

福島県立医科大学

令和2年度
医学部前期入学試験問題

英 語

(時間：100分)

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 試験中に問題冊子の印刷不鮮明、ページの落丁・乱丁および解答用紙の汚れ等に気付いた場合は、手を挙げて監督者に知らせなさい。
- 3 解答は、すべて解答用紙の所定の欄に記入しなさい。
- 4 問題冊子の余白は、下書きなどに利用して構いません。
- 5 試験終了後、解答用紙のみを回収します。

[1] 次の文章を読み、問いに答えよ。

I was at home one bright morning a few years ago, avoiding work and surfing the Web, when I heard about the killings in Newtown, ¹Connecticut. The first reports sounded awful but not unusually so—someone had been shot at a school—but gradually the details came in, and soon I learned that Adam Lanza had killed his mother and then gone to Sandy Hook Elementary School and murdered twenty young children and six adults. Then he killed himself.

My wife wanted to go to our own children's school and take them home. She resisted the urge—our sons were teenagers, and even if they were in elementary school, she knew that this would make (A) sense. But I understood the impulse. I watched videos of parents running to the crime scene and imagined what that must feel like. Even thinking about it now, I feel my stomach ²churn.

There will always be events that shock us, such as the terrorist attacks of 9/11 or those many mass shootings that now seem part of everyday life. But for me and the people around me, the murders at Sandy Hook were different. It was an unusually violent crime; it involved children; and it happened close to where we lived. Just about everyone around me had some personal connection to the families of Newtown.

Our response to that event, at the time and later on, was powerfully influenced by our empathy, by our capacity—many would see it as a gift—to see the world through others' eyes, to feel what they feel. It is easy to see why so many people view empathy as a powerful force for goodness and moral change. It is easy to see why so many believe that the only problem with empathy is that too often we don't have enough of it. ⁽¹⁾

I used to believe this as well. But now I don't. Empathy has its merits. It can be a great source of pleasure, involved in art and fiction and sports, and it can be a valuable aspect of intimate relationships. And it can sometimes urge us to do good. But on the whole, it's a poor moral guide. It can lead to irrational and unfair political decisions, it can worsen certain important relationships, such as between a doctor and a patient, and make us worse at being friends, parents, husbands, and wives. I am against empathy, and one of my goals is to persuade you to be against empathy too.

From a moral standpoint, we're better off (B) empathy. The problems we face as a society and as individuals are rarely due to lack of it. Actually, they are often due to too (C) of it.

This isn't just an attack on empathy. There is a broader objective here. I want to argue in (D) of the value of conscious, well-thought-out mental processes in everyday life, arguing that we should struggle to use our heads rather than our hearts. We do this a lot already, but we should work on doing more.

I believe our emotional nature has been valued too much. We have instincts, but we also have the capacity to restrain them, to think through issues, including moral issues, and to come to conclusions that can surprise us. ⁽²⁾ I think this is where the real action is. It's what makes us uniquely human, and it gives us the potential to be better to one another, to create a world with less suffering and more happiness.

But how could empathy steer us wrong? In brief: Empathy is a spotlight focusing on certain people in the here and now. ⁽³⁾ This makes us care more about them, but it leaves us insensitive to the long-term consequences of our acts and blind as well to the suffering of those we do not or cannot empathize with. Empathy is biased, pushing us in the direction of narrow-mindedness and ³racism. It is shortsighted, motivating actions that might make things better in the short term but lead to tragic results in the future. It favors the one over the many. It can provoke violence; our empathy for those close to us is a powerful force for war and cruelty toward others. It is damaging to personal relationships; it exhausts the spirit and can weaken the force of kindness and love.

(Paul Bloom, *Against Empathy*, modified)

注

¹Connecticut: コネチカット州(米国)

²churn: むかつく, 痛む

³racism: 人種差別

問 1 下の文が empathy を定義する文となるように、下線部の語句を正しく並べ替えよ。

Empathy is the act of coming to experience as / think / else / the world / someone / you does.

問 2 下線部(1)を日本語に訳せ。

問 3 下線部(2)を日本語に訳せ。

問 4 下線部(3)で述べられていることがどのような影響をもたらすのか、下の英文にある関連する実験結果を用いて、180字以内(句読点を含める)の日本語で具体的に説明せよ。

C. Daniel Batson and his colleagues did an experiment in which they told *subjects about a ten-year-old girl named Sheri Summers who had a fatal disease and was waiting in line for treatment that would relieve her pain. Subjects were told that they could move her to the front of the line. When simply asked what to do, they acknowledged that she had to wait because other more needy children were ahead of her. But if they were first asked to imagine what she felt, they tended to choose to move her up, putting her ahead of children who were much more likely to be given priority.

注

*subject: 被験者

問 5 (A) ~ (D) の部分に入る最も適切な語をそれぞれア~エのうちから1つずつ選び、記号で答えよ。

(A) {
ア a
イ any
ウ more
エ no

(B) {
ア despite
イ for
ウ in
エ without

(C) {
ア full
イ little
ウ much
エ short

(D) {
ア case
イ favor
ウ spite
エ way

〔2〕 次の文章を読み、問いに答えよ。

We know that we can view our thoughts and behaviors in many ways, one of them being that of approach or avoidance motivation. People with an approach ¹orientation focus on gains, growth, and achieving positive outcomes. Those with an avoidance outlook concentrate on losses, safety, and avoiding failure. One orientation is not necessarily better than the other, but the avoidance perspective can get out of hand.

Avoiding the things you fear is natural, but it can also do you harm. The advice “face your fears” is sound. The more you avoid the thing you fear, the more fearful you become. The more fearful you become, the more you avoid the frightening thing, and on and on. For example, if you're afraid of driving over bridges, at first you might avoid crossing just the biggest ones. But the very act of avoidance (a) the fear in the ²forefront of your mind, allowing you time to imagine what might happen if the bridge collapsed or if you passed out while driving over it. Not only do you become more likely to avoid big bridges, but also the fear starts to generalize to smaller bridges. You don't (b) signs of safety because you're too busy attending to possible threats. Your mind becomes trapped in worst-case ³scenarios and you learn that driving over bridges is in fact a terrifying experience—for you.

When you avoid not just places or events, but also your own unpleasant thoughts, feelings, and ⁴internal sensations, it's known as experiential avoidance. None of us seeks out unpleasant feelings, but when avoidance becomes a series of regular, deliberate attempts to control or escape natural thoughts or sensations, then it becomes counterproductive. Your thinking can become a disordered process in which you (c) enormous time, effort, and energy to controlling or struggling with unwanted internal events. The struggle gets in the way of moving you toward your goals and distances you from the pleasures of daily life. Eventually, the act of avoidance is more psychologically damaging than simply experiencing the unpleasant thoughts.

Let's say you're looking for a new job. It's useful to suppress some feelings of anxiety during a job interview. It's counterproductive, though, when you start to avoid interviews because they're too stressful, or when you *begin to* (d) yourself as too shy or too fearful to ever hold a responsible job.

Trying to block unwanted thoughts, feelings, or desires can be counterproductive. Take a relatively ⁵benign example: contemplating chocolate. In one study, researchers asked participants to record their thoughts. One-third were asked to think about chocolate; one-third to suppress thoughts of chocolate; and one-third simply to record any kinds of thoughts. Later, all of them were asked to rate some chocolates according to taste. The ratings were not the point, however: The researchers found that the people who tried to suppress thoughts about chocolate not only thought more about chocolate, but ate more of it than the other two groups. Attempting to avoid the sweet temptation simply made them want it more.

(Patricia Daniels, *National Geographic Mind*, modified)

注

¹orientation: 志向, 態度

²forefront: 最前部

³scenario: 事態, シナリオ

⁴internal: (心の)内面の

⁵benign: 害のない, 穏やかな

問 1 下線部(1)のように言える理由を 100 字以内(句読点を含める)の日本語で述べよ。

問 2 下線部(2)を日本語に訳せ。

問 3 下線部(3)を日本語に訳せ。

問 4 下線部(4-i)の指示を研究者達が被験者達にした理由を、下線部(4-ii)を踏まえて120字以内(句読点を含める)の日本語で述べよ。

問 5 下線部(5)が、被験者がチョコレートをより欲しがるとい結果をもたらした原因を日本語で述べよ。

問 6 二重下線部(A)~(D)が表す内容として最も適切なものをそれぞれ下のア~エのうちから1つずつ選び、記号で答えよ。

- (A) {
ア be easy to deal with
イ become impossible to control
ウ be more influential
エ get an advantage over the other

- (B) {
ア ignored the rules
イ thought about anything else
ウ increased the speed rapidly
エ lost consciousness

- (C) {
ア You think of preventing
イ You can't stop imagining
ウ You fail to think about
エ You prepare yourself for

- (D) {
ア brings about a lot of benefits
イ leads to a significant change
ウ makes the matter worse
エ becomes useful to improve the situation

問 7 (a)~(d)の部分に入る最も適切な語をそれぞれア~エのうちから1つずつ選び、記号で答えよ。

- (a) {
ア eases
イ hides
ウ keeps
エ overcomes

- (b) {
ア analyze
イ miss
ウ notice
エ show

- (c) {
ア add
イ devote
ウ limit
エ relate

- (d) {
ア label
イ protect
ウ prove
エ sell

{ 3 } Read the following passage and answer the questions (Questions 1—4) *in English*.

A dilemma is spreading among emergency medical workers on whether to save lives at all costs or grant the wishes of terminally ill patients and let them die with dignity. Twenty-five percent of fire departments in 52 major cities in Japan allow ambulance crew members to suspend¹ resuscitation measures under certain conditions, particularly if the patient's request to be allowed to die is known. Some other fire departments are also considering accepting suspensions of life-saving procedures. Nonetheless, ambulance crews may feel that doing nothing would contradict their mission to save lives and might violate the law. As a result, voices are increasingly being heard, calling on the government to establish rules governing such cases.

The guidelines of the internal affairs ministry's Fire and Disaster Management Agency (FDMA) require that ambulance crews must implement life-saving measures if people are at risk of death. However, the Fire Services Law does not take into account situations in which ambulance attendants are asked by the patient's family members or doctors to suspend the life-saving measures.

In Japan's rapidly aging society, an increasing number of elderly people are being found² unresponsive at their homes or in nursing care facilities. The natural reaction of family members who see the sudden change in the patients' conditions is to call for an ambulance, especially if they are unable to contact their family doctors. These calls are made even by people who have confirmed the patients' wishes not to receive life-prolonging treatment. The ambulance crews' responses to requests to let the patient die depend on the area. The Asahi Shimbun survey conducted in May found that 39 out of 52 fire departments, representing 75 percent of all the fire departments in the 47 prefectural capitals and major cities in Japan, have decided on how rescue workers should deal with such requests. Of the 39 fire departments, 26 order emergency crews to implement resuscitation measures while providing explanations to the families or trying to convince them on the need for the life-saving steps. On the other hand, the remaining 13 fire departments, or 25 percent of the 52, allow ambulance crews to suspend resuscitation measures if they receive such instructions from the family doctors.

The moves to allow a suspension of resuscitation measures were triggered by a proposal compiled in 2017 by the Japanese Society for Emergency Medicine (JSEM), which consists of emergency physicians, ambulance crew members and others in the medical field. The society's proposal contains a job flow chart in which ambulance crews can halt resuscitation measures if they receive instructions directly from the family doctors. The Tokyo Fire Department as early as this year is expected to adopt a policy that reflects the society's proposal. The Yokohama City Fire Bureau this month started discussions on a similar plan. A city examination committee had asked the bureau to conduct activities based on the JSEM's proposal.

According to The Asahi Shimbun's survey, 83 percent of the 52 fire departments said central government-set unified standards for these cases are necessary. "Differences depending on the area are not desirable when it comes to issues affecting human dignity, including questions of how someone dies," commented an official at one of the fire departments.

On one night, a fire department in the Tohoku region received an emergency call: "An elderly patient with terminal-stage cancer has stopped breathing." After an ambulance arrived at the scene, the crew tried to resuscitate the patient. But a woman who was apparently a family member of the patient said, "Please stop it." The patient had told the family doctor that life-prolonging measures were unwanted. But the patient was not specific, including on what measures could be performed if breathing stopped at night. Although the woman was aware of the patient's wishes, she called the fire department because (). The chief of the ambulance crew called a hospital and explained the patient's condition to the family doctor. "Life-saving is not necessary," the doctor said. "I want you to bring the patient to my hospital without taking any measures." However, the fire department's rules state that ambulance crews are forbidden from suspending resuscitation measures if there is even a slight possibility that the patient's life can be saved. The crew chief explained the rules to the doctor, who responded, "Transport the patient while just acting as if you were implementing resuscitation measures." The crew chief (A) the request.

Confronted with the chief's unwillingness to follow his original instructions, the doctor instead adopted the following approach: "Transport the patient while doing your best to implement life-saving measures." To perform a heart massage,

the crew chief used his ³palms to push the center of the chest of the patient's thin body. He soon came to feel, however, that if he pushed down by five centimeters in accordance with the rules, the patient's ribs might break off from the central chest bone. Eventually, the crew chief had little choice but to (B) to push down on the patient's chest, in accordance with the doctor's original request. Despite this, however, what he actually wrote in his activity report was: "We carried the patient while doing our best to take life-saving measures." Although that incident occurred about five years ago, the crew chief vividly remembers it to this day.

(Asahi Shimbun, 2019, modified)

Notes:

¹resuscitation < resuscitate: revive, bring back to life or consciousness

²unresponsive: not responding or reacting

³palm: the inner surface of the hand, excluding the fingers

Question 1: Complete the underlined sentence by filling in the blank with what you think best fits the context. (Use no more than *10* words.)

Question 2: In the spaces (A) and (B), write one word that you feel makes most sense in each case.

Question 3: From the following sentences ((a)–(e)), choose the two that best reflect the content of the passage.

- (a) As many as half the crews surveyed are currently given no choice but to attempt resuscitation.
- (b) Family members of an unresponsive patient who has expressed a wish not to be resuscitated are reluctant to call an ambulance.
- (c) In the present situation, disagreement is common between ambulance crews and family doctors concerning the resuscitation of unresponsive patients.
- (d) A large proportion of ambulance crews surveyed expressed the desire to be given more choice of measures to be taken in cases of unresponsive patients.
- (e) The rules currently followed by a considerable proportion of fire departments could rob unresponsive patients of dignity.

Question 4: "The failure to attempt the resuscitation of an unresponsive patient is a contradiction of the mission of medical workers to save life." Discuss your ideas on this statement in about 100 words. Be sure to give specific reason(s) for your conclusion(s).