GLOSSARY

**nagging pain** – a pain that continues to hurt and that won’t go away  
* I can’t sleep at night because of the nagging pain in my back.

**routine tests** – regular tests, not special ones  
* The doctor ordered some routine tests for my daughter.

**specialist** – a doctor who specializes in an area of medicine  
* My doctor said that a specialist would be able to tell me what is wrong with my eye.

**GP** (general practitioner) – a doctor trained to give general health care; not a specialist  
* If anyone in the family is sick, they go see our family GP.

**to refer** – to be given a recommendation to see someone  
* My friend referred me to a good car mechanic.

**to diagnose** – to find the problem  
* The gardener diagnosed the problem with my plant and now it’s healthy.

**to order some tests** – to have medical tests done to a patient  
* My eye doctor ordered some tests to find out why I’m having difficulty seeing.

**surgery** – when the doctor cuts open or performs some procedure on or in your body  
* The surgery on her hand went well and she should recover soon.

**procedure** – a series of activities or steps  
* Does anyone know the procedure for installing this program?

**to relieve** – to reduce or stop pain  
* I took the pills and it relieved my shoulder pain.

**high risk operation** – dangerous surgery  
* She decided to have the high risk operation against her doctor’s advice.
not at all – definitely not
* I asked him if changing seats would cause a problem and he said, “Not at all.”

treatment options – choices for medical care
* After thinking about all of the treatment options, I decided to take the medication.

not that… – short for “not something that” or “not anyone that”
* I have nothing to wear in my closet, at least, not that I would wear to the party.

course of treatment – a series of things the doctor does to cure you or make your better
* We decided on this course of treatment for my father.

second opinion – another opinion or diagnosis
* It’s a good idea to get a second opinion just to be sure.

going under the knife – to have surgery
* I have a good surgeon so I’m not worried about going under the knife.

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COMPREHENSION QUESTIONS

1. Simon went to see the specialist because:
a) he didn’t trust his GP
b) he was referred to the specialist by his doctor
c) he wanted to get a second opinion.

2. After seeing the specialist, Simon plans to:
a) talk to another specialist
b) get surgery
c) never see another doctor
WHAT ELSE DOES IT MEAN?

**relieve**
The verb “relieve,” in this podcast, means to stop the pain: “I took the medicine and it relieved my headache.” You can also use “relieve” to mean to make someone feel less worried or anxious: “She was relieved to hear that she would not be fired from her job.” The verb “relieve” can also mean to free someone from an unwanted responsibility: “He relieved me of the cooking when he tasted the first meal I cooked.”

**routine**
The adjective “routine” means to do what is regularly done, not something special: “My car needs routine maintenance to run well.” It can also be used as a noun to mean a sequence of actions: “My daily routine includes a workout at the gym.”

CULTURE NOTE

Most Americans have private health insurance; that is, they or their employers pay for a private company to take care of their doctor and hospital expenses. Unlike many other countries, the United States does not have a national, free health system. The national or “federal” government does pay for the medical care of certain people who are very poor or who are old, but there are many people in the U.S. with no health insurance at all. Most people are part of a “group health” plan called a Health Maintenance Organization, or HMO. These HMOs are private companies that organize and administer clinics and hospitals for their members. You become a member of an HMO by paying a certain amount of money, or by having your company pay for you.

When you first get sick, you usually have to see a GP before being able to talk to a medical specialist. The GP will examine you and, if he or she thinks you need to see someone who is an expert, you will get a “referral” – permission to talk to another doctor who specializes in the problem you have. If you don’t agree with your doctor, you can also get a second opinion, usually without having to pay any extra money.

Comprehension Questions Correct Answers: 1 – b; 2 – a
COMPLETE TRANSCRIPT

Welcome to English as a Second Language Podcast Number 164, “Seeing a Specialist.”

You are listening to English as a Second Language Podcast Episode 164. I'm your host, Dr. Jeff McQuillan, coming to you from the Center for Educational Development in the beautiful city of Los Angeles in the beautiful state of California here in the United States.

On today's podcast, we are going to the doctor to see a specialist. Let's go!

I went to see my doctor because I had a nagging pain in my leg. After he examined me and did some routine tests, he suggested that I go see a specialist. I made an appointment with Dr. Sloap.

Dr. Sloap: Good morning! How are you today?

Simon: I'm fine, Dr. Sloap. My GP, Dr. Harding, referred me to you. He thought that you might be able to diagnose the problem with my leg.

Dr. Sloap: Well, let's take a look. Hmm, I want to order some tests, but I think you may need surgery. It's a simple procedure and it will relieve your pain.

Simon: So, it's not a high risk operation?

Dr. Sloap: No, not at all. It's quite routine.

Simon: Are there any other treatment options?

Dr. Sloap: Not that I'd recommend. This is the best course of treatment, in my opinion.

I was really surprised by what Dr. Sloap said. I really didn't want to have surgery. I think I'd better get a second opinion before going under the knife.

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This podcast is called “Seeing a Specialist.” A “specialist” is usually a doctor that is an expert in one particular area of medicine. So, it could be a cardiologist, someone who's an expert with the heart. It could be a pediatrician, someone who works especially with young children. Well, [there are] many different types of specialties and specialists in medicine. And, in today's podcast, the story begins by me saying that I went to my doctor because I had a nagging pain in my leg. A “nagging pain” or a “nagging paint”—in my dialect in Minnesota here in the United States, I say “nagging,” [a long “a” sound] but the more common pronunciation, the more standard pronunciation is probably “nagging.” “Nagging, nagging”—see, it's hard for me to say it!—is “nagging.” And we say that we have a nagging pain, we mean that it is a pain that is bothering us for a long time, that isn't serious in the sense that you have to go to the hospital, but it bothers you, it hurts you enough so that you may want to go to the doctor. The word “nagging” comes from a verb, “to nag,” which means to bother. We usually use the verb, however, as something that someone does to someone else. “His wife is always nagging him about something,” means she's always telling him to do something, always asking him to do something, over and over again, so much that it begins to bother him. So, that is the word “nagging.”

So, after the doctor examined me - and the verb “to examine” is the verb we use to...what doctors do to you, they examine you. When you go to a hospital or to the doctor's office, there's usually an “exam room” or an “examination room.” This is not “exam,” like a test, but it's exam, here, means to look at, to examine. You go into the examination room and the doctor examines you. In this case, my doctor ran some routine tests. A “test” could be a “blood test,” where they take some of your blood and they send it to a laboratory to check for certain things. The verb we use for medical tests is usually to “run.” “I'm going to run some test on you” or “he ran some tests on me.” It means he performed or he did some of these tests. When we say something is a “routine test,” we mean it's a normal, regular test that the doctor runs many, many different times with different patients, not a special test. Routine tests may be...a blood test, that sort of thing.

Well, the doctor suggested that I go see a specialist, and we already know what a specialist is, someone who is an expert in a particular area of medicine. Usually in the United States, to become a doctor, first you have to go through four years of a regular bachelor's degree. In some countries, you can start training to become a doctor as soon as you graduate from high school, but that's not true in the US. In the United States, you have to have a bachelor's degree, a
four-year bachelor’s degree usually in some science area, but it's not required. Then, you have to go to a separate school, to graduate school, to medical school, and that can last anywhere between four and six years. If you want to become a specialist, you have to study even more and work even more, so it could be two or three more years before you become a specialist. So, from the time you leave high school until you can become a specialist, it could be as much as ten years. You could be in your late 20’s if you started right away. (No, you'd be older than that, wouldn't you?) No, you'd be in your late 20’s if you started college when you were 18.

Anyway, in this case, going back to the story, I said I made an appointment with Dr. Sloap. “I made an appointment.” Of course, we use the verb to “make” an appointment when we are trying to schedule or arrange a time to see our doctor. Again, here in the United States, the medical system, it depends on how much money you have, honestly. We have a private medical system and we have a public medical system. The better private medical systems, of course, offer a much better range of services, more things that you can see...rather, uh, get from the hospital and the doctor.

Well, the examination with the doctor begins by the doctor coming in and saying, “Good morning! How are you today? How are you feeling?” A doctor could say a lot of things here, like, “What seems to be the problem?” or “Why have you come to see us today?” But here, he begins with just “How are you today?” Simon, that's me in the story, Simon says “I'm fine, Dr. Sloap. My GP, Dr. Harding, referred me to you.” My GP—the letter G and the letter P, capital letter GP—means my “general practitioner.” And “practitioner” is “practitioner.” And a general practitioner is a doctor who is not a specialist. He is or she is what you could call a generalist, somebody who knows a little bit about lots of different things and a general practitioner is usually the first and main doctor that you have, the one that you go see for all of your problems. If he doesn't know the answer or can't help you, he will send you to a specialist. So, a general practitioner is sometimes called also, a “primary physician;” that is, the person who you see the most, your main doctor.

Well, in the story, the GP, Dr. Harding, refers Simon to the specialist. To “refer” means to tell someone that they should go see someone else. In the medical system in the United States, you can’t just call up the specialist because you think you should go see a specialist. Usually, you have to talk to your general
practitioner and if then he or she thinks you should see a specialist, they refer you to the specialist. They give you a piece of paper or they tell you to call back at the doctor's office and ask for the particular specialist. That is the use of the verb here, to “refer.” We can use that verb in other senses, too: “I refer you to today's newspaper.” It means I am recommending or I am telling you you should look at today's newspaper. You could use “refer” in other areas, too: “I was referred to you by your friend, John,” means your friend John said I should talk to you.

Dr. Sloap looks at Simon. Simon says that he was hoping that Dr. Sloap would be able to diagnose the problem. To “diagnose,” the verb, is to figure out what's wrong with you. It's a verb we usually use for medicine, for doctors. The doctor diagnoses the patient. The doctor figures out what's wrong with the person. The “patient,” of course, is the person who is sick, the person who is seeing the doctor. The noun for diagnose is “diagnosis,” with an –sis at the end, and that is what the doctor tells you that you have, what problem you have. So, someone may say, “What's the diagnosis?” they mean, “What is the problem?” That would be the noun. You can use that verb “diagnose” outside of medicine. It is sometimes used, for example, if you have a problem with your computer, and the IT, the technical people may come in and “diagnose” the problem on your computer, figure out or find out what is wrong with your computer.

Dr. Sloap says, “Well, let's take a look,” and that is a common expression, “Let's take a look,” “Let's examine you.” He says that he wants to order some tests, but he thinks that Simon may need surgery. To “order some tests” is very similar to “to run some tests.” To order a test means that the doctor gives you a piece of paper that you take to the laboratory. He's telling you, he's ordering, if you will, these tests from the laboratory. But here, it usually means to run the test. The laboratory actually does the test; they actually run the test, but we usually use those verbs pretty much in the same way: “to order a test,” “to run a test.”

The doctor says he's going order some tests, but he thinks that Simon may need surgery. “Surgery,” a noun, is when the doctor has to cut you, open you, somehow. Usually, it's something that you do in a hospital, usually it's something you do in an operating room. To “operate” means the same as “to do surgery” on someone. You may need surgery to fix your heart, you may need surgery to fix your knee. The doctor has to actually, we would say, “cut you open” and fix you or go inside your body to fix whatever is the problem. “Surgery” is the noun,
again, the verb is “to do surgery” or “to operate.” There's also the adjective “surgical,” which is related to things that are, uh, related to surgery.

Dr. Sloap says, “It's a simple procedure and it will relieve your pain.” A “procedure” is another word really for surgery or operation. It's what the doctor has to do to you. It's not always the same as a surgery. A procedure may be, for example, that they need to examine your stomach, so they may need to put something in your mouth and down your throat into your stomach. That would be a procedure. The procedure can also mean, however, an operation or a surgery.

The doctor says the procedure will relieve your pain. To “relieve” pain means to lessen pain, to lower your pain, to give you, uh, to make you feel better so you have less pain. The noun is “relief,” the verb is to “relieve.” Simon says to the doctor, “So, it's not a high risk operation?” A “high risk” (two words) means that it could be dangerous. When we say that something is “high risk,” that means that the surgery or the operation could cause more problems. Of course, an operation is the noun that means the same as surgery.

Dr. Sloap says, “Not at all,” meaning not even a little bit; it's not high risk. We say, “not at all” means “no,” “not in any way.” Dr. Sloap says, “It's quite routine.” And again, “routine” we know means it's common, it's quite normal. Notice that the use of the word “quite;” it's basically the same as it's “very” routine, very common. It's a little more formal, when someone says, “It's quite routine,” but they're used similarly—very and quite—in this case.

Simon says, “Are there any other treatment options?” “Treatment” is another word for what the doctor gives you or does to you to help you. That's called the treatment. So you go to the doctor, and the doctor diagnoses you, and then, he or she gives you a treatment, maybe some pills or drugs to take. It may be surgery, it may be changing your exercise or your diet, what you eat. (“Stop smoking,” for example; that's good advice.) So, Simon asks what the other treatment options or choices are. Dr. Sloap says that there are no other good treatment options. He says, “Not that I'd recommend,” meaning there are no other ones that I'd recommend.

He says, “This is the best course of treatment, in my opinion.” The expression “course of treatment” really means the same as “This is the best treatment.” A
course of treatment usually means that there is more than one thing that you have to do, several things that you may have to do.

At the end of the story, Simons says he’s really surprised, that he doesn't want to have surgery. And, of course, who wants to have surgery? He says, “I'd better get a second opinion before going under the knife.” A “second opinion” is when you go to the doctor and the doctor says, “Well, I think you need this” or “I think the problem is that.” You say, “Okay, thanks, doctor. I want to talk to someone else, I want a second opinion.” And in most medical insurance plans in the United States, you can ask for a second opinion from a different doctor to make sure that it really is the correct diagnosis. The expression “to go under the knife” means to have an operation, to have a surgery, to be operated on, where the doctor actually has to take a knife and cut you open. The expression is “to go under the knife,” to have surgery.

Now let’s listen to the dialogue this time at a native rate of speech.

<start of story>
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<end of story>

The script for our podcast was written by Dr. Lucy Tse. For more information about the script of this podcast, you should go to our website at eslpod.com and find out more about getting the transcript.

From Los Angeles, California, I’m Jeff McQuillan. Thanks for listening. We’ll see you next time on ESL Podcast.

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