前期日程

平成27年度個別学力試験問題

英　語

（医　学　科）

解答時間　80分
配　点　100点

注意事項

1. 試験開始の合図があるまで，この問題冊子の中を見てはいけません。
2. 受験番号及び氏名を解答用紙の所定の欄に記入してください。
3. 解答は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。
4. 試験時間中に問題冊子及び解答用紙の印刷不鮮明，ページの落丁及び汚損等に気が付いた場合は，手を挙げて監督者に知らせてください。
5. 問題冊子は持ち帰ってもかまいません。

1 次の英文を読み，以下の設問に答えなさい。

Dustin Walker waited in the obstetrics unit at University Hospital in San Antonio on February 15, 2012. The surgeons had told him his new baby would arrive within 20 minutes. But Dustin knew his wife Gina's surgery was expected to take several hours. Three hours turned into four. Then more. "That's when I started to get worried," says Dustin, 31, of Ashville, Ohio.

The joyous occasion of his daughter's birth was coupled with the horror of a one in seven chance that Gina, 31, already a mother of two and stepmother of two, would not survive the delivery because of a life-threatening condition called (1)placenta percreta.

In a healthy pregnancy, the placenta, the lifeline that delivers nutrients to the baby, spontaneously detaches from the uterus after delivery. With placenta percreta, the placenta attaches so deeply into the uterine wall that the body can't naturally or safely expel it. In Gina's case, the placenta had extended straight through the uterus and attached to her bladder and pelvic wall. The only solution was a full hysterectomy.

Finally, Gina's ob-gyn, Jason A. Parker, MD, of the University of Texas Health Sciences Center, emerged to update Dustin. Their baby, Addison, was born quickly and was deemed healthy, although she weighed just four pounds, 14 ounces. But when Dr. Parker widened the incision to start the rest of Gina's surgery, he was greeted with anatomy unlike any he had ever seen. In a normal pregnancy, the vessels that deliver blood to the placenta are about the width of a pencil. Gina's were as wide as fingers and reached deep into the pelvis.

(2)"On a scale of one to ten, one being perfectly healthy and ten being dead, how is my wife?" Dustin asked. "The surgeon basically told me that she was a nine."

The operating room was packed with obstetrical surgeons, trauma surgeons, anesthesiologists, nurses, and a urology team. Trying to remove the uterus and placenta without damaging other organs was a Herculean task. When the placenta invades the body outside the uterus, it can behave almost like a tumor, producing new blood vessels, which raises the risk of bleeding complications. And despite all the preparation, Gina's blood loss was epic. The average blood transfusion is three pints. A victim of a bad car accident can require as many as 100. Gina wound up needing 540.

Eight hours later, surgeons had finally stemmed the bleeding, and Dustin was allowed to see his wife. (3)"I would not have recognized her had they not actually walked me into the room," Dustin says. Gina was slim — five-foot-seven and 120 pounds prepregnancy — but because of all the blood and fluids pumped into her, the woman lying on the hospital bed no longer fit that description. "Her shoulders were as wide as the bed, and her face measured

exactly 12 inches ear to ear. It was a sight you could never imagine," Dustin says.

Two days later, Gina underwent more surgery to stop residual bleeding. Again, Dustin waited. But the doctors were smiling after the four-hour procedure. She would be OK, although there were still many unknowns. Blood loss like Gina's can cause brain damage, a heart attack, or a stroke. Gina's kidneys would likely be affected. Only time would tell if her bladder would regain full function.

Gina drifted in and out of consciousness for a week. Hooked up to a breathing machine, she could not speak, but occasionally she could mouth "I love you" to Dustin. She would ultimately spend a month in the hospital. Aside from stomach pain, "the most agonizing part was (4) not being able to be with my newborn girl," Gina says. Although Dustin could bring the baby to the hospital, Gina had developed a postoperative infection and wasn't allowed to hold her.

When she returned home, Gina continued to recover. Ten months later, she needed additional surgery to reconstruct her abdominal wall and help her organs settle properly, but the only residual effect is vision loss in one eye. (5) "This has renewed my faith," Gina says. "We asked for prayers, and those prayers were heard." Gina and Dustin recently started Hope for Accreta, a foundation to support patients with certain placenta health issues through events such as an annual blood drive.

〔注〕

abdominal wall：腹壁
agonizing：苦痛を伴う
anatomy：解剖学的構造
anesthesiologist：麻酔科医
bladder：膀胱
bleeding complications：出血性合併症
blood drive：献血運動
blood transfusion：輸血
couple：結びつける
deem：思う
delivery：出産
detach：分離する
epic：並はずれた，大規模な
expel：排出する
Herculean task：非常に困難な仕事
hook up：繋ぐ
hysterectomy：子宮摘出
incision：切開
joyous：喜ばしい
kidney：腎臓
nutrient：栄養
ob-gyn：産婦人科医
obstetrical：産科の
obstetrics：産科
organ：臓器
ounce：オンス(約 28.35 g)
pack：一杯にする
pelvic wall：骨盤壁
pelvis：骨盤
pint：パイント(約 0.47 ℓ)
placenta：胎盤
postoperative infection：術後感染症(手術後の感染症)
pound：ポンド(約 453.6 g)
prepregnancy：妊娠前の
pump：注入する
regain：回復する
residual：残っている，残留している
spontaneously：自然に
stem：止める，抑える
stepmother：継母
stroke：脳卒中
surgeon：外科医
trauma：外傷
tumor：腫瘍
update：最新情報を与える
urology：泌尿器科
uterine wall：子宮壁
uterus：子宮
widen：広げる

設　問

1. 下線部(1)は一般的にどのような病状か，具体的に日本語で説明しなさい。
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。
4. 下線部(4)の理由を日本語で説明しなさい。
5. 下線部(5)を日本語に直しなさい。("this" の内容が分かるように訳すこと。)

2 次の英文を読み，a～fの〔　　〕内の語(句)を正しく並べ替え，本文中の【 (1) 】～【 (6) 】の適切な場所に入れなさい。（a，bなどの記号は書かず，並べ替えた英文を書くこと。）

"It's my leg, Doctor. It doesn't really do what I want it to do. It's 【 (1) 】 any more." Maggie tried to crack a smile but I could see she was really scared.

"Right, let's have a look then."

Maggie was quite right. Her left leg wasn't doing what it was supposed to be doing. She could sort of move it, but her coordination was shot and she had resorted to walking with a stick.

"I'm walking like an old lady, but I'm only 56. It just came on over the weekend and it's getting worse."

Maggie was clearly looking for some reassurance, but the truth was that I was worried too.

"We need to get this looked into," I said, stating the obvious.

I'd met Maggie a few times, but usually only when she was accompanying her husband for his blood pressure appointments.

"Any medical problems in the past?" I asked as I scanned through her notes.

"No, I'm fit as a flea. Well, I had breast cancer in 2003, but that's long gone. It 【 (2) 】 that."

I looked up from my computer screen and she held my gaze. I was trying to find words that might be both reassuring and honest, but before I could even open my mouth, Maggie was crying.

"The breast cancer's all gone," she blubbed, trying to convince herself more than convince me. "They discharged me from the clinic five years ago."

"It 【 (3) 】, but let's just get some tests done."

Maggie clearly needed to see a specialist and have a scan. She didn't really need to be admitted to hospital that morning, but then it 【 (4) 】 either. When stuck with this sort of quandary, I generally default to the "What would I want if it was me?" option. This turned the decision into a bit of a no-brainer and I phoned the medical consultant on call who agreed that she should go straight up to the hospital.

Sometimes it's really satisfying to get a diagnosis right, but I took no pleasure in having my suspicions confirmed this time. Maggie's leg symptoms were due to her breast cancer returning. It had already spread extensively and it was lesions in the brain that were causing her leg symptoms. After being told the result of the scan she was discharged with some steroids.

Maggie had still been in a state of shock when they'd given her the diagnosis in hospital, so she made an appointment with me to go over a few things. First of all she wanted to know how the cancer had lain dormant for all those years before coming back. I would like to have been able to answer that question, but the truth was I just didn't know. It 【 (5) 】; it was just one of those awful facts about cancer. Sometimes we think we have beaten it, yet somehow this horrible disease has a dirty habit of reappearing. Maggie hadn't even noticed a breast lump, but by the time she had her scan there were cancerous lesions in her liver, bones and brain. The cancer specialist offered her some chemotherapy that might temporarily shrink the tumors, but he made it very clear that he could offer her no cure.

"What now?" was her next question.

Again, this was a hard one to answer. "We'll get the palliative care nurses involved and will always make sure that you're never in pain or distress with the symptoms. You might remain stable and fairly well for some time..."

"But basically I'm going to die."

I thought about trying to counter that remark with something upbeat and positive, but in reality Maggie was right. She was going to die and I 【 (6) 】 fact. I stayed quiet, handed her a tissue and put my hand on her hand. We sat in silence for a few moments while she sobbed. After she left, I made myself a quick cup of tea, splashed some cold water on my face and pulled myself together enough to see my next patient.

〔注〕

blub：泣きじゃくる
chemotherapy：化学療法
coordination：(筋肉の動きの)協調
crack a smile：にっこり笑う
diagnosis：診断
distress：苦悩
(as) fit as a flea：とても元気で
liver：肝臓
no-brainer：頭を使わなくてもよい非常に簡単なこと
option：選択(肢)
palliative care：緩和ケア
reassurance：安心，元気づけの言葉
resort：頼る
sob：すすり泣く
steroid：ステロイド
tumor：腫瘍
cancerous：がんの
clinic：診療所
counter：反論する
default：(初期状態に)戻る
discharge：退院させる
dormant：休止状態の
lesion：病変
lump：しこり
outpatient：外来患者
quandary：困惑
reassure：安心させる
shrink：縮小させる
splash：(バシャバシャと)濡らす
tissue：ティッシュペーパー
upbeat：楽観的な

a．〔to / an outpatient / appropriate / her / two weeks / wasn't / appointment / make / for / wait〕

b．〔with / be / anything / to / can't / do〕

c．〔anything / change / say / that / that / couldn't / would〕

d．〔me / if / really part / not / of / it's / as〕

e．〔to / well / be / with / the breast cancer / nothing / may / do〕

f．〔wrong / she'd / something / done / wasn't〕

3 次の英文の空欄（ 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。（ただし，同じ語を2度以上使わないこと。）

Beyond the paperwork, medical care itself can seem like a never-ending time commitment. Medicine has always been a full-time occupation, even for part-timers. Patients do not confine their illnesses to business hours, so night and weekend work is part of the territory, especially for primary care doctors. Doctors understand that this is built into medicine, and it is part of the commitment for which they (1) respect, as well as a salary higher than that of many other professions.

Nevertheless, as our society ages and illnesses become more chronic and complex (most people in developed countries no longer die of simple infections), the time required for medical care is (2)ing, and this spillover is affecting more and more doctors' personal lives. It can be hard for physicians to voice a complaint about this, because it is part of the professional commitment. Yet at some point, this spillover can eat away at marriages, time with children, sleep, and sanity. Even when doctors are doing the clinical medicine that they enjoy and find meaningful, when it erodes the rest of their lives, they become disillusioned. Many consider (3)ing.

A group of researchers followed geriatricians — primary care doctors who take care of older patients — to see how much medicine crept into their personal lives. They found that nearly eight additional hours of medical care — patient care outside of office hours — was given each week, mostly in phone calls with patients and families. A similar study of internists showed that 20 percent of their total work was spent after hours. This is equivalent to almost a full additional day of work every week.

It's hard to imagine a lawyer or plumber (4)ing eight extra hours of work each week for clients just because it's the right thing to do. And of course, it is impossible to imagine lawyers or plumbers not billing — heavily! — for it. But that is the expectation of medicine. Again, for most doctors, this is an understood part of the deal, but as these extra hours increase, they have a distinct negative impact. Eight more hours of work comes directly from the rest of the doctor's life — family time, sleep, exercise, recreation. (Based on the standard American work schedule, that's ten full weeks each year.) Many doctors' lives are (5)ing because of this. And yet when your beeper goes off, or the hospital calls, or the answering service wakes you, there's no other option. You must attend to it.

Because of the rigors and length of their training, many doctors start families later than other professionals. The "junior" swath of physicians — those in their thirties and forties — enter their prime career-building years at the very same time they are starting families.

A generation or two ago, there *was* no work-life balance issue, since most doctors were men, and they usually had wives who were home with the children. Today, of course, nearly half of all doctors are women, and almost none — men or women — have spouses handy to be home with the kids full-time. Additionally, most young male doctors recoil at the experiences of their predecessors; they don't want to (6) out on their children.

The desire to have control over one's working hours — and especially those after-hours hours — is behind the trend of medical students drifting away from primary care specialties (internal medicine, family medicine, pediatrics, gynecology). Increasingly, students choose to stay — as the jargon has it — on the ROAD: radiology, ophthalmology, anesthesiology, and dermatology. This trend is far more (7)ing than the fears raised by the health-care reform bill. Doctors here are voting with their feet and moving away decisively from primary care. A survey of more than seven thousand physicians showed the highest burnout rates in front-line fields — internal medicine, family medicine, and emergency medicine. It also noted that doctors as a group (8) more burnout symptoms than workers in other fields. Many patients — and many doctors — are asking themselves, *Who will be my doctor when I need one?*

〔注〕

additionally：さらに，加えて
beeper：ポケットベル
chronic：慢性の
confine：制限する
decisively：断固として
disillusion：幻滅させる
erode：侵食する
gynecology：婦人科
internal medicine：内科
jargon：専門用語
option：選択(肢)
physician：医師
predecessor：前任者，先任者
radiology：放射線科
rigor：困難，厳しさ
specialty：専門
spouse：配偶者
territory：領域
anesthesiology：麻酔科
burnout：燃え尽き症候群
clinical medicine：臨床医学
creep into：入り込む
dermatology：皮膚科
eat away：侵食する
front-line：最前線の
infection：感染症
internist：内科医
ophthalmology：眼科
pediatrics：小児科
plumber：配管工
primary care doctor：初期診療医
recoil：尻込みする
sanity：健全さ
spillover：余波
swath：領域，範囲
voice：表明する
vote with one's feet：出席しないことで不参加の意思を表明する

〔語　群〕

alarm	demonstrate	earn	expand
miss	provide	quit	suffer