

平成 25 年度

推 薦 入 学
学 習 能 力 適 性 検 査

英 文 問 題

注意：答えはすべて解答用紙に記入しなさい。

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第1問 次の英文を読んで、後の問いに答えなさい。

Speed reading is the purported ability to read thousands of words a minute. For example, Howard Berg claims to be able to read 25,000 words a minute by reading “15 lines at a time backwards and forwards.” That’s about 80 to 90 pages a minute. Tolstoy’s *War and Peace* should take Berg about 15 minutes to read.

George Stancliffe claims he has taught a woman with a reading disability to read 18,000 words a minute. Such a «A»feat, he says, is not uncommon in children, but rare in adults. One wonders [ア] comprehension.

There seems to be only one person who can read at such speeds with near-perfect comprehension. His name is Kim Peek, and he has the ability to read two pages simultaneously, one with each eye, with 98% retention. Nobody knows how he does it, but he was born without a corpus callosum, that bundle of nerves that connects the right and left hemispheres of the brain. [イ], others have also been born with no corpus callosum, or have had it surgically disconnected, without resulting in an increase in reading or retention abilities. Kim Peek can recall most of the contents of some 7,600 books. But since nobody knows how Kim Peek does it, nobody can teach this skill to others. The rest of us must focus both eyes on one page and read at a much slower rate than Peek.

Anne Cunningham, a University of California at Berkeley education professor and an expert on reading, reports that tests measuring saccades (small rapid jerky movements of the eye as it jumps from fixation on one point to another) while reading have determined that the maximum number of words a person can accurately read is about 300 a minute. “People who purport to read 10,000 words a minute are doing < あ > we call skimming,” she said. Speed in reading is mainly determined by how fast a reader can < い > the words and expressions one is reading. The fastest readers are those with excellent “recognition vocabularies.” Faster readers can see words and < い > them faster than slower readers. To improve one’s speed at reading, she says, one should work on comprehension and study strategies.

Others claim that “the average college student reads between 250 and 350 words per minute on fiction and non-technical materials” and that a good reading speed is 500 to 700 words per minute. It does seem intuitively true that one could speed up one’s reading by spending [ウ] time between eye movements, taking in [エ] words with each fixation, and always moving [オ], rather than skipping [カ] to reread something. Having a good recognition vocabulary would certainly speed these processes up. Conscious practice at improving one’s speed should also help.

Berg has repackaged the Evelyn Woods Reading Dynamics course, one popular several decades ago with people such as John F. Kennedy. A reporter who attended one of Berg’s classes noted that in his 5-hour course, Berg hadn’t said much about comprehension, except to suggest that it would come with practice. This did not «B»deter several of the 35 students, who had paid \$51 each for the class, from purchasing audiotapes for \$65.

Those desiring to increase the speed of their reading would do better to enroll in a community college course devoted to building study skills, vocabulary, and reading comprehension. «C» It would cost them less, and they would not end up wasting their time trying to read 10 lines at a time, backward and forward. They would also avoid the frustration that will be inevitable when they find that while they can skim through material at a greater rate than they can read it, the utility of such a skill is limited — good for most of あ is likely to be in the daily newspaper, for example, but not for studying physics or reading a good novel. Skimming makes both comprehension and taking pleasure in words or ideas next to impossible.

(R.T. Carroll, *The Skeptic's Dictionary*)

問 1. 下線部《A》とほぼ同じ意味を持つ語を1つ選び、その番号を答えなさい。

- (1) handicap (2) claim (3) achievement (4) disability

問 2. 空所 [ア] には次の(1)~(5)の語句がある順序で入る。2番目と4番目に入る語句の番号を答えなさい。

- (1) have (2) concern (3) Berg and Stancliffe
(4) what (5) for

問 3. 空所 [イ] に入れるのに最も適当なものを1つ選び、その番号を答えなさい。

- (1) Therefore (2) Instead (3) Furthermore (4) However

問 4. Kim Peek とその他の人の読み方の違いは何か、日本語で説明しなさい。

問 5. 二つの空所 あ に入れるのに最も適当な1語を書きなさい。

問 6. 二つの空所 い に入れるのに最も適当なものを1つ選び、その番号を答えなさい。

- (1) guess (2) skim (3) imagine (4) understand

問 7. 空所 [ウ] ~ [カ] に入る語の組み合わせとして最も適当なものを1つ選び、その番号を答えなさい。

- (1) ウ: more エ: less オ: forward カ: back
(2) ウ: more エ: less オ: back カ: forward
(3) ウ: less エ: more オ: forward カ: back
(4) ウ: less エ: more オ: back カ: forward

問 8. 下線部《B》とほぼ同じ意味をもつ語を1つ選び、その番号を答えなさい。

- (1) cease (2) cancel (3) stop (4) leave

問 9. 下線部《C》の英文を、‘It’と‘them’が指示している内容を明らかにして日本語に変えなさい。

問 10. 本文の内容に合致するものを2つ選び、その番号を答えなさい。

- (1) Those who have been born without the corpus callosum, or have had it surgically disconnected have the ability to read 18,000 words a minute with near-perfect comprehension.
- (2) Anne Cunningham suggests that the maximum number of words a person can exactly read depends on that of saccades while reading.
- (3) According to Anne Cunningham, with excellent recognition vocabularies, it is possible to read carefully 10,000 words per minute.
- (4) Berg’s reading course, which put emphasis on comprehension, was so popular that many people including John F. Kennedy purchased audiotapes.
- (5) The author concludes that although skimming would be good for material such as the daily newspaper, it does not make it possible to take pleasure in words or ideas.

第2問 次の英文を読んで、後の問いに答えなさい。

The English novelist George Eliot wrote “falsehood is so easy, truth so difficult”. Truth-telling can be very challenging in clinical practice, especially when it relates to adverse outcomes.

In the past, when paternalism characterised the doctor-patient relationship, some doctors withheld the truth when they perceived that discretion might benefit a patient. With increased patient autonomy and empowerment, as well as developments in treatment, [ア]. Legal and professional codes have evolved to include requirements for disclosure and informed consent in many countries. For example, New York’s Palliative Care Information Act, which took effect on Feb 9, 2011, clearly says that “If a patient is diagnosed with a terminal illness or condition, the patient’s attending health care practitioner shall offer to provide the patient 〈 あ 〉 information and counselling regarding palliative care and end-of-life options appropriate to the patient.” Furthermore, patients are increasingly involved in the decision-making processes of diagnosis and treatment. In the Breast Cancer Prevention Trial Participant Advisory Board model, [イ]. On the other hand, advances in palliative care have allowed clinicians to shift their goals from cure, when «A»no longer possible, to palliation, and have created a pressing need for clinicians (a) to discuss this transition openly and effectively with patients.

«B»Attitudes to truthfulness can also vary between cultures and individuals. Withholding the truth wholly or partly is (b) uncommon in some countries, such as China and Japan, because of the fear of extinguishing hope and causing unwanted emotional distress that might (c) lead to isolation, depression, or even suicide. In these settings, which have a strong paternalistic and family-centred tradition, physicians may (d) disclose a patient’s terminal diagnosis to family members first, and ask families whether or not they should break the news to the patient.

The manner in which bad news is broken can have a profound effect not only on patients and their relatives, but also on health professionals themselves. Because of inadequate training, many doctors find the process stressful and they have difficulty 〈 い 〉 their own emotions of sorrow, guilt, identification, and frustration when giving such news. [ウ]. A tragic example of miscommunication and misunderstanding happened this month, when «C»a renowned Chinese surgeon was stabbed by her patient several times. The patient was diagnosed with laryngeal cancer, and had interpreted the doctor’s prognosis as indicating no side-effects or metastases after treatment. However, after the surgery he encountered voice loss and recurrence of the cancer, which he blamed directly on the doctor for deceiving him.

Knowing whether, when, and how to break bad news to patients is an essential skill for health professionals. There are several guidelines and recommendations to help in «D»this task. For instance, for the US oncologist, the complex process is outlined by the acronym SPIKES: Setting up interview, assessing patient’s Perception, obtaining patient’s Invitation, giving Knowledge and information, addressing the patient’s Emotions, strategy and Summary. 〈 う 〉, truth telling is no longer a one-way act of doctors providing information. Patients need to 〈 え 〉 feelings and ask questions in a private setting. Patients’

autonomy, psychological well-being, cultural background, religious beliefs, and social support should all be taken into consideration. Truth-telling also includes being honest about what physicians do not know as well as the inherent uncertainty that pervades all medicine. Telling the truth goes beyond delivering biomedical facts. It also entails humanity.

(*The Lancet*, vol. 378, October 1, 2011)

注 adverse outcome : 望ましくない結果 paternalism : 父親的温情主義 discretion : 慎重さ
Breast Cancer Prevention Trial Participant Advisory Board : 乳癌予防試験参加者助言委員会
distress : 苦痛 stab : 刺す laryngeal cancer : 喉頭癌 prognosis : 治療後の経過予想
metastasis : 転移 oncologist : 腫瘍専門医 acronym : 頭字語

問1. 空所 [ア]、[イ]、[ウ] にはそれぞれ次の3つ(文頭の文字も小文字にしてある)のいずれかが入る。各空所に入るものの番号を答えなさい。

- (1) women participate in the design of the trial and identification of research priorities
- (2) the patients' perceptions of the communication will enormously affect their attitudes towards physicians
- (3) there have been substantial changes in truth-telling attitudes, practices, and policies worldwide

問2. 本文中には 'palliative care' という言葉が何度かでてくるが(二重下線部)、この言葉の説明として最も適当なものを1つ選び、その番号を答えなさい。

- (1) treatment that is designed to relieve or reduce the intensity of uncomfortable symptoms without trying to cure the underlying disease
- (2) treatment that is intended to cure or at least to slow the progress of the disease and is not given solely to relieve symptoms
- (3) treatment that is intended to increase the body's natural ability to fight and cure the disease
- (4) withholding medical treatment performed on terminally ill, suffering patients, for the sole purpose of hastening natural death

問3. 空所〈 あ 〉に入れるのに最も適当なものを1つ選び、その番号を答えなさい。

- (1) by (2) for (3) to (4) with

問4. 下線部《A》は何が「可能でない」といっているのか。日本語で答えなさい。

問5. 空所 (a) ~ (d) はいずれも、'not' が入るか何も入らないかのどちらかである。'not'が入る空所をすべて選び、その記号を答えなさい。ひとつもない場合には「なし」と答えなさい。

問 6. 下線部《B》の英文を日本語に変えなさい。

問 7. 〈 い 〉に入れる語として最も適当なものを1つ選び、その番号を答えなさい。

- (1) handle (2) handled (3) handling (4) to handle

問 8. 下線部《C》の事件が起こった理由として最も適当なものを1つ選び、その番号を答えなさい。

- (1) 手術の前に医師が患者に対して、副作用や再発の可能性についての説明を行っていなかったから
(2) 手術の前に医師は患者に対して副作用や再発の可能性はないと言っていたのに、再発したから
(3) 手術の前に医師が副作用や再発の可能性を説明したが、患者はよく理解していなかったから
(4) 手術の前の患者に対する説明は適切であったが、手術の失敗によって副作用や再発が起こってしまったから

問 9. 下線部《D》の ‘this task’ が指している内容を日本語で説明しなさい。

問 10. 空所〈 う 〉に入れるのに最も適当なものを1つ選び、その番号を答えなさい。

- (1) Additionally (2) Contrarily (3) Exceptionally (4) Unfortunately

問 11. 空所〈 え 〉に入れるのに最も適当なものを1つ選び、その番号を答えなさい。

- (1) allow to be expressed (2) allow to express
(3) be allowed to be expressed (4) be allowed to express