

英語問題紙

令和6年2月25日

自 9:00

至 10:20

答案作成上の注意

1. 英語の問題紙は1から15までの15ページである。
2. 解答用紙は①から②までの2枚である。
3. 解答はすべて解答用紙の指定された箇所に書くこと。
4. 問題紙と草案紙は持ち帰ること。

1 以下の英文を読んで問に答えなさい。

After World War I, the popular fear of premature burial decreased considerably. This was due largely to the medical breakthroughs of the time, which led to an increased confidence in the medical profession, so the subject had lost some of its power to fascinate the public. But it does not mean that “accidents” were totally ended.

The old stories about reviving corpses, which had existed in European folklore long before Bruhier’s* books were published in the 1740s, still live in the gossipy newspapers, along with tales of alien kidnappings, crop circles*, spontaneous human combustion*, and snakes living as parasites* in the human stomach. In particular, the legend of the Careless Anatomist* has considerable staying power in modern folklore. In one version, a corpse¹⁾ revives in a New York mortuary* and grasps the Anatomist’s throat; the doctor falls dead from the shock. In another version, the living corpse starts struggling with an undertaker* before suffering a heart attack; in a third, two fainthearted doctors drop dead from shock when a “corpse” suddenly sits up and bursts into a drinking song.

The readers of these newspapers are easily amused, and most of the tales about reviving corpses are much less elaborate than these. The headline is adjusted to appeal to the vulgar mind and the low intellect: “Dead Wrong,” “An Undertaker’s Moving Story,” or “A Grave Mistake.” It is considered extremely²⁾ funny if the dead grandma revives in the mortuary and all the guests run out in terror, or if the dead man leaps out of the coffin and runs away. The latter is repeated in many variations. Many of the reports are from Italy or Australia; for some reason, the journalists seem to credit the Mediterranean and antipodean peoples with amazing powers of coming back to life.³⁾ Occasionally, the dead man or woman jumping out of the coffin meets an⁴⁾ uncertain fate. In one story, the Maltese Joseph Cremano leaps out of the

coffin and dances down the church aisle, before falling dead in front of the shocked funeral attendants. In another, an apparently dead Romanian woman recovers inside her coffin and opens the lid while it is actually lowered into the grave; she jumps out of the coffin and runs out into the road, where she is hit by a car and killed.

But not all newspaper stories of people mistakenly declared dead are frauds, myths, or fake. There are a few instances of people mistakenly declared dead through the total carelessness of the individual signing the death document. For example, eighty-six-year-old Mildred Clark was declared dead by a New York medical examiner (not a doctor) and put in a mortuary refrigerator. She had been there for an hour and a half when the undertaker saw her move. The examiner was severely criticized by the press. In April 1996, the fifty-nine-year old diabetic* Maureen Jones collapsed in her cottage in Thwing, Humberside. She probably had eaten too little, あ had caused the blood sugar level to fall to dangerously low levels. Her son alarmed her family doctor, who came to see her patient not long afterward, but without finding any signs of life. Maureen Jones was declared dead, and a funeral car came to collect her body. But when a sharp-eyed police officer saw her foot move, she was rushed to a hospital. The careless doctor was taken to court, as she deserved to be. Maureen Jones was still alive in 1999.

6)

In 1891, the Italian psychiatrist E. Morselli, described what he termed a novel form of mental disorder: taphophobia, or the exaggerated fear of being buried alive. The patient he described had put a clause into his will requesting that a candle, food, and drink be put in his coffin after he was presumed to be dead and that the coffin be equipped with airholes and an alarm. Not being satisfied even with this safeguard, he finally desired to be stabbed in the heart as a more definite method of prevention.

In spite of Morselli's claim, taphophobia was of course not a "new" diagnosis in 1891; what was new was only the declaration that this form of

unusual behavior was pathological* and the creation of a name for the “disease.” An extreme case of taphophobia had been described already in 1862, concerning an English lady who feared premature burial so much that her life was full of bitterness.

⁷⁾ It is known that the prevailing fears of society can be influenced by the contemporary medical debate; for example, bacteriophobia (the fear of bacteria) did not exist before the discovery of microorganisms as spreaders of disease and has become scarcer after the discovery of effective antibiotics*. Originally, Morselli described his taphophobia patients along with some cases of another psychological disorder — dysmorphophobia, the false belief of being remarkably ugly. It is notable that while taphophobia has become increasingly rare, an epidemic of dysmorphophobia is widespread in the United States, and it has spread to the wealthy, over-consuming European countries. Brought on by unrealistic body ideals and the power of mass suggestion provided by late twentieth-century advertisement techniques, and fueled by the plastic surgery* industry’s desire for further business, the demand for cosmetic surgery* shows no sign of slowing down. As an epidemic of unusual behavior, it is more extensive, and probably more harmful, than the habit of worried Victorians to go shopping for coffins with an ejection seat*.

Jan Bondenson. 2001. *Buried Alive: The Terrifying History of Our Most Primal Fear*. W. W. Norton & Company, Inc. (一部改変)

NOTES*

Bruhier: a French physician who wrote about how premature burial was a problem

crop circle: patterns in a field that many believe are made by UFOs or aliens

spontaneous human combustion: an old belief that the human body could suddenly burn away for no reason

parasite: an animal or plant that lives in or on another animal or plant and gets food or protection from it

anatomist: a person skilled in anatomy (= the study of the structure of living things)

mortuary: a building or room where dead bodies are kept before they are sent to be buried or burned

undertaker: a person whose job is to arrange and manage funerals

diabetic: a person who suffers from diabetes (= a medical condition in which the body cannot control the level of sugar in the blood)

pathological < pathology: the scientific study of disease

antibiotics: medical drugs used to kill bacteria and treat infections

plastic surgery: a medical operation that improves or repairs the form or appearance of body parts

cosmetic surgery: surgery done to make a person look more attractive

ejection seat: a special seat in an airplane that is used to throw a pilot or crew out in an emergency

問 1. 本文の第二段落の内容から、下線部 1) の modern folklore とはどのようなものを指す語として使われているか。具体例を示しながら 60 字以内の日本語で答えなさい。

問 2. 下線部 2), 3), 4) の新聞の見出しはすべて駄洒落/かけ言葉になっている。それぞれのイタリック体の語の意味を 2 つずつ選び、数字で答えなさい。

2) *Dead*

- | | | |
|--------------|-------------|------------|
| ① completely | ② deceased | ③ endless |
| ④ lively | ⑤ partly | ⑥ possible |
| ⑦ quick | ⑧ uncertain | |

3) *Moving*

- | | | |
|------------|-------------|---------------|
| ① angry | ② cold | ③ emotional |
| ④ peaceful | ⑤ permanent | ⑥ progressing |
| ⑦ sleeping | ⑧ waiting | |

4) *Grave*

- | | | |
|-----------|----------|-----------|
| ① final | ② happy | ③ hopeful |
| ④ light | ⑤ little | ⑥ nursery |
| ⑦ serious | ⑧ tomb | |

問 3. 下線部 5) について、本文中の語句を適宜活用して同じ意味になるように、英単語 1 語で答えなさい。

問 4. 空欄

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|---|
| あ |
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 に適切な英単語 1 語を記入しなさい。

問 5. 下線部 6) について、なぜそう言えるのか。本文を参照しながら日本語で説明しなさい。

問 6. 下線部 7) の the prevailing fears of society について、近年アメリカで非常に多く見られるものは何か。英単語 1 語で答えなさい。

問 7. 下線部 8) について, 以下の A) と B) に答えなさい。

A) この病気はどんな症状か。本文に即して日本語で答えなさい。

B) この病気はなぜ少なくなってきたのか。本文の内容から推測して 80 字以上 140 字以内の日本語で答えなさい。

2 以下の英文を読んで問に答えなさい。

Let me start by saying I am not a doctor, a nurse, or medical professional. So, what qualifies me to speak about bedside manner and its importance? I'm a patient. I have had the opportunity to see lots of doctors over the past 12 months and it's allowed me to reflect on how I define a great doctor or medical professional. Ultimately, it boils down to¹⁾ bedside manner and the doctor-patient relationship we did or did not establish.

This is just one patient's perspective and you can take it or leave it, but my goal is to at least make you consider a few things before you enter your next exam room.

A

Whether you are just starting out in your medical career or have been practicing medicine for over 30 years, a strong bedside manner is critical to your success as a physician. Your ability to communicate with your patients with empathy*, understanding, and in terms the patient understands creates a strong foundation for a lasting patient-provider relationship. Numerous studies show that when a doctor has a strong relationship with their patient, the patient is more likely to adhere to their care plans leading to healthier outcomes.

Here are a few things to consider when evaluating your bedside manner skills.

B

What strikes me as the best experiences are those where the doctor comes prepared for the visit. I had the same gynecologist* for nearly 20 years, and I loved her! Every appointment she would walk through the exam door and immediately say, while making eye contact, "Allison, how are you doing, what

have you been up to?” It’s not because she really knew who I was — the reality is that she probably saw 30–40 patients a day.

No, I suspect that it was a strategy she used with all her patients to make them feel important, make them feel welcome, and to put them at ease. She knew my name before she entered the door. She didn’t have to look at a chart or consult her computer screen before addressing me.

Preparing those little details before she walked through the door immediately created a feeling of mutual respect and a stronger doctor-patient relationship. Take a minute to review the patient chart before you open the door.

C

When you enter the room a patient is assessing your body language. It is a key indicator on how well the visit is going to go. If you walk in, go straight to your computer, and don’t make eye contact or acknowledge your patient, the appointment is off to a bad start. The patient is going to feel unimportant, like they are an inconvenience to you, and rushed.

Instead, acknowledge the patient and then sit down. Speaking from experience, sitting down has an incredibly calming effect, but it also creates the impression that I’m your most important priority in that moment. If I feel that I have your full attention, I am going to be more open and honest about what has brought me in for my appointment. That will lead to a more complete assessment and a better structured care plan.

It also gives you the opportunity to observe me — the patient. Are my arms crossed? Fists clenched*? Do I have an expression of dread and despair on my face? You can use these body language signs to influence your approach with the patient. If you noticed I’m stressed, you can ask me about my family, work, or what I like to do in my spare time. That quick little diversion* can help me relax setting the stage for a better visit outcome.

Pay attention to body language — yours and your patients.

D

You are the doctor. You've spent years in school, residency*, and practice improving your skills. You know way more than I could ever possibly comprehend. But I have WebMD* (your worst enemy). And you can bet that²⁾ I have researched my symptoms and have a very definite point of view on what my problem is before I come into your office or the emergency room. This is where a delicate touch and good communication skills come in handy.

Like me, I think most patients realize a doctor's opinion is better than any research we've done on the internet. However, you should still respect the opinion of your patients and allow them to present their theories.³⁾ The patient at least needs to know you are concerned enough about the symptoms and their diagnosis that you are willing to consider their theories. Then, kindly and without talking down to the patient, explain why you disagree using facts to back up your position.

Ultimately, all this advice comes down to having one essential skill—excellent communication. Think of communication as another procedure or technique you need to learn and constantly practice.

E

Now more than ever your patient needs to know that you are hearing them. Listen for verbal signs that the patient might be holding something back or for signs of stress and anxiety. Repeat what you have heard to confirm that you are listening. Even if you are physically distanced, lean into the conversation. It reinforces to the patient that you are paying attention.

F

In addition to acknowledging what you are hearing from the patient, words of encouragement are also critically important. Making statements like "I am here for you" or "I am going to do everything I can to make you better"

provides the hope and optimism your patients are seeking. Plus, it paves the way for a good relationship. 4)

Bedside manner is a critical component to your success as a provider and practice.

eMDs. 5 March 2021. *Bedside manner and why it's even more important now*. <https://emds.com/blog-bedside-manner-and-why-its-even-more-important-now/> (一部改変)

NOTES*

empathy: the ability to understand another person's feelings or situation

gynecologist: a doctor whose specialty is women's health, especially the reproductive system

clench: to squeeze tightly

diversion: an act that takes one's attention away from a different matter

residency: medical education involving on-the-job training for medical school graduates

WebMD: a website that provides information on many health topics

問 1. 下線部 1), 2), 4) の意味として, 最も適切なものを 1 つ 選び数字で答えなさい。

1) it boils down to

- ① it is determined by
- ② it is misunderstood as
- ③ it is opposed to
- ④ it is removed from

2) you can bet

- ① you can be sure
- ② you can disagree
- ③ you can stop thinking
- ④ you can test

- 4) paves the way
- ① breaks off chances
 - ② causes a challenge
 - ③ fails to provide
 - ④ makes it easier

問 2. 筆者の考えと一致しないものを以下から 1 つ選び、数字で答えなさい。

- ① Doctors should listen to patients' ideas about what may be causing their medical issues, even if they may be incorrect.
- ② It is necessary for doctors to know all their patients well in order to establish a good relationship with them.
- ③ Observing patients' body language can help doctors have a better idea as to how to talk with them.
- ④ One does not necessarily have to be a doctor in order to understand what is considered good bedside manner.

問 3.

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|---|
| A |
|---|

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| |
|---|
| F |
|---|

 は小見出しである。空欄 A ~ F に文脈から考えて最も適切なものを 1 つ選び数字で答えなさい。

- ① I'm Watching Your Body Language and It Makes an Impact on Bedside Manner
- ② Know My Name When You Enter the Room
- ③ Make Me Feel Like My Opinion Matters
- ④ Practice Active Listening to Help Bedside Manner
- ⑤ Strong Bedside Manner is Critical to Your Success
- ⑥ Your Words Matter More Than Ever Before

問 4. 下線部 3) はどういうことか。具体的に日本語で説明しなさい。

問 5. 以下の問を読み, 自分の言葉で 60 語以上の英語で答えなさい。

In the text, the author writes about several ways in which doctors can establish a good bedside manner with patients. **In your own words**, explain which of those points you think would be most important to you if you were a patient meeting a doctor and why it would be so important.

問 6. 本文の内容に沿った対話になるように空欄(1)~(10)をうめなさい。なお, 空欄(1), (3)~(8)については, ①~⑩の選択肢から最も適切なものを1つ選び, 数字で答えなさい。また, 空欄(2), (9), (10)については, 適当な語句を記して英文を完成させなさい。

Mayu: Hi, Taro. How are you?

Taro: I'm okay. Well, actually, not that great. I've been feeling under the weather for the past few days and nothing I can do makes me feel better. Don't get too close to me. I'd hate to whatever it is I've caught to you.

Mayu: Well, do you think maybe ?

Taro: Probably, but I just can't stand going to hospitals or clinics. They make me nervous.

Mayu: I understand the feeling, but there's a pretty good place in my neighborhood you could try. Whenever I'm feeling sick, it's where I go. What I really like about it is that the doctors have a great bedside manner.

Taro: Bedside manner? What do you mean by that?

Mayu: I mean that they're always friendly and do a really nice job creating an atmosphere that helps me feel more .

Taro: Hmm. (*Looks doubtful*)

Mayu: They're nice and listen without (4) me as I tell them wherever it is I'm feeling bad. They'll then ask a few questions to get any more information they need of course, but if they ask anything that might be a little embarrassing for me, they do it in a way that doesn't make me feel uncomfortable. They really just let me know they understand my feelings and use language that's really easy to understand.

Taro: I don't know. It almost sounds like they'd be talking to me like I was a (5).

Mayu: Oh no, that's not what's it's like at all! They don't talk down to you, they're just not too excessive with the complicated medical vocabulary when explaining their points.

Taro: Okay, that's all well and good, but is this bedside manner really that important? I mean, if I'm going to see a doctor, I think their (6) is far more important than whether they're nice. I'm not meeting them to make friends, but to get professional treatment.

Mayu: True enough, but wouldn't you prefer your experience to be as low stress as possible? After all, you're only going to the hospital because you feel bad. You don't need poor communication skills to make you feel even (7), right? I've also heard that a good bedside manner leads patients to trust the doctors more and that in turn makes them more willing to (8) with them to figure out and fix whatever is making them feel bad.

Taro: Right, I can see your point there. I guess I would prefer to meet with a doctor who makes an effort to be friendly and can communicate clearly. Maybe (9) you mentioned. Can you let me know the name? Also, please tell me that they don't do too much small talk. It's one thing to be easygoing and friendly but I'm not in the mood to talk about the weather, no matter how sociable the doctors may be.

Mayu: I think you'll be fine there. The doctors are nice, but they have about a million patients waiting to see them every day. They don't have

| |
|------|
| (10) |
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 about matters other than the problem at hand.

Taro: Great. Thanks a lot and next time I see you, I hope I'm feeling much better than I am now.

選択肢

- | | | |
|------------|-------------|----------------|
| ① ability | ② admit | ③ adult |
| ④ angriest | ⑤ argue | ⑥ better |
| ⑦ child | ⑧ cooperate | ⑨ disagree |
| ⑩ happier | ⑪ ignorance | ⑫ interrupting |
| ⑬ patient | ⑭ relaxed | ⑮ respecting |
| ⑯ spread | ⑰ stressful | ⑱ surrender |
| ⑲ trying | ⑳ weakness | ㉑ worse |



