

(K—49—M)

前期日程

平成 31 年度入学試験問題

英 語

注 意 事 項

1. 指示があるまでこの冊子の中を見てはいけません。
2. この冊子は全部で、15 ページです。設問は I から IV まであります。
3. 解答用紙のマーク数字は、次の「良い例」のように、濃く正しく塗りつぶしなさい。正しく塗りつぶされていない場合、採点できないことがあります。



4. 解答用紙には解答欄の他に次の記入欄があるので、正確に記入しなさい。
 - ① 氏名欄……………氏名を漢字とフリガナで記入しなさい。
 - ② 受験番号欄……………6桁の受験番号を算用数字で記入し、マーク欄の数字を正しく塗りつぶしなさい。
5. 解答方法は、問題の解答に対応した解答欄の数字を塗りつぶしなさい。
 例えば、

ア

 と表示のある解答欄に対して②と解答する場合、解答用紙の解答欄 ア の②を塗りつぶしなさい。
6. この問題冊子の余白を下書きに用いて構いません。
7. 試験終了後、この問題冊子は持ち帰りなさい。
8. 試験中に問題冊子の印刷不鮮明、ページの落丁・乱丁および解答用紙の汚れなどに気がついた場合は、手を挙げて申し出なさい。
9. 試験中に質問がある場合は、手を挙げて申し出なさい。
10. 途中退場は認めません。

I 次の(ア)～(ソ)の空欄に入るもっとも適切な語句を、それぞれ①～④のうちから一つずつ選びなさい。

(ア) The TV news show () a report on the country's educational problems. The report included an interview with a leading member of the government.

- ① requested ② featured ③ observed ④ impressed

(イ) Mary was born in Australia but she was () in Japan, so her English is not perfect.

- ① grown up ② looked up ③ brought up ④ thrown up

(ウ) Taro has been studying French for twelve months, but his speaking skills are poor. When he visited Paris, he was () of having conversations with the people there.

- ① unable ② convinced ③ informed ④ incapable

(エ) Ellen was offered a big promotion at her company's Tokyo office, but she () the job because she did not want to move to a big city.

- ① turned down ② made up ③ caught up ④ pulled down

(オ) If you want to get along with people, try not to say or do things that offend their ().

- ① sensation ② consciousness ③ dignity ④ shame

(カ) The customer is planning to return the defective () and request a full refund.

- ① producing ② product ③ productive ④ productively

(キ) Scientists () air pollution in many areas throughout the country before they finished the research.

- ① are detecting ② have detected ③ had detected ④ will have detected

(ク) Applications for the summer session should () to the teacher of the English class.

- ① submit ② submitted ③ be submitted ④ been submitted

(ケ) Mr. Berwick had to apologize for arriving () to the annual council meeting in Beijing.

- ① late ② later ③ lately ④ latest

(コ) Most graduates consider () important to choose an occupation that gives them financial stability.

- ① it ② that ③ what ④ how

(サ) If you have extra time during your vacation, I suggest () your stay on the island.

- ① extend ② to extend ③ extended ④ extending

(シ) The remaining candidates for the position were rejected because they did not have the skills or experience ().

- ① requirement ② require ③ required ④ requiring

(ス) It is difficult to investigate whether most patients select hospitals () conscious decisions or not.

- ① over ② for ③ regarding ④ through

(セ) The rescue team's effort ended in failure, () a few members made outstanding contributions.

- ① although ② despite ③ without ④ because

(ソ) Our analysis shows () the economic crisis of this year means for our company.

- ① that ② what ③ which ④ when

Ⅱ 次の(ア)～(オ)はAとB二人の対話である。空欄に入れるのもっとも適当な文または語句を、それぞれ①～④のうちから一つずつ選びなさい。

(ア) A: I really like listening to music while I ride the train.

B: I prefer watching music videos. They make the music so much more exciting.

A: For sure. And talking about exciting, next week Taylor Swift's new song ().

- ① has just come out
- ② will be going out
- ③ is going to be released
- ④ has been released

(イ) A: Mike is really disappointed in our choice for a class trip.

B: I am too. If only () a better idea during our class meeting.

- ① there was more time choosing
- ② going somewhere else was
- ③ we had come up with
- ④ having another choice as

(ウ) A: Becoming a doctor has always been my lifelong dream.

B: Mine too. But I didn't realize just how much studying was involved.

A: I almost gave up last year but my parents said, "()."

B: It's nice to know that they support you, isn't it?

- ① It's important to keep your dreams
- ② Studying more wouldn't be the answer
- ③ It is impossible just yet
- ④ Afterwards I would regret it

(エ) A: Sometimes I don't understand Japanese behavior.

B: Can you give me an example of what you mean?

A: Well, the other day someone took my seat on the train and then behaved ().

- ① like it was for real
- ② as if nothing had happened
- ③ without a second chance
- ④ while looking right at me

(才) A : Cathy wants to break up with me. She says I'm too short.

B : Seriously? () did you say to her?

A : I didn't say anything. I figured if that was all that mattered to her, I was better off without her.

- ① When lame birds fly
- ② Why in the earth
- ③ How in heaven's name
- ④ What in the world

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Ⅲ 次の(ア)～(コ)の各英文は、下線部①～④のうちどれかを直せば正しい英文になる。その箇所を選びなさい。

(ア) We had a more hot than usual summer. There should be a good crop of green soybeans.
① ② ③ ④

(イ) It was not until I got sick but I realized how it felt to be ill.
① ② ③ ④

(ウ) My father-in-law was a great soccer fan. For example, he liked the way Ivica Osim, the manager, handling the team.
① ② ③ ④

(エ) This is the laptop computer that I repaired last week. It is about time to replace it for another one.
① ② ③ ④

(オ) The people inhabiting in the area for a long time are admirable because they know how to live in harmony with nature.
① ② ③ ④

(カ) You should take more care of yourself. Have you taken a medical checkup recently?
① ② ③ ④

(キ) There are rarely, if never, any convincing answers to such difficult but meaningful philosophical questions as “What is happiness?” or “What is health?”
① ② ③ ④

(ク) According to a survey, Papua New Guinea boasts no more than 832 different languages.
① ② ③ ④

(ケ) Winston Churchill told, “Success is the ability to go from failure to failure without losing your enthusiasm.”
① ② ③ ④

(コ) We hope your hard work will pay off and one day you will be a doctor of excellent and integrity.
① ② ③ ④

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IV 次の2つの文章を読み、それぞれに続く設問に答えなさい。*が付いている語には注がある。

(英文1)

The experiences of medical training and the hospital world have been extensively documented in books, television, and film. Some of these have been probing and incisive*, and some have been entertaining nonsense. Much has been written about what doctors do and how they frame their thoughts. But the emotional side of medicine^(ア)—the parts that are less rational, less amenable to systematic intervention—has not been examined as thoroughly, yet it may be at least as important.

The public remains both fascinated and anxious about the medical world—a world with which everyone must eventually interact. Within this fascination is a frustration that the health-care system does not function as ideally as people would like. Despite societal pressures, legislative reforms, and legal wrangling*, doctors don't always live up to these ideals. I hope to delve* beneath the cerebral* side of medicine to see what actually makes MDs* tick.^(イ)

At this juncture^(ウ) in our society's history, nearly every patient—at least those in the developed world—can have access to the same fund of medical knowledge that doctors work from. Anyone can search WebMD for basic information or PubMed for the latest research. Medical textbooks and journals are available online. The relevant issue—the one that has the practical impact on the patient—is how doctors *use* that knowledge.

There has been a steady stream of research into how doctors think. In his insightful and practically titled book, *How Doctors Think*, Jerome Groopman explored the various styles and strategies that doctors use to guide diagnosis and treatment, pointing out the flaws and strengths along the way. He studied the cognitive processes that doctors use and observed that emotions can strongly influence these thought patterns, sometimes in ways that gravely damage our patients. “Most [medical] errors are mistakes in thinking,” Groopman writes. “And part of what causes these cognitive errors is our inner feelings, (エ) and often don't even recognize.”

Research bears this out. Positive emotions tend to be associated with a more global view of a situation (“the forest”)^(オ) and more flexibility in problem solving. Negative emotions tend to diminish the importance of the bigger picture in favor of the smaller details (“the trees”). In cognitive psychology studies, subjects with negative emotions are more prone to anchoring^(カ)

bias—that is, latching* on to a single detail at the expense of others. Anchoring bias is a potent source of diagnostic error, causing doctors to stick with an initial impression and avoid considering conflicting data. Subjects with positive emotions are also prone to bias; they are more likely to succumb* to attribution bias. In medicine, this is the tendency to attribute a disease to who the patient is (a drug user, say) rather than what the situation is (exposure to bacteria, for example).

Every hospital dutifully includes the word compassion somewhere in its mission statement. Every medical school rhapsodizes* about the ideals of caring. But the often unspoken (and sometimes spoken) message in the real-life trenches* of medical training is that doctors shouldn't get too emotionally involved with their patients. Emotions cloud judgement, students are told. Any component of a curriculum upon which interns slap the "touchy-feely*" label is doomed in terms of attendance. Hyperefficient, technically savvy* medical care is still prized over all else.

But no matter how it's portrayed, and no matter how many high-tech tools enter the picture, the doctor-patient interaction is still a (ク). And when humans connect, emotions by necessity weave an underlying network. The most distant, aloof* doctor is subject to the same flood of emotions as the most touchy-feely one. Emotions in the air just as oxygen is. But how we doctors choose—or choose not—to notice and process these emotions varies greatly. And it is the patient at the other end of the relationship who is affected most by this variability.

(Adapted from Danielle Ofri, MD, *What Doctors Feel: How Emotions Affect the Practice of Medicine*, 2013)

- * incisive 鋭い, 辛辣な
- wrangling 論争
- delve 掘り下げる
- cerebral 理性的な
- MD 医学博士, 医師
- latching 動かなくなる
- succumb 屈する, 服従する
- rhapsodize 熱狂的に語る
- trench 溝, 戦線
- touchy-feely 公然と愛情を身体的接触を通して表現すること
- savvy 精通した
- aloof 離れて, よそよそしい

- (ア) What can be said about *the emotional side of medicine*?
- ① Because it has not been fully examined, its importance is not yet fully known.
 - ② It has been exclusively studied from a rational point of view in medical training.
 - ③ Because it is closer to systematic intervention, it has become more important.
 - ④ It has been proven to be just as important as how doctors think.
- (イ) Which is the closest in meaning to the underlined part what actually makes MDs tick?
(イ)
- ① how doctors work against the clock to save lives
 - ② why time is of the essence to the practicing physician
 - ③ what makes doctors behave the way that they do
 - ④ who doctors turn to when they need advice
- (ウ) Which is the closest in meaning to juncture?
(ウ)
- ① event
 - ② stop
 - ③ terminal
 - ④ stage
- (エ) Fill in the blank (エ).
- ① ideas that we bring to the surface
 - ② feelings we do not readily admit to
 - ③ thoughts that truly inspire us
 - ④ emotions we respond to intentionally
- (オ) Why does the writer use the metaphor of *the forest* and *the trees*?
- ① to deny the importance of being global over focusing on details
 - ② to give a visual image of how positive and negative emotions differ
 - ③ to explain why flexibility in problem solving is the most important
 - ④ to show more than one way to give a medical diagnosis
- (カ) What is true about both *anchoring bias* and *attribution bias*?
- ① They are found only in the field of medicine.
 - ② Neither focuses on positive emotions over negative ones.
 - ③ They are the key components in uncovering medical symptoms.
 - ④ Neither allows doctors flexibility in problem solving.

(キ) Which of the following is true about *compassion*?

- ① It is not valued as highly as quick and efficient medical treatment.
- ② It can only be seen in classes where students focus on emotions.
- ③ There is little doubt that it is the keystone of modern medicine.
- ④ Patients expect it even if it is not explicitly stated in the mission statement.

(ク) Fill in the blank (ク)

- ① distant physical interaction
- ② culturally manufactured one
- ③ highly technical diagnosis
- ④ primarily human one

(ケ) According to the passage, which of the following is true?

- ① Doctors can remove themselves from making cognitive errors thanks to their training.
- ② Doctors should be more “touchy-feely” than hyperefficient in their treatment of patients.
- ③ Emotions cannot and should not be ignored as they are at the base of medical interaction.
- ④ Patients should realize that emotions do not affect the doctor–patient relationship.

(コ) According to the passage, which of the following is false?

- ① In today’s developed world doctors and patients have access to the same information.
- ② A doctor’s role has become one in which utilizing information is the least important.
- ③ As we all will be involved with the medical world, we are intrigued by it and hence it has become a popular topic for the film and television industry.
- ④ The doctor who is emotionally involved with their patients is not preferred.

(英文2)

In the fourth year of medical school, I watched as, one by one, many of my classmates elected to specialize in less demanding areas (radiology* or dermatology*, for example) and applied for their residencies. Puzzled by this, I gathered data from several elite medical schools and saw that the trends were the same: by the end of medical school, most students tended to focus on “lifestyle” specialties—those with more humane hours, higher salaries, and lower pressures—
(サ) the idealism of their med school application essays tempered or lost. As graduation neared and we sat down, in a Yale tradition, to rewrite our commencement oath—a melding of the words of Hippocrates, Mimonides, Osler, along with a few other great medical forefathers—several students argued for the removal of language insisting that we place our patients’ interests above our own. (The rest of us didn’t allow this discussion to continue for long. The words stayed.)
(ス) This kind of egotism* struck me as antithetical* to medicine and, it should be noted, entirely reasonable. Indeed, this is how 99 percent of people select their jobs: pay, work environment, hours. But that’s the point. Putting lifestyle first is how you find a job—not a calling*.)

As for me, I would choose neurosurgery as my specialty. The choice, which I had been contemplating for some time, was cemented one night in a room just off the OR*, when I listened in quiet awe as a pediatric neurosurgeon sat down with the parents of a child with a large brain tumor who had come in that night complaining of headaches. He not only delivered the clinical facts but addressed the human facts as well, acknowledging the tragedy of the situation and providing guidance. As it happened, the child’s mother was a radiologist. The tumor looked malignant*—the mother had already studied the scans, and now she sat in a plastic chair, under fluorescent light, devastated.

“Now, Claire,” the surgeon began, softly.

“Is it as bad as it looks?” the mother interrupted. “Do you think it’s cancer?”

“I don’t know. What I *do* know—and I know you know these things, too—is that your life is about to—it already has changed. This is going to be a long haul*, you understand? You have got to be there for each other, but you also have to get your rest when you need it. This kind of illness can either bring you together, (ヽ). Now more than ever, you have to be there for each other. I don’t want either of you staying up all night at the bedside or never leaving the hospital. Okay?”

He went on to describe the planned operation, the likely outcomes and possibilities, what decisions needed to be made now, what decisions they should start thinking about but didn't need to decide on immediately, and what sorts of decisions they should not worry about at all yet. By the end of the conversation, the family was not at ease, but they seemed (タ). I had watched the parents' faces—at first wan*, dull, almost otherworldly—sharpen and focus. And as I sat there, I realized that the questions intersecting life, death, and meaning, questions that all people face at some point, usually arise in a medical context. In the actual situations where one encounters these questions, it becomes a necessarily philosophical and biological exercise. Humans are organisms, subject to physical laws, including, alas, the one that says entropy* always increases. (チ A) are molecules misbehaving; the basic requirement of (チ B) is metabolism*, and (チ C) its cessation*.

While all doctors treat diseases, neurosurgeons work in the crucible* of identity: every operation on the brain is, by necessity, a manipulation of the substance of our selves, and every conversation with a patient undergoing brain surgery cannot help but confront this fact. In addition, to the patient and family, the brain surgery is usually the most dramatic event they have ever faced and, as such, has the impact of any major life event. At those critical junctures, the question is not simply whether to live or die but what kind of life is worth living. Would you trade your ability—or your mother's—to talk for a few extra months of mute life? The expansion of your visual blind spot in exchange for eliminating the small possibility of a fatal brain hemorrhage*? Your right hand's function to stop seizures*? How much neurologic* suffering would you let your child endure before saying that death is preferable? Because the brain mediates our experience of the world, any neurosurgical problem forces a patient and family, ideally with a doctor as a guide, to answer this question: (テ)

I was compelled by neurosurgery, with its unforgiving call to perfection; like the ancient Greek concept *arete*, I thought, virtue required moral, emotional, mental, and physical excellence. Neurosurgery seemed to present the most challenging and direct confrontation with meaning, identity, and death. Concomitant with the enormous responsibilities they shouldered, neurosurgeons were also masters of many fields: neurosurgery, ICU* medicine, neurology, radiology. Not only would I have to train my mind and hands, I realized; I'd have to train my eyes, and perhaps other organs as well. The idea was overwhelming and intoxicating: perhaps I, too, could join the ranks of these polymaths* who strode into the densest thicket* of emotional, scientific, and spiritual problems and found, or carved, ways out.

(Adapted from Paul Kalanithi, *When Breath Becomes Air*, 2016)

* radiology 放射線科
dermatology 皮膚科
egotism 自己中心主義, 自己本位
antithetical 正反対の
calling 天職, 職業
OR 手術室
malignant 悪性の
long haul 長期
wan 青ざめた, 青白い
entropy エントロピー, 物質の熱力学的状態を示す抽象的な量の一つ
metabolism 新陳代謝
cessation 停止
crucible るつば, 厳しい試練
hemorrhage 出血
seizure 発作, 卒中
neurologic 神経性の
ICU 集中治療室
polymath 博学者
thicket やぶ, 茂み

(サ) Which of the following is true about “lifestyle” specialties?

- ① They are more demanding areas.
- ② They don't include radiology and dermatology.
- ③ They are the idealism of med school application essays.
- ④ They have better hours, higher salaries, and less stress.

(シ) Which is the closest in meaning to the underlined part tempered?
(シ)

- ① accelerated
- ② increased
- ③ moderated
- ④ strengthened

(ス) Which of the following is true about *this kind of egotism*?

- ① It is a melding of the words of great medical forefathers.
- ② It places their patients' interest above their own.
- ③ It is the way almost all people select their jobs.
- ④ It is putting lifestyle first and how you find a calling.

(セ) Which of the following is an example of *the human facts*?

- ① "Is it as bad as it looks?"
- ② "Do you think it's cancer?"
- ③ "The tumor looked malignant."
- ④ "You have got to be there for each other."

(ソ) Fill in the blank (ソ).

- ① or it can tear you apart
- ② nor it can bring you together
- ③ or it can bring you apart
- ④ nor it can tease you up

(タ) Fill in the blank (タ).

- ① able to make decisions
- ② able to face the future
- ③ unable to answer the questions
- ④ unable to watch the patient's face

(チ) Which of the following is the correct combination (チA)—(チB)—(チC)?

- ① Diseases — life — death
- ② Diseases — death — life
- ③ Deaths — disease — life
- ④ Lives — disease — death

(ツ) Which of the following is true about *the crucible of identity*?

- ① Brain surgery is a manipulation of the substance of our selves.
- ② Brain surgery cannot have the impact of any major life event.
- ③ You cannot trade your ability to talk for a few extra months of mute life.
- ④ You cannot trade your right hand's function for stopping seizures.

(テ) Fill in the blank (テ)

- ① Who will ask the patient the question whether to live or die?
- ② Who will let your child endure suffering before saying that death is preferable?
- ③ What makes death regrettable to say that death is preferable?
- ④ What makes life meaningful enough to go on living?

(ト) According to the passage, which of the following is true?

- ① The ancient Greek concept *arete* means mental and physical excellence.
- ② Neurosurgeons have to directly confront meaning, identity, and death.
- ③ Neurosurgeons should not shoulder the enormous responsibilities.
- ④ Neurosurgery is the only specialty in which one can master many fields.

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