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平成 27 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。

第1問 次の英文を読んで、後の問いに答えなさい。

To teach children not to lie, extolling the virtues of honesty may be more effective than focusing on the punishing consequences of deception. After listening to how a young George Washington admitted to chopping down a cherry tree — “I cannot tell a lie,” he famously said — children were significantly less likely to lie about their own misbehavior than if they heard “The Boy Who Cried Wolf” or “Pinocchio.” The difference? Unlike the fairy tales with their grisly punishments, George Washington is lauded for telling the truth. “I always thought stories such as ‘The Boy Who Cried Wolf’ would have far more impact, because they’re so threatening and negative, and kids must be afraid of the consequences,” said psychologist Kang Lee of the University of Toronto. “But it was the other way around.”

Lee’s new study, published in June in the journal *Psychological Science*, is the latest installment in his decades-long research on deception in children. He was inspired by the question: Do classic, morally instructive tales of honesty, so often told by parents and teachers, actually work?

To test this, Lee and colleagues devised a scenario that tempted children to lie. As they sat with their backs to an unseen toy on a table, an experimenter played a sound associated with the toy — a quacking rubber duck, a barking plastic dog — and asked the child to guess its identity. If they guessed correctly, they’d win a prize. After a few rounds, the experimenter would put a different toy on the table, instruct the child not to peek at it, and briefly leave the room. A few minutes later the experimenter would return, read aloud one of four classic children’s stories, and ask the child whether he or she peeked. Unbeknownst to the kids, however, a hidden camera in the wall had recorded their activities. The researchers knew if they lied.

Lee’s group ran the experiment with 268 3-to-7-year-old Canadian children, both boys and girls, each of whom heard one story. Those who heard “The Tortoise and the Hare” — which isn’t about honesty, and was used to set a baseline for comparison — told the truth about peeking roughly 30 percent of the time. That number barely changed if they’d heard “Pinocchio,” and rose to about 35 percent after “The Boy Who Cried Wolf.” But if the story was of George Washington and the cherry tree, 48 percent told the truth. Lee suspected [ア]. Washington’s is a tale about virtue rewarded rather than misbehavior punished.

To investigate that possibility, Lee’s group ran another round of tests, this time using a modified, negatively focused version of the George Washington tale. Instead of saying he’d rather have an honest son than 1,000 cherry trees, the future President’s dad takes away his ax and says that he is very disappointed in him because he told a lie. When kids heard that story, the number

of truth-tellers fell back to the baseline level of around 30 percent. The story entirely lost its effectiveness — suggesting, according to Lee’s team, that [イ].

“The results are certainly heartening,” said psychologist Tom Lyon of the University of Southern California, who studies truth-telling in children and was not involved in the research. “It would be wonderful if we can encourage children’s honesty better through 《C》carrots than 《D》sticks.” Lyon said the findings surprised him, as some research suggests that [ウ]. Lee noted, though, that other research has also (あ).

More research is necessary to replicate the findings and be sure of the effect. Future studies might also explore whether and when negative messages finally start to work. (Lee suspects it’s during the teenage years, as kids more easily understand the negative consequences of their actions.) Another question is whether honesty-promoting effects are durable or dissipate as kids learn that [エ]. For now, said Lee, honesty receives surprisingly little scientific attention. “We see so many people telling lies and 《E》getting away with it, even though we think it’s important and teach our kids about honesty at such a young age,” he said. “It’s a paradox. I hope someone who reads this story will do some research on it.”

<http://www.wired.com/2014/08/teaching-kids-to-tell-truth/> (一部改変)

注 extol : 賞揚する grisly : おそろしい installment : 論文 peek : 覗く
 unbeknownst : 気づかれずに replicate : 再現する dissipate : 消える

問 1. 下線部《A》の ‘lauded’ と置き換えられるものを1つ選び、その番号を答えなさい。

- (1) allowed (2) blamed (3) praised (4) scolded

問 2. 下線部《B》の ‘this’ が表す内容を日本語で書きなさい。

問 3. [ア] ～ [エ] には次の4つの内のいずれかが入る。各空所に入るものの番号を答えなさい。

- (1) children think less about honesty’s positive consequences than lying’s harms
 (2) honesty often goes unrewarded and cheating unpunished
 (3) the jump might be linked to the story’s positive emphasis
 (4) the story’s power indeed resides in its positive message

問 4. 下線部《C》の ‘carrots’ と《D》の ‘sticks’ は何を表した表現か。ワシントンと桜の木の話に即してそれぞれ10～20文字の日本語で答えなさい。

問 5. (あ) には次の語句をある順番に並べ替えた表現が入る。2 番目と 5 番目に入る語句の番号を答えなさい。

- (1) better to (2) found evidence (3) kids (4) of
(5) responding (6) such positive messages

問 6. 下線部《E》の ‘get away with it’ に最も近い意味のものを 1 つ選び、その番号を答えなさい。

- (1) escape punishment for it (2) feel at a loss about it
(3) feel guilty about it (4) learn a lesson from it

問 7. 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) Lee’s previous opinion about the effectiveness of tales with punishing consequences in teaching kids not to lie was proven wrong in his new study.
- (2) Lee and colleagues carried out the experiment to clarify whether children would lie to win a prize after they had been told not to.
- (3) Lee and colleagues found that when kids heard “The Tortoise and the Hare,” the percentage of those who peeked was about 30 percent.
- (4) Lee’s group observed that kids were less likely to lie about peeking after hearing Washington’s original tale than after hearing “Pinocchio.”
- (5) Lee said that it is ‘a paradox’ that negative messages can teach children about positive things such as honesty at such a young age.



第2問 次の英文を読んで、後の問いに答えなさい。

The Japanese spend half as much on health care as do Americans, but still they live longer. Many give credit to their cheap and universal health insurance system, called *kaihoken*, which celebrates its 50th anniversary this year. Its virtues are legion. ①Japanese people see doctors twice as often as Europeans and take more life-prolonging and life-enhancing drugs. ②Rather than being pushed roughly out of hospital beds, they stay three times as long as the rich-world average. ③Life expectancy has risen from 52 in 1945 to 83 today. ④The country boasts one of the lowest infant-mortality rates in the world. ⑤Japanese health-care costs are a mere 8.5% of GDP.

Even so, the country's medical system is embattled. Although it needs a growing workforce to pay the bills, Japan is ageing and its population is shrinking. Since *kaihoken* was established in 1961, the proportion of people aged 65 years and over has quadrupled, to 23%; by 2050 it will be two-fifths of a population that will have fallen by 30 million, to under 100 million. "The Japanese health system that had worked in the past has begun to fail," Kenji Shibuya of the University of Tokyo and other experts write in a new issue of the *Lancet*, a British medical journal, devoted to *kaihoken*. "(あ) could be tolerated in (い), but not in (う)."

By 2035 health care's share of GDP will roughly double, according to McKinsey, a consultancy. The burden falls on the state, which foots two-thirds of the bills. Politicians are unwilling to raise taxes, so they squeeze 《A》suppliers instead: more than three-quarters of public hospitals operate at a loss.

Like other service industries in Japan, there are cumbersome rules, too many small players and few incentives to improve. Doctors are too few — one-third less than the rich-world average, relative to the population — because of state quotas. Shortages of doctors are severe in rural areas and in certain specialities, such as surgery, paediatrics and obstetrics. The latter two shortages are blamed on the country's low birth rate, but practitioners say that they really arise because income is partly determined by numbers of tests and drugs prescribed, and there are fewer of these for children and pregnant women. Doctors are worked to the bone for relatively low pay (around \$125,000 a year at mid-career). One doctor in his 30s says he works more than 100 hours a week. "How can I find time to do research? Write an article? Check back on patients?" he asks.

On the [ア] side, patients can nearly always see a doctor within a day. But they must often wait hours for a three-minute consultation. Complicated cases get too little attention. 《B》The Japanese are only a quarter as likely as the Americans or French to suffer a heart attack, but twice as likely to die if they do.

Some doctors see as many as 100 patients a day. Because their salaries are low, they tend to overprescribe tests and drugs. (Clinics often own their own pharmacies.) They also earn money, hotel-like, by keeping patients in bed. Simple surgery that in the West would involve no overnight stay, such as a hernia operation, entails a five-day hospital stay in Japan.

Emergency care is often poor. In lesser cities it is not uncommon for ambulances to cruise the streets calling a succession of emergency rooms to find one that can cram in a patient. In a few cases people have died because of this. One reason for a shortage of emergency care is an abundance of small clinics instead of big hospitals. Doctors prefer them because they can work less and earn more.

The system is slow to adopt cutting-edge (and therefore costly) treatments. New drugs are approved faster in Indonesia or Turkey, according to the OECD. Few data are collected on how patients respond to treatments. As the *Lancet* says, prices are heavily regulated but quality is not. This will make it hard for Japan to make medical tourism a pillar of future economic growth, as the government plans.

The Japanese are justly proud { A } their health-care system. People get good basic care and are never bankrupted by medical bills. But *kaihoken* cannot take all the credit { B } the longevity of a people who eat less and stay trimmer than the citizens of any other rich country. And { C } deep cost-cutting and reform, the system will struggle to cope { D } the coming, incredible shrinking of Japan.

“Health care in Japan – Not all smiles”, *The Economist*, Sep. 10, 2011 (一部改変)

注 legion : 多い	life expectancy : 平均余命	embattled : 困難な問題を抱えている
quadruple : 4倍になる	foot : 支払う	cumbersome : 面倒な
quota : 定員, 定数	paediatrics : 小児科	obstetrics : 産科
cutting-edge : 最先端の		

問1. 第1段落の①～⑤の番号がついた文のうち1つの冒頭には‘Yet’という語が入っていたが上の英文ではそれを取り除いてある。‘Yet’を入れるとすればどの文の冒頭が最も適切か。その文の番号を答えなさい。

問2. 空所(あ)～(う)には次の3つの内のいずれかが入る。各空所に入るものの番号を答えなさい。文頭にくる文字も小文字にしてある。(stagnation : 停滞)

- (1) a period of high growth
- (2) the system's inefficiencies
- (3) today's climate of economic stagnation

問 3. あるコンサルタント会社は、2035 年には日本の GDP に占める医療費の割合が何%程度になると予想しているかを答えなさい。

問 4. 下線部の《A》の ‘suppliers’ が意味しているものとして最も適切なものを 1 つ選び、その番号を答えなさい。

- (1) 患者 (2) 政府 (3) 納税者 (4) 病院 (5) 保険会社

問 5. 医師たちは、小児科医と産科医の不足の理由を何だと考えているか。30～40 文字の日本語で答えなさい。

問 6. 空所 [ア] に入れるのに最も適切な語を 1 つ選び、その番号を答えなさい。

- (1) financial (2) medical (3) negative (4) positive (5) same

問 7. 下線部《B》を日本語に変えなさい。

問 8. 空所 { A } ～ { D } には次の 4 つの内のいずれかが入る。各空所に入るものの番号を答えなさい。同じ番号を複数回使ってはいけない。

- (1) for (2) of (3) with (4) without

問 9. 次の (1)～(5) から日本に該当するものをすべて選び、その番号を答えなさい。

- (1) 65 歳以上の人口は 1961 年には 6%程度であった。
(2) 政治家は、増大する医療費を増税によってまかなおうとしている。
(3) 人口当たりの医師の数は豊かな国々の 3 分の 1 でしかない。
(4) 先進的医療技術の認可が迅速に行われている。
(5) 治療結果のデータの蓄積が不十分である。

問 10. 次の (α) ~ (γ) の理由として本文で述べられていることを、(1)~(10) からそれぞれ1つ選び、その番号を答えなさい。

(α) 日本は人口当たりの医師の数が少ない。

(β) 日本の救急医療の体制は不十分である。

(γ) 日本がメディカル・ツーリズム（医療サービスを目的に来日する人々の受け入れ）を将来の経済成長の柱にすることは困難である。

- (1) 医師は大変多忙なのに収入がそれほど良くないため
- (2) 医療の質を維持するための規制が十分でないため
- (3) 医療費の患者負担分が低く抑えられているため
- (4) かかりつけ医が不足しているため
- (5) 国によって制限されているため
- (6) 人口の高齢化と減少が進行しているため
- (7) 先進医療はあまりに高額すぎるため
- (8) 小さな診療所が多く、大きな病院が少ないため
- (9) 地方が過疎化しているため
- (10) 大病院に患者が集中しすぎるため