**Unit Three Medical Care**

**预习任务-阅读与思考**：Read the article below and please:

1. think about the questions:

The following are 2 contradictory suggestions when a person catches a cold. Which one do you support? Give reasons for your ideas.

1. Take medicines immediately so that the cold will not develop into a severe one.
2. Don’t take medicines because your body will cure itself.
3. When reading for the first time, give attention to the way that the author began this academic article and think about other ways to begin an academic text.
4. Give notice to the highlighted words and underlined sentences.
5. Mark the difficult sentences and words.

**Reading 2**

**When Less Medicine Means More Health**

*John Henning Schumann*

1 Six months ago, an octogenarian patient told me he’d been having light-headedness. For decades, he’d taken a combination pill (two medicines in one) to keep his blood pressure below 140/90, numbers proved important in preventing heart attacks, strokes, and kidney failure. Light-headedness is common among older people on blood pressure drugs. “It’s as though I’m just going to pass out,” he told me. “My vision fades, and I get wobbly legs.” Fortunately, my patient’s episodes had passed without him actually falling.

2 He and I agreed that it would make sense to stop his medicine for a month and see what happened — something called a drug holiday. My patient agreed to buy a home blood pressure cuff, use it two or three times a week, and share the results with me. A month went by. His blood pressure, over multiple readings, was fine. And no more light-headedness.

3 I wrote him back: “Stay off the medication — it’s clear from your readings that you no longer need it.” He was thrilled. The decision saved him money and meant he could forget about one of his many daily pills.

4 Now new research has thrown that decision into question. A federally funded study was recently stopped early because of evidence that aggressively lowering blood pressure saves lives. The new findings indicate that getting the top (systolic) number to 120 or lower is even better at saving lives than the current standard of 140.

5 Still, I’m satisfied my decision was a good one. I helped my patient avoid a drug-related problem like a fall and maybe a hip fracture — one of the banes of our aging population. What’s more, he and I pushed back against medical inertia, the tendency to keep things the way they are because it’s easier than making a change.

6 My patient’s experience and stories like his have led me to believe that there comes a point in aging when our physiology changes. No doubt there are many factors, such as our senior brains, stiffening blood vessels, and changes in the ratios of our hormones. Sometimes age brings more illness, but in other cases, problems seem to diminish.

7 Too often, we overlook the option of de-prescribing, or discontinuing medications in older people who take a lot of them. A recent review of more than two dozen studies in which patients discontinued medications (including sedatives like Valium as well as blood pressure drugs) found that people did surprisingly well when they stopped taking them. Adverse symptoms abated, and their health generally improved.

8 As a doctor looking first to do no harm, I draw the following conclusion: Though I’m ready to believe the better low blood pressure outcomes promised by the latest research, I’m also going to look for opportunities to minimize the overuse of drugs in older patients. For many of us, less medicine means more health.

(473 words)