

社評 雙語道 建設智慧型醫院 解決睇病貴難題

原文

摘錄自3月20日香港《文匯報》：隨着人口老化加劇，公營醫療系統的壓力不斷增大。在此背景下，公營醫療系統積極檢討公立醫院急症室收費實無可厚非。公立醫院急症室目前採取分流制度，將病人分為危殆、危急、緊急、次緊急以及非緊急五類。

譯文

然而，現實情況是，大量次緊急和非緊急病人湧入急症室，導致真正需要緊急治療的病人面臨漫長的輪候時間。醫管局指出，過去一年有近200萬人次向急症室求醫，其中逾半為次緊急個案，部分危急和緊急個案卻未能得到最佳治療。

為了解決這一問題，消息指醫管局有意將急症室收費實施兩級制，對危殆及危急病人繼續免費，同時提高緊急、次緊急和非緊急病人收費。這樣做旨在通過經濟手段引導病情較輕的病人轉向其他醫療服務，從而釋放急症室資源，讓真正急需救治的病人獲得及時治療。

調查發現，部分藥房職員充當山藥醫生，給市民亂開處方藥。這些藥房不僅缺乏專業的醫療人員，還違規出售管制藥物，給市民的健康帶來嚴重風險。

這種現象確實應該加強執法和堵塞法律漏洞來應對，但進一步深思，這種現象亦反映了香港基礎醫療服務收費高昂、市民睇病成本高的問題。一般市民即使就常見的傷風感冒求診，都動輒要三四百元以上診金，於是部分基層市民選擇自行去藥房「配藥」。

內地在醫療科技方面的發展為香港提供了有益的借鑒，智慧型醫院利用大數據、人工智能(AI)等先進技術，實現了醫療資源的優化配置和醫療服務的高效提供。

內地近年來在互聯網醫療領域取得了顯著進展，普通民眾患上一般常見病症，可以通過網絡問診與醫生線上溝通，然後直接購買處方藥物。這種做法不僅大大降低了市民治療常見疾病的成本，還有效緩解醫院的人流壓力。

這給予了香港醫療改革一個有益的啟示：必須善用最新的技術手段來提升醫療效率，從而達到降低患者治療成本的目的。

在具體的做法上，首先，香港可以借鑒內地的做法，建立互聯網醫療平台，讓市民能夠通過網絡問診與醫生線上溝通，讓醫生判斷能否直接處方藥物給患者。

其次，可利用大數據、AI等先進技術，推動智慧型醫院的建設，實現醫療資源的優化配



●香港可以借鑒內地建立互聯網醫療平台，提高醫療系統整體效率。圖為杭州市醫生通過互聯網調取檢查影像進行遠程會診。

資料圖片

置和醫療服務的高效提供，提高醫療系統的整體效率。

事實上，政府建議修訂「醫健通」的使用機制，賦權醫務衛生局局長可要求醫護必須將重要電子健康紀錄，例如病人敏感及藥物不良反應、化驗及放射報告等，存放至市民的醫健通戶口，又建議在符合指明條件下，認可個別境

外的醫護提供者，跨境使用醫健通電子健康紀錄。這已經為互聯網醫療系統和市民使用跨境醫療服務構建了重要的數據庫基礎。

期待在特區政府和公私營醫護的共同努力下，香港可以逐步解決醫療資源不足、市民睇病成本昂貴等問題，為市民提供更加優質、高效的醫療服務。

Building Smart Hospitals to Address Healthcare Access Challenges

譯文

As the population continues to age, the pressure on the public healthcare system is intensifying. In this context, it is entirely reasonable for the public healthcare system to actively review the charges for Accident and Emergency (A&E) services in public hospitals. Currently, a triage system is implemented in A&E services at public hospitals, categorising patients into five levels: critical, emergency, urgent, semi-urgent, and non-urgent.

However, the reality is that a large number of semi-urgent and non-urgent patients have swarmed into A&E services, resulting in long waiting time for those in genuine need of urgent treatment. The Hospital Authority has noted that nearly two million people sought treatment at A&E services in the past year, of which more than half were semi-urgent cases, while some critical and emergency cases were not given optimal treatment.

Paragraph A. To address this issue, it is reported that the Hospital Authority is considering implementing a two-tier charging system for A&E services. Under this system, critical and emergency patients would continue to receive free treatment, while charges for urgent, semi-urgent, and non-urgent patients would be increased. The aim is to use financial means to encourage patients with less severe conditions to seek other healthcare services, thereby freeing up A&E resources for those in genuine

need of urgent treatment.

Paragraph B. Investigations have revealed that some pharmacy staff are acting as quack doctors, irresponsibly dispensing prescription drugs to the public. These pharmacies not only lack professional medical personnel but also illegally sell controlled drugs, posing significant health risks to the public. This phenomenon should indeed be tackled by stepping up law enforcement and plugging the loopholes in the law. However, on further reflection, this phenomenon also reflects the problem of exorbitant charges for primary health care services in Hong Kong and the high costs for the public to see a doctor. Even for common ailments like a cold or flu, consultation fees can easily exceed three to four hundred dollars, prompting some grassroots people to opt for pharmacies on their own to have medicines dispensed.

Paragraph C. The development of medical technology in Mainland China offers valuable insights for Hong Kong. Smart hospitals in the mainland utilise advanced technologies such as big data and artificial intelligence (AI) to optimise the allocation of medical resources and deliver efficient healthcare services. In recent years, significant progress has been made in the field of internet healthcare in the mainland. The general public can consult doctors online for common illnesses and directly purchase prescription medications. This practice not only greatly reduces the cost of treating common dis-

eases but also effectively relieves the pressure on hospitals in terms of patient flow. This has given Hong Kong's healthcare reform a useful revelation: the latest technological tools should be leveraged to enhance healthcare efficiency and reduce treatment costs for patients.

In terms of specific practices, first of all, Hong Kong can learn from the practice of the Mainland and establish an Internet healthcare platform, allowing the public to consult doctors online and receive prescriptions directly when appropriate. Secondly, advanced technologies such as big data and AI can be utilised to promote the development of smart hospitals, optimising the allocation of medical resources and delivering efficient healthcare services, thereby improving the overall efficiency of the healthcare system.

Paragraph D. In fact, the government has proposed revising the usage mechanism of the "eHealth" system, empowering the Secretary for Health to require healthcare providers to store important electronic health records, such as patient allergies and adverse drug reactions, laboratory and radiology reports, in citizens' eHealth accounts. It is also suggested that, under specified conditions, certain non-local healthcare providers be authorised to use eHealth electronic health records across borders. This has already laid a crucial data infrastructure for building an internet healthcare system and enabling citizens to access cross-border

medical services. It is hoped that with the concerted efforts of the Government and the public and private healthcare sectors, Hong Kong can gradually resolve the problems of insufficient healthcare resources and the high cost of medical services for the public and provide the public with more high-quality and efficient healthcare services.

● Tiffany

小測試

Read the passage, and choose the most suitable heading for Paragraph A-D from the list (i-vi). Some headings may not be used.

- Paragraph A i. Risks of Unlicensed Pharmacies and Regulatory Gaps
- Paragraph B iii. Operation and Challenges of Emergency Triage Systems
- Paragraph C iv. Impact of Ageing Population on Healthcare Systems
- Paragraph D vi. Technological Foundations and Cross-Border Collaboration in Smart Hospitals

答案：!!! — (— ^ — □ — ! — — — — V

望文生義遇「假友」 多方求證免受騙

語言學有所謂的「假朋友」(false friend)，指的是不同語言裏貌似而實異的說法。這些說法是陷阱，容易引人誤用或誤譯。我們今天就來談談「假朋友」，且看其中有沒有你熟悉的身影。

第一對「假朋友」是「more or less」和「多少/多多少少」(或據說因模仿「more or less」而來的「或多或少」)。嚴格來說，這對不完全是「假朋友」，兩者有時的確可以互譯，不過大多數情況不能。

根據 Oxford、Longman、Cambridge、Collins 的英語詞典，「more or less」都是「almost, approximately」的意思，即中文的「幾乎、大概、差不多」，只有 Merriam-Webster 才多了一個「somewhat, to some degree」的定義。換言之，「more or less」在美式英語裏才偶爾會解作「多少/多多少少」。(The Britannica Dictionary 現在連這個定義也取消了。)那跟「多少/多多少少」對應的英語說法是什麼？其實就是現在喜歡譯作「在一定程度上」的「to a certain degree」，兩者都表示「有但數量不定」的意思。

另一對很少人談論的「假朋友」是「帶領某人做某事」和「lead somebody to do something」，因為結構相似而被誤會為同義說法。「lead somebody to do something」的意思其實是「令某人做某事」，而若要表達「帶領某人做某事」，則應該說「lead somebody in doing something」。

由此可見，這個例子牽涉到「lead」的用法模式。即使是同一個英文詞語，也常常會因應不同意思而使用不同的用

法模式，這點往往為學生所忽略。

有一對我以為已廣為人知的「假朋友」，原來仍然有很多人誤認作可以互譯的「真朋友」，所以這裏就簡單談談。「eat one's words」跟「食言」簡直讓人以為是珠聯璧合的中英對應說法，其實不然，「eat one's words」的意思其實是「收回自己的話、承認自己說錯話」，「食言」的英語說法是「break one's promise, go back on one's word」(留意這裏的「word」沒有「s」)。

專業人士也會中招

別以為只有學生或一般人才會張冠李戴，香港某大出版社的漢英對照成語詞典由兩位學者編著，其中「食言而肥」這條目雖然列出了「break one's promise, go back on one's word」兩個正確說法，在其「同義」一欄的「收回成命」下卻赫然出現「eat one's words」。

同一本詞典裏「各人自掃門前雪」的條目正文(非「同義」欄)，第一個列出來的英語對應說法是「sweep before your own door」，又一對因望文生義而衍生的「假朋友」。「sweep before your own door」這句諺語的意思其實是「正人先正己」、「要管好別人，先管好自己」，跟「各人自掃門前雪」風馬牛不相及。

中英文的「假朋友」著實不少，連語言學習的參考書也會犯錯，所以大家務必小心為上，多方求證。



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作家筆下烏托邦 無紛爭令人神往

英語世界

世界各地存在不同的社會、政治、宗教和制度，產生了不同的摩擦、爭鬥和戰亂。所謂的烏托邦就是理想中的完美世界，人人融洽相處、生活愉快，在現實中不太可能出現。

烏托邦一詞來自英文 utopia，指一處理想完美的地方，出自英國哲學家及作家湯瑪斯·摩爾爵士(Sir Thomas More)於1516年用拉丁文寫成的 Utopia。

他在書中描述了一個虛構的島嶼 Utopia，種種制度都完善無瑕，人人都生活得開心舒暢。書中提到 utopia 跟 eutopia 類似，是希臘文的 good place，美好的地方。字面上看，utopia 是希臘文 ou 和 topos 合成，翻譯過來就是 no place，不存在的地方。

後來，utopia 普遍用來指想像出來的、存在於理想中、一切都完美的世界。utopian 作形容詞是理想化、空想的意思；亦可以是名詞，指空想完美主義者。之後亦衍生了 dystopia (反烏托邦)，指的是幻想出來極端不公平、人民極度痛苦的地方。

This little town is no utopia, but still it is a nice place to live in.

這小鎮雖然不是烏托邦，但依然是十分宜居的地方。We are not in a utopia now. However, if we make an effort, we can make progress.

我們不是活在完美的世界。不過，只要作出努力，我們可以取得進步。

Some people are over optimistic and may have a utopian vision of the future.

一些人太過樂觀，對未來的看法可能過於理想化。The novel is about how a nation has turned from a utopia to dystopia.

這部小說描述一個國家如何由理想世界變成黑暗國度。

空中國度諷脫離現實

提到完美國度，亦會聯想到 cloud-cuckoo-land 和 never-never land。這兩個用語亦是理想的境界，含有夢想虛幻、不切實際的意思，有點負面。

Cloud-cuckoo-land 出自古希臘劇作家阿里斯托芬(Aristophanes) 早於公元前414年編寫和導演的喜劇

《鳥》(The Birds)，劇中主角勸說鳥類在空中建立理想新國度，控制神與人之間的溝通渠道。他構想的國度，譯成英文就是 Cloud cuckoo land (雲中布穀鳥國)，後來引申解作虛幻的理想境界，一切看似完美，但脫離現實。說一個人是 cloud cuckoo lander 或者 be/live in cloud cuckoo land，即是說這人活在夢中，想法虛無縹緲、不切實際，甚至讓人覺得可笑。

They are in cloud cuckoo land, thinking that the war will end shortly.

他們以為戰爭很快會過去，實在是脫離現實。

Let's not live in cloud cuckoo land. Honestly, we can't afford such a big house in this district.

我們不要太天真。老實說，這麼大的房子，又在這個地帶，我們負擔不來。

If you think that you can win the competition without practising, you are a cloud cuckoo lander.

如果你以為自己不用操練也可以贏得比賽，那實在是異想天開。

Never-never land 一樣是指理想完美的一片樂土，出自18世紀蘇格蘭作家巴里(J.M. Barrie)所寫的童話小說《小飛俠》(Peter Pan)。Never-never land/Neverland (永無島)是小說中虛構的遙遠土地，是小飛俠、仙子和一眾失落男孩開心生活的地方，類似世外桃源。後來 never-never land 用作指夢幻中的美好世界，要形容一個人幻想一切都完美，漠視現實、過分期望，亦可以說這人 be/live in never-never land。

Problems always exist. The world is not a never-never land.

問題經常存在，這世界並不完美。

The boss expects everything to be finished by weekend. He is surely in never-never land.

老闆期望一切在周末前完成，他肯定是太理想化了。

They were living in never-never land. They didn't realize how badly the stock market would be affected.

他們那時活在幻夢之中，沒想過股市會受到那麼壞的影響。

這些用語都源自歷史久遠的文學作品，可見好的文學作品影響深遠，不單啟發思想，亦豐富了語文。

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恒大譯站