

平成23年度
入学試験問題

英語

注意：答えはすべて解答用紙に記入しなさい。

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一般

第1問 次の英文を読んで設問に答えなさい。

On 28 February 2003, the French Hospital of Hanoi, Vietnam, a private hospital of fewer than 60 beds, consulted the Hanoi office of the World Health Organization (WHO). A business traveller from Hong Kong had been hospitalized on 26 February for respiratory symptoms resembling influenza that had started three days before. The WHO medical officer, Dr Carlo Urbani, an infectious diseases epidemiologist and a previous member of Médecins sans Frontières, answered the call. Within days, in the course of which three more people fell ill with the same symptoms, he recognized the aggressiveness and the highly contagious nature of the disease. It looked like influenza but it wasn't. Early in March the first patient died, while similar cases started to show up in Hong Kong and elsewhere. Dr Urbani courageously persisted working in what he knew to be a highly hazardous environment. After launching a worldwide alert via the WHO surveillance network, he fell ill while travelling to Bangkok and died on 29 March. A run of new cases, some fatal, was now occurring not only among the staff of the French Hospital, but in Hong Kong, Taiwan, Singapore, mainland China, and Canada. Public health services were confronted with ^[あ]two related tasks: to build an emergency worldwide net of containment, while investigating the ways in which the contagion spread in order to pinpoint its origin and to discover how the responsible agent, most probably a micro-organism, was propagated. It took four months to identify the culprit of the new disease as a virus of the corona-virus family that had jumped to infect humans from wild small animals handled and consumed as food in the Guangdong province of China. By July 2003, the worldwide propagation of the virus, occurring essentially via infected air travellers, was blocked. The outbreak of the new disease, labelled SARS (Severe Acute Respiratory Syndrome), stopped at some 8,000 cases and 800 deaths. The toll would have been much heavier (ア) a remarkable international collaboration to control the spread of the virus through isolation of cases and control of wildlife markets. Epidemiology was at the heart of this effort, combining investigations in the populations hit by SARS with laboratory studies that provided the knowledge required for the disease-control interventions.

Epidemiology owes its name to 'epidemic', derived from the Greek *epi* (on) and *demos* (population). Epidemics like SARS that strike as unusual appearances of a disease in a population require immediate investigation, but essentially the same investigative approach applies to diseases in general, whether unusual in type or frequency or present all the time in a population in an 'endemic' form. In fact, the same methods are used to study normal physiological events such as reproduction and pregnancy, and physical and mental growth, in populations. Put concisely, *epidemiology is the study of health and disease in populations*.

The ^[イ]population aspect is the distinctive trait of epidemiology, while health and disease are investigated at other levels as well. In fact, when 'medicine' is referred to, without specification, one thinks spontaneously of clinical medicine that deals with health and disease in individuals. We may also imagine laboratory scientists carrying out biological experiments, the results of which may hopefully be translated into diagnostic or treatment innovations in clinical medicine. By contrast, the population dimension of health and disease, and with it epidemiology, is less

prominent in the minds of most people. In the past, introduced to someone as an epidemiologist, I was not infrequently greeted with the remark ‘I see you are a specialist treating skin diseases’. (Clearly the person thought of some fancy ‘epidermology’, alias dermatology. Now I introduce myself as a public health physician, which works much better.)

(Rodolfo Saracci, *Epidemiology: A Very Short Introduction*, 2010)

注 respiratory: 呼吸の	epidemiologist: 疫学者	Médecins sans Frontières: 国境なき医師団
contagious: 伝染性の	containment: 封じ込め	propagate: まん延させる
toll: 犠牲	epidemic: 伝染病	physiological: 生理学的
spontaneously: 自然に	alias: 別名	dermatology: 皮膚科
		culprit: 原因
		endemic: 風土病

問 1. 本文中に波線を付した次の2つの動詞の名詞形を書きなさい。

- (a) resemble (b) recognize

問 2. 下線部 [あ] の two related tasks とは次の ①～④ のうちのどれとどれか。最も適当な組み合わせを (a)～(f) より1つ選び、記号で答えなさい。

- ① 感染源を突き止めること
 ② 世界的な封じ込め網を作り上げること
 ③ 治療法を見つけること
 ④ 病気がどのように広がっていったかを調査すること

- (a) ① と ② (b) ① と ③ (c) ① と ④
 (d) ② と ③ (e) ② と ④ (f) ③ と ④

問 3. 空所 (ア) には次の4語がある順序で入る。記号(a)～(d)をその順序に並べなさい。

- (a) for (b) it (c) not (d) were

問 4. 下線部 [い] の ‘population aspect’ と反対の意味をもつものを次の中から1つ選び、記号で答えなさい。

- (a) disease aspect (b) human aspect
 (c) individual aspect (d) investigation aspect

問 5. 本文中に二重下線を付した次の4つのうち、epidemiology ないし epidemiologist と最も関係が深い意味をもつものはどれか。1つ選び、記号で答えなさい。

- (a) clinical medicine (b) laboratory scientists
 (c) dermatology (d) public health physician

問 6. Dr Urbani について正しいものを 1 つ選び、記号で答えなさい。

- (a) 国境なき医師団のメンバーとして活動中に死亡した。
- (b) 世界で最初の SARS 患者と確認された。
- (c) WHO の職員として感染症の防止活動中に死亡した。
- (d) ハノイの病院の医師として SARS 患者の診察をした。

問 7. 病原体を突き止めることができた時期として最も適当なものを 1 つ選び、記号で答えなさい。

- (a) 2003 年 2 月末頃
- (b) 2003 年 3 月末頃
- (c) 2003 年 4 月末頃
- (d) 2003 年 5 月末頃
- (e) 2003 年 6 月末頃
- (f) 2003 年 7 月末頃

問 8. この病気はどのようにして人間界に入ってきたのか。最も適当なものを 1 つ選び、記号で答えなさい。

- (a) 環境の変化によって、病原体をもった動物と人間との接触の機会が増えて人にも感染するように。
- (b) 病原体をもった動物にかまれたことによって人に感染した。
- (c) 病原体をもった動物を食用にしたことによって人間に感染した。
- (d) もともと人には感染しなかった病原体が、突然変異によって人にも感染するようになった。

問 9. この病気はどのようにして世界各地へ広まっていったのか。最も適当なものを 1 つ選び、記号で答えなさい。

- (a) 大気中に浮遊した病原体が風に乗って各地へ広まった。
- (b) 感染者が旅行することによって各地へ広めた。
- (c) 病原体をもった渡り鳥が各地へ飛んで行って広めた。
- (d) 病原体に汚染された食べ物が各地へ輸送されて広まった。

第2問 次の英文を読んで設問に答えなさい。

Creativity is commonly thought of as a personality trait that resides within the individual. We [あ]count on creative people to produce the songs, movies, and books we love; to invent the new gadgets that can change our lives; and to discover the new scientific theories and philosophies that can change the way we view the world. Over the past several years, (ア), social psychologists have discovered that creativity is not only a characteristic of the individual, but may also change depending on the situation and context. The question, of course, is what those situations are: what makes us more creative at times and less creative at others?

One answer is psychological distance. According to the construal level theory (CLT) of psychological distance, anything that we do not experience as occurring now, here, and to ourselves falls into the “psychologically distant” category. It’s also possible to induce a state of “psychological distance” simply by changing the way we think about a particular problem, such as attempting to take another person’s perspective, or by thinking of the question as if it were unreal and unlikely. In this new paper, by Lile Jia and colleagues at Indiana University at Bloomington, scientists have demonstrated that increasing psychological distance so that a problem feels farther away can actually increase creativity.

Why does psychological distance increase creativity? According to CLT, psychological distance affects the way we mentally represent things, so that distant things are represented in a relatively (イ) way while psychologically near things seem more (ウ). Consider, for instance, a corn plant. A(n) (エ) representation would refer to the shape, color, taste, and smell of the plant, and connect the item to its most common use—a food product. A(n) (オ) representation, on the other hand, might refer to the corn plant as a source of energy or as a fast growing plant. These more (カ) thoughts might lead us to contemplate other, less common uses for corn, such as a source for ethanol, or to use the plant to create mazes for children. What this example demonstrates is how (キ) thinking makes it easier for people to form surprising connections between seemingly unrelated concepts, such as fast growing plants (corn) and fuel for cars (ethanol).

In this most recent set of studies, Jia and colleagues examined the effect of (ク) distance on creativity. [b]Participants in the first study performed a creative generation task, in which they were asked to list as many different modes of transportation as possible. This task was introduced as having been developed either by Indiana University students studying in Greece (distant condition) or by Indiana University students studying in Indiana (near condition). As predicted, participants in the distant condition generated more numerous and original modes of transportation than participants in the near condition.

Similar results were obtained in the second study, in which performance on three insight problems was gauged. Here’s a sample problem:

A prisoner was attempting to escape from a tower. He found a rope in his cell that was half as long enough to permit him to reach the ground safely. He divided the rope in half, tied the two parts together, and escaped. [c]How could he have done this?

This is known as an insight problem since the solution — the prisoner unraveled the rope lengthwise and tied the remaining strands together — typically arrives in a flash of insight, or what’s commonly referred to as an Aha moment.

For the insight problems, participants were told that the questions were developed either by a research institute located in California, “around 2,000 miles away” (distant condition), or in Indiana, “2 miles away,” (near condition). In a third, control group no information regarding location was mentioned. As expected, participants in the distant condition solved more problems than participants in the proximal condition and in the control condition. Because the problems seemed farther away, they were easier to solve.

This pair of studies suggests that even minimal cues of psychological distance can make us more creative. (ケ) the geographical origin of the various tasks was completely irrelevant — it shouldn’t have mattered where the questions came from — simply telling subjects that they came from somewhere far away led to more creative thoughts.

These results build on previous studies which demonstrated that distancing in time — projecting an event into the remote future — and assuming an event to be less likely (that is, distancing on the probability dimension) can also enhance creativity. In a series of experiments that examined how (コ) distance affects performance on various insight and creativity tasks, participants were first asked to imagine their lives a year later (distant future) or the next day (near future), and then to imagine working on a task on that day in the future. Participants who imagined a distant future day solved more insight problems than participants who imagined a near future day.

This research has important practical implications. It suggests that there are several simple steps we can all take to increase creativity, such as traveling to faraway places (or even just thinking about such places), thinking about the distant future, communicating with people who are dissimilar to us, and considering unlikely alternatives to reality.

(Oren Shapira and Nira Liberman: An Easy Way to Increase Creativity,
Scientific American Mind Matters, July 21, 2009)

注 trait: 特徴

reside: 備わっている

gadget: 装置

CLT: 解釈レベル理論

maze: 迷路

unravel: 解く、ほどく

proximal: 近い

問1. 下線部 [あ] の ‘count on’ とほぼ同じ意味をもつものを1つ選び、記号で答えなさい。

(a) consider

(b) make

(c) provide for

(d) rely on

問2. 空所 (ア) に入れるのに最もふさわしいものを1つ選び、記号で答えなさい。

(a) however

(b) in other words

(c) of course

(d) therefore

問 3. 空所 (イ) ~ (キ) には 'abstract' か 'concrete' のいずれかが入る。'abstract' が入る空所名をすべて○で囲みなさい。

問 4. 空所 (ク) に入れるのに最もふさわしいものを1つ選び、記号で答えなさい。

- (a) social (b) spatial (c) temporal (d) visual

問 5. 下線部 [い] の 'Participants' に置き換えるのに最もふさわしいものを1つ選び、記号で答えなさい。

- (a) Patients (b) Researchers (c) Students (d) Subjects

問 6. 下線部 [う] の問い 'How could he have done this?' が insight problem である理由として最も適当なものを1つ選び、記号で答えなさい。

- (a) さまざまな脱獄方法を自由な発想とひらめきによって考え出させる問いだから。
 (b) 脱獄犯の心の中を見抜かねばならない、洞察力を必要とする問いだから。
 (c) 出題者の意図を深く洞察することが必要な問題であるから。
 (d) ロープを「半分にする」分け方が思いつきにくく、ひらめきが必要だから。

問 7. 空所 (ケ) に入れるのに最もふさわしいものを1つ選び、記号で答えなさい。

- (a) Although (b) Because (c) If (d) Unless

問 8. 空所 (コ) に入れるのに最もふさわしいものを1つ選び、記号で答えなさい。

- (a) social (b) spatial (c) temporal (d) visual

問 9. 本文にしたがえば、創造力が最も発揮できそうなものは次のうちどれか。1つ選び、記号で答えなさい。

- (a) 問題を、身近な具体的状況に当てはめてみて考える。
 (b) 問題を、類似した他の問題と比較してみて考える。
 (c) 問題を、単純ないくつかの基本的要素に分解して考える。
 (d) 問題から一歩身を引いて、第三者の目で見てみる。

問 10. 本文の内容と合致するものを1つ選び、記号で答えなさい。

- (a) 現代人は、発達した情報社会の中で創造的に考える力を失ってきている。
 (b) 現代人は、昔の人より創造的に考えることができやすい環境に住んでいる。
 (c) 創造力は、先天的な側面もあるが、心の持ち方によって強めることができる。
 (d) 創造力は小さいころからの教育によって身に付くものであるから、幼児教育が大切だ。

第3問 次の英文を読んで設問に答えなさい。

Person A: I believe heroic medical interventions should not be made (ア) the doctors and nurses have the permission of the patient or the patient's family members.

Person B: So you believe that extending life with technology should not be done unless a patient or his family wants his life extended?

Person A: That's right.

Person B: Well, it's my opinion that sometimes there isn't time for a discussion with the patient or the family members about the patient's chances for survival. The medical experts have to act or there is no decision to be made because the patient is dead!

Person A: (イ)

Person B: (ウ)

Person A: (エ)

Person B: That's right. You got it.

Person A: Well, I don't have a real problem with that. But I believe that if the patient doesn't want to be kept alive through technology, and if he or his family members tell the doctors that, then the doctors have to abide by his wishes and "pull the plug."

Person B: So, basically, you believe the patient should decide whether he will live or die — or, if he can't decide, then his family should decide for him.

Person A: That's not exactly it. He may live or die whether he's hooked up to life-supports or not. But it's his choice — or his family's choice — whether he will be hooked up.

Person B: Okay, then it's (オ), or secondly, (カ) and not (キ) to continue him on life-supports.

Person A: Exactly.

Person B: I believe it is part of a doctor's job to assess a patient's chances for survival; the patient or the family can get too emotional and decide to let someone die rather than be uncomfortable; and meanwhile, the doctor may know there's a good chance for recovery. Also, doctors are trained to save life at all costs. If we train them to take the patient's advice, then they could let him die just so they could take off early to play golf!

Person A: That's a lot for me to paraphrase. You believe, if I have it right, that (ク) are more objective and less emotional than (ケ), and they have more of an expert opinion about chances for recovery. And also you think it's dangerous to let (コ) decide to pull the plug because then (サ) don't have to worry about whether the patient could have lived a full life or not.

Person B: You said it better than I did!

Person A: Well, what I really think is that doctors should give their expert opinion to the patient and the family members. If they then decide, for whatever reason, not to prolong life with technology, then the doctors would have to abide by their decision.

Person B: (シ)

Person A: That's exactly right.

(Sherry Diestler, *Becoming A Critical Thinker: a user-friendly manual*, 1998)

注 heroic medical intervention: ここでは延命処置を意味している abide by ~: ~に従う

問 1. 空所 (ア) に入れるのに最もふさわしいものを1つ選び、記号で答えなさい。

- (a) for (b) but (c) unless (d) when

問 2. 空所 (イ) ~ (エ) にそれぞれ ① ~ ③ のいずれかを入れるとき、最も適切な組み合わせはどれか。(a)~(f)より1つ選び、記号で答えなさい。

- ① I didn't mean that. I mean, if the patient is going to die if he's not hooked up to the machines, then he needs to be hooked up first and consulted later.
 ② So you think in an emergency the doctors should be allowed to treat the patient in any way that will save his life and talk to him or his family members later.
 ③ So you think that using technology is totally up to the doctors?

- (a) イ: ① ウ: ② エ: ③ (b) イ: ① ウ: ③ エ: ②
 (c) イ: ② ウ: ① エ: ③ (d) イ: ② ウ: ③ エ: ①
 (e) イ: ③ ウ: ① エ: ② (f) イ: ③ ウ: ② エ: ①

問 3. 空所 (オ) ~ (キ) に入る語句の組み合わせとして最も適当なものを1つ選び、記号で答えなさい。

- (a) オ: his family's choice カ: the doctor's choice キ: the patient's choice
 (b) オ: his family's choice カ: the patient's choice キ: the doctor's choice
 (c) オ: the doctor's choice カ: his family's choice キ: the patient's choice
 (d) オ: the doctor's choice カ: the patient's choice キ: his family's choice
 (e) オ: the patient's choice カ: his family's choice キ: the doctor's choice
 (f) オ: the patient's choice カ: the doctor's choice キ: his family's choice

問4. 空所（ク）～（サ）に入る語句の組み合わせとして最も適当なものを1つ選び、記号で答えなさい。

- | | |
|-----------------------------------|-------------------------------|
| (a) ク：doctors | ケ：patients and family members |
| コ：doctors | サ：patients or family members |
| (b) ク：doctors | ケ：patients and family members |
| コ：patients or family members | サ：doctors |
| (c) ク：patients and family members | ケ：doctors |
| コ：doctors | サ：patients or family members |
| (d) ク：patients and family members | ケ：doctors |
| コ：patients or family members | サ：doctors |

問5. 空所（シ）に入れるのに最も適当なものを1つ選び、記号で答えなさい。

- (a) So you think that the doctor should be an advisor or counselor and give them all the information he can, and have the final power to decide what will be done.
- (b) So you think that the doctor should be an advisor or counselor and give them all the information he can, but the family should have the final power to decide what will be done.
- (c) So you would choose not to use life-supports until the patient is completely beyond hope of recovery.
- (d) So you would choose to use life-supports until the patient is completely beyond hope of recovery.

問6. Aさんの主張に最も近い内容のものを1つ選び、記号で答えなさい。

- (a) 医師は医療の専門家であり客観的に見ることのできる立場にいるのだから、積極的な延命処置をするか否かに関しては医師の判断が優先すべきだ。
- (b) 医師は、患者の延命可能性について専門家としての的確な助言ができるよう、もっと十分な訓練を受けるべきだ。
- (c) 医師は、積極的な延命処置をするか否かについての患者本人やその家族の意思が告げられた場合には、自分の意見を押し通すべきではない。
- (d) 第1に優先すべきは患者本人の意思であるが、その意思が不明である場合には、家族の意見より専門家である医師の判断の方が優先すべきだ。

Empty box for the candidate number.



英語 解答用紙

第1問

問1	(a)	(b)
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問2	問3	問4
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問5	問6	問7	問8	問9
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第2問

問1	問2	問3	イ	ウ	エ	オ	カ	キ
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問4	問5	問6	問7	問8
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問9	問10
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第3問

問1	問2	問3	問4	問5
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問6
