

前期日程

富山大学

科目

外国語(英語)

医学部医学科

注意

1. 開始の合図があるまで、この問題冊子を開いてはいけません。
2. 問題は1ページから11ページにわたっています。問題冊子に不備がある場合は、直ちにその旨を監督者に申し出てください。
3. 解答用紙は4枚で、問題冊子とは別になっています。解答は、すべて解答用紙の所定の欄に記入してください。指定された解答用紙以外に記入した場合は、評価(採点)の対象としません。
4. 受験番号は、4枚の解答用紙のそれぞれの上部の欄に記入してください。
5. 解答用紙は持ち帰ってはいけません。
6. 下書用紙には、下書き用のマス目が書いてありますので、活用してください。
7. 問題用紙と下書用紙(2枚)は持ち帰ってください。

実施年月日
29. 2. 25
富山大学

平成29年度富山大学一般入試 個別学力検査

# 解答用紙訂正

○2月25日(土)

外国語「英語」 16時45分 医学部医学科

## <解答用紙訂正>

外国語「英語」

解答用紙(4枚中の第3枚)

2

(2)

(誤) Lieutenant, would you

(正) ~~Lieutenant,~~ Would you

(3)(a)

(誤) Kafee's father was

(正) Kafee's father was

1

次の文章を読み、問いに答えなさい。

My wife Sonia and I'd had a hard time conceiving. We tried everything, but nothing worked. The failures left us feeling tense and frustrated. In early 2003, at the midway point of my **fellowship**<sup>\*</sup>, we went on vacation to the Caribbean island of **Anguilla**<sup>\*</sup>. We both needed a break. We had been trying to get pregnant for over two years. Sonia was now thirty-two, and I was thirty-four, and we were quietly panicking that our efforts had become [ (B) ]. One afternoon shortly after we arrived, I went for a walk alone on the sun-swept beach, where I met a shirtless loafer named Clement Clemons. He was tall and handsome, with a quiet, dignified island air. We got to talking, and by and by he invited me to his **tavern**<sup>\*</sup>, a tourist attraction just up the road. With Sonia relaxing by the pool at the hotel, I accepted his proposition. After hopping about two hundred yards on the burning white sand, we arrived at the back entrance to a bamboo hut, where a group of Americans were lounging on cheap rattan furniture. Tiny lamps dangling from wooden beams bathed the room in a chocolaty orange.

\* \* \*

I suddenly became aware that Clement was talking to me. "Why are you so serious?" he said.

I shook my head and continued to gaze at the beach.

"Something is bothering you," he said. I glanced at him. I mentioned the problems that Sonia and I were having.

"You are injuring yourself," he intoned. "And you are hurting her, too."

I nodded, staring at the turquoise water.

"Don't worry," he said. "You will have a boy."

I turned to him. His face was vibrating. "A boy?" I said.

He nodded confidently. "A son."

That night I told Sonia about Clement's prediction. She seemed pleased. Though neither of us really cared whether we had a boy or a girl, Sonia, having grown up in a family of girls — two sisters, mostly female cousins — had been hoping for at least one boy. Later at the hotel, lying awake in bed, I told myself that if I ever had a child, I would be a different kind of father from my own dad, who had been too busy with his professional struggles to develop friendships with his children. He did an adequate job — acceptable in that era — and we all ended up just fine. But he didn't elevate to the highest ranks of parenting. He used rough tools, like guilt, to get the behavior he desired. I wanted to be a father with influence — in a good way — over his kids, unlike Dad, who had been too preoccupied with his own problems to earn that authority.

Just as Clement prophesied, Sonia did get pregnant a few months after we returned from Anguilla, and all signs pointed to our having a boy. The tension of getting pregnant had evaporated. I was near the end of my fellowship and starting to interview for jobs (and was looking forward to finally achieving some financial security). Sonia herself was finishing her internal medicine **residency**\* and was mulling an offer to become chief **resident**\* for a year. After the stress of the previous two years, we couldn't have asked for smoother sailing.

But then, midway through the second **trimester**\*,<sup>(C)</sup> Sonia developed a complication of pregnancy that required us to choose between two surgical treatments: one was standard; the other, which we selected, was more novel and appealing. Two weeks later we found ourselves at the Ambulatory Surgery Center at Roosevelt Hospital. Sonia was lying on a narrow gurney in a room with four or five other patients. An intake nurse went over her medications, allergies, and medical history. When I told her that Sonia was eighteen weeks pregnant, she switched pens to mark down this fact in bright red ink. Soon Sonia was hooked up to a fetal monitor, which traced a normal heartbeat on pink graph paper.

A few minutes before the operation was scheduled to begin, a physician's assistant came up and demanded that Sonia sign a consent form for the standard surgery we did not want. When she refused, he said the operation was going to be cancelled. Perplexed,<sup>(D)</sup> I demanded to speak with our surgeon, Dr. Levinson.

"We were told this was our decision," I cried when he showed up a half hour later.

"I'm just learning about this now," Levinson replied calmly. He was a stocky surgeon in his late forties with an impressive professional record, including periods at **the National Institutes of Health**\*, that belied his awkward, slightly vacant air. He explained that the **anesthesiologist**\*, with whom he exclusively worked on such cases, had decided the procedure we had chosen wasn't safe because he couldn't ensure that our baby would get sufficient oxygen during surgery, an assessment<sup>(E)</sup> that Sonia and I, as doctors, as well as our **obstetrician**\*, Dr. Edwards, with whom we had consulted, did not agree with. "I know you're upset —"

"Upset? I'm furious! We thought everything was a go, and now you're telling me this?"

"Everything I told you was correct from the way I understood it when we spoke —"

"Then tell me you're going to do the operation. We'll sign anything you want. These anesthesiologists always raise objections. They don't know the patient or the situation."

"I understand —"

"I don't need understanding!" I shouted. "All I want to talk about is how we can make this happen." I was infuriated, not only by the uncertain position in which we now found ourselves but also because I was sure that the unfounded fear of a lawsuit was at least partially driving the anesthesiologist's decision. In the US, nearly half of all anesthesiologists,

and almost 100 percent of physicians in high-risk specialties such as **neurosurgery\***, **cardiology\***, and **obstetrics\***, will face a medical malpractice claim at some point in their careers. Malpractice **litigation\*** is often the most stressful experience in a doctor's professional life. Most doctors do not discuss it with colleagues or even with family members; it is a hidden shame. However, none of this <sup>(F)</sup> mattered to me as my pregnant wife lay on a gurney, although I might have sympathized with the anesthesiologist if I'd been on the other side of the doctor-patient relationship. Dr. Levinson was silent. "I'll go to the head of the hospital if I have to," I threatened, but I could tell from his expression that there was nothing more he was going to be able to do.

Trembling with anger, I left the room and went back to Sonia in the preoperative waiting area. I sat down beside her and stroked her hand. Looking at my face, she started to cry.

As the hours wore on, I continued to press our case. I demanded explanations. I asked for second opinions. When I requested that the anesthesiologist, a handsome Italian fellow with a bushy mustache, more business executive than doctor — and we, it seemed to me, more like job applicants than patients — recuse himself, he snapped that he did not want to talk in "lawyerly" language. He was acting almost like a **conscientious objector\***, but I wasn't sure what he was objecting to. Which moral principle was he defending? First do no harm? Professional integrity? A paternalistic duty to protect his patient from a mistake? Or were his considerations being driven by more selfish concerns? My father-in-law, also a doctor, tried to negotiate. No one would bend.

So, finally, we said no. I wasn't going to let Sonia be pressured into an operation she did not want. At six o'clock, after waiting in the hospital for almost eleven hours, we went home to think about what to do.

Our case illustrates a basic conflict in modern American medicine. A patient's right to self-determination is the <sup>(G)</sup>prevailing ethic, but in reality doctors routinely place limits on it. For example, when a patient's demand clashes with a doctor's moral convictions, ethicists have argued that doctors can deny treatment. **Gynecologists\*** can refuse to perform abortions because of moral or religious beliefs. Physicians in intensive care units often withhold treatments they consider [ (B) ], especially for terminal illnesses.

But conscientious objection is a relatively rare impetus for denying treatment. A more common situation is one in which a patient's request conflicts with what a doctor believes to be good medical practice (and thus exposes the doctor to a possible charge of malpractice). In such cases the objection is over professional, not moral, integrity, though obviously moral questions are raised. In a doctor-patient dispute, who has the right to make the final call? Should doctors just do what a patient wants? We talk about a patient's right to refuse treatment. But what about the right to demand it?

(Sandeep Jauhar, 2014, *Doctored*, slightly modified)

*注：fellowship 奨学金給付研究員の身分	Anguilla カリブ海西インド諸島にある島
tavern 居酒屋	residency 研修医の身分
resident 研修医	trimester 妊娠期間の3分の1(約3か月)
the National Institutes of Health アメリカ国立衛生研究所	
anesthesiologist 麻酔科医	obstetrician 産科医
neurosurgery 脳神経外科学	cardiology 心臓病学
obstetrics 産科学	litigation 訴訟
conscientious objector (道徳的・宗教的信念に基づく)良心的兵役拒否者	
gynecologist 婦人科医	

(1) 下線部(A)の内容を最もよく表していると考えられる表現を下から選んで記号を解答欄に書きなさい。

- (a) becoming tense
- (b) believing in ourselves
- (c) conceptualizing our failures
- (d) getting pregnant
- (e) feeling frustrated

(2) 空欄[ (B) ]に共通して入る適語を下から選んで解答欄に書きなさい。

factual	fertile	fierce	forceful	futile
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(3) 下線部(C)で述べられている筆者の心情に最もよく当てはまる表現を下から選んで記号を解答欄に書きなさい。

- (a) I can't think of any other time when we were in better financial condition than this period of our lives.
- (b) If I had been making enough effort with Sonia, we would have had our baby by now.
- (c) No other person could have had the same experience as we did.
- (d) This was the best vacation we had experienced up to that point.
- (e) For Sonia and me, these days were the easiest of our lives.

(4) 筆者が下線部 (D) のような心情に至った経緯を指定の文字数の日本語で埋めなさい。

(a)15 字以上 20 字以下 けれども, (b)2 字以上 6 字以下 直前になって (c)30 字以下  
から。

(5) 下線部 (E) について以下の各問に答えなさい。

(a) 下線部 (E) が示す事柄とは何か。簡潔な日本語で説明しなさい。

(b) この本文に登場する人たちは下線部 (E) の事柄をどのように捉えていると考えられますか。解答用紙の表の指定された人物ごとに、指示された項目について適切な内容を日本語で記入しなさい。

(6) 下線部 (F) の this が示す具体的な内容の全てを、箇条書きにして簡潔な日本語で説明しなさい。

(7) 下線部 (G) の内容を簡潔な日本語で説明しなさい。

(8) 本文の記述と合っているものを、以下の (a)~(e) の選択肢から全て選び、記号を解答欄に書きなさい。

(a) When the author was walking on the beach, he met a tall and handsome man with a calm atmosphere, naked to the waist, who eventually suggested they visit his bar.

(b) Dr. Levinson, through his brilliant professional record, made a rather arrogant impression.

(c) The author believes that doctors in the US fear lawsuits and that this could lead to denying treatments desired by patients.

(d) The author was unsure what ethical basis was used to refuse the operation for his wife.

(e) According to the author, doctor-patient conflict is more commonly a matter of moral conviction.

**2** は次のページから始まります。



2 キューバにあるアメリカ海軍基地で一人の海兵隊員が殺され、容疑者として二人の兵士が起訴されました。容疑者の弁護を行なうことになった若手弁護士 Kaffee 中尉は、仲間と野球の練習をしています。そこに、Kaffee 中尉の適性を疑問視している Galloway 少佐がやって来ます。次の二人の会話をよく読んで、後の問に答えなさい。

《Galloway walks up from behind the backstop\*. Kaffee is doing batting practice》

Galloway: Excuse me. I wanted to talk to you about **Corporal\*** Dawson and **Private\*** Downey. *(Kaffee hits a ball)*

Kaffee: Say again? *(Kaffee hits another ball)*

Galloway: Dawson and Downey.

Kaffee: Those names sound like they should mean something to me, but. . . *(Kaffee hits another ball)*

Galloway: Dawson! Downey! Your clients!

Kaffee: The Cuba thing! Yes! Oh. Dawson and Downey. Right.

《Kaffee turns to face Galloway》

Kaffee: [ A ]

Galloway: I was just wondering why two guys have been locked up in jail since this morning while their lawyer is outside hitting a ball.

Kaffee: *(Kaffee swings and misses)* We need the practice.

Galloway: That wasn't funny.

Kaffee: It was a little funny. *(Kaffee hits another ball)*

Galloway: Would you [very insulted / if / assign / recommended to / feel / I / that he / <sup>(B)</sup> your supervisor] different counsel\*?

Kaffee: Why? *(Kaffee hits another ball)*

Galloway: Because I don't think you're fit to handle the defense.

Kaffee: You don't even know me. *(Kaffee hits another ball)* Ordinarily it takes someone hours to discover I'm not fit to handle a defense. *(Kaffee hits another ball)*

《Galloway just stares》

Kaffee: Oh come on, that was damn funny.

《Kaffee stops batting and walks behind the backstop to join Galloway》

Galloway: You're wrong. I do know you. Daniel Alastair Kaffee, born June 8th, 1964 at Boston Mercy Hospital. Your father's Lionel Kaffee, former **Navy Judge Advocate\*** and **Attorney General\*** of the United States, died 1985. You went to Harvard Law then you joined the Navy, probably because that's what your father wanted you to do, and now you're just passing time for the three years

you've got to serve in the **JAG Corps\***, just kind of laying low until you can get out and get a real job. [ C ] But it's my feeling that if this case is handled in the same fast-food, **Persian Bazaar manner\*** with which you seem to handle everything else, then something's going to get missed. And I wouldn't be doing my job if I allowed Dawson and Downey to spend any more time in prison than absolutely necessary because their attorney had pre-determined the path of least resistance.

«*Kaffee gives Galloway a surprised look*»

Kaffee: Wow.

Galloway: I don't think your clients murdered anyone.

Kaffee: [ D ]

Galloway: There was no intent.

Kaffee: The doctor's report says that Santiago died of **asphyxiation\*** brought on by acute **lactic acidosis\***, and that the nature of the acidosis strongly suggests poisoning. [ E ]

«*Kaffee puts on a glove and returns to the practice*»

Galloway: Santiago died at one a.m. At three the doctor wasn't able to determine the cause of death. Two hours later he said it was poison.

Kaffee: *⟨Kaffee turns to face Galloway again⟩* Oh, now I see what you're saying. *⟨Making fun of Galloway⟩* It had to be **Professor Plum\*** in the library with the candlestick.

Galloway: *⟨Getting upset at Kaffee's joke⟩* I'm going to talk to your supervisor. *⟨Galloway turns her back to Kaffee to leave⟩*

Kaffee: Okay. You go straight up Pennsylvania Avenue. It's the big white house with the pillars in front.

Galloway: *⟨Galloway turns to face Kaffee⟩* Thank you.

Kaffee: [ F ] I was assigned by Headquarters, remember? Somebody over there thinks I'm a pretty good lawyer, so while I appreciate your interest and admire your enthusiasm, I think I can handle things myself.

Galloway: Do you know what a **code red\*** is?

«*Kaffee doesn't say anything*»

Galloway: What a pity.

(Rob Reiner (Director), *A Few Good Men*, 1992, USA: Columbia Pictures, slightly modified)



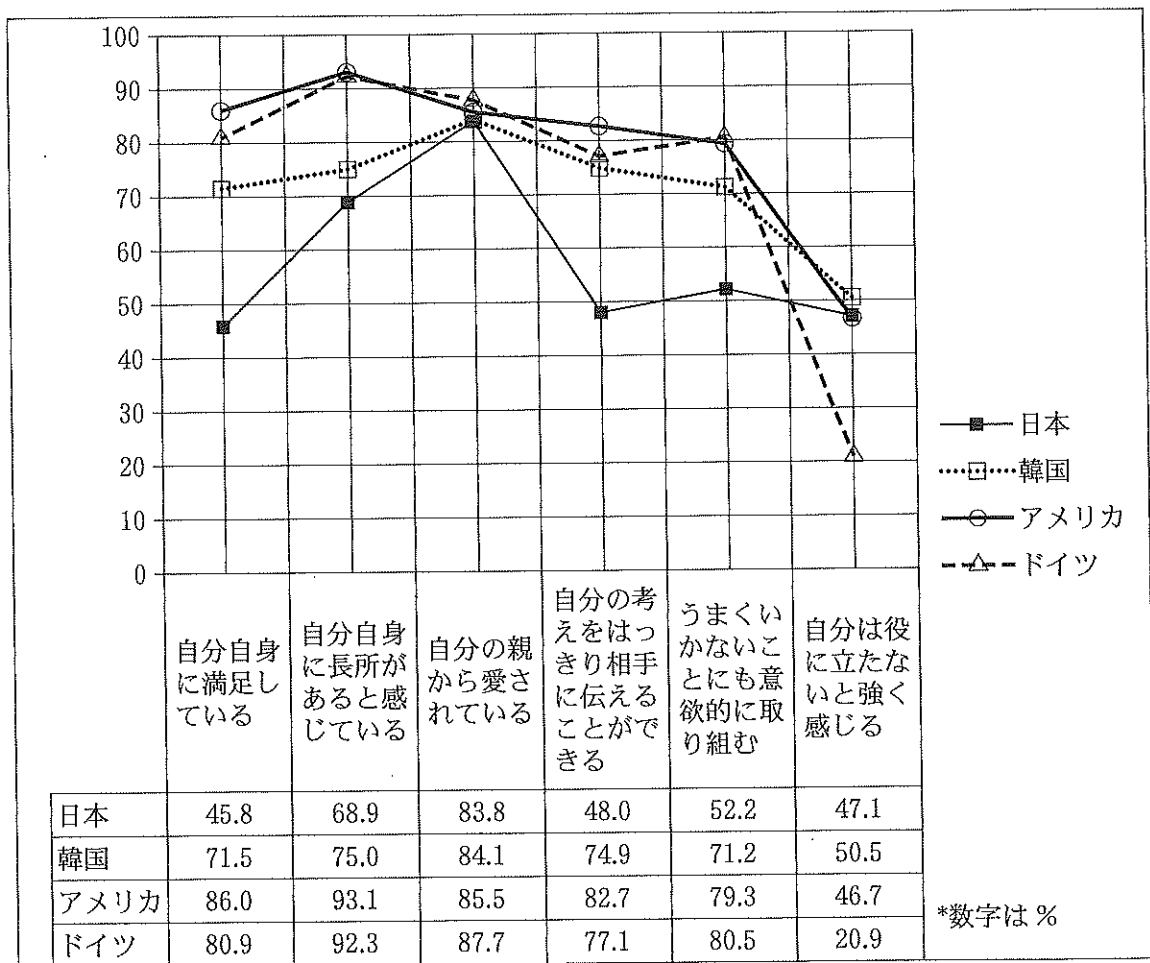
**3** は次のページから始まります。

3

The chart below shows the responses of the young people from four countries to a survey of their self-perceptions. Write an essay of about 300 words in total, based on the following instructions;

1. Based on the graph below, compare the four countries' answers and describe how young Japanese are similar and different.
2. Discuss possible ways the attitudes of young Japanese could be changed.

Please write the total word count of your essay in the space provided on the answer sheet.



(内閣府『平成 25 年度我が国と諸外国の若者の意識に関する調査』(2014)より作成)