大阪医科大学

平成25年度入学試験問題（後期）

英　　語

注　意

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

英　語（後　期）　（その1）

Ⅰ　下線部を和訳せよ。

A friend of mine, an accomplished academic in history and literature in her 70s, recently phoned to ask for medical advice on her own mini-stroke after being discharged from the hospital. Ever eager to learn something new, she pressed me on "the latest research" and asked what doctors around the country were doing for her condition. We discussed a few research studies, diagnostic tests and treatment options, but when I suggested she speak with her primary care doctor, she went silent for a while. When she spoke again, her once-confident voice sounded nearly childlike. "I don't really feel comfortable bringing it up," she said. While her doctor was generally warm and caring, "he seems too busy and uninterested in what I feel or want to say." "I don't want him to think I'm questioning his judgment," she added. "I don't want to upset him or make him angry at me!"

(1) For over a generation now, efforts to make medical practice more patient-friendly have focused on getting patients and doctors to work together to make decisions about care and treatment. Numerous research papers, conferences and advocacy organizations have been devoted to this topic of "shared decision-making." But one thing has been missing in nearly all of these earnest efforts to encourage doctors to share the decision-making process. That is, ironically, the patient's perspective.

Now a study published in the most recent issue of *Health Affairs* has begun to uncover some of that perspective, and the news is not good. In our enthusiasm for all things patient-centered, we seem to have taken the *thought* of including patient preferences for the *deed*.

The researchers conducted several focus groups with 48 patients from five primary care physicians in the San Francisco Bay area. First, they showed the patient participants a short video on several equally effective but very different treatment approaches for a heart ailment. Then, they asked them questions about what they did with their own doctors when faced with a choice among several treatment options that might be equally effective but could differ in lifestyle effects, cost or range of complications. (2) Finally, the researchers asked the participants if they were comfortable asking doctors about different treatments, discussing their values and preferences, or disagreeing with their doctors' recommendations.

The participants felt limited, almost trapped into certain ways of speaking with their doctors. They said they wanted to collaborate in decisions about their care but felt they couldn't because doctors often acted authoritarian, rather than authoritative. A large number worried about upsetting or angering their doctors and believed that they were best served by acting as "supplicants"* toward the doctor "who knows best." Many also believed that they could depend only on themselves for getting more information about treatments or diseases. Some even said they feared retribution** by doctors who could ultimately affect their care and how they did. (3) The findings go against previous optimistic assumptions about shared decision-making that were based mostly on studies that examined physicians' intent, but not patient perceptions. "Many physicians say they are already doing shared decision-making," said D. L. Frosch, lead author of the new study. "But patients still aren't perceiving the relationship as a partnership."

Interestingly, most participants in this study were over 50, lived in affluent areas and had attended graduate school. "It's hard to think that people from more disadvantaged backgrounds would find it any easier to question doctors," Dr. Frosch said. (4) While understanding health care issues and making themselves heard in discussions were not difficult in general for the participants, the skills and confidence they had in other settings appeared to become useless once they were in their doctors' offices. "People experience a different sense of self in the doctor-patient interaction."

Dr. Frosch and his colleagues are now planning to study whether there are better ways to encourage patient engagement. "It may take a little longer to talk through decisions and disagreements; but if we empower patients to make informed choices, we will all do much better in the long run," said Dr. Frosch.

(出典：*New York Times*, May 31 2012. 一部変更あり)

*supplicant: a person who asks or begs for something earnestly or humbly.

**retribution: punishment inflicted on someone as vengeance for a wrong or criminal act.

英　語（後　期）　（その２）

Ⅱ　下線部を和訳せよ。

Both status and connection can be used as means to get things done by talking. Suppose you want to get an appointment with a plumber* who is fully booked for a month. You may use strategies that manipulate your connections or your differences in status. If you opt for status, you may operate either as one-down or one-up. For example, one-up: You let it be known that you are an important person, a city official who has influence in matters such as licensing and permits that the plumber has need of. Or one-down: You plaintively** inform the receptionist that you are new in town, and you have no neighbors or relatives to whom you could turn to take a shower or use the facilities. You hope she will feel sorry for you and give you special consideration. (1) <u>Whether you take a one-up or one-down stance, both these approaches play on differences in status by acknowledging that the two people involved are in asymmetrical relation to each other.</u>

On the other hand, you could try reinforcing your sameness. If you are from the same town as the plumber's receptionist, or if you are both from the same country or cultural group, you may engage her in talk about your hometown, or speak in your home dialect or language, hoping that this will remind her that you come from the same community so she will give you special consideration. If you know someone she knows, you may mention that person and hope this will create a feeling of closeness that will make her want to do something special for you. (2) <u>This is why it is useful to have a personal introduction to someone you want to meet, transforming you from a stranger into someone with whom there is a personal connection.</u>

The example of talking to a plumber's receptionist illustrates options that are available whenever anyone tries to get something done. Ways of talking are rarely if ever composed entirely of one approach or the other, but rather are composed of both and interpretable as either. For example, many people consider name dropping to be a matter of status: "Look how important I am, because I know important people." But it is also a play on intimacy and close connections. Claiming to know someone famous is a bit like claiming to know someone's mother or cousin or childhood friend — an attempt to gain approval by showing that you know someone whom others also know. In name-dropping they don't actually know the people named, but they know *of* them. You are playing on connections, in the sense that you bring yourself closer to the people you are talking to by showing you know someone they know of; but to the extent that you make yourself more important by showing you *know* someone they have *only heard of*, you are playing on status.

Much — even most — meaning in conversation does not, however, reside in the words spoken at all, but is filled in by the person listening. Each of us decides whether we think others are speaking in the spirit of differing status or symmetrical connection. (3) <u>Whether individuals will tend to interpret someone else's words as one or the other depends more on the hearer's own focus, concerns, and habits than on the spirit in which the words were used.</u>

（出典：Deborah Tannen, *You Just Don't Understand.* Harper, 1990. 一部変更あり）

*plumber: someone whose job is to repair water pipes, baths, toilets etc.

**plaintively: sadly and mournfully.

Ⅲ　下線部を英訳せよ。

(1) <u>幼児は周囲の情報を集めることに，従来考えられていたよりももっと積極的に関わっていることがわかってきた。</u>ある研究で7－8ヶ月の乳児にビデオアニメーションを見せたところ，(2) <u>彼らはスクリーン上に現れる対象のパターンがあまりに予測可能であっても，あまりにでたらめであっても興味を失った。</u>幼児は，適度に彼らの関心を引く状況を捉えることによって，常に自分の周囲の世界を理解しようとしているのである。彼らは目の前にあるどんなものでもおもちゃにし，そこから学ぶことができる。(3) <u>したがって，幼児に学習のための豊かな可能性をもたらすのは適度に刺激的な環境であって，斬新なおもちゃは必要ないのである。</u>