

# 令和3年度 一般入学試験(前期)問題

## 英 語

試験開始の指示があるまで問題冊子を開いてはならない。

### 注 意 事 項

1. 試験時間は70分である。
2. 試験開始の指示があるまで、筆記用具を持ってはならない。
3. 試験開始後に問題冊子の印刷不鮮明、ページの落丁等の不備、解答用紙の汚れ等を確認しなさい。これらがある場合には手を高く挙げて監督者に知らせること。
4. 解答番号は 

1
---

 ~ 

46
----

 である。
5. 解答は指示された解答番号に従って解答用紙の解答欄にマークすること。
6. 解答用紙に正しく記入・マークしていない場合には、正しく採点されないことがある。
7. 指定された以外の個数をマークした場合には誤りとなる。
8. 下書きや計算は問題冊子の余白を利用すること。
9. 質問等がある場合には手を高く挙げて監督者に知らせること。
10. 試験終了の指示があったら直ちに筆記用具を机の上に置くこと。
11. 試験終了の指示の後に受験番号、氏名の記入漏れに気づいた場合には、手を高く挙げて監督者の許可を得てから記入すること。許可なく筆記用具を持つと不正行為とみなされる。
12. 試験終了後、問題冊子は持ち帰ること。

### 解答用紙記入要領

例：受験番号が「0123」番の「日本花子」さんの場合

受験番号				
MB	0	1	2	3
	●	①	①	①
	①	●	①	①
	②	②	●	①
	③	③	③	●
	④	④	④	④
	⑤	⑤	⑤	⑤
	⑥	⑥	⑥	⑥
	⑦	⑦	⑦	⑦
	⑧	⑧	⑧	⑧
	⑨	⑨	⑨	⑨

フリガナ	ニッポン	ハナコ
氏名	日本花子	

**注意事項**

1. 黒鉛筆(HB、B、2B)またはシャープペンシル(2B)を使用すること。
  2. マークは、はみ出さないように○の内側を●のように丁寧に塗りつぶすこと。
  3. 所定の記入欄以外には何も記入しないこと。
- ※ マークの塗り方が正しくない場合には、採点されないことがある。

良い例		悪い例	
-----	--	-----	--

1. 受験番号の空欄に受験番号を記入し、さらにその下のマーク欄にマークする。次に、氏名を書き、フリガナをカタカナで記入する。
2. 受験番号欄と解答欄では、①の位置が異なるので注意する。
3. マークは黒鉛筆(HB、B、2B)またはシャープペンシル(2B)を使い、はみ出さないように○の内側を●のように丁寧に塗りつぶす。
4. マークを消す場合には、消しゴムで跡が残らないように完全に消す。
5. 解答用紙は折り曲げたり、汚したりしない。
6. 所定の欄以外には何も記入しない。



# 英 語



【B】 ( )に下の①～⑥の語句を入れて英文を完成させたとき、9 ～ 12 に入るものを、下の①～⑥のうちからそれぞれ1つずつ選べ。

問 9 The newspaper and TV ( ) ( ) ( 9 ) ( ) ( 10 ) ( ) happening in the world.

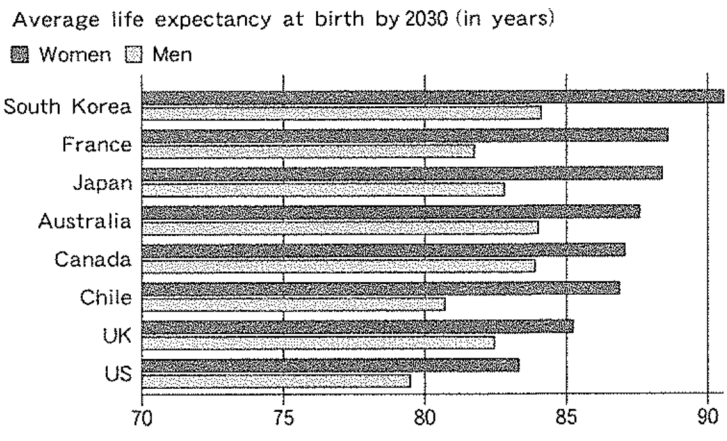
- ① what                                      ② keep                                      ③ of  
④ us    ⑤ is    ⑥ informed

問10 To be honest, I don't want to ( ) ( ) ( 11 ) ( ) ( 12 ) ( ) a matter of small importance.

- ① any    ② such    ③ more time  
④ worrying    ⑤ about    ⑥ waste

**2** Read the passages (an article and a dialogue) and answer the questions (問 1 ~ 8).

South Korean women will be the first in the world to have an average life expectancy above 90, a study suggests. Imperial College London and the World Health Organization analysed lifespans in 35 industrialised countries. It predicted all would see people living longer in 2030 and the gap between men and women would start to close in most countries.



Source : Imperial College London / World Health Organization

The researchers said the findings posed big challenges for pensions and care for elderly people. “South Korea has gotten a lot of things right,” Prof Majid Ezzati told the BBC News website. “It seems to have been a more equal place and things that have benefited people — education, nutrition — have benefited most people. And so far, it is better at dealing with hypertension and has some of the lowest obesity rates in the world.”

The data also forecasts that Japan, once the picture of longevity, will tumble down the global rankings. It currently has the highest life expectancy for women, but will be overtaken by both South Korea and France, the study suggests. Meanwhile, male life expectancy will go from the fourth highest to 11th out of the countries studied.

The US also performs poorly and is on course to have the lowest life expectancy of rich countries by 2030. The study predicts an average age of 80 for men and 83 for women — roughly the same state Mexico and Croatia will have achieved. “It is almost opposite of South Korea,” added Prof Ezzati. “Society in the US is very unequal to an extent the whole national performance is affected — it is the only country without universal health insurance. And it is the first country that has stopped growing taller, which shows something about early life nutrition.”

The study, published in *The Lancet*, also shows the gap in life expectancy between women and men is closing. Prof Ezzati said: “Men traditionally had unhealthier lifestyles, and so shorter life expectancies. They smoked and drank more, and had more road traffic accidents and homicides; however, as lifestyles become more similar between men and women, so does their longevity.”

(Adapted from <https://www.bbc.com/news/health-39040146>)

James: What do you think, Naomi? How long do you think you will live?

Naomi: That's a pretty dark question. Are you feeling a bit gloomy today?

James: No, not at all. It was part of a conversation I had with my classmates from philosophy class last night. We were out at the pub near our university, and after a few beers our talk got kind of heavy.

Naomi: Well, there are so many factors that can influence a person's longevity. Lifestyle choices have a significant impact, things like your smoking or your love of chips. You know, men have it bad. There are social differences between men and women. Also, work accidents, alcoholism, road accidents — they are higher for men. But, I did hear somewhere that this gap is closing.

James: Ouch! I didn't know that. I'd better be careful.

Naomi: How did this talk start last night?

James: It started after reading an online article last week, which reported that the patterns of longevity will switch for top-ranking countries over the next ten years.

Naomi: You're kidding? Why's that?

James: Some countries, which have been leaders in the past, will tumble from their top positions.

Naomi: I've heard something about how the US will ( A ) the ball. They have been going into a steady decline. Healthcare is important for its citizens. Good thing we don't live there, huh?

James: Yeah, I hear you. And you hit the nail on the head about healthcare. That's exactly what the article confirms.

Naomi: And Japan? They have always come across as being so healthy, so I have the impression that everyone lives a long life there. Will they also ( A ) in the ranking?

James: I haven't looked into it yet. The BBC article left me in a fog about Japan, to be honest. Maybe it has something to do with taking care of the elderly? Hmm... Beats me.

Naomi: Well, although this article seems to be predicting trends, almost anything can happen.

James: I think we see eye to eye on this topic. The future is just so uncertain. Thanks, Naomi. Maybe I'll get my friends together again tonight and rehash this topic one more time. Want to ( A ) by?

問 1 According to the article, which of the following is the most appropriate statement about Prof Majid Ezzati's views?

- ① The US will remain unchanged over the next ten years in terms of longevity.
- ② In the US, nutrition in early life is affecting people's height.
- ③ The US needs better healthcare and a pension system like Canada's.
- ④ The US will not drop in the world ranking for longevity, and the people in the US will not make changes.

問 2 According to the article, which of the following is NOT mentioned?

- ① Good healthcare helps people to live a longer life.
- ② Men had more traffic accidents compared to women..
- ③ Men and women's lifestyles are becoming more similar.
- ④ France and South Korea have similar plans to increase the longevity of their people.

問 3 According to the article, which of the following is the most appropriate statement about male longevity?

- ① Men are not growing taller globally due to lifestyle choices.
- ② Men smoke and drink more on average than women except in Mexico.
- ③ The average life expectancy for men in the US is the same as those in other industrialised countries.
- ④ A poor lifestyle can be one cause for reducing men's life expectancy.

問 4 According to the dialogue, which of the following best describes James's lifestyle?

- ① He is a university student and has some unhealthy lifestyle choices.
- ② He does not agree with Naomi, but he enjoys going to the pub.
- ③ He is going overseas and is having a long life.
- ④ He is not a cheerful student, and he drinks every day with his friends.

問 5 According to the dialogue, which of the following is the closest in meaning to the phrase left me in a fog?

- ① having bad weather or a thick, low-lying cloud cover
- ② being late for a train or other forms of public transportation
- ③ not being fully certain or feeling confused
- ④ feeling mostly unhappy or not satisfied



問 6 Which of the following is the most appropriate for the THREE brackets labelled ( A ) in the dialogue? 18

- ① slide                      ② jump                      ③ stop                      ④ drop

問 7 According to the dialogue, which of the following is the most appropriate statement about Naomi and James? 19

- ① Both Naomi and James attend university in the US where they study philosophy, and they both are worried about having a poor diet.
- ② James likes to talk about deep topics with his friends, and he is the same height as Naomi because they see eye to eye.
- ③ Naomi and James discuss the topic of longevity, and Naomi understands that there are differences between males and females in terms of life expectancy.
- ④ Naomi and James feel the future is uncertain, and they want to change the topic to the theme of tomorrow's lecture.

問 8 What are the passages mainly about? 20

- ① The passages are about how the trends in longevity will change in the future.
- ② The passages are about how South Korean men tend to outlive Japanese men.
- ③ The passages are about how the changes in elderly lifestyles are linked to better pensions.
- ④ The passages are about how women in most countries receive better healthcare than men.

3 次の英文を読み、下の問い(問1～8)に答えよ。

Moods influence our susceptibility to weak arguments. Here, though, it is not just a question of what mood one happens to be in when listening to the argument, but also of how much time one has to think about it. When people are in a neutral mood, or have lots of time to think, bad arguments are not very persuasive. But when they are in a good mood (  ) have little time to think, people are more influenced by invalid arguments (and less by valid ones). It seems that the combination of being in a good mood and being in a rush forces one to take short cuts, basing one's judgement less on logical analysis and more on contextual clues such as the reputation of the speaker.

To test this idea, some researchers quizzed American students to see whether or not they were in favour of greater gun control. A positive mood was then induced in half of the students by showing them a five-minute extract from a comedy programme. The others watched an emotionally neutral extract from a programme about wine. Each group was then presented with an argument advancing a view about gun control that ran contrary to their own opinions. Those who were in favour of greater gun control read an argument opposing such restrictions, while those against gun control read an argument in favour. Half were presented with weak arguments and half with strong logical arguments. Furthermore, some were given a short time to read the argument, while the others were allowed to take as long as they wanted. After reading the argument, the participants were re-tested to see (  ).

Overall, everyone was more influenced by the good arguments than by the bad ones. But, for those in a positive mood with little time to think, the difference was very small. Whereas all the other groups found the weak arguments much less persuasive, those in a good mood and in a rush found the bad arguments almost as persuasive as the good ones. The fact that the happy people who were allowed to take as long as they wanted found the weak arguments as unpersuasive as those in a neutral mood might seem to point to time being the crucial variable rather than mood. However, when the researchers compared the actual time taken by the two groups who were allowed to examine the arguments as long as they wanted, they found that those in a good mood actually took longer than those in a neutral mood. They concluded from this that being in a good mood makes you more easily swayed by bad arguments, but that most people seem to be aware of this fact at some level, and so automatically (  ) this by taking longer to think about things when their critical powers are blunted by happiness.

The research suggests that there are two ways of forming judgements about complex issues. One way is slow but very precise. The other is quick and dirty. The slow but precise

way relies mainly on logic, but the quick and dirty way relies heavily on emotion. Reason and emotion can thus be seen as two complementary systems in the human brain for making decisions.

(Adapted from *Emotion: A Very Short Introduction*, by Dylan Evans, Oxford University Press, 2019)

問 1 Which of the following is the closest in meaning to the phrase weak arguments in the passage?

- ① arguments that are less coherent and less convincing
- ② arguments that attract only a few people's attention
- ③ arguments that sound soft and harmless to most
- ④ arguments that are neither radical nor surprising

問 2 Which of the following is the most appropriate for (  )?

- ① and                      ② or                      ③ hence                      ④ without

問 3 Which of the following is the most appropriate for (  )?

- ① if their views on gun control had led to political activities
- ② if their views on gun control had changed
- ③ if they had been convinced to oppose gun restrictions
- ④ if they had been convinced to support gun restrictions

問 4 According to the second paragraph, which of the following is the most appropriate statement about the participants?

- ① Originally, some of the participants were supportive of greater gun control.
- ② Only the opponents of more gun restrictions were made happier by a humorous video.
- ③ An emotionally neutral video was shown to those who were emotionally neutral.
- ④ All the groups had to read the argument as carefully and long as they could afford.

問 5 Which of the following is NOT true about the second paragraph?

- ① To make some of the participants happy, a funny video clip was shown to them.
- ② Only those who were against more gun control were recruited for the study.
- ③ Arguments for more gun control were presented to those who were against it.
- ④ Either a strong argument or a weak argument was presented to each participant.

問 6 Which of the following is the most appropriate for ( 26 )?

- ① stand for      ② admit of      ③ consist of      ④ compensate for

問 7 According to the third paragraph, which of the following is the most appropriate statement about the participants? 27

- ① Overall, all the participants were more influenced by weak arguments than strong arguments.
- ② Given as much time as possible, happy participants tended to spend less time to checking arguments than those who were emotionally neutral.
- ③ Participants' critical ability was affected by whether they were in a good mood or in a neutral mood.
- ④ There were differences in the susceptibility to weak arguments for each group, but they were small enough to be ignored.

問 8 Which of the following is the most appropriate statement about the passage? 28

- ① Regardless of being in a good mood or a neutral mood, time is the only element that affects judgements.
- ② One's critical power could be affected by happy moods, but most people can reduce their influence.
- ③ For some groups, the age of participants had great influence on how to evaluate the arguments.
- ④ The author believes that reason and emotion work independently and do not help each other.

次のページに続く

4 次の英文を読み、下の問い(問1～8)に答えよ。

Polyphony, a term originally derived from music, is a unique characteristic of prose literature described and illustrated by \*<sup>1</sup>Mikhail Bakhtin, whereby ideologically different voices can engage equally in dialogue, free from authorial judgment or constraint. The author is democratically positioned among or 'alongside' the speeches of the characters so that no single point of view is privileged. Consequently, the multiple ideological perspectives are granted (  ) validity within the text; this free play of discourses precludes the dominance of any point of view, including that of the author. The concept of polyphony is central to Bakhtin's theory.

Dissonance and tension within the text are not resolved, as the integrity of independent discourses remains irreducible to a single, harmonious world-view which, in the monologic text, is imposed by the (  ). Polyphony retains therefore a capacity for 'surprisingness,' the potential for genuine innovation. Moreover, because of its focus on process rather than product, polyphony can be described as essentially a theory of creativity.

The liberation of the characters from authorial control results in a dialogue that is theoretically unfinalizable. There is no last word which can be spoken, no absolute or single interpretation possible. As long as people are alive there can be no final truth and the work of art can never be finished. Nevertheless, a special kind of unity can be achieved consisting of 'a dialogic concordance of unmerged twos and multiples' which Bakhtin describes as a 'unity of the event.' This new unity is situated in the dynamic (  ) of creation rather than in the finished product.

Bakhtin's conception of polyphony remains problematic because although he describes it he never provides a definition. He also reformulates it at different stages in his career without reconciling his understanding of its origins and applications at different stages in his career. In *Problems of Dostoevsky's Poetics*, Bakhtin finds his ideal of authentic polyphony in the novels of \*<sup>2</sup>Dostoevsky. Later, he modifies and expands his conception of the origins of polyphony and comes to understand it as an inherent characteristic of all novelistic discourse. As a result, Dostoevsky can be seen to have made a major, though not necessarily unique, contribution to the evolution of the polyphonic novel. Polyphony is now viewed as a possibility (  ) in all novelistic prose and the art of Dostoevsky is cited as a particularly well-suited realization of its potential.

(Adapted from *Encyclopedia of Contemporary Literary Theory: Approaches, Scholars, Terms*, by Irena Makaryk, University of Toronto Press, 1993)

注) \*<sup>1</sup>Mikhail Bakhtin : ミハイル・バフチン。20世紀のロシア(ソ連)の文芸学者。幅広い知識に基づく研究を行った。

\*<sup>2</sup>Dostoevsky : ドストエフスキー。19世紀のロシア文学を代表する作家で、20世紀の文学に多大な影響を与えた。

問 1 Which of the following is the most appropriate for ( 29 )?

- ① privileged      ② equal      ③ merged      ④ musical

問 2 Which of the following is the closest in meaning to the word precludes in the passage?

30

- ① encourage      ② promote      ③ prevent      ④ include

問 3 Which of the following is the most appropriate for ( 31 )?

- ① music      ② author      ③ reader      ④ creativity

問 4 Which of the following is the closest in meaning to the word unfinalizable in the passage?

32

- ① difficult to accept      ② easy to analyze  
③ possible to interpret      ④ impossible to finish

問 5 Which of the following is the most appropriate for ( 33 )?

- ① character      ② process      ③ word      ④ truth

問 6 Which of the following is the most appropriate for ( 34 )?

- ① inherent      ② necessary      ③ problematic      ④ absent

問 7 Which of the following is the most appropriate statement about the passage?

35

- ① Bakhtin's conception of polyphony remained the same throughout his career.  
② Dostoevsky's definition of polyphony was too difficult for some critics to understand.  
③ In the monologic text, there is no dominant point of view.  
④ In the polyphonic text, dissonance and tension remain unsolved.

問 8 Which of the following underlined facts is NOT mentioned in the passage? 36

Polyphony is a characteristic of prose literature proposed by Mikhail Bakhtin. In the polyphonic text, there is no absolute point of view. Rather, various perspectives are guaranteed equal position. It is clear that characters in the polyphonic text are under authorial control, and it shows a special kind of unity. The novels of Dostoevsky can be cited as an example of polyphonic literature.

- ① (A)      ② (B)      ③ (C)      ④ (D)

5 次の英文を読み、下の問い(問1～10)に答えよ。

I have little direct contact with death in my work despite its constant presence. Death has become sanitized and remote. Most of the patients who die under my care in the hospital have hopeless head injuries or <sup>\*1</sup>cerebral haemorrhages. They are admitted in coma and die in coma in the warehouse space of the Intensive Care Unit after being kept alive for a while by <sup>\*2</sup>ventilators. Death comes (  ) when they are diagnosed to be brain dead and the ventilator is switched off. There are no dying words or last breaths — a few switches are turned and the ventilator then stops its rhythmic sighing. If the cardiac monitor leads have been left attached — usually they are not — you can watch the heart on the ECG monitor — a graphic line in LED red that rises and falls with each heart beat — become increasingly irregular as the dying heart, starved of oxygen, struggles to survive. After a few minutes, in complete silence, it comes to a stop and the trace becomes a flat line. The nurses then remove the many tubes and wires connected to the now lifeless body and after a while two porters bring a trolley with a shallow box beneath it camouflaged by a blanket and wheel the body away to the <sup>\*3</sup>mortuary. If the patient's organs are to be ( A ) for donation, the ventilator will be ( B ) after the brain's death has been certified and the body will be ( C ) to the <sup>\*4</sup>operating theatres — usually at night. The organs are removed and only then is the ventilator switched off and the camouflaged trolley will come to take the corpse away.

The patients I treat with fatal brain tumours will die at home or in hospices or in their local hospital. Very occasionally one of these patients of mine with a brain tumour will die under my care while still in the hospital but they will be in coma, since they are dying because their brain is dying. If there are any discussions about death or dying it is with the family and not with the patient. I (  ) have to confront death face to face, but there are times that I am caught out.

A few decades ago, when I was a junior doctor it was very different. I was closely involved with death and with dying patients on a daily basis. In my first year as a young and healthy doctor, working as a houseman at the bottom of the medical hierarchy, I would often be summoned, usually out of bed in the early hours, to certify the death of a patient. I would walk along the empty, anonymous corridors of the hospital, wearing a doctor's white coat, to enter a dark ward and be directed by the nurses to a bed around which the curtains had been drawn. I would be aware of the other patients, usually old and frail, lying in the neighbouring beds, probably awake and terrified in the dark, probably thinking of their own fate, desperate to recover and escape the hospital.



The dead patient behind the curtain, faintly lit by a dim bedside light, would look like all dead hospital patients. They would usually be elderly, in a hospital gown, as anonymous as <sup>\*5</sup>Everyman with a pale and thin, wax-yellow face and sunken cheeks, purple spots on the limbs and utterly still. I would open the gown and place my <sup>\*6</sup>stethoscope over the heart to confirm that there was no heartbeat and then open the eyelids and shine a small pen torch into the dead eyes to check that the <sup>\*7</sup>pupils were ‘fixed and dilated’— that they were dull and black, as large as saucers, and did not constrict in reaction to the torch’s light. I would then go to the nurses’ station and write in the notes ‘Certified dead’, or words to that effect, and sometimes I would add <sup>\*8</sup>RIP. I would sign this and then go back to bed in the little on-call room. Most of the patients I certified in this way were not known to me — at night I would be covering wards with patients who belonged to different firms from the one for which I worked during the day. This was many years ago, when post-mortems were still common practice. It was traditional to attend the post-mortems of the patients who had died on the wards for which you were responsible in the daytime, whom you had cared for in their final illness and whom you had got to know. But I hated post-mortems and usually tried to avoid them. My detachment had its limits.

As a casualty officer — the next job I had after my year as a houseman and then as a trainee in general surgery — I saw death in more ( 44 ) forms. I remember patients dying from heart attacks — or ‘arresting’— in front of me. I remember working all night trying, and failing, to save one man, fully awake and suffering horribly, who looked into my eyes as he bled to death from <sup>\*9</sup>oesophageal varices. I have seen people die from gunshot wounds, or crushed and broken in car crashes, or from electrocution, heart attacks, asthma, and all manner of cancers, some of them quite repulsive.

And then there were the ‘BIDs’—people brought in dead by the ambulance men. As the casualty officer I would have to certify death in some poor soul who had collapsed and died in the street. On these occasions I would find the corpse fully dressed on a trolley, and having to undo their clothing to place my stethoscope on their heart was a profoundly different experience from certifying death in the hospital inpatients in their anonymous white gowns. I felt that I was assaulting them, and I wanted to apologize to them as I unbuttoned their clothes, even though they were dead. It is remarkable how much ( 45 ) clothing makes.

(Adapted from *Do No Harm*, by Henry Marsh, Weidenfeld & Nicolson, 2014)

注) \*<sup>1</sup>cerebral haemorrhage(s) : 脳出血

\*<sup>2</sup>ventilator(s) : 人工呼吸器

\*<sup>3</sup>mortuary : 霊安室

\*<sup>4</sup>operating theatre(s) : 手術室

\*<sup>5</sup>Everyman : 普通の人, ただの人

\*<sup>6</sup>stethoscope : 聴診器

\*<sup>7</sup>pupil(s) : 瞳孔

\*<sup>8</sup>RIP : rest in peace, 安らかに眠れ

\*<sup>9</sup>oesophageal varices : 食道静脈瘤

問 1 What does the sentence, I have little direct contact with death in my work despite its constant presence, mean in the passage? 37

- ① I do not directly attend my patients' deaths because other doctors constantly take care of them.
- ② I see many people almost dying every day, but in the end they recover and leave the hospital.
- ③ I have a lot of opportunities to see people's deaths, but I try to detach myself from them.
- ④ I hardly experience people's deaths directly although there are many deaths in the hospital.

問 2 Which of the following is the most appropriate for ( 38 )?

- ① simply and quietly
- ② simply and surprisingly
- ③ complicatedly and quietly
- ④ complicatedly and surprisingly

問 3 Which of the following is the closest in meaning to the word camouflaged in the passage? 39

- ① paid attention indirectly
- ② hidden deliberately
- ③ decorated miserably
- ④ uncovered intentionally

問 4 Which of the following is the most appropriate combination for ( A ), ( B ), and ( C )? 40

- | A       | B               | C      |
|---------|-----------------|--------|
| ① using | kept run        | taking |
| ② using | keeping running | taking |
| ③ used  | kept running    | taken  |
| ④ used  | keeping run     | taken  |

問 5 Which of the following is the most appropriate for (  )?

- ① usually                      ② always                      ③ never                      ④ rarely

問 6 According to the third and fourth paragraphs, which of the following is the most appropriate statement about the author?

- ① The author was often ordered to come early in the morning to discuss how to treat dying patients.  
② The author certified a patient's death after the deceased was very carefully separated from the other patients.  
③ The author had frequent opportunities to confirm and certify patients' deaths even if the patients were not known to him.  
④ The author was often called at night to certify his patients' deaths because he was in charge of many elderly patients.

問 7 Which of the following is the closest in meaning to the word post-mortems in the passage?

- ① a medical examination of the body of a dead person to find out how they died  
② a traditional care for a dying patient at the final moment  
③ a physical examination for treatable patients a doctor is in charge of on that day  
④ a final decision-making process about a patient's cause of disease with nurses

問 8 Which of the following is the most appropriate for (  )?

- ① simple and quiet                      ② dramatic and violent  
③ detached and natural                      ④ complicated and mechanical

問 9 Which of the following is the most appropriate for (  )?

- ① apology                      ② similarity                      ③ difference                      ④ desire

問10 Which of the following best explains the author's views in the passage?

- ① It is understandable that doctors are emotionally involved in their patients' deaths.  
② It is remarkable that doctors can be detached when they are confronted with their patients' deaths.  
③ The author is concerned with how lightly human life has been treated without dignity in modern hospitals.  
④ The author is aware of how much his encounter with patients' deaths has changed over the past years.









