

奈良県立医科大学 後期

平成 26 年 度

試 験 問 題

英 語

【注 意】

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ならない。
2. 監督者の指示に従って、すべての解答用紙の受験番号欄に受験番号を記入せよ。
3. 問題冊子は表紙のほか 9 ページ、解答用紙は 2 枚である。
4. 問題冊子の印刷不鮮明、ページの落丁・乱丁及び解答用紙の汚れ等に気付いた場合には、手を挙げて監督者に知らせよ。
5. 解答はすべて解答用紙の対応する場所に記入せよ。
6. 解答用紙は切り離してはならない。
7. 解答用紙は持ち帰ってはならない。問題冊子は持ち帰ってよい。

I. 次の英文を読んで、設問に答えよ。(*印の語には注がある。)

It is doctors' extensive training and experience in *diagnosis that distinguishes them from other healthcare professionals. Patients know this, which is why they see doctors as ultimately responsible for their care. Diagnosis, and much of modern medical treatment, are founded on scientific and technical knowledge, which change and expand with terrifying speed. They often involve complex clinical problem solving and decision-making, which in turn depend on powers of observation, analytical, technical and interpersonal skills, experience, critical judgment, and honesty. This is the reason why the medical profession insists on recruiting high achievers, why they are given a rigorous and lengthy training in the science, practice, and ethics of medicine, and why in future the established doctor's continuing professional development will have to be (1) equally systematic and rigorous.

(2) By its very nature much of medical practice is done without supervision. Sustaining day-to-day maximum performance is therefore still very much a matter of individual conscience and self-discipline — literally self-regulation. This is true even though the scope for decision-making by individual practitioners has become more circumscribed recently by evidence-based medicine, practice guidelines, and much more critical evaluation of clinical results by *peer review, informally and through regulation. Conscientiously maintaining and improving practicing performance, and indeed striving constantly for excellence, are signs of true professionalism.

For most of the twentieth century notions of medical professionalism were the product of the thinking of doctors themselves. Doctors alone controlled access to the knowledge base of medicine and much about the clinical process was enveloped in mystery and shielded from public view. (3) Doctors had great decision-making power and patients little.

However, in the last decade this situation has been changing dramatically. For the first time information technology and the Internet have given members of the public direct access to the database of medicine. (4) These facilities, in the hands of a much

more educated population living in the consumer world, are altering the power dynamics of the doctor-patient relationship towards the patient. For example, more people now want more involvement in clinical decisions that are going to affect their lives; and they are more likely to want to know that their own doctors (and nurses) are competent, and that they can be sure of the quality and safety of their healthcare at the time they are using the service.

In response a new, more patient-centered form of professionalism has been evolving that recognizes that patient autonomy is pre-eminent — it is the patient who has the illness and who has to manage and live with the consequences. ⁽⁵⁾This fundamental change is proving to be quite a challenge to many doctors and professional institutions still used to thinking and acting along traditional doctor-centered lines.

The professionalism of doctors cannot be seen in isolation from their workplace. Most doctors today work in organizations such as the UK National Health Service (NHS) or managed care systems in the USA, where they are either employed by, or in contract with, an institutional provider. Institutions can enhance doctors' professionalism by, for example, ensuring that doctors have adequate time for their patients and that they are practicing in an institutional culture that understands and nurtures the relationship between professionalism and high performance. They can support doctors' professional development by providing the sophisticated clinical data systems essential for giving best comparative feedback on personal and team performance.

However, ⁽⁶⁾institutions can also compromise professionalism. For example, they may have workplace practices — such as institutionalized clinical *micromanagement — that diminish doctors' sense of responsibility, and therefore reduce their motivation and confidence. Similarly, an institution may organize its patient services in ways that make it difficult for doctors to maintain the degree of continuity of patient care needed to establish a relationship of trust. Or there may be institutional policies, as on the availability and choice of drugs, that may conflict with doctors' judgments of what is best for their individual patients.

(注)

*diagnosis 診断

*peer review 同僚や同業界人による吟味・評価

*micromanagement 細部にわたる管理

設問

1. 下線部(1)は何と何が“同様”であるというのか，日本語で述べよ。
2. 下線部(2)の指す内容を，日本語で具体的に記せ。
3. 下線部(3)の指す内容を，日本語で具体的に記せ。
4. 下線部(4) [破線部を除いた，実線部のみ]のいわんとすることを，“These facilities”の指すものを明らかにして，わかりやすい日本語で述べよ。
5. 下線部(5)を和訳せよ。
6. 下線部(6)の指す内容を，例を挙げて日本語で記せ。

[下書き用紙]

II. 次の英文を読んで、設問に答えよ。(*印の語には注がある。)

Like other animals, wild *vervets regularly face situations in which efficient communication and representation would help them to survive. About three-quarters of wild vervet deaths are caused by *predators. If you're a vervet, it's essential to know the differences between a *martial eagle, one of the leading killers of vervets, and a whitebacked *vulture, an equally large soaring bird that eats *carrion and is no danger to live monkeys. It's essential to act appropriately when the eagle appears, and to tell your relatives. If you fail to recognize the eagle, you die; if you fail to tell your relatives, they die, carrying your genes with them; and if you think it's an eagle when it's really just a vulture, (1) you're wasting time on defensive measures while other monkeys are safely out there gathering food.

Besides these problems created by predators, (2) vervets have complex social relationships with each other. They live in groups and compete for territory with other groups. Therefore, it's also essential to know the difference between a monkey intruding from another group, an unrelated member of your own group likely to steal food from you, and a close relative in your own group on whose support you can count. (3) Vervets that get into trouble need ways of telling their relatives that they, and not some other monkey, are in trouble. It's also essential to know and communicate about sources of food: for instance, which of the thousand plant and animal species in the environment are good to eat, which are poisonous, and where and when the *edible ones are likely to be found. For all these reasons, vervets would profit from efficient ways of (4) communicating about and representing their world.

Despite these reasons, and despite our long and close association with vervets, we had no appreciation of their complex world knowledge and vocal communication until the mid-1960s. Since then, observations of vervet behavior have revealed that (5) they make finely graded discriminations among types of predators, and among each other. They adopt quite different defensive measures when threatened by leopards, eagles, and snakes. They respond differently to dominant and subordinate members of their own

troop, differently again to dominant and subordinate members of rival troops, differently to members of different rival troops, and differently to their mothers, maternal grandmothers, *siblings, and unrelated members of their own troop. They know who is related to whom: if an infant monkey calls, its mother turns toward it, but other vervet mothers turn instead toward that infant's mother to see what she will do. It's as if vervets had names for several predator species and several dozen individual monkeys.

The first clue to how vervets communicate this information came from observations that the biologist Thomas Struhsaker made on vervets in Kenya's Amboseli National Park. He noted that (6) three types of predators triggered different defensive measures by vervets, and also triggered alarm calls sufficiently distinct for Struhsaker to hear the differences even without making any sophisticated electronic analysis. When vervets encounter a leopard or other species of large wild cat, male monkeys give a loud series of barks, females give a high-pitched chirp, and all monkeys within hearing range may run up a tree. The sight of a martial or crowned eagle soaring overhead causes vervets to give a short cough of two *syllables, which makes listening monkeys look up into the air or run into a bush. A monkey who spots a python or other dangerous snake gives a "chuttering" call, and that stimulates other vervets in the area to stand erect on their hind legs and look down (to see where the snake is).

(注)

*vervets サバンナザル[オナガザルの一種]

*predators 捕食動物

*martial eagle ゴマバラワシ[家畜をも襲う大型ワシ]

*vulture ハゲワシなど, ワシタカ科の各種大型猛禽

*carrion 死肉

*edible 食用に適した

*siblings 兄弟・姉妹

*syllables 音節

設問

1. 下線部(1)のいわんとすることを，日本語でわかりやすく述べよ。
2. 下線部(2)のいわんとすることを，日本語で具体的に述べよ。
3. 下線部(3)を和訳せよ。
4. 下線部(4)は具体的に何を指しているのか，日本語で述べよ。
5. 下線部(5)の具体的な内容を日本語で述べよ。
6. 下線部(6)を和訳せよ。（人名はアルファベットを用いて表記すればよい。）

[下書き用紙]

III. 次の日本文の下線部(1), (2)を英訳せよ。

私たちの体には「ホメオスタシス(恒常性)」といって、体の内部や外部の環境が変化したとき、体内の状態を一定に保とうとする働きがあります。

(1) たとえば、暖かい部屋から寒い戸外に出ると、体がブルブルと震えますが、これは体を震わせることで体温の低下を防いでいるのです。 逆に涼しいところから暑いところへ行くと、今度はダラダラと汗をかきます。(2) これは、汗をかくことで体の中の熱を体外に逃がして、体温が上がりすぎないように調節しているのです。