

平成 21 年度 入学 試験 問題 (前期)

英 語

注 意

1. 台図があるまで表紙をあけないこと。
2. 受験票は机に出しておくこと。

I 下線部を和訳せよ。

What's behind the world food crisis?

These days you hear a lot about the world financial crisis. But there's another world crisis under way — and it's hurting a lot more people.

I'm talking about the food crisis. Over the past few years the prices of wheat, corn, rice and other basic foodstuffs have doubled or tripled, with much of the increase taking place just in the last few months.

High food prices dismay even relatively well-off Americans, but they're truly devastating in poor countries, where food often accounts for more than half a family's spending.

There have already been food riots around the world. Food-supplying countries, from Ukraine to Argentina, have been limiting exports in an attempt to protect domestic consumers, leading to angry protests from farmers — and making things even worse in countries that need to import food.

How did this happen? The answer is a combination of long-term trends, bad luck — and bad policy.

Let's start with the things that aren't anyone's fault.

First, there's the march of the meat-eating Chinese — that is, the growing number of people in emerging economies who are, for the first time, rich enough to start eating like Westerners. Since it takes about 700 calories' worth of animal feed to produce a 100-calorie piece of beef, this change in diet increases the overall demand for grains.

Second, there's the price of oil. Modern farming is highly energy-intensive: a lot of BTUs go into producing fertilizer, running tractors and, not least, transporting farm products to consumers. With oil persistently above \$100 per barrel, energy costs have become a major factor driving up agricultural costs.

High oil prices, by the way, also have a lot to do with the growth of China and other emerging economies. Directly and indirectly, these rising economic powers are competing with the rest of us for scarce resources, including oil and farmland, driving up prices for raw materials of all sorts.

Third, there has been a run of bad weather in key growing areas. In particular, Australia, normally the world's second-largest wheat exporter, has been suffering from an epic drought.

OK, I said that these factors behind the food crisis aren't anyone's fault, but that's not quite true.

The rise of China and other emerging economies is the main force driving oil prices, but the invasion of Iraq — which proponents promised would lead to cheap oil — has also reduced oil supplies below what they would have been otherwise.

And bad weather, especially the Australian drought, is probably related to climate change. So politicians and governments that have stood in the way of action on greenhouse gases bear some responsibility for food shortages.

Where the effects of bad policy are clearest, however, is in the rise of demon ethanol and other biofuels.

The subsidized conversion of crops into fuel was supposed to promote energy independence and help limit global warming. But this promise was, as Time magazine bluntly put it, a "scam."

This is especially true of corn ethanol: even on optimistic estimates, producing a gallon of ethanol from corn uses most of the energy the gallon contains. But it turns out that even seemingly "good" biofuel policies, like Brazil's use of ethanol from sugar cane, accelerate the pace of climate change by promoting deforestation.

(出典: *International Herald Tribune*, April 8, 2008)

(注)

BTU(British Thermal Unit): 英国熱量単位

scam: いかさま

II 下線部を和訳せよ。

Patients today often complain of feeling that they are merely peripheral phenomena in the busy schedule of a general practitioner or consultant. One study found that hospital patients were less satisfied with the way medical staff communicated with them than they were with the food they were served.⁽¹⁾ The rising use of computers in general practice means that doctors are often typing in data as they speak with patients, sometimes reducing eye contact to a bare minimum. In the US, the average time a patient is allowed to speak in a first consultation before being interrupted by their physician is twenty-three seconds.

Primary-care medicine today is generally directed at the management of patients. They should be kept as healthy as possible, and the frequency of their visits kept to an ideal minimum. It is important to recognize that although no doctor would be averse to curing a patient, this is not always the cardinal aim, especially given the prevalence of chronic illnesses like heart disease and diabetes which can be managed but not cured. Most doctors have to cope with a staggering workload and ever-increasing bureaucracy, so it is hardly surprising that there is less and less time to listen to the individual.

Yet without careful listening, can more than a partial aspect of illness ever be grasped? Many patients complain of not being properly listened to and of receiving hasty advice. They are often left feeling literally unrecognized. One survey even found that in 50 per cent of medical encounters, the patient and the doctor disagreed as to what the main presenting problem was. If today's hospital has become what one physician has called 'a mosaic of specialties', patients are turning elsewhere to find different forms of recognition and receptiveness. Doctors before the Second World War were already lamenting how the study of disease had begun to overshadow the study of the patient. Commenting on the changes he had witnessed in the first decades of the twentieth century, an Austrian writer said that 'disease meant now no longer what happens to the whole man but what happens to his organs'.⁽²⁾

This movement away from biography and particularity towards fragmentation inevitably encourages a wide range of alternative and complementary therapies. In America the number of visits to alternative practitioners exceeds the number of all visits to primary-care physicians. Today, more than a third of the American population use so-called alternative therapies. And significantly, more than 70 per cent of these people don't tell their conventional doctors about these treatments. One might wonder what effect this has on assessments of the efficacy of conventional treatments.

The expansion of alternative practices is sometimes explained as a consequence of the medical profession's unwillingness to listen to its patients. For much of the medicine practiced today, the body is merely the sum of its parts and little more. In a 1,400-page best-selling textbook for medical students, lip service is paid in the first chapter to the doctor-patient relationship, before the book gets down to the real business of the human organism. Doctors are told to show empathy by indicating to the patient that their experiences are recognized and accepted, yet the suggested phrasing of questions and responses to patients reads like extracts from a bad foreign language primer.⁽³⁾ Likewise, scare quotes around phrases like 'treat the whole patient' seem to imply that they shouldn't be taken too seriously.

(出典：D. Leader and D. Corfield, *Why Do People Get Ill?*, 2007, Hamish Hamilton. 一部変更あり)

(注)

scare quotes: 注意を促す引用符

III 英訳せよ。

- (1) 世界の金融市場は深刻な気分の揺れを経験しているが、ファッションも同様である。
- (2) 経済の暗い気分を反映して、デザイナーたちは明るい色から黒に戻りつつある。
- (3) 歴史的に言うと、ファッションの流行や好みはしばしば経済的変化と連動している。