



Université de Toulouse le Mirail

Concours d'Entrée, Juin 2012

CETIM : Centre de Traduction, Interprétation et Médiation Linguistique

## SUJET ANGLAIS

### MASTER<sub>1</sub>

- 1 Résumer le document en français à un tiers environ de sa longueur d'origine (320-350 mots).
- 2 Proposer une traduction des segments suivants (en tenant compte du contexte dans lequel ils s'insèrent):
  - 13-14 *"The rise of doctors' associations and medical schools helped separate doctors from quacks. Licensing and prescribing laws enshrined their status."*
  - 20-21. *"A medical degree is a universal badge of respectability. Others make a living. Doctors save lives, too."*
  - 24-26 *"About half of American adults already have a chronic condition, such as diabetes or hypertension, and as the world becomes richer the diseases of the rich spread farther."*
  - 32-32 *"All this should be cause for excitement. Resources are slowly being reallocated. Nurses and other health workers will put their training to better use. Devices will bolster care in ways previously unthinkable. Doctors, meanwhile, will devote their skill to the complex tasks worthy of their highly trained abilities. Doctors may thus lose some of their old standing. But patients will clearly win."*
3. En vous appuyant sur ce document, commentez d'un point de vue traductologique les difficultés liées de façon générale à la traduction des titres d'articles de presse.

## **The future of medicine** **Squeezing out the doctor**

*The role of physicians at the centre of health care is under pressure*

Jun 2nd 2012 | *Economist* print edition



IN A windowless room on a quiet street in Framingham, outside Boston, Rob Goudswaard and his colleagues are trying to unpick the knottiest problem in health care: how to look after an ageing and thus sickening population efficiently. The walls are plastered with photographs of typical patients—here a man who exercises occasionally, there a woman with many chronic ailments. Big sheets of paper chart each patient’s course from the hospital back to a comfortable life at home, with divergent lines showing all the problems that might arise and ways to handle them. To map the many paths to health in this way Mr Goudswaard’s team interviewed a lot of patients and nurses.

But this “war room” does not belong to a hospital. It belongs to Philips, a Dutch electronics company. Mr Goudswaard, the head of innovation for Philips’s home-monitoring business, has no medical training. His speciality is the consumer.

The past 150 years have been a golden age for doctors. In some ways, their job is much as it has been for millennia: they examine patients, diagnose their ailments and try to make them better. Since the mid-19th century, however, they have enjoyed new eminence. The rise of doctors’ associations and medical schools helped separate doctors from quacks. Licensing and prescribing laws enshrined their status. And as understanding, technology and technique evolved, doctors became more effective, able to diagnose consistently, treat effectively and advise on public-health interventions—such as hygiene and vaccination that actually worked.

This has brought rewards. In developed countries, excluding America, doctors with no speciality earn about twice the income of the average worker, according to McKinsey, a consultancy. America’s specialist doctors earn ten times America’s average wage. A medical degree is a universal badge of respectability. Others make a living. Doctors save lives, too.

With the 21st century certain to see soaring demand for health care, the doctors’ star might seem in the ascendant still. By 2030, 22% of people in the OECD club of rich countries will be 65 or older, nearly double the share in 1990. China will catch up just six years later. About half of American adults already have a chronic condition, such as diabetes or hypertension, and as the world becomes richer the diseases of the rich spread farther. In the slums of Calcutta, infectious diseases claim the young; for middle-aged adults, heart disease and cancer are the most common killers. Last year the United Nations held a summit on health (only the second in its history) that gave warning about the rising toll of chronic disease worldwide.

But this demand for health care looks unlikely to be met by doctors in the way the past century's was. For one thing, to treat the 21st century's problems with a 20th-century approach to health care would require an impossible number of doctors. For another, caring for chronic conditions is not what doctors are best at. For both these reasons doctors look set to become much less central to health care—a process which, in some places, has already started.

### **Make do and mend**

Most countries suffer from a simple mismatch: the demand for health care is rising faster than the supply of doctors. The problem is most acute in the developing world, though rich countries are not immune. But it is in poor countries that interest in alternative ways of training doctors and in alternatives to doctors themselves has produced the most innovation. One approach to making doctors more efficient is to focus what they do. India is home to some of the world's most exciting models along this line, argues Nicolaus Henke of McKinsey, who leads the consultancy's work with health systems. Britain has 27.4 doctors for every 10,000 patients. India has just six. With so few doctors, it is changing the way it uses them. (...)

Other problems have inspired other solutions, with technology filling gaps in the labour force. The Bill and Melinda Gates Foundation supports a programme that uses mobile phones to deliver advice and reminders to pregnant women in Ghana. In December the foundation and Grand Challenges Canada, a non-profit organisation, announced \$32m in grants for new mobile tools that will help health-care workers diagnose various ailments. (...)

Technology does not just allow diagnosis at a distance—it allows surgery at a distance, too. In 2001 doctors in New York used robotic instruments under remote control to remove the gall bladder of a brave woman in Strasbourg. Robots allow doctors to be more precise, as well as more omnipresent, making incisions more neatly than human hands can. As yet they are enhancements for surgeons more than they are replacements, but that may change in time. (...)

### **Team effort**

Less flashy technology, though, could make the biggest difference by reducing the number of crises which require a doctor's intervention. Marta Pettit works on a programme to manage chronic conditions that is run from Montefiore Medical Centre, the largest hospital system in the Bronx, a New York borough. Ms Pettit and a squadron of other "care co-ordinators" examine a stream of data gathered from health records and devices in patients' homes, such as the Health Buddy. Made by Bosch, a German engineering company, the Health Buddy asks patients questions about their symptoms each day. If a diabetic's blood sugar jumps, or a patient with congestive heart failure shows a sudden weight gain, Ms Pettit calls the patient and, if necessary, alerts her superior, a nurse. (...)

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75 *990 mots*

