平成22年度入学試験問題

医　学　科（前 期）

英　　語

（注　意）

1. 問題冊子及び解答用紙は試験開始の合図があるまで開かないでください。
2. 問題は全部で3問題あります。
3. 問題冊子は表紙を除いて7ページ，解答用紙は1枚です。
4. 監督者の指示に従い，解答用紙の所定欄に受験番号・氏名をはっきり記入してください。
5. 解答は，必ず解答用紙の指定されたところに横書きで記入してください。
6. 問題冊子は，持ち帰ってかまいません。
7. 下書きは，問題冊子の余白部分を使用してください。

I 次の文章を読み，下の設問に答えなさい。

Death was always present in the hospital. Stephanie told me that there were times when she saw orderlies lift bodies and place them in the long, rectangular covered boxes that rested atop the gurneys. A hospital needed a discreet way to remove deceased patients from the rooms. The bodies needed to make their way down to the morgue, and hospital halls were busy places. You could not just wheel the deceased uncovered, on display for the world. (1)<u>Doing so would not reinforce a hospital's image as a place that could treat even the gravely ill, nor was it very respectful</u>. It was that same logic that had led Stephanie's undergraduate lab instructors to direct her to drape towels over the caged rats she brought up in the elevator from the basement to the upper-floor labs. Why offend people's senses? Everyone knows animal experimentation exists; they just do not want proof. Likewise, everyone knows that people die in the hospital. They just do not want to see it.

Physicians are trained to keep patients alive. In the hospital, they respond to malfunctions that threaten life. Obstructions block the flow of blood. Cells grow at uncontrolled rates. Artery walls swell with plaque. Doctors attend to these problems to save the patients from death. Occasionally one of Stephanie's attending physicians would pass her in the hospital and ask, "How many lives did you save today?" Stephanie smiled. "I don't know about *that*," she usually responded, "but they're all still alive."

Once, while attending a friend's medical school graduation, I heard one of the ceremony's speakers mention that these students would soon assume the physician's role of trying to postpone death. The statement caught me off guard. While I easily associated a doctor's tasks with healing the sick, with treating and even preventing illness, I suppose I never had thought about the ultimate objective inherent in these goals. A lot of doctors would argue other purposes for medicine — stressing quality of life over longevity, and working to relieve suffering — but (2)<u>hearing the speaker phrase it this way</u> made me realize that death was viewed by many as the enemy or as a failure of medicine.

On one hand, postponing death seemed like a worthy goal for the profession and one that I understood. I was afraid of death. I feared the unknown. I feared not getting enough time with my yet-to-be-conceived children. I recognized that part of this fear might have been influenced by my youth. I was just twenty-eight during Stephanie's intern year, and there was still much that I wanted to experience. But I also knew plenty of people a generation older who feared death, too. Disease and illness and accidents could cut lives short, no matter the age. Doctors diagnosed one of my favorite college professors with colorectal cancer at the age of sixty-eight, and I frequently grabbed lunch with him during my trips back to the state.

One time, when it seemed the illness was progressing, I got the nerve to ask him how he was coping.(3) He said it was especially hard at night. Lying awake in the dark, he struggled to calm his mind.

At the same time, I recognized that not every person wanted to prolong life. I thought of an older relative who celebrated his ninety-third birthday during Stephanie's intern year. Since his wife's death, he had mentioned to me on two or three occasions how he had lived a good life and was ready for it to end. Despite his age, it felt strange to hear someone talk this way. I wanted to say, "No, you don't really mean that(4)." But of course, he did. It was only the rest of us, his family, who did not want him to leave. We wanted more time with him. Still, he said, he felt ready to die. He had experienced a complete life already. He recognized how this might be hard for me to understand, he said. And he was right. As a young man, I struggled to comprehend someone being ready to die. So I wondered if it might be even harder for young doctors.

As I thought about doctors attempting to postpone death, I realized that they were fighting against inevitability. I asked Stephanie about it one night after she got home from the hospital. "It's a battle between science and nature, and we're always going to lose," she said. She paused for a moment, then added another thought. "But you can change the path; how long that path is, how smooth, and how scenic(5)." It was a lesson Stephanie, Rakhi, and Michele were all learning.

Dr. Rachlin once told me that, although much of medical education focused on keeping patients alive, she also encouraged her students to think of the importance of their actions in times of a patient's death. People remembered (6)[how, a loved one, a doctor, the terminal events, of, them, through, led], she said. Death was an important part of medicine. She liked to paraphrase some dialogue from the television show *M.A.S.H.* for her students. As I sat in her classroom one day, she recounted it for me. There are two rules of medicine, she said. "Rule number one, patients die."

"And rule number two?" I asked.

"Rule number two is that doctors cannot change rule number one."

〔註〕

artery：動脈

atop：〜の上に

attending physician：研修指導担当医

cell：細胞

colorectal：結腸直腸の

conceive：(子を)もうける

diagnose：診断する

gurney：(台車付きの)担架

longevity：長寿

M.A.S.H.：陸軍移動外科病院を題材にした米国のコメディー

morgue：霊安室

off guard：警戒を怠って

orderly：用務員

plaque：プラーク(偏平または盛り上がった斑)

設　問

1. 下線部(1)を日本語に直しなさい。(“Doing so”は具体的に訳すこと。)
2. 下線部(2)の内容を具体的に日本語で答えなさい。
3. 下線部(3)を日本語に直しなさい。
4. 下線部(4)の内容を具体的に日本語で答えなさい。
5. 下線部(5)の内容を具体的に日本語で説明しなさい。
6. (6)の[　]内の下線部の語句を正しく並べ替えなさい。

Ⅱ 次の文章を読み，下の設問に答えなさい。

How to make the correct diagnosis? There is no single script that every doctor or patient should follow. But there are a series of touchstones that help correct errors in thinking. Doctor and patient will start again searching for clues to solve the problem. The first detour away from a correct diagnosis is often caused by miscommunication. So a thinking doctor returns to language. "Tell me the story again as if I'd never heard it — what you felt, how it happened, when it happened." If he doesn't ask you to do this, then you can offer to retell your story. Telling the story afresh can help you recall a vital bit of information that you forgot. Telling the story again may help the physician register some clue that was, in fact, said the first time but was overlooked or thought unimportant. (1)This will prompt him to look in new directions for answers.

These days, when we are not getting better, most of us return to see the doctor with ideas about what might be wrong. Our notions sometimes come from knowing a friend or relative with a similar symptom, or ideas may have been sparked by looking on the Internet. Our thoughts about our unrelieved symptoms often focus on the worst-case scenario. (2)Such self-diagnosis is a reality that neither patient nor physician should ignore. Since the doctor may not address it, you should. "I'm most worried that what seemed like acid reflux could be the first sign of cancer," one patient might say. Or another might recount to the doctor how her friend was told she had indigestion but it was actually a brewing heart attack. For some, articulating such fears is exceedingly difficult to do because of magical thinking — the notion that saying it might make it real. I recall one middle-aged woman with discomfort in the chest whose face was a mask of worry when we were searching for a diagnosis. "Tell him what is really frightening you," her husband said with loving firmness. A relative had died of a pulmonary embolus, and she was terrified that this was the cause of her chest pain. After she told me, (3)she admitted that she'd been scared to say it, since doing so might make it true.

A thoughtful doctor listens closely to these worries. Alerted to your deepest concerns, he may be prompted to ask more probing questions, to have you describe your symptoms in greater detail. This expands the breadth of your dialogue with him and removes inhibitions that could hide clues.

But the answer may not be revealed quickly by a fresh dialogue. The doctor may need to repeat your physical examination, focusing more intensively on one or another part of your body. Or he may begin to doubt the value of a particular laboratory test, or the reading of your X-ray. (4)[go, tend, with, to, physicians, first, their, impressions]. The initial biases in a physician's thinking are often reinforced by his selective survey of diagnostic data. (5)We all are

inclined to seize on an apparently positive finding and ignore what may be negative and contradictory.

〔註〕

acid reflux：胃酸の逆流

articulate：明確に表現する

brewing：起こりかけている

detour：回り道

diagnosis：診断

indigestion：消化不良

probing：探りを入れるような

pulmonary embolus：肺塞栓

touchstone：試金石

設　問

1. 下線部(1)を日本語に直しなさい。("This"や"him"は具体的に訳すこと。)
2. 下線部(2)を日本語に直しなさい。
3. 下線部(3)を日本語に直しなさい。("doing so"は具体的に訳すこと。)
4. (4)の[　]内の下線部の語句を正しく並べ替えなさい。(文頭にくる語の最初の文字も小文字にしてあります。)
5. 下線部(5)を日本語に直しなさい。

Ⅲ 次の文章の空欄（　1　）～（　8　）に入る最も適切な語を下の語群から選び，必要に応じて適切な形にして，解答用紙に書き入れなさい。（同じ語を２度以上使わないこと。）

Recovery, however you define it, is not something you do alone, and my recovery was completely (　1　) by everyone around me. I desperately needed people to treat me as though I would recover completely. Regardless of whether it would take three months, two years, 20 years, or a lifetime, I needed people to have (　2　) in my continued ability to learn, heal, and grow. The brain is a marvelously dynamic and ever-changing organ. My brain was (　3　) with new stimulation, and when balanced with an adequate amount of sleep, it was capable of miraculous healing.

I have heard doctors say, "If you don't have your abilities back by six months after your stroke, then you won't get them back!" Believe me, this is not true. I noticed significant improvement in my brain's ability to learn and function for eight full years post-stroke, at which point I decided my mind and body were totally (　4　). Scientists are well aware that the brain has tremendous ability to change its connections based upon its incoming stimulation. This "plasticity" of the brain (　5　) its ability to recover lost function.

I think of the brain as a playground (　6　) with lots of little children. All of these children are eager to please you and make you happy. (What? You think I'm confusing children with puppies?) You look at the playground and note a group of kids playing kickball, another group acting like monkeys on the jungle gym, and another group hanging out by the sand box. Each of these groups of children are doing different yet similar things, very much like the different sets of cells in the brain. If you (　7　) the jungle gym, then those kids are not going to just go away, they are going to mingle with other kids and start doing whatever else is available to be done. The same is true for neurons. If you wipe out a neuron's genetically programmed function, then those cells will either die from lack of stimulation or they will find something new to do. For example, in the case of vision, if you put a patch over one eye, blocking visual stimulation coming into the cells of the visual cortex, then those cells will reach out to the adjacent cells to see if they can (　8　) their efforts toward a new function. I needed the people around me to believe in the plasticity of my brain and its ability to grow, learn, and recover.

〔註〕

adjacent：近くの

mingle：混じる

plasticity：可塑性

visual cortex：視覚皮質，視覚野

〔語　群〕

contribute	faith	fill	influence
recover	remove	thrill	underlie