

BUILDING A MULTILINGUAL CLINICAL ENVIRONMENT



In an effort to better serve the local community of the time, *SMA News* initiated a column to teach Mandarin in a medical context. It aimed to equip doctors and clinical staff with the appropriate vocabulary to communicate with Mandarin-speaking patients. The following excerpt on influenza was the first in the series, published in the July/August 1978 issue of *SMA News*, then known as *SMA Newsletter*. ♦

SMA Newsletter, July/August 1978

MEDICAL BILINGUALISM

Influenza

1. Please tell me what is the matter with you?
I have fever.
2. How many days have you had fever?
About 3 to 4 days.
3. Have you been coughing?
Yes, from the second day of my illness. The cough is at night.
4. Are you coughing up sputum?
At first there was none, but since yesterday a little.
5. What is the colour of the sputum?
It was colourless at first, but is now yellow, thick and sticky.
6. How about your nose? Have you been sneezing?
Yes, from the very first day; but the sneezing stopped 2 days ago.
7. Is your nose stuffed up (blocked)?
Now and then.
8. Do you have a running nose?
Yes, it was watery at first, but now like sputum.
9. Does your throat hurt when you swallow?
It hurts all the time; even now as I am speaking.
10. Has your voice changed?
No.
11. Have you taken any medicines?
No, I thought I would get better on my own.
12. Open your mouth. Say "Ah!" longer please.
13. Put this thermometer under your tongue. Let's see your temperature. Your temperature is 39.5°C, quite high.
14. Take off your shirt and singlet. Let me listen to your breathe.
15. Breathe in deeply, then breathe right out, a bit faster
No, not quite so fast, a little slower. That's just right.
16. Please put your clothes back on.
17. Here is your prescription — take the medicine as instructed on the prescription.
18. Have I got tonsillitis? No, this is influenza.
19. You should go home and rest.
20. Here is a medical certificate for two days.

For those of us who were never able to, or have become rusty in using Mandarin in our daily work, the *SMA Newsletter* will be running a regular series on medical Chinese. Each feature will take the form of a conversation between a patient and the attending doctor. The medical topics covered will vary from issue to issue depending on the contributor, but the overall plan is initially to cover the commoner clinical situations.

The simplified (short form) Singapore Chinese character is used, because it is felt that as you progress to more words, which may sound exactly the same, the characters will provide a useful aide-memoire.

Romanisation is given, for the idea is that you could then start using it on the patients in your clinic; romanisations are imperfect, however, so please check with a Chinese (Mandarin) speaker first.

A smooth translation in English is provided, as well as additional words which could be inserted or slotted into the main conversation.

The first contribution in the series is entitled "Influenza". The contributor is not a doctor, but a worker in a medical clinic, Miss May Lim Kye May. We are all indebted to her for the pains she has taken in preparing this contribution.

Contributions from *SMA* members are cordially invited.

About a decade ago, the Malaysian Medical Association ran a series on medical Malay. If the demand from *SMA* members is sufficient, we are game to study the feasibility of a series on Medical Tamil, after the present series is completed.

INFLUENZA (gǎn mǎo)

1 请您告诉我有什么事情呢?
qǐng mǐ gào sù wǒ yǒu shén me. shì qǐng ne.
please you tell me have what matter

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MEDICAL BILINGUALISM

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- 我有高热。
wǒ yǒu gāo rè.
I have Fever.
- 2 你的高热已经有几天了?
nǐ de gāo rè yǐ jīng yǒu jǐ tiān le?
Your fever already (past) have how many day already.
- 3 你有咳嗽吗?
nǐ yǒu ké sǒu ma?
You have a cough?
- 有, 第二天才咳, 晚上会咳的更厉害一点?
yǒu dì èr tiān cái ké, wǎn shàng huì ké de gèng lì hai yí diǎn.
Yes, second day cough, evening have cough more worse a little.
- 4 咳嗽时有痰吗?
ké sǒu shí yǒu tǎn ma?
Coughing time have sputum.
- 起初没有, 昨天开始有一点。
qǐ chū méi yǒu, zuó tiān kāi shǐ yǒu yí diǎn.
In the beginning no, yesterday start to have a little
- 5 那么你的痰是什么颜色呢?
nǎ me, nǐ de tǎn shì shén me yān sè ne.
How about your phlegm is what colour.
- 起初是没有颜色的, 现在是黄色, 而且浓还带有粘性
qǐ chū shì méi yǒu yān sè de xiān zài shì huáng sè ér qiě nóng hái dài yǒu nián xìng.
At the start is without colour now is yellow but also thick also have sticky.
- 6 那么你的鼻子有问题吗?
nǎ me, nǐ de bí zǐ yǒu wèn tí ma.
How about your nose has problem?
- 你有打喷嚏吗?
nǐ yǒu dǎ pēn tǐ ma.
You have sneezing?
- 有从第一天起就有了, 不过两日前已经停止了。
yǒu cóng dì yī tiān qǐ jiù yǒu le. bù guò liǎng rì qián yǐ jīng tíng zhǐ le.
Yes from the first day came then here already. But Two days before already stopped already.
- 7 你的鼻子会阻塞吗?
nǐ de bí zǐ huì bǐ sè ma.
Your nose has blockage?
- 有时会, 有时不会。
yǒu shí huì yǒu shí bù huì.
Sometimes have sometimes not have.
- 8 你有流鼻涕吗?
nǐ yǒu liú bí tǐ ma.
You having flowing nose discharge?
- 有, 起初是清涕, (特薄), 现在像痰一样。
yǒu qǐ chū shì qīng tǐ (tè báo), xiān zài xiàng tǎn yí yàng.
Yes at the start is clear (and) watery now like sputum a little.
- 9 当你吞东西时, 你的喉咙会感到疼痛吗?
dāng nǐ tūn dōng xī shí, nǐ de hóu lóng huì gǎn dào téng tòng ma.
When you swallow things time your throat can feels ache-pain.
- 从开始就疼痛不止, 连现在讲话也会发痛。
cōng kāi shǐ jiù téng tòng bù zhǐ lián xià huà zài jiǎng huà yě huì fā téng.
From the start (even) then ache-pain to speak also have soreness.
- 10 你的声音有没有改变到呢?
nǐ de shēng yīn yǒu méi yǒu gǎi biàn dào ne.
your voice has not has changed.

- 没有。
méi yǒu.
no.
- 11 你有吃过药吗?
nǐ yǒu fú guò yào ma.
you have eaten medicines.
- 没有, 我原想自己会好的。
méi yǒu, wǒ yuán xiǎng zì jǐ huì hǎo de.
no I thought (by) myself able (to be) well.

- 12 请你张开你的口, 说“啊”
qǐng nǐ zhāng kāi nǐ de kǒu, shuō “ā”
please you open your mouth, say “Ah”

你的温度是摄氏三十九点五度, 相当高。
nǐ de wēn dù shì shè shì sān shí jiǔ diǎn wǔ.
Your temperature is celsius 39.
point 5 degrees. Quite high.

- 13 放温度计在你的舌头上, 看看你的体温几度。
Fàng wēn dù jì zài nǐ de. Shé tǒu xià kàn kàn nǐ de. tǐ wēn jǐ dù.
place the thermometer place you tongue under. See your body temperature.

- 14 脱下你的衣服和背心, 让我听听你的呼吸如何。
tuō xià nǐ de yī fu hé bèi xīn, ràng wǒ tīng tīng nǐ de hū xī rú hé.
Take off your shirt and singlet let me listen your breathing.

- 15 深吸一口气, 然后呼出, 呼吸快一点。
shēn xī yí kǒu qì, rán hòu hū chū hū xī.
kuài yí diǎn.
Deeply breathe (a mouthful) then breathe out, breathe faster a little.

不, 不要这样快, 慢一点。
bù, bù yào zhè yàng kuài màn yí diǎn.
no-not want this way fast, slow a little.

这样刚好。
zhè yàng gāng hǎo.
this way just right.

- 16 请你穿回你的衣服。
qǐng nǐ chuān huí nǐ de yī fu.
please you wear (back) your clothes.

- 17 这是你的药方, 照药方的指示去服药。
zhè shì nǐ de yào fāng, zhào yào fāng de zhǐ shì qù fú yào.
This is your prescription, follow prescription directions go take medicine.

- 18 我是不是有扁桃腺炎?
wǒ shì bù shì yǒu biǎn táo xiàn yán.
I have not have tonsil inflammation.

不, 这是感冒。
bù, zhè shì gǎn mào.
no this is influenza.

- 19 你回家去休息吧!
nǐ huí jiā qù xiū xi ba.
you return home go rest.

- 20 这是你两天的病假证书。
zhè shì nǐ liǎng tiān de bìng jiǎ zhèng shū.
This is your 2 days sick certificate.

Additional Vocabulary

Green 青	qīng	
Red 红	hóng	
White 白	pái	
Blood stained 有血色	yǒu xuè sè	
Pneumonia 肺炎	fēi yǎn	
Common cold 伤风	sān fēng	

WANTED: A National Policy on Drugs

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despite long-term use. However, as long as adequate clinical data are not available, these remedies cannot be considered as essential or complementary drugs.

Making lists of essential drugs is current practice everywhere, and the criteria for selection can be very different. Every well-organised doctor has a list of 50 to 100 pharmaceutical products which he knows well. In the industrialised countries, experience shows that 500 to 800 products can fully answer the needs of 80 to 85 per cent of the patients in hospital.

It is not possible to furnish a single list of drugs applicable in and acceptable to all countries. Each country has to evaluate its own situation and adopt lists of medicaments best suited to its needs at the different levels of its health services network and in accord with its health policy. These lists must be periodically reviewed and brought in line with new knowledge and with the changing health needs of the people.

A list of essential drugs must obviously remain open. It cannot possibly answer the needs of every single individual, and exclusion from the list should not mean that a product is of no value. The existence of a list signifies only that the products listed are most likely to satisfy the priority needs of the majority of a population.

For a good drug policy to come into force, it is evident that the countries will have to give particular attention to the following: drug legislation, selection of the products, quality control, imports, local production, distribution network, price fixing, information to the public and to health workers on the proper use of drugs, and research and development.

How a country wants to regulate its pharmaceutical supply, or how it proposes to establish its list of essential drugs is a matter of political decision. Every country is free to determine its own priorities in regard to its health and drug policies.

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