterritoriality**. **This means**



**that while earlier an ambulance only arrived to a patient from the particular administrative district where the patient was, irrespective of the location of the nearest emergency centre, now the ambulance arrives from the nearest emergency center, irrespective of which administrative district it is located in.**

“Emergency” and “first aid” are not synonyms. First aid is given mainly but not always by doctors of primary level. This involves providing aid in conditions which do not immediately threaten the patient’s life, for example giving painkillers to people with cancer, providing help for patients with chronic diseases, etc.

Emergency aid is provided in critical conditions which threaten peoples’ lives, for example, heart attacks, strokes and other emergency cases. Also, ambulance equipment is being modernised. For example, the ambulances in Dnipropetrovsk oblast already have been equipped with GPS navigation systems and mobile phone connection.

#### **System of financing healthcare**

Primary medical care is financed from local budgets (municipal, district). Secondary, tertiary and emergency are financed from the oblast budget and the Ministry of Healthcare of Ukraine.

#### **System of personnel resourcing**

The required number of general practitioners and junior specialists with higher education for primary care is provided through government demand for a rationally based number of trained practitioners in each required speciality.

### *6. COMPREHENSION QUESTIONS*

**1. How many general management levels does the structure of Ukraine’s healthcare have**

- A. Two levels.
- B. Three levels.
- C. Four levels.
- D. Five levels.

**2. Highly-specialised medical services are provided**

- A. By the primary level.
- B. By the secondary level.
- C. By the tertiary level.
- D. By the emergency level.

**3. The centers of primary healthcare consist of**

- A. Multi-field hospitals.
- B. Outpatient clinics of family medicine.
- C. Hospitals of planned treatment.
- D. Rehabilitation centers.

**4. Doctors working in primary health care provide**

- A. Diagnosis of illnesses with complex and confusing symptoms.
- B. Advanced surgical intervention.
- C. Diagnosis and treatment of common illnesses.
- D. Specialised treatment of serious diseases.

**5. The family doctor**

- A. Makes the work of specialists like oncologists and cardiologists increasingly unnecessary.
- B. Directs patients to an appropriate specialist, if necessary.
- C. Has a deep knowledge of a narrow range of specialties.
- D. Has a poor knowledge of a wide range of specialties.

**6. Tertiary healthcare is commonly provided by**

- A. Hospitals linked to scientific research institutions.
- B. Rural outpatient clinics.
- C. Ordinary local polyclinics.
- D. Emergency call centers.

**7. First aid services are provided by**

- A. Only doctors of the emergency services.
- B. Only family doctors.
- C. Only doctors of highly-specialized departments.
- D. Any doctor, regardless the level of medical institution.

**8. Emergency medical aid arrives**

- A. Only from the district where the patient is located.
- B. About one hour after receiving the emergency call from the patient.
- C. Mainly by light aircraft and helicopter.
- D. By ambulance as quickly as possible from the nearest emergency center to the patient.

**9. Secondary medical services are provided**

- A. In outpatient clinics and hospitals.
- B. Only in outpatient clinics.
- C. Only in stationary conditions.
- D. Only by highly specialized doctors.

**10. The Constitution of Ukraine guarantees healthcare**

- A. Only to citizens who are healthy.
- B. Only to people under the age of 18.
- C. To every citizen of Ukraine.
- D. Only to citizens who have fully paid health insurance.

*7. FILL IN THE BLANKS IN THE SENTENCES BELOW WITH AN APPROPRIATE WORD FROM THE LIST*

Paramedics, specialist, accessible, emergency, intoxication, equipped, outpatient clinic, injuries, preventive, midwives, rehabilitation, painkiller, diagnosis, critical, subordinated, threaten.

1) Our hospital's new Sir John Falstaff Cardiac Unit is \_\_\_\_\_ with the latest technology in the field.

2) Dr Christian Barnard's pioneering work in heart transplants brought new hope to cardiac patients in a \_\_\_\_\_ condition.

3) In most of Europe a bite from a poisonous snake will only exceptionally \_\_\_\_\_ a person's life.

4) Dr House was the only doctor who was able to provide the correct \_\_\_\_\_ for the patient's strange and baffling symptoms after his return from Mars.

5) The well-trained \_\_\_\_\_ services responded quickly and effectively to the earthquake, saving thousands of lives.

6) If you develop a fever and flu-like symptoms after returning from a holiday in Southeast Asia, you should consult a \_\_\_\_\_ in tropical medicine.

7) After drinking three bottles of illicit vodka to celebrate passing their exams, the unfortunate students were treated for acute \_\_\_\_\_.

8) Even in developed countries medical help is not easily \_\_\_\_\_ to people who live in remote rural areas.

9) Our favourite family doctor set up in private practice because she was tired of being \_\_\_\_\_ to a hierarchical bureaucratic organization.

10) Malaria was eradicated in many areas because of well organised \_\_\_\_\_ measures, directed against mosquitoes.

11) After a long period in \_\_\_\_\_ the reformed drug addict resumed his career in Hollywood.

12) I want to thank the \_\_\_\_\_ for their courage and professionalism in stabilizing my condition when they treated me on the battlefield.

13) My classmate went home from the \_\_\_\_\_, singing joyfully, two hours after having her tonsils extracted.

14) In poor districts of London \_\_\_\_\_ instructed future fathers in how to cope with a birth if their wives went into labour earlier than expected.

15) After returning home, the hobbit Frodo Baggins occasionally felt pain from his old \_\_\_\_\_, which he received fighting orcs and other evil creatures.

16) In the age before modern anesthetics, vodka or rum was the best \_\_\_\_\_ before an amputation.

## UNIT 2. EXAMINATION OF THE PATIENT

### *8. TRY TO FIND THE PROPER ANSWER TO THE FOLLOWING QUESTIONS IN THE TEXT «EXAMINATION OF THE PATIENT»*

1. What must a doctor do before he begins treatment?
2. What does physical examination consist of?
3. What do laboratory studies include?
4. What instrumental studies are applied for making a diagnosis?
5. What can the doctor do on the basis of the findings of the physical examination, laboratory or instrumental studies and the patient's complaints?

### EXAMINATION OF THE PATIENT

The physician (doctor) must make a correct diagnosis of the disease and administer an appropriate treatment to help his patient. That's why he must determine the causes of the disease and know well the process and mechanism of its development, as well as the symptoms by which the patient's disease can be revealed. The human being has several body systems and among the most important are the following:

- skeletal
- cardio-vascular
- digestive
- nervous
- respiratory etc.

During the medical examination the physician usually asks the patient what he complains of and according to the complaints carries out the medical examination.

The doctor usually listens to the patient's heart and lungs, measures his blood pressure, and takes the patients temperature.

## COMMON COMPLAINTS

9. COMPLETE THE FOLLOWING COMPLAINTS. CHOOSE FROM THE FOLLOWING.

black eye    bruise    can't sleep    cough    depressed    headache  
insect bite    lost my appetite    lump    nosebleed    out of breath  
runny nose    sore throat    stomach-ache    swollen leg    temperature

1. I've got a cough and a \_\_\_\_\_.



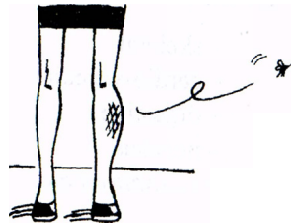
2. When I climb the stairs I'm \_\_\_\_\_.

3. I don't want to eat; I've \_\_\_\_\_.

4. At night time I go to bed but I \_\_\_\_\_.



5. I've got a \_\_\_\_\_ and a \_\_\_\_\_.



6. I knocked my arm on the door and now I've got a big \_\_\_\_\_.

7. I got an \_\_\_\_\_ two days ago and now I've got a \_\_\_\_\_.

8. I fell down the stairs and now I've got a \_\_\_\_\_.

9. I feel so miserable.

I'm really \_\_\_\_\_.

10. I'm a bit worried because I can feel  
\_\_\_\_\_ in my breast.



11. I regularly get a \_\_\_\_\_.

12. After I eat I regularly get \_\_\_\_\_.

Alison Pohl «Test Your Professional English, Medical. – Penguin English. 2002, p. 34–35»

*The physician uses the following procedures:*

- history taking
- physical examination
- laboratory analysis
- instrumental studies.

*The physical examination includes:*

- visual examination
- palpation
- percussion
- auscultation.

*The laboratory analysis includes:*

- urinalysis -analysis of blood
- analysis of sputum.

*The instrumental studies consist of taking:*

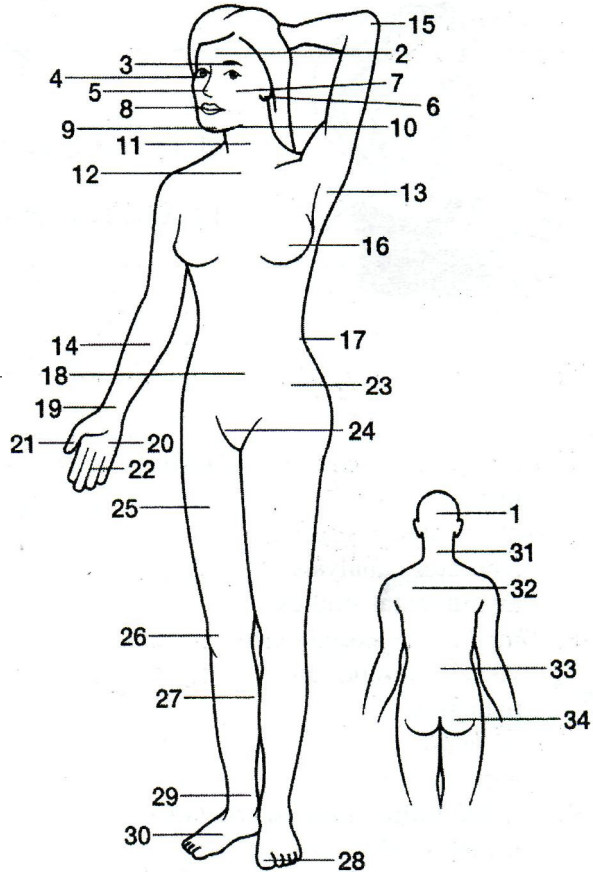
- electro-cardiogram (ECG)
- X-ray examination and others.



## PARTS OF THE BODY

10. LABEL THE PARTS OF THE BODY. CHOOSE FROM THE FOLLOWING. SOME HAVE BEEN DONE FOR YOU.

Forehead \_\_\_\_\_  
 chest 12 \_\_\_\_\_  
 big toe \_\_\_\_\_  
 knee \_\_\_\_\_  
 cheek \_\_\_\_\_  
 palm \_\_\_\_\_  
 ear \_\_\_\_\_  
 back \_\_\_\_\_  
 thigh \_\_\_\_\_  
 thumb \_\_\_\_\_  
 stomach 18 \_\_\_\_\_  
 mouth \_\_\_\_\_  
 head \_\_\_\_\_  
 ankle \_\_\_\_\_  
 hip \_\_\_\_\_  
 eyebrow \_\_\_\_\_  
 elbow \_\_\_\_\_  
 neck \_\_\_\_\_  
 waist \_\_\_\_\_  
 chin 9 \_\_\_\_\_  
 throat \_\_\_\_\_  
 finger \_\_\_\_\_  
 shoulder \_\_\_\_\_  
 arm \_\_\_\_\_  
 breast \_\_\_\_\_  
 foot 30 \_\_\_\_\_  
 wrist \_\_\_\_\_  
 armpit \_\_\_\_\_  
 groin \_\_\_\_\_



Alison Pohl «Test Your Professional English, Medical. – Penguin English. 2002, p. 1»

calf \_\_\_\_\_  
bottom \_\_\_\_\_  
eye 4 \_\_\_\_\_  
jaw \_\_\_\_\_  
nose \_\_\_\_\_

*PS* Patients don't use medical terminology but rather use these common words to describe parts of the body. It is important to know them. Children will sometimes use different words, for example, 'tummy' instead of 'stomach'.

### *11. FILL IN THE GAPS WITH THE PROPER WORDS:*

- a) percussion
- b) auscultation
- c) visual examination
- d) palpation

1 \_\_\_\_\_ After questioning the patient about the present complaint, the changes from the ordinary state of the health, the date of the onset of the disease, the previous illness and family history, the physician proceeds to the direct examination of the patient. \_\_\_\_\_ reveals the general appearance of a patient, the height, the colour of the face and lips etc.

2 \_\_\_\_\_ the physician distinguishes elasticity from rigidity and resistance, investigates the existence of pain or edema.

3 \_\_\_\_\_ gives information as to the relative distribution of gases (usually air) fluids, consolidations in the structures examined. The sounds may be clear, representing the normal, pulmonary, vesicular resonance or dull.

4 \_\_\_\_\_ gives information as to the movement of air and fluid. Listening to the normal respiratory sounds one

hears a soft inspiration – the normal vesicular murmur. In disease the respiratory murmur may be intensified.

*12. MATCH THE PROBLEMS TO THEIR SYMPTOMS AND CAUSES*

**HEALTH PROBLEMS**

SYMPTOMS	PROBLEM	COMMON CAUSE
1. can't stop yawning	1. indigestion	1. an allergy to dust or animals
2. a bloated painful stomach	2. asthma	2. a virus
3. headache, fever, aching muscles	3. insomnia, overtired	3. spending too much time in the sun
4. high temperature, nausea, dizziness	4. flu	4. bacteria under the skin
5. a painful muscle contraction	5. cramp	5. eating too much or too quickly
6. difficult breathing, wheezing	6. acne	6. doing too much exercise
7. running nose , sore eyes , sneezing	7. heat stroke	7. stress, anxiety
8. spots and red lumps on the face	8. hay fever	8. an allergy to pollen

*13. WHICH OF THESE PROBLEMS HAVE YOU EXPERIENCED?*

**WHAT MEDICAL PROBLEMS COULD YOU SUFFER** from?

- on a very hot day in summer?
- if you get wet on a cold day in winter?

*14. WRITE A LETTER TO A FRIEND ABOUT A HEALTH PROBLEM THAT YOU HAVE HAD RECENTLY, MENTION WHAT YOU DID ABOUT IT*

## UNIT 3. CASE HISTORY (HISTORY TAKING)

### *15. READ THE TEXT AND ENTITLE IT*

The patient's medical history (case history) is being filled in during physical examination. First of all this paper must include the general information about the patient: his name, age, place of work, occupation, address, the initial diagnosis.

THE FAMILY HISTORY must include the information about the patient's parents (if they are living or not). The physician must know at what age and from what causes the parents died. Hereditary (inherited) factors are very important.

THE PAST HISTORY includes the information about the diseases which the patient has had both as a child and as an adult, about any operations which the patient has undergone, about any traumas the patient has had.

The laboratory findings are of great importance because the physician must know the patient's blood group, his sensitivity to different medicines etc. Instrumental studies such as taking ECG (electrocardiogram), X-ray examination are very useful for establishing a diagnosis.

The HISTORY OF PRESENT ILLNESS must include a description of the course of the disease with any changes in the symptoms and the condition of the patient, the medicines administered in their exact doses and the effect produced by the treatment.

### *16. STUDY THIS LETTER FROM A GP*

*(GENERAL PRACTITIONER – UK) TO A CONSULTANT. WRITE DOWN THE QUESTIONS WHICH A DOCTOR MIGHT ASK TO OBTAIN THE INFORMATION-HIGHLIGHTED BY THE NUMBERS IN THE LETTER  
CLINICAL DETAILS*

DATE OCT. 3 rd 2007

Dear Dr Scott,

I would be grateful for your opinion and advice with regard to Green, Peter. A brief outline of the patient's history, symptoms and signs and present therapy is given below. This 42-year-old SALESMAN (1) had a severe attack of CENTRAL CHEST PAIN (2) SIX MONTHS AGO (3) which LASTED 10 MINS(4) and was RELIEVED BY REST (5).This has recurred several times AFTER EXERTION (6). His father DIED AGED 56 (7) of A CORONARY THROMBOSIS (8). Physical examination was normal and I refer him to you for further assessment in view of his age. DIAGNOSIS: angina pectoris. Thank you for seeing him.

Yours sincerely,

William Smith.

## UNIT 4. IN-PATIENT DEPARTMENT

17. MATCH THE FOLLOWING  
ENGLISH WORD-COMBINATIONS  
ON THE RIGHT (B) WITH THE APPROPRIATE  
TRANSLATION ON THE LEFT (A)

A	B
1. поступить в больницу	1. to ache
2. болеть или ныть	2. to be operated on for...
3. лечить (от болезни)	3. to be X-rayed
4. перенести операцию	4. to bring down the temperature
5. измерять температуру	5. to catch (a) cold
6. сбить температуру	6. to feel feverish
7. принимать лекарство	7. to give an injection (of)
8. пройти рентген	8. to have a tooth filled
9. принимать лечение	9. to have a tooth (pulled) out
10. простудиться	10. to sneeze
11. чихать	11. to take a treatment
12. чувствовать жар	12. to take a medicine
13. вырвать (удалить) зуб	13. to take one's temperature
14. запломбировать зуб	14. to treat (for an illness)
15. сделать укол (инъекцию)	15. to be admitted to the hospital

*18. DISCUSS WITH YOUR PARTNER THE FOLLOWING SITUATIONS*

1. You complain to the local GP about the illness you have.
2. You are examined by the doctor, who gives you the necessary recommendations.
3. You come to see your sick friend.

*19. READ THE TEXT PAYING ATTENTION TO THE UNDERLINED WORDS. ANSWER THE QUESTIONS AFTER THE TEXT USING THE WORDS AND WORD-COMBINATIONS FROM THE TEXT:*

If the patient is seriously ill or needs an operation, s/he must BE ADMITTED TO the in-patient department of the hospital. Before the patient is admitted to the appropriate department and WARD, s/he is received by A NURSE ON DUTY at the reception ward. She must FILL IN the patient's case history and the doctor on duty must examine the patient to be hospitalized.

As soon as the patient is admitted to a proper department, the ward doctor is responsible for the patient's treatment. Every morning the doctors begin THE DAILY ROUNDS OF THE WARDS and if necessary they invite different specialists for medical consultations. Some patients are administered A BED REGIMEN, some of them must FOLLOW A DIET, some patients are to be operated on as soon as possible.

The nurse has a lot of duties or responsibilities at the in-patient department. She must TAKE THE PATIENT'S temperature, GIVE him/her INJECTIONS, TAKE STOMACH JUICE FOR ANALYSIS, give the patients all the prescribed remedies in the doses indicated by the ward doctor.

1. What patients are usually admitted to the in-patient department?
2. Who receives the patients at the reception ward of the hospital?
3. Where does the doctor on duty direct the hospitalized patients?
4. What does the nurse on duty do at the in-patient department in the morning and in the evening?
5. Who usually makes the round of the wards in the evening?



*20. USE THE PROMPTS AND MAKE UP THREE SENTENCES  
EACH ABOUT DOCTORS AND NURSES*

1. must (mustn't)	a) listen to the patients
2. have to	b) study Medicine at university
3. don't have to	c) do shift work
4. should	d) visit their patients at home
5. shouldn't	e) be impatient
6. ought to	f) be kind to patients
7. ought not to	g) enjoy working with people
8. need to	h) work long hours
9. don't need to	i) explain treatments to their patients
10. be able to	j) help greatly in the recovery of the patients

## UNIT 5. AT THE CHEMIST'S

*21. READ THE TEXT PAYING ATTENTION TO THE UNDERLINED WORDS. ANSWER THE QUESTIONS AFTER THE TEXT USING THE WORDS AND WORD-COMBINATIONS FROM THE TEXT*

«**Medicines are not meant to live on**», the English proverb says. Taking medicines is an unpleasant thing. But on receiving a prescription from a doctor or on following a home treatment all of us need medicines, which are ordered or bought at a chemist's. Chemist's shops are specialized shops where medicines are sold. They are usually situated on the ground floor. Chemist's shops have a hall for visitors and one or two departments for selling medicines.

At the CHEMIST'S DEPARTMENT we can buy medicines immediately. At the PRESCRIPTION DEPARTMENT we can order medicines. All medicines should be kept in a locked cabinet. The cabinet should be provided with drawers where poisons (list A) and strong medicines (list B) are kept separately.

Expiration terms depend on the form of medicinal preparations (powder, solutions, mixtures), their chemical composition etc.

At a chemist's we buy medicines for:

ORAL ADMINISTRATION (internal use) – tablets, mixtures, powders.

EXTERNAL USE – ointments, iodine etc. FOR INJECTIONS – intramuscular or intravenous injections. Before taking the medicine we must know its name and the dosage to be taken.

1. Why do we have to go to the chemist's?
2. Who usually writes out a prescription?
3. Where are all the medicines kept?
4. What is stuck on every bottle or box containing some medicine?

5. What is usually indicated on a label?
6. Why is it necessary to indicate the dose of the medicine?
7. Why aren't patients allowed to take certain medicines without the doctor's administration?

*22. FIND SUBSTITUTES FOR THE FOLLOWING WORDS AND WORD-COMBINATIONS:*

1. the department where we can have the medicine right away	1. intravenous injection
2. a small slip of paper on which the name of the medicine is written	2. to shake the bottle
3. the method of introducing some medicine into the vein	3. a label
4. the method of introducing some medicine into the muscle	4. intramuscular injection
5. to mix the medicine in the bottle well	5. the chemist's department

*23. GIVING INSTRUCTIONS ON DRUG ADMINISTRATION*

Complete the following sentences. Choose from the box. Some words may be used more than once.

apply / carry / chew / clean / continue / dip / dissolve / inhale /  
 insert / leave / put / ~~rub~~ / sip / spray / stick /  
 take / wear

1. Rub a little of this ointment on his chest each morning.
2. \_\_\_ two of these tablets twice a day.
3. \_\_\_ two puffs in each nostril twice a day.
4. \_\_\_ the cream to the affected areas every morning.
5. Don't \_\_\_ these tablets. Swallow them whole.
6. \_\_\_ one pessary into the vagina before going to bed.
7. Ask your brother to help you \_\_\_ two drops into each ear in the morning.

8. It's best to \_\_\_ the patch on your upper or lower back.
9. We would advise you to \_\_\_ these stockings until you're able to become a bit more active.
10. You should \_\_\_ this insulin kit with you at all times.
11. Just \_\_\_ the lozenge under the tongue and allow it to \_\_\_ slowly.
12. Make a hot drink and \_\_\_ it slowly.
13. \_\_\_ the wound with tepid water and \_\_\_ it open to the air.
14. \_\_\_ one teaspoonful in half a litre of hot water and \_ the steam.
15. \_\_\_ the end of the strip into the urine and wait to see if the colour changes.
16. Make sure you \_\_\_ with these pills until they're all finished, even if you think you're better.

#### *24. SUGGESTED TOPICS FOR ORAL NARRATION*

1. Describe the chemist's where you usually buy medicine.
2. Make up a dialogue between a customer and a chemist.

## UNIT 6. THE ENGLISH PRESCRIPTION

25. *FILL IN THE GAPS WITH THE WORDS GIVEN BELOW:*

1. are written;
2. to use and remember;
3. gives;
4. to capitalize;
5. use;
6. known;
7. name;
8. In the old days;
9. at least;
10. For example;
11. medicine;
12. the names of medicines;
13. companies;
14. The chemical name;
15. property;
16. official name;
17. The trade name;
18. abbreviations.

The language of the prescription was unique in Great Britain 50-60 years ago when all (a)... were latinized. This was possible because the physician used only dosed medicines. Today all prescriptions (b)... in English. The only Latin which is used is a few traditional (c)... in the direction to the pharmacist and on the label.

A more serious problem is the naming of medicines. (d)... medicines had only one official (e)... and pharmacologic (f)... didn't have many trade names.

There are the chemical name, the so-called generic name and the trade name. (g)... is difficult (h)... except for the simplest medicines because of its length and complexity. (i)... or brand name is the private (j)... of the company.

Most remedies have several trade names because each company producing medicines (k)... it a different name. It is common practice (l)... the first letter of a trade name.

The generic or (m)... is shorter than the chemical name. It is public property and any medicine manufacturer may use it. There is only one generic name for each medicine. The majority of physicians (n)... trade names on prescriptions. Generic names should be used as the language of prescriptions. It is (o)... to the specialists of medicine and pharmacy and it isn't known to general public. (p)... , ampicillin is the generic name of a well known antibiotic; alpha-aminobenzyl P is its chemical name; Om-nipen, Penbritin, Polycillin etc. are its trade names.

## *26. ANSWER THE FOLLOWING QUESTIONS*

1. In what language are prescriptions written in Great Britain?
2. Is Latin used in prescriptions at present?
3. How many names does a medicine possess?
4. What name of a remedy is difficult to use and remember?
5. What medicine names are not known to the general public?

## *27. MATCH EACH WORD-COMBINATION ON THE LEFT WITH THE APPROPRIATE TRANSLATION ON THE RIGHT*

1. black-market medicine	1. незаконная продажа
2. out-dated medicines	2. представлять угрозу
3. contaminated remedies	3. рынок ненаркотических средств
4. illicit selling	4. незаконно изготовленные лекарственные средства
5. medicine counterfeiters	5. фальсифицированный
6. constitute a threat	6. устарелые лекарства
7. the non-narcotic prescription market	7. наркоманы
8. pirated compounds	8. лекарства черного рынка
9. adulterated	9. изготовители фальшивых лекарств
10. opiate addicts	10. загрязненные (инфицированные) зараженные лекарства

*28. HAVE YOU EVER HEARD ABOUT BLACK MARKET  
MEDICINE? DO YOU KNOW ANYTHING ABOUT ILLICIT  
SELLING OF MEDICINES?*

**TRY TO FIND THE PROPER ANSWER TO THESE  
QUESTIONS IN THE TEXT «BLACK MARKET MEDICINE»**

Black-market medicine makers operate in many countries and it is not always possible to protect people from dangerous medications. They sell and produce not only out-dated medicines but also contaminated ones. Dangerous restricted drugs like LSD and the stimulant amphetamine are manufactured specially for illicit sale.

Every large pharmaceutical company is met with the problem of imitations of its products. Counterfeit tablets and capsules are usually so perfect in their appearance that physicians, pharmacists and patients cannot see any difference. It is necessary to compare them with genuine products both microscopically and chemically in special laboratories. Black-market medicines are often contaminated and they constitute a threat to the health of every person who uses them.

The non-narcotic prescription market is considerably greater than that of illicit narcotics. Illicit medicines can be divided into several groups:

1. imitations;
2. pirated compounds;
3. adulterated medicines;
4. contaminated remedies;
5. counterfeit medicines.

*29. GIVE YOUR EXPLANATION OF THE FOLLOWING PROVERBS:*

1. A sound mind in a sound body.
2. An apple a day keeps the doctor away.
3. Good health is above wealth.
4. Never put off till tomorrow what you can do today.
5. A healthy spirit makes healthy body.
6. By doing nothing we learn to do ill.
7. Cheerfulness is the best medicine a family can keep.
8. After dinner sit a while, after supper walk a mile.
9. Prevention is better than cure.
10. Wealth is nothing without health.



## UNIT 7. HEALTH SERVICE

30. *IN PAIRS, LOOK AT THE TITLE OF THE TEXT AND DISCUSS WHAT YOU THINK THE TEXT MIGHT BE ABOUT*

### **PUBLIC HEALTH IN UKRAINE**

Ukrainian public health faces many difficult tasks now. Ukraine is a developing country with a lot of problems in its economy and one of its main challenges is the improvement of the quality of medical aid. We have put into people's heads the idea that medical aid costs nothing because it was free of charge, not so long ago during the Soviet Union. This idea that medicine is free is an error. Medical aid is very costly and we all pay for it. The public health system in Ukraine is currently being reorganized as «a family doctor» system. It means that a family doctor gives his patient regular examination and inoculations. The family doctor takes care of his patients and directs them if necessary to different specialists.

The fundamental principle of Ukrainian Public Health is prevention of diseases. It implies a system of medical and economic measures to improve the health of our people. It is necessary to decrease child mortality, to increase the life-span of our people. Much attention should be paid to the improvement of professional knowledge, experience and skills of medical personnel, including assistant nurses and nurses.

The most serious problems facing Ukrainian medicine are: cardiovascular (heart) diseases, cancer (oncological diseases), AIDS (acquired immune deficiency syndrome), tuberculosis. That is why preventive medicine is of great importance. Young people must always remember about the connections between venereal diseases, alcoholism and drug addiction. AIDS is one of the leading causes of death among young people in our country. It develops among people infected by HIV (Human Immunodeficiency Virus). Currently, there are over 300,000 HIV positive patients in Ukraine, which has one of the highest infection rates in Europe. Regrettably, some of them decide not to tell anybody about their condition and thus spread this virus through promiscuous sexual contact and/or sharing infected needles among other drug users. Thanks to recent improvements in medication, there now is a good possibility that, if they begin treatment in time, HIV carriers will live a long time without developing AIDS. However, this medication is expensive and in recent years Ukrainian doctors have concentrated on trying to prevent the spread of AIDS by educating young people about the dangers of high risk sexual behaviour.

It goes without saying that we must take care of our health ourselves. Taking medicine is an unpleasant thing, of course, and if you want to avoid medicines you should go in for sports and keep yourself fit. Few smokers realize the degree of damage to their bodies associated with cigarette smoking. Each day in the United States over 250 people die of smoking-related heart attacks, 175 of smoking-related lung cancer and 150 from other cigarette-related diseases!

By the way, smokers are not only polluting their own air with their cigarettes but are also subjecting non-smokers, who make up three quarters of the population, to nearly the same health risk. Subjected to the effects of side-stream smoke, non-smokers may breathe in many of the toxic chemicals of the cigarette from their immediate environment and are, in fact, «passively smoking». «Side-stream smoke» produced from the burning end of the cigarette contains very high concentrations of toxic chemicals. Nicotine and at least 15 other compounds found in cigarette smoke are known to be carcinogens, cancer causing substances. Allergic reaction to smoke is common. Asthma, chronic bronchitis, emphysema or heart disease sufferers experience strong adverse reactions to passive smoking.

Sport is very important in our life and it is popular among both young and aged people. Many people do morning exercises, jog in the morning and train themselves in clubs in different sections and take part in sport competitions. If you don't go in for sport, then moderate exercise such as walking whenever possible rather than driving or taking public transport, or, better still, going up to your /classroom/office /flat by the stairs rather than taking the lift has a beneficial effect on your cardiac health and your general fitness.

People cannot live without food. Remember to buy and eat the right food! We must eat a lot of fruit and vegetables! Drink milk and juice! They've got a lot of vitamins.

## FOOD

31. *FILL IN THE MISSING WORDS IN THE TEXT BELOW.  
CHOOSE FROM THE FOLLOWING*

absorbed	amino acids	amounts	<del>balanced</del>	bioavailable
cellulose	cereals	energy	fish	flavour
haemoglobin	healing	insulation	intake	iodine
lost	minerals	protect	pulses	riboflavin
starches	stored	undernutrition/		

A (1) balanced diet contains all necessary substances required by body cells. There can be adverse effects from overeating as well as from (2) \_\_\_\_\_. A varied diet is the best way to ensure an adequate (3) \_\_\_\_\_ of all the essential nutrients. The essential nutrients are water, carbohydrates, protein, lipid, vitamins and (4) \_\_\_\_\_.

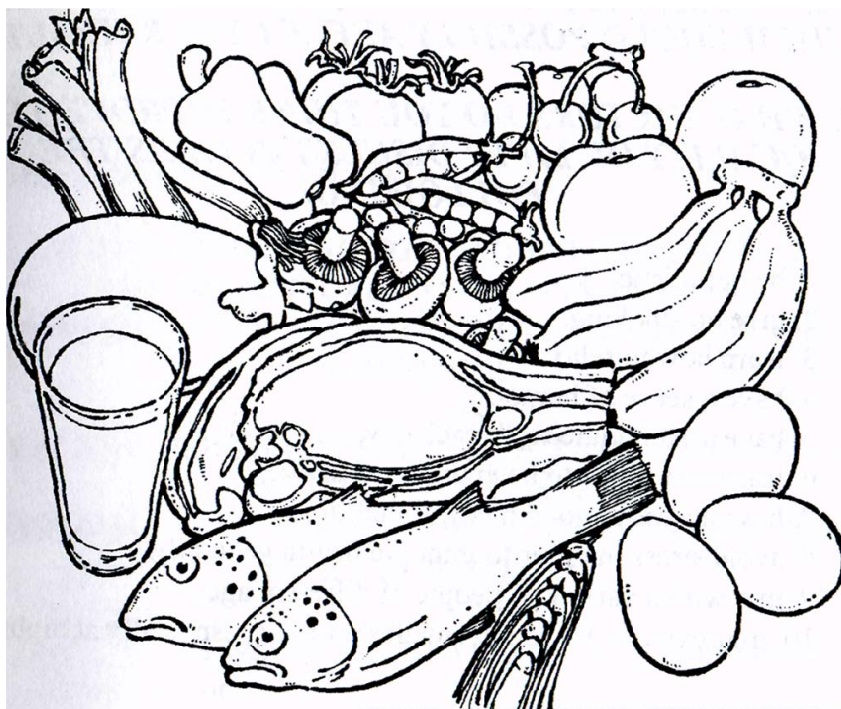
Carbohydrates are the main source of (5) \_\_\_\_\_. They comprise sugars, (6) \_\_\_\_\_ and complex polysaccharides. Fruit and vegetables provide carbohydrates but leaves and stalks can be indigestible because contain more (7) \_\_\_\_\_.

The component (8) \_\_\_\_\_ of protein are essential for structural maintenance, physiological regulation and energy supply. High quality protein which is easily digested and (9) \_\_\_\_\_ is found in meat, eggs, milk, and fish and (10) \_\_\_\_\_ (beans, peas, lentils etc.).

Lipids provide concentrated energy and are used by the body to store energy. They provide (11) \_\_\_\_\_ under the skin, (12) \_\_\_\_\_ major organs from trauma and are required for effective neutral function. They give food aroma and (13) \_\_\_\_\_, increase palatability and give a feeling of satiety.

Only small (14) \_\_\_\_\_ of vitamins are required. Fat-soluble vitamins are absorbed from the small intestine and are found in (15) \_\_\_\_\_ and plant oils. They can be (16) \_\_\_\_\_ in the liver and adipose tissue. Water-soluble vitamins are easily (17) \_\_\_\_\_ from the body. Vitamin B complex includes thiamine, (18) \_\_\_\_\_ and nicotinic acid. Foods providing these include (19) \_\_\_\_\_ (wheat, rye) yeast, milk and eggs.

There are many minerals that are essential for health, but iron, (20) \_\_\_\_\_, and zinc are the most significant. Zinc is involved in enzyme reactions and is important during periods of growth and wound (21) \_\_\_\_\_. It is found in animal products. Iron is a major component of (22) \_\_\_\_\_ and is important in enzyme processes and in the immune response. Iron is found in most foods but must be in (23) \_\_\_\_\_ form.



Alison Pohl «Test Your Professional English, Medical. – Penguin English. 2002, p. 59»

*32. RANK THE FOLLOWING IN ORDER OF IMPORTANCE FROM 1–8. THEN COMPARE YOUR LIST TO YOUR PARTNER’S:*

1. taking plenty of fruit and vegetables;
2. eating red meat;
3. drinking lots of mineral water;
4. exercising regularly;
5. sleeping 8 hours a day;
6. keeping to a healthy weight;
7. having check-ups regularly;
8. taking vitamin pills.

*33. IN PAIRS, DISCUSS ANY BAD HABITS YOU HAVE WHICH COULD POSSIBLY AFFECT YOUR HEALTH*

*34. WHAT FACTORS DO YOU THINK IMPROVE THE QUALITY OF LIFE? DISCUSS IN PAIRS THE FOLLOWING*

1. be optimistic;
2. give up smoking;
3. learn how to relax;
4. have a sense of humor;
5. have a 30-minute walk each day;
6. learn new skills to keep the mind active;
7. have access to good medical facilities;
8. avoid stress in order to improve health generally;
9. mix with a variety of people of different ages;
10. improve diet by eating smaller portions, especially at night.

# **UNIT 8. HEALTH CARE SYSTEM IN THE USA AND GREAT BRITAIN**

## **PART I**

### ***HEALTH SERVICE IN THE USA***

*35. YOU ARE GOING TO READ THE TEXT ABOUT THE HEALTH CARE SYSTEM IN THE USA. BEFORE READING THE TEXT TRY TO ANSWER THE QUESTIONS*

### ***WHAT EXACTLY DO YOU KNOW ABOUT THE HEALTH CARE SYSTEM IN THE USA?***

**COMPARE YOUR ANSWERS WITH THE INFORMATION GIVEN IN THE TEXT**

Health care in the USA is not organized in a single coherent, comprehensive national system, but is a vast and complicated mixture of public and private, with thousands of different organizations involved. It is possible, however, to distinguish three main levels:

- the family doctor;
- the medical institution or hospital;
- the United States Public Health Service.

A private doctor (family doctor) gives his patients regular examinations and inoculations. If professional service or care is needed, the family doctor arranges for specialists or a hospital to take care of his/her patients. A family doctor receives pay directly from the patient. Most physicians work in private practice. A family doctor either has his/her own private office or works with several other doctors in a so-called group practice.

Hospitals provide health care to sick and injured people. Many Americans have no family doctor and they come directly to the hospital for all their medical needs. There are both government-financed and proprietary hospitals in the USA. The hospitals or clinics are staffed by consulting physicians, residents, interns and highly skilled nurses. Most hospitals have at least the following major medical departments or units: surgery, obstetrics and gynecology, pediatrics and general medicine. They may also have a trauma and intensive care unit, a neurosurgical, renal care unit and a psychi-

atric unit. Emergency units occupy special areas in the hospital. Emergency patients receive immediate attention.

The cost of medical care is high in the USA, averaging 16.4% of the GDP and 8,700 dollars per capita, which is significantly higher than for other developed countries such as Canada and the countries of the European Union. This is because of the high cost of drugs and medical technologies, the high incidence of obesity and chronic disease, high administrative costs and, many would argue, the constant threat of medical law suits, which encourages doctors to arrange for their patients to have more tests and procedures than necessary just to be on the safe side. Since most medical aid is delivered by private practitioners, most of the population have private health insurance, which is expensive and is typically paid by their employers. There are two state programs, Medicare and Medicaid, for those who can't afford health insurance.

Medicaid provides free medical care for the poor, the blind and for dependent children.

Medicare started in 1967 and is a federal program, providing free medical care for aged Americans over 65 and for the disabled.

There has been great concern over the past few decades about the large number of Americans who cannot afford private insurance but do not qualify for Medicare or Medicaid. Obviously, those who cannot afford medical care delay going to the doctor and this can result in their condition getting worse. Lack of medical insurance is estimated to contribute to over 50,000 preventable deaths in the USA each year. Barack Obama's administration introduced the Affordable Care Act (popularly known as Obamacare) in 2010 to make health insurance more accessible and affordable to poor Americans. This Act is highly complex, hard for many people to understand and is taking many years to implement. Nevertheless, it has helped about half of uninsured Americans to find medical insurance, though about 20 million Americans remain uninsured. The current Republican administration of Donald Trump would like to abolish Obamacare as they are ideologically opposed to the state playing a leading role in the healthcare of American citizens.

Whatever changes politicians may make in medical care in the USA, it is likely to remain a mixture of the truly excellent (for richer citizens) and the mediocre (for the poorer), reflecting the wide income and lifestyle differences within American society. The average US life expectancy of 78 ranks 50th in the world and infant mortality, at 5.9 per 1,000 births, is 60% higher than in most developed countries.

*36. READ AND MEMORIZE THE FOLLOWING WORDS:*

1. a private doctor – частный врач;
2. inoculation – прививка;
3. to inoculate – делать прививку;
4. arrange – приводить в порядок;
5. provide – обеспечивать;
6. injure – повредить;
7. a consulting physician – врач-консультант;
8. resident – постоянный житель;
9. skilled – квалифицированный;
10. surgery – хирургия;
11. obstetrics – акушерство;
12. gynecology – гинекология;
13. pediatric – педиатрия;
14. neurosurgical – нейрохирургический;
15. psychiatric – психиатрический;
16. emergency unit – отделение неотложной помощи;
17. acquire – приобретать;
18. insurance – страхование, страховая премия;
19. Medicaid – социальная правительственная программа, обеспечивающая бесплатное медицинское обслуживание беднякам и инвалидам;
20. Medicare – правительственная программа, предусматривающая частичную оплату медицинского обслуживания престарелым за счёт страхования, остальную часть – за счёт государства;
21. medical care – медицинское обслуживание;
22. proprietary – частная (больница).

*37. ANSWER THE FOLLOWING QUESTIONS, USING THE FOLLOWING WORDS AND WORD-COMBINATIONS*

1. What kinds of hospitals are there in the USA?  
– government-financed;  
– private hospitals.
2. What are the staff of hospitals or clinics in the USA?  
– consulting physicians;  
– residents;  
– interns;  
– highly skilled nurses.
3. What departments are there at American hospitals?



– surgical renal care unit; psychiatric unit; emergency unit etc.

4. What is Medicaid?

- a federal-state program;
- to provide free medical care;
- the poor;
- the aged;
- the blind;
- dependent children.

5. What is Medicare?

- a federal program;
- a health insurance program;
- a program for the elderly and disabled to provide free medical care for aged Americans.

6. Is the cost of medical care high in the USA ? Why ?

- great expense of advanced medicines and technology;
- problem of treating an aging , overweight population with chronic diseases;

- too much spent on administration;
- harmful effect of law suits for unsuccessful treatment ;

7. How accessible is medical care for poor Americans?

- medical insurance is expensive;
- many delay going to the doctor due to cost;
- introduction of Obamacare

*38. TELL YOUR FRIENDS ABOUT THE WORK OF A PRIVATE DOCTOR IN THE USA. USE THE FOLLOWING KEY-WORDS IN YOUR STORY*

- a private doctor;
- a family doctor;
- to give regular examinations;
- the cost of medical care;
- to make use of hospital facilities;
- group practice.

*39. TEST YOURSELVES*

**I. USE THE PITRASES BELOW (A–H) TO FILL IN THE BLANKS (1–8):**

1. Medicaid is a federal-state program which provides...
2. Medicare is a federal program which provides...

3. The health care system in the USA is organized on three levels...
4. The patients are admitted to hospitals or clinics staffed by...
5. Most hospitals in the U.S. have at least the following major medical departments or units...
6. Medical insurance is commonly paid by...
7. Obama care....
8. The average life expectancy in the USA is...
  - A. free medical care for aged Americans over 65.
  - B. free medical care for the poor and aged, for blind and dependent children.
  - C. consulting physicians, residents, interns, nurses.
  - D. much higher than it was 50 years ago but surprisingly low for a developed country in the 21<sup>st</sup> century
  - E. family doctor, hospital, the U.S. Public Health Service.
  - F. attempts to make health insurance affordable and accessible to poor Americans
  - G. people's employers , usually when they have a well – paid and stable job.
  - H. surgery, obstetrics and gynecology, pediatrics and general medicine.

**II. CHOOSE THE WORDS AND WORD-COMBINATIONS  
WHICH CAN BE USED WHILE SPEAKING OF THE HEALTH  
CARE SYSTEM IN THE USA**

A

1. high standards of Public Health;
2. to give smb. regular examinations;
3. to provide medical care for everybody;
4. to give medical advice;
5. to attend all the lectures of the University.

B

1. private medical practice;
2. a private doctor;
3. cost of medical service;
4. department stores;
5. general medicine department.

**III. CHOOSE THE CORRECT TRANSLATION  
OF THE FOLLOWING WORDS PAYING ATTENTION  
TO THE WORD-BUILDING ELEMENTS**

I. 1. practice	1. практиковать
2. practical	2. практика
3. practise	3. практичный
4. practitioner	4. практикующий врач
II. 1. family	1. фамильярность
2. familiar	2. фамильярный
3. familiarity	3. семья
III. care	1. интересоваться
2. careful	2. заботится
3. to care for	3. беззаботный
4. to care about	4. забота
5. careless	5. заботливый
IV. 1. direct	1. руководитель
2. direction	2. непрямой
3. indirect	3. прямо
4. directly	4. направление
5. director	5. прямой
V. 1. depend	1. зависимость
2. dependent	2. зависеть
3 independent	3. независимо
4. independently	4. независимый
5. dependence	5. зависимый

## **PART II**

### ***HEALTH SERVICE IN GREAT BRITAIN***

#### ***40. WHAT EXACTLY DO YOU KNOW ABOUT MEDICAL SERVICE IN GREAT BRITAIN?***

#### **COMPARE YOUR ANSWER WITH THE INFORMATION GIVEN IN THE TEXT ABOUT THE HEALTH CARE SYSTEM IN THE UNITED KINGDOM**

Healthcare in the United Kingdom is dominated by the National Health Service (NHS), a huge state-run organization which is financed from taxation and provides most medical treatment free, with certain exceptions such as medicines, spectacles and dental care. Free emergency medical treatment is given to any visitor from abroad who becomes ill while staying in the country. But those who come to the UK specifically for treatment must pay for it. The National Health Service (NHS) Act was brought into operation by the Labour government in 1948 with the aim of providing healthcare for the entire population, many of whom had previously been too poor to visit a doctor. It established separate but equivalent health services in England, Wales, Scotland and Northern Ireland, all of which are called the NHS. Further administrative changes were introduced by the Health Service Acts in 1980, 1982 and many subsequent years.

The NHS is one of the largest employers in the world, employing about 1.6 million people. The NHS England is of course the largest division and employs over 150,000 doctors, 360,000 nursing staff, 18,000 ambulance staff, 146,000 qualified scientific, technical and therapeutic staff, and many others.

In the United Kingdom people may use the NHS and they may also go to doctors as private patients. In big towns there are some private hospitals. About 10% of the population have health insurance which helps pay for hospital treatment as private patients. The main advantage of private treatment is that patients can be admitted to hospital at a time of their choice rather than having to wait for weeks before an NHS hospital bed is available. Private hospital treatment also provides greater comfort and greater privacy but it does not necessarily provide higher qual-

ity of medical care. Overall, the NHS remains very popular with people in Britain and even those with health insurance often use the NHS.

The role of the family doctor, termed general practitioner (GP) in the UK, is very important in the Health Service. Not all patients need highly specialized attention and the general practitioner (GP) does invaluable work by filtering off 90% or so of the total case load of patients.

Doctors have freedom of choice: they can choose whether they want to join the NHS or not and if they want NHS or private patients. Most choose to work for the NHS, though many NHS hospital specialists do extra work with private patients because it is very well paid. Most GPs do not do private work because they are paid well enough for their NHS work and are very busy.

Some hospitals in Great Britain are very old, over 80 or 100 years old. Not long ago, 70% of British hospitals were small with about 200 beds. Some of these hospitals have been closed down because they were uneconomic and couldn't provide a full range of service, which can only be supplied by a district hospital of 800 beds or more. There are more than 150 health centers in the UK. They are a part of the unified comprehensive health service and provide opportunities for hospital specialists and GPs.

Health centers contain all the special diagnostic and therapeutic services which family doctors need, such as electrocardiography, X-ray, physiotherapy and a good administrative and medical records system. Family doctors have access to hospital – type resources and can be brought into close relationship with hospital doctors. Health centers are the basis of the primary care system. There are centers which provide consultant services in general medicine and surgery, ear-nose-throat diseases, obstetrics and gynecology, ophthalmology, psychiatry and orthopedics. All consultations in the center are by appointment only. The patient is given a definite time at which to attend. This is recorded on a card for him. Each doctor decides for himself how many patients he can examine in an hour.

The NHS faces the challenges typical of a modern developed country. The population of the UK is ageing, which means that an ever-increasing number of people require medical treatment for the chronic problems of old age. It does not help that many British people do not lead a healthy lifestyle. Unwise eating habits and lack of exercise have led to an increase in obesity, to 25% of the adult population. Also, as

medical technology improves, the range of treatment options grows, all of which costs money. Currently, about 10% of the UK's GDP is spent on health but the demand for healthcare is growing more rapidly than the British economy and the state budget can afford. As a result, millions of patients with serious but non-urgent conditions will continue to wait for weeks, even months before they can see a specialist or receive hospital treatment. Despite these problems, people in Britain are fortunate in their health. The average life expectancy for a man is now 79 and for a woman 83.

#### *41. ANSWER THE FOLLOWING QUESTIONS*

1. When was the NHS Act brought into operation?
  - a. in 1946;
  - b. in 1948;
  - c. in 1980;
  - d. in 1982.
2. Why do many people who can afford to do so still prefer to be private patients?
  - a. they want to have hospital treatment quickly rather than wait for weeks;
  - b. they want to have highly specialized attention;
  - c. they need a consultation which lasts from 6 to 7 minutes;
  - d. they want to be given a definite time at which to attend.
3. What is the role of the family doctor in the NHS?
  - a. S/he puts patients in large rooms with other patients;
  - b. S/he is responsible only for emergency medical treatment;
  - c. S/he gives drugs free of charge;
  - d. S/he filters off the patients who do not need highly specialized attention.
4. For whom do doctors in Britain work?
  - a. They all work for the NHS.
  - b. They mostly work for the NHS.
  - c. Most of them work in private practice.
5. What is the main role of health centers?
  - a. Patients have major surgical operations here.
  - b. Patients can have a wide range of consultations, medical tests and treatment on a primary care basis.

c. Patients usually come in for emergency treatment without an appointment.

6. Why is the NHS is under pressure?

a. Because treating an ageing and often unfit population is expensive.

b. Because the British government is bankrupt.

c. Because deadly tropical diseases are spreading to Britain due to global warming.

7. Why are British people fortunate in their health?

a. Because they lead healthy lifestyles.

b. Because their average life expectancy is around 80.

c. Because they can quickly see a specialist and receive hospital treatment when they are ill.

*42. COMPARE THE HEALTH CARE SYSTEMS IN UKRAINE, THE UK AND THE USA IN WRITING*

## APPENDIX 1

### NAMES OF DISEASES

abscess – абсцесс, гнойник;  
allergy – аллергия, повышенная чувствительность;  
anemia – анемия, малокровие;  
angina – ангина;  
angina pectoris – стенокардия;  
anorexia – анорексия, отсутствие аппетита;  
appendicitis – аппендицит;  
asthma – астма, удушье, одышка;  
athlete's foot – эпидермофития стопы;  
bad circulation – ишемия, малокровие;  
biliary calculus – камень в печени;  
biliary colic – печеночные колики;  
bladder calculus – камень в мочевом пузыре;  
blood-poisoning – заражение крови;  
bronchitis – бронхит;  
cancer – рак, карцинома, злокачественное новообразование;  
cardiac disorder – сердечное нарушение;  
cardiac infarction – сердечный инфаркт;  
catarrh – катар;  
cerebral stroker? – церебральный паралич (внезапный приступ);  
cholecystitis – холецистит;  
cirrhosis – цирроз печени;  
cold – простуда;  
cold in the head – насморк;  
concussion – сотрясение;  
conjunctivitis – конъюнктивит;  
dermatitis (dermatosis) – дерматоз, кожная болезнь;  
discharge – выделение;  
dysentery – дизентерия;  
eczema – экзема;  
edema – отек;  
embolism – эмболия, закупорка кровеносного сосуда;  
enteritis – воспаление тонких кишок, энтерит;  
epilepsy – эпилепсия;  
furuncle – фурункул, чирей;



gangrene – гангрена, омертвление;  
gastritis – гастрит;  
gastroenteritis – гастроэнтерит;  
goiter – зоб, струма;  
gout – подагра;  
haemorrhage – кровоизлияние, кровотечение;  
hay fever – поллиноз, сенная лихорадка;  
hernia – прободение;  
hysteria – истерия, истерический невроз;  
infantile paralysis (poliomyelitis) – детский паралич,  
полиомиелит;  
infarct – инфаркт;  
infection – заражение, инфекция;  
inflammation – воспаление;  
inflammation of the middle ear – воспаление среднего уха;  
inguinal hernia – паховая грыжа;  
ischemia – ишемия;  
jaundice – желтуха;  
laryngitis – ларингит;  
leukemia – лейкоз;  
lumbago – люмбаго (приступообразная интенсивная боль в поясничной области);  
measles – корь;  
meningitis – лептоменингит;  
migraine – мигрень;  
mumps – эпидемический паротит;  
muscular rheumatism (nonarticular) – фиброзит (несуставной);  
myocardial insufficiency – недостаточность миокарда;  
nasal polyps – полипы носа;  
nephritis – нефрит, воспаление почек;  
nervous disturbance ataxi – атаксия, расстройство координации движения;  
neuralgia – невралгия;  
neuritis – неврит;  
neurosis (pl. neuroses) – невроз;  
otitis – воспаление уха;  
pancreatitis – панкреатит;  
paralysis – паралич;  
peritonitis – перитонит, воспаление брюшины;

pharyngitis – фарингит;  
phlegmon – флегмона;  
pleurisy – плеврит;  
pneumonia – пневмония, воспаление легких;  
pyelitis – пиелит, воспаление почечной лоханки;  
renal calculus – камень в почке;  
rheumatism – ревматизм;  
rhinitis – ринит, воспаление слизистой оболочки полости носа;  
rickets – рахит;  
rubella (german measles) – краснуха;  
rupture – грыжа;  
ruptured intervertebral disk – разрыв межпозвоночного диска;  
ruptured muscle – разорванная мышца;  
sarcoma (pl. sarcomata) – саркома;  
scarlet fever – скарлатина;  
sciatica – невралгия седалищного нерва;  
scrotal hernia – скротальная (мошоночная грыжа);  
sepsis – сепсис, заражение крови, инфекция;  
tape-worm – ленточный червь, гельминт;  
tenosynovitis – тендосиновит, воспаление синовиальной  
оболочки сухожильного влагалища;  
to catch a cold (to take a cold) – простудиться;  
tonsillitis – тонзиллит, воспаление миндалин;  
torn ligament – разрыв связки;  
ulcer – язва;  
umbilical hernia – пупочная (умбиликальная) грыжа;  
urticaria – крапивница, крапивная лихорадка;  
varicose veins – варикозное расширение вен;  
venereal diseases – венерические болезни;  
vertigo – головокружение;  
whooping cough (pertussis) – коклюш;  
yellow fever – желтая лихорадка, амариллёз.

## APPENDIX 2

### CONSULTANT

The most senior position held by physicians or surgeons with the highest qualifications e.g. FRCS MRCP\*

### MEDICAL ASSISTANT

A senior position held by a doctor with many years experience but without a higher qualification.

### SENIOR REGISTRAR

A position held by a doctor with the highest degree in a chosen speciality, two years experience in a general hospital, and two years experience in the chosen speciality in a teaching hospital\*.

### REGISTRAR

A position held by a doctor who usually has a higher qualification.

### SENIOR HOUSE OFFICER

A one year appointment (usually residential) held by a doctor who is studying for a higher qualification.

### HOUSE OFFICER

A position held by a doctor who has completed the pre-registration year.

**PRE-REGISTRATION HOUSE OFFICER** A position held by a newly qualified doctor for one year, prior to full registration.

**DIRECTOR OF NURSING SERVICES** A position held in nursing administration.

**SENIOR NURSE** A senior management position.

### DEPARTMENTAL SISTERS

A senior position for a nurse with experience and either (State Registered Nurse )SRN or Registered General Nurse (RGN )(three years training).

\* Note that Consultants and Senior Registrars who are surgeons drop the title Dr and are addressed as Mr / Mrs / Ms / Miss

**WARD SISTER**

A qualified and experienced nurse with overall responsibility for a ward.

**STAFF NURSE**

First post for a SRN/RGN qualified nurse.

**STATE ENROLLED NURSE**

A post held by a nurse who has completed the short two year training course.

**NURSING AUXILIARY / NURSING ASSISTANT** Untrained nursing assistant.

### APPENDIX 3

<i>NHS</i>	<i>UK University</i>	<i>US Hospital</i>	<i>US University</i>
Consultant	Senior Lecturer / Professor	Attending Physician	Fellow / Associate Professor
*Senior Registrar	Lecturer	*Senior Resident	Assistant
Registrar	Lecturer	Resident (Year 2/3)	Assistant
Senior House Officer	–	Resident (Year 1)	–
House Officer	–	Intern	–

\* In the UK a Senior Registrar may hold the post for 4 years whereas in the USA a Senior Resident does only one year.

# Key to Exercises

## Unit 1

### SECTION 1. MATCH EACH WORD ON THE LEFT

A1 = B4; A2 = B6; A3 = B1; A4 = B5; A5 = B7; A6 = B2;  
A7 = B14; A8 = B12; A9 = B10; A10 = B9; A11 = B15;  
A12 = B11; A13 = B13; A14 = B16; A15 = B20; A16 = B19; A17 = B18;  
A18 = B17; A19 = B3; A20 = B8.

### SECTION 2. FILL IN THE GAPS

1. an ache; 2. wards; 3. an ambulance; 4. check up or prescription;  
5. rounds; 6. attack; 7. remedy; 8. bandage; 9. cast; 10. fractures;  
11. prescription; 12. a fever; 13. blood; 14. recovery; 15. symptoms;  
16. blood; 17. cure; 18. discharge.

### SECTION 6. COMPREHENSION QUESTIONS

1. B; 2. C; 3. B; 4. C; 5. B; 6. A. 7. D; 8 D; 9. A; 10 C.

### SECTION 7. FILL IN THE BLANKS

1) = equipped; 2) = critical; 3) = threaten; 4) = diagnosis; 5) = emergency;  
6) = specialist; 7) = intoxication; 8) = accessible; 9) = subordinated;  
10) = preventive; 11) = rehabilitation; 12) = paramedics; 13) = outpatient clinic;  
14) = midwives; 15) = injuries; 16) = painkiller.

## Unit 2

### SECTION 9. COMPLETE THE FOLLOWING COMPLAINTS

1. sore throat, runny nose, temperature; 2. out of breath; 3. lost my appetite;  
4. can't sleep; 5 temperature and a runny nose/sore throat/headache;  
6. bruise; 7. insect bite, swollen leg; 8. black eye/bruise/nosebleed; 9. depressed;  
10. lump; 11. nosebleed; 12. a stomach-ache.

### SECTION 10. LABEL THE PARTS OF THE BODY

Forehead 2; chest 12; big toe 28; knee 26; cheek 7; palm 20; ear 6; back 33;  
thigh 25 ; thumb 21; stomach 18; mouth 8; head 1; ankle 29; hip 23; eyebrows  
3; elbow 15; neck 31; waist 17; chin 9; throat 11; finger 22; shoulder 32; arm  
14; breast 16; foot 30; wrist 19; armpit 13; groin 24; calf 27; bottom 34; eye 4;  
jaw 10; nose 5.

### SECTION 11. FILL IN THE GAPS

1 = c) visual examination; 2 = d) palpation; 3 = a) percussion; 4 = b) auscultation.

### SECTION 12. MATCH THE PROBLEMS TO THEIR SYMPTOMS AND CAUSES

1 + 3 + 7; 2 + 1 + 5; 3 + 4 + 2; 4 + 7 + 3; 5 + 5 + 6; 6 + 2 + 1;  
7 + 8 + 8; 8 + 6 + 4.

## Unit 4

### SECTION 17. MATCH THE FOLLOWING ENGLISH WORD COMBINATIONS

1 = 15; 2 = 1; 3 = 14; 4 = 2; 5 = 13; 6 = 4; 7 = 12; 8 = 3; 9 = 11; 10 = 5; 11 = 10; 12 = 6; 13 = 9; 14 = 8; 15 = 7.

## Unit 5

### SECTION 22. FIND SUBSTITUTES

1 = 5; 2 = 3; 3 = 1; 4 = 4; 5 = 2.

### SECTION 23. GIVING INSTRUCTIONS

2 = take; 3 = spray; 4 = apply; 5 = chew; 6 = insert; 7 = put; 8 = stick; 9 = wear; 10 = take/carry; 11 = put + dissolve; 12 = sip; 13 = clean = leave; 14 = dissolve + inhale; 15 = dip; 16 = continue.

## Unit 6

### SECTION 25. FILL IN THE GAPS

a) = 12; b) = 1; c) = 18; d) = 8; e) = 7; f) = 11; g) = 14; h) = 2; i) = 17; j) = 15; k) = 3; l) = 4; m) = 16; n) = 5; o) = 6; p) = 10.

### SECTION 27. MATCH EACH WORD COMBINATION

1) = 8; 2) = 6; 3) = 10; 4) = 1; 5) = 9; 6) = 2; 7) = 3; 8) = 4; 9) = 5; 10 = 7.

## Unit 7

### SECTION 31. FILL IN THE MISSING WORDS

1) = undernutrition; 3) = intake; 4) = minerals; 5) = energy; 6) = starches; 7) = cellulose; 8) = amino acids; 9) = absorbed; 10) = pulses; 11) = insulation; 12) = protect; 13) = flavor; 14) = amounts; 15) = fish; 16) = stored; 17) = lost; 18) = riboflavin; 19) = cereals; 20) = iodine; 21) = healing; 22) = haemoglobin; 23) = bioavailable.

## Unit 8

### SECTION 39. EXERCISE I

1 = B; 2 = A; 3 = E; 4 = C; 5 = H; 6 = G; 7 = F; 8 = D.

### SECTION 39. EXERCISE III

I. 1 = 2; 2 = 3; 3 = 1; 4 = 4.

II. 1 = 3; 2 = 2; 3 = 1.

III. 1 = 4; 2 = 5; 3 = 2; 4 = 1; 5 = 3.

IV. 1 = 1; 2 = 4; 3 = 2; 4 = 3; 5 = 1.

V. 1 = 2; 2 = 5; 3 = 4; 4 = 3; 5 = 1.

### SECTION 41. ANSWER THE FOLLOWING QUESTIONS

1 = b; 2 = a; 3 = d; 4 = b; 5 = b; 6 = a; 7 = b.

## BIBLIOGRAPHY

1. Маслова А.М. Учебник английского языка для медицинских вузов / А.М. Маслова, З.И. Вайнштейн, Л.С. Плебейская. – М.: Высшая школа, 1983. – 352 с.
2. Англо-русский медицинский словарь. – М.: Русский язык, 1988. – 608 с.
3. Русско-английский медицинский словарь. – М.: Русский язык, 1975. – 648 с.
4. Alison P. Test Your Professional English. Medical / P. Alison. – Harlow: Penguin English, 2002. – 104 p.
5. Evans V. Upstream (intermediate). Student's Book / V. Evans, J. Dooley; Express Publishing, 2006. – 222 p.
6. Glendinning E.H. English In Medicine. A Course in Communication Skills / E.H. Glendinning. – Cambridge University Press, 1987. – 153 p.
7. Evans Virginia. Career Paths. Nursing / Virginia Evans, Kori Salcido; Express Publishing, 2014. – 122 p.
8. Evans Virginia. Career Paths. Medical / Virginia Evans, Jenny Dooley, M. Trang, M.D. Tran, Express Publishing, 2014. – 102 p.



Навчальне видання  
**Кабанова Марина Романівна**  
**Плеханова Тетяна Миколаївна**  
**Бредбієр Пол В.**  
**ОХОРОНА ЗДОРОВ'Я В УКРАЇНІ**  
**ТА ЗА КОРДОНОМ**

Англійська мова (поглиблене вивчення)  
(англійською та російською мовами)

Редактор *М.С. Велес*

Комп'ютерна верстка *А.Ю. Такій*

---

Підписано до друку 25.04.2017. Формат 60×84/16.  
Ум. друк. арк. 3,25. Тираж 100 пр. Зам. № .

---

ВНЗ «Університет імені Альфреда Нобеля».  
49000, м. Дніпро, вул. Січеславська Набережна, 18.  
Тел. (056) 778-58-66, e-mail: rio@duan.edu.ua  
Свідоцтво ДК № 5309 від 20.03.2017 р.

Віддруковано у ТОВ «Роял Принт».  
49052, м. Дніпро, вул. В. Ларіонова, 145.  
Тел. (056) 794-61-05, 04  
Свідоцтво ДК № 4765 від 04.09.2014 р.