Healthcare

VOCABULARY PRACTICE
ADVANCED | C1

Name: _____ Date: _____

1 Match each advanced term with its definition.

1 social determinants of health ____	**a** the non-medical conditions, such as housing and income, that shape health outcomes
2 health inequity ____	**b** an avoidable, systematic difference in health outcomes between groups, considered unjust
3 iatrogenic harm ____	**c** harm caused inadvertently by medical treatment itself
4 evidence-based medicine ____	**d** clinical practice guided by rigorously tested evidence rather than tradition alone
5 defensive medicine ____	**e** ordering unnecessary tests or treatments primarily to avoid legal liability
6 medical paternalism ____	**f** the practice of doctors making decisions for patients without full patient involvement
7 health literacy ____	**g** a person's capacity to understand and act on health information effectively
8 overdiagnosis ____	**h** identifying a condition that would never have caused symptoms or harm
9 fragmented care ____	**i** healthcare delivered inconsistently across disconnected providers, without coordination
10 continuity of care ____	**j** the consistent, coordinated management of a patient's care over time

2 Choose the most precise term for each context.

1 Non-medical conditions shaping health outcomes are social determinants of health / clinical symptoms alone.

2 An avoidable, unjust difference in outcomes is health inequity / natural variation.

3 Harm caused inadvertently by treatment itself is iatrogenic harm / a pre-existing condition.

4 Clinical practice guided by rigorous testing is evidence-based medicine / anecdotal tradition.

5 Ordering unnecessary tests to avoid liability is defensive medicine / clinical judgement alone.

6 Doctors deciding for patients without full involvement is medical paternalism / shared decision-making.

7 Identifying a condition that would never have caused harm is overdiagnosis / accurate diagnosis.

8 Consistent, coordinated care over time is continuity of care / fragmented care.

3 Match the verbs with the noun phrases to form academic collocations.

1 address ____	**a** social determinants of health
2 mitigate ____	**b** iatrogenic risk
3 institutionalise ____	**c** evidence-based practice
4 undermine ____	**d** continuity of care
5 promote ____	**e** shared decision-making
6 quantify ____	**f** health inequity
7 coordinate ____	**g** medical paternalism
8 challenge ____	**h** patient autonomy

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4 Complete the analysis with terms from the box.

continuity of care | defensive medicine | evidence-based medicine | fragmented care | health inequity | health literacy | iatrogenic harm | medical paternalism | overdiagnosis | social determinants of health

Public health researchers increasingly emphasise 1 _____, arguing that housing, income and education shape health outcomes more than clinical treatment alone. Persistent 2 _____ across socioeconomic groups, considered avoidable and unjust, remains a central concern for policymakers committed to 3 _____, clinical decisions grounded in rigorously tested research. Concern has also grown about 4 _____, harm inadvertently caused by treatment itself, sometimes linked to 5 _____, unnecessary testing primarily intended to limit legal liability rather than genuinely benefit patients. Screening programmes occasionally produce 6 _____, identifying conditions that would never have caused symptoms, generating unnecessary anxiety and treatment. Meanwhile, older models of 7 _____, in which doctors made decisions unilaterally, have gradually given way to shared decision-making, though 8 _____ - patients' capacity to understand health information - varies considerably and affects how genuinely shared these decisions become. Patients managing multiple conditions across disconnected providers often experience 9 _____, underscoring the value of genuine 10 _____ managed by a single, coordinated team.

5 Read the text and answer the questions briefly.

Beyond the clinic walls

Public health scholars increasingly argue that clinical medicine, however sophisticated, addresses only a fraction of what ultimately determines population health outcomes. Social determinants of health, including housing stability, income security and educational attainment, are estimated to account for a substantially larger share of health variation than medical care itself, a finding with significant implications for how health systems allocate resources. This reframing complicates traditional healthcare policy, since improving population health may require investment well beyond hospitals and clinics, extending into housing policy, education and economic development, areas typically outside the mandate of health ministries. Critics caution that this broader framing, while empirically well supported, risks diffusing accountability if health systems use it to justify underinvestment in clinical care itself.

1 What do public health scholars increasingly argue about clinical medicine? _____

2 What are social determinants of health estimated to account for? _____

3 What significant implications does this finding have? _____

4 How does this reframing complicate traditional healthcare policy? _____

5 What areas does this extend into, beyond hospitals and clinics? _____

6 What risk do critics caution about this broader framing? _____

6 Replace the words in bold with a precise term or collocation.

1 Housing and income shaped her health outcomes more than treatment did. _____

2 The treatment itself inadvertently caused harm. _____

3 The screening identified a condition that would never have caused symptoms. _____

4 The patient experienced disconnected, uncoordinated care across providers. _____

OVER TO YOU

Write a 160-190 word critical commentary on how social determinants of health shape outcomes beyond clinical medicine, distinguishing observation from policy inference.

[ ] Use at least twelve target expressions. [ ] Include four academic collocations. [ ] Maintain a precise, balanced register.

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ANSWER KEY

1 Advanced terms

1 a 2 b 3 c 4 d 5 e 6 f 7 g 8 h 9 i 10 j

2 Precise terms

1 social determinants of health 2 health inequity 3 iatrogenic harm 4 evidence-based medicine 5 defensive medicine 6 medical paternalism 7 overdiagnosis 8 continuity of care

3 Academic collocations

1 a address social determinants of health 2 b mitigate iatrogenic risk 3 c institutionalise evidence-based practice 4 h undermine patient autonomy
5 e promote shared decision-making 6 f quantify health inequity 7 d coordinate continuity of care 8 g challenge medical paternalism

4 Analysis

1 social determinants of health 2 health inequity 3 evidence-based medicine 4 iatrogenic harm
5 defensive medicine 6 overdiagnosis 7 medical paternalism 8 health literacy
9 fragmented care 10 continuity of care

5 Reading - suggested answers

1 That it addresses only a fraction of what ultimately determines population health outcomes.
2 A substantially larger share of health variation than medical care itself.
3 Implications for how health systems allocate resources.
4 Improving population health may require investment well beyond hospitals and clinics.
5 Housing policy, education and economic development.
6 That it risks diffusing accountability if health systems use it to justify underinvestment in clinical care itself.

6 Precise terms and collocations

1 social determinants of health 2 iatrogenic harm 3 overdiagnosis 4 fragmented care

Over to you

Answers will vary. Look for conceptual precision, evidence-aware reasoning and balanced evaluation.