

大学英语精读第四册UnitFive PDF转换可能丢失图片或格式 ,
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https://www.100test.com/kao_ti2020/227/2021_2022__E5_A4_A7_E5_AD_A6_E8_8B_B1_E8_c82_227608.htm TextIs it ever proper for a medical doctor to lie to his patient? Should he tell a patient he is dying? These questions seem simple enough, but it is not so simple to give a satisfactory answer to them. Now a new light is shed on them.
TO LIE OR NOT TO LIE THE DOCTORS DILEMMA
Sissela Bok
Should doctors ever lie to benefit their patients -- to speed recovery or to conceal the approach of death? In medicine as in law, government, and other lines of work, the requirements of honesty often seem dwarfed by greater needs: the need to shelter from brutal news or to uphold a promise of secrecy. to expose corruption or to promote the public interest. What should doctors say, for example, to a 46-year-old man coming in for a routine physical checkup just before going on vacation with his family who, though he feels in perfect health, is found to have a form of cancer that will cause him to die within six months? Is it best to tell him the truth? If he asks, should the doctors deny that he is ill, or minimize the gravity of the illness? Should they at least conceal the truth until after the family vacation? Doctors confront such choices often and urgently. At times, they see important reasons to lie for the patients own sake. in their eyes, such lies differ sharply from self-serving ones. Studies show that most doctors sincerely believe that the seriously ill do not want to know the truth about their condition, and that informing them risks destroying their hope, so that they may recover more slowly, or

deteriorate faster, perhaps even commit suicide. As one physician wrote: "Ours is a profession which traditionally has been guided by a precept that transcends the virtue of uttering the truth for truths sake, and that is as far as possible do no harm." Armed with such a precept, a number of doctors may slip into deceptive practices that they assume will "do no harm" and may well help their patients. They may prescribe innumerable placebos, sound more encouraging than the facts warrant, and distort grave news, especially to the incurably ill and the dying. But the illusory nature of the benefits such deception is meant to produce is now coming to be documented. Studies show that, contrary to the belief of many physicians, an overwhelming majority of patients do want to be told the truth, even about grave illness, and feel betrayed when they learn that they have been misled. We are also learning that truthful information, humanely conveyed, helps patients cope with illness: helps them tolerate pain better, need less medicine, and even recover faster after surgery. Not only do lies not provide the "help" hoped for by advocates of benevolent deception. they invade the autonomy of patients and render them unable to make informed choices concerning their own health, including the choice of whether to be patient in the first place. We are becoming increasingly aware of all that can befall patients in the course of their illness when information is denied or distorted. Dying patients especially -- who are easiest to mislead and most often kept in the dark -- can then not make decisions about the end of life: about whether or not they should enter a hospital, or have surgery. about where and with whom they should spend their remaining time. about

how they should bring their affairs to a close and take leave. Lies also do harm to those who tell them: harm to their integrity and, in the long run, to their credibility. Lies hurt their colleagues as well. The suspicion of deceit undercuts the work of the many doctors who are scrupulously honest with their patients. It contributes to the spiral of lawsuits and of "defensive medicine," and thus it injures, in turn, the entire medical profession. Sharp conflicts are now arising. Patients are learning to press for answers. Patients bills of rights require that they be informed about their condition and about alternatives for treatment. Many doctors go to great lengths to provide such information. Yet even in hospitals with the most eloquent bill of rights, believers in benevolent deception continue their age-old practices. Colleagues may disapprove but refrain from objecting. Nurses may bitterly resent having to take part, day after day, in deceiving patients, but feel powerless to take a stand. There is urgent need to debate this issue openly. Not only in medicine, but in other professions as well, practitioners may find themselves repeatedly in difficulty where serious consequences seem avoidable only through deception. Yet the public has every reason to be wary of professional deception, for such practices are peculiarly likely to become deeply rooted, to spread, and to erode trust. Neither in medicine, nor in law, government, or the social sciences can there be comfort in the old saying, "What you don't know can't hurt you." New Wordsdilemma. a situation in which one has to make a choice between two equally unsatisfactory things. a difficult choice 窘境, 进退两难 benefit vt. do good to 有益于 recovery n. the process or

fact of getting back to a former state of good health. the state of recovering or being recovered 痊愈 ; 复得 conceal vt. hide, keep from being seen or known 隐瞒 linen. a business, profession, trade, etc. 行业 dwarf vt. cause to appear small by comparison 使矮小 , 使相形见绌 n. a person, animal, or plant of much less than the usual size 矮小 ; 矮小的动 (植) 物 shelter vi. take shelter. find protection 躲避 vt. provide shelter for. protect 掩蔽 ; 庇护 brutal a. cruel, severe uphold vt. support 支撑 ; 维护 secret n. the practice of keeping secrets. the state of being secret expose vt. disclose. leave uncovered or unprotected 揭露 ; 暴露 corruption n. dishonesty. immoral behaviour 腐化 , 道德败坏 promote vt. help to grow or develop. raise in rank, condition, or importance 促进 , 推进 ; 提升 check up n. a general medical examination minimize vt. reduce to the smallest possible amount or degree gravity n. the quality of being serious critical 严重性 confront vt. meet face to face. oppose (勇敢地) 面对 ; 对抗 urgently ad. in an urgent manner 紧急地 , 急迫地 urgent a. self-serving a. serving ones own interests. seeking advantage for oneself 利己的 recover vi. get well. get back to a normal condition deteriorate v. (cause to) become worse (使) 恶化 suicide n. the act of killing oneself physician n. a doctor of medicine 内科医生 traditionally ad. by tradition. in a traditional manner precept n. a rule of moral conduct. maxim 戒律 ; 格言 precept vt. rise above or go beyond the limits of. surpass 超越 virtue n. goodness or moral excellence. a good quality 美德 ; 优点 utter vt. speak. give out deceptive a. deceiving or misleading. meant to deceive innumerable a. too many to be counted placebo n.

substance given instead of real medicine to a patient for
psychological effect 安慰剂warrant vt. justify. authorize. guarantee
使有（正当）理由；授权（给）；担保distortvt. give a false
account of. twist out of the usual shape 歪曲；弄歪gravea. serious.
requiring careful consideration 严重的；严肃的incurably ad.
beyond cureillusorya. deceptive and unreal. based on an illusion 虚
幻的deceptionn. deceiving or being deceived. a trick intended ot
deceive 欺骗；诡计document vt. prove or support with documents
用文件证明contrarya. completely different or wholly opposed 相反
的；对抗的overwhelminga. too many, too great, or too much to be
resisted 势不可挡的；压倒之势的betray vt. be unfaithful to.
deceive 背叛truthfula. truehumanely ad. tenderly, kind-heartedly 仁
爱地；人道地toleratevt. allow or endure with protest 容
忍advocaten. person who speaks for an idea, way of life, etc. 拥护者
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