

受験番号						氏名	
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2021 年度

英 語

I 注意事項

- 試験開始の合図があるまで、この問題冊子を開いてはいけない。
- この問題冊子は 16 ページある。試験開始後に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づいた場合は、手を高く挙げて監督者に知らせること。
- 解答用紙は、英語解答用紙 **A** (マークシート) および英語解答用紙 **B** があります。
 - 監督者の指示にしたがって、英語解答用紙 **A** の下記の該当欄にそれぞれ正しく記入し、マークせよ。
 - 受験番号欄 受験番号を 5 ケタで記入し、さらにその下のマーク欄に該当する 5 ケタをマークせよ。
 (例) 受験番号 10025 番 →

1	0	0	2	5
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 と記入。
 - 氏名欄 氏名・フリガナを記入せよ。
 - 監督者の指示にしたがって英語解答用紙 **B** の受験番号・氏名欄に受験番号・氏名・フリガナを記入せよ。
- 受験番号が正しくマークされていない場合または正しく記入されていない場合は、採点できないことがある。
- 第 1 問から第 5 問 **A** までの解答は英語解答用紙 **A** にマークせよ。第 5 問 **B** の解答は英語解答用紙 **B** に記入せよ。
- 問題冊子の余白等は適宜利用してよいが、どのページも切り離してはならない。
- 試験終了後、問題冊子および解答用紙を机上に置き、試験監督者の指示に従い退場しなさい。

裏表紙に、英語解答用紙 **A** にマークする上での注意が続きます。この問題冊子を裏返して必ず読みなさい。ただし、問題冊子を開いてはいけません。

第1問 次の ~ の各群の単語①~⑤のうちから、最も強いアクセント(第一強勢)の位置が、他の4つの場合と異なるものを1つずつ選びなさい。

- | | | |
|------------|-----------|-----------|
| ① ap-ply | ② ex-cuse | ③ ex-tend |
| ④ pro-ceed | ⑤ reck-on | |

- | | | |
|-----------------|----------------|----------------|
| ① a-chieve-ment | ② com-mit-ment | ③ em-ploy-ment |
| ④ in-stru-ment | ⑤ in-vest-ment | |

- | | | |
|---------------|--------------|--------------|
| ① dom-i-nant | ② el-e-gant | ③ ig-no-rant |
| ④ re-luc-tant | ⑤ vig-i-lant | |

- | | | |
|---------------|-------------|---------------|
| ① a-bun-dance | ② al-ler-gy | ③ bar-ris-ter |
| ④ cal-ci-um | ⑤ lin-e-age | |

- | | | |
|------------------|------------------|-----------------|
| ① ex-cel-lent-ly | ② gen-u-ine-ly | ③ mod-er-ate-ly |
| ④ pe-cu-liar-ly | ⑤ per-ma-nent-ly | |

第2問 次のa～eの各英文の空欄 ～ に入れるのに最も適当なものを、それぞれ下の①～⑤のうちから1つずつ選びなさい。

a. Iron deficiency can about anemia, developmental delay and growth retardation.

- ① be ② bring ③ look
④ stand ⑤ wait

b. The scientists proclaimed that they were the verge of a new discovery.

- ① about ② by ③ on
④ over ⑤ through

c. Modern medicine has reduced infant mortality in the world.

- ① accidentally ② indefinitely ③ independently
④ reluctantly ⑤ significantly

d. The young girl talked about her strong to become a famous surgeon.

- ① aspiration ② commotion ③ migration
④ notation ⑤ probation

e. The image of my grandfather continues to in my memory.

- ① linger ② plunder ③ ponder
④ wander ⑤ waver

第3問 次のa～eの各英文の空欄を、それぞれ下の①～⑥の語または語句で埋めて最適な英文にするとき、～に入る語または語句を示さない。

a. The release of the balloons _____ _____ _____
the Prime Minister's arrival.

- ① been ② coincide ③ had
④ timed ⑤ to ⑥ with

b. They _____ _____ _____ _____ luxurious full-course
dinner starting with a champagne toast to celebrate their anniversary.

- ① a ② decided ③ indulge
④ themselves ⑤ to ⑥ with

c. A detailed explanation of the different types of tests _____
_____ _____ introduction to medical statistics.

- ① beyond ② is ③ of
④ scope ⑤ the ⑥ this

d. Due to the prolonged inflation, the family had _____ _____
_____ _____ their low income.

- ① both ② ends ③ making
④ meet ⑤ trouble ⑥ with

e. They were in a hurry, so _____ _____ _____ _____ a
quick sandwich for lunch.

- ① do ② had ③ make
④ they ⑤ to ⑥ with

第4問 次の文章を読み、下記の問いに答えなさい。

注：oralism：口話主義，口話法；口話は手話より優れているという主張。または、手話を用いず、ろう児に教師の口の動きを読み取らせることにより口話で教育する方法 / sensorineural hearing loss：感音性難聴；音を感じる部分の内耳に何らかの障害があるために起こる難聴の一種 / conductive hearing loss：伝音性難聴；音を拾って増幅する部分の外耳・中耳に何らかの障害があるために内耳への伝達が妨害される難聴の一種

Working from home, wearing masks, social distancing and other behavior during the coronavirus crisis, but for people with hearing difficulties who depend on seeing people's mouth movements to understand what others are saying, the situation is throwing up new [へ] and difficulties.

Tokyo resident Hideki Nakazono, 72, lost the hearing in his right ear due to an illness when he was 3. Through the use of a hearing aid, he from his left ear, but when he was 41 he suddenly lost the sense completely. In his daily life he finds that the sign language he taught himself from age 22 isn't sufficient, so he supports his communication with writing and lip-reading.

But because supermarket workers now, he can't hear them announcing when masks are available for sale, nor can he lip-read it, so there when he's missed out on buying them to protect himself from the virus. "Perhaps because I can speak to some extent as someone who lost their hearing after they learned how to talk, they (the staff) think I'm just hard (又) hearing and don't tend to agree to communicate with me through writing," he said.

Eri Matsumoto, 51, lives in the capital with her husband, three children and a hearing dog. She most sounds in both ears since she was 23, and primarily communicates by lip-reading. "Until now, when I'm being examined at a hospital or am approached as a customer somewhere, I would ask anyone

wearing a mask to remove it. But now I can't say that."

When she's out with her husband or children, they interpret for her. But, [ト] her concerns, she said, "Many of the emergency services you can contact only do consultations over the phone, so I do wonder what I would do if I [26] ."

According to a 2016 investigation by the Ministry of Health, Labour and Welfare, among physical disability certificate bearers with hearing impairments aged under 65, 25% communicate using sign language. Among those aged 65 or older, this falls to just 4.3%.

The reason for this is that until recently schools for the deaf in Japan generally placed a greater emphasis on oralism, with a focus on lip-reading skills and vocalization training. The thinking behind it was that students wouldn't learn Japanese if they didn't learn those skills, and so sign language [27] . But even if people can use sign language, it still relies in part on mouth movements and expressions to convey meaning, making it difficult to fully communicate with it while wearing a mask.

Mitsuhiko Ogawa, 57, a deputy director at the incorporated nonprofit organization Tonancyo, an association for people in Tokyo with partial or no hearing, said, "Two meters of social distancing is like creating a communication barrier for people with hearing difficulties. Even for those who use a hearing aid, if they're located away from what they're trying to listen to, all these other sounds get mixed (ル) in it and it's hard to hear others."

Ogawa himself has heavy hearing loss, and can only make out about half of what [28] . He uses lip-reading and writing to aid his communication. He said of his process, "If I know who is speaking in a place with multiple people, I [チ] concentrate on them and am able to understand. Then I use writing and other means to follow up. But as everyone [29] now, I can't even tell who's speaking, so I can't follow the conversation." He added that although masks made with transparent plastic are being sold for customer-facing workers

and health care professionals to use, they often fog up or reflect light, making it hard to see through them.

The company in Tokyo that Ogawa is employed at has from March onward been implementing remote working. In video conferencing, it [30] the finer movements of people's mouths, and his colleagues help him follow developments through the written chat function. He [31] ways to make it easier for him, such as using a microphone next to his computer speakers to get sounds from the meetings to his hearing aid, as well as using speech-to-text software that transcribes what people say. But there are also times when he can hardly understand what's been [リ].

He said, "For me it would be ideal if there were three things in video conferencing: sign language, spoken communication, and some form of writing. When I'm talking face to face with someone, it [32] to me if they use a smartphone app that recognizes speech and shows the words on the screen."

Hideki Nakazono said, "When we say 'hearing impaired,' we [33] a variety of levels of impairment, from people with total hearing loss who can neither speak nor hear, to people with sensorineural hearing loss who can hear but can't distinguish between words or sounds, people with conductive hearing loss who can't make out words in noisy places, and people with sudden hearing loss who can speak but can't hear.

"It takes time to communicate through writing what conditions people may have, so I want to see public facilities and other places establishing boards that can be used to quickly find out (ヌ) a glance what level of impairment people have," he said.

(*Mainichi Japan*, April 26, 2020, 一部改変)

A. 本文中の 21 ~ 33 に入る最も適切な語句を下の①~⑳の中から
1 つずつ選びなさい。

- ① are all wearing masks
- ② are nevertheless frowned upon
- ③ are really referring to
- ④ are severely overworked
- ⑤ has also devised
- ⑥ has been passed on
- ⑦ has been unable to hear
- ⑧ has managed to convince
- ⑨ have all become expected
- ⑩ have been advised against
- ⑪ have been times
- ⑫ have fallen silent
- ⑬ is difficult to see
- ⑭ is said to him
- ⑮ is the greatest help
- ⑯ is wearing masks
- ⑰ was alone in an emergency
- ⑱ was effectively banned
- ⑲ was reluctant to use
- ⑳ was still able to hear

B. 本文中の下線部イ～ホの語に意味が最も近いものを、それぞれ①～④の中から1つずつ選びなさい。

イ

- ① intervene
- ③ translate

- ② negotiate
- ④ understand

ロ

- ① applicants
- ③ holders

- ② folders
- ④ sufferers

ハ

- ① discern
- ③ reiterate

- ② overhear
- ④ retrieve

ニ

- ① candidly
- ③ in person

- ② confidentially
- ④ in private

ホ

- ① disability
- ③ distress

- ② discomfort
- ④ disturbance

C. 本文中の[へ]~[リ]に入る、最も適当な語を、それぞれ下の①~④の中から1つずつ選びなさい。

[へ]

- | | |
|----------------|---------------|
| ① abstractions | ② barrels |
| ③ barriers | ④ collections |

[ト]

- | | |
|-------------|------------|
| ① casting | ② clouding |
| ③ exploring | ④ voicing |

[チ]

- | | |
|----------------|----------------|
| ① consciously | ② considerably |
| ③ incidentally | ④ separately |

[リ]

- | | |
|-------------|-------------|
| ① cluttered | ② fluttered |
| ③ shuttered | ④ uttered |

D. 本文中の(ス)~(ヲ)に入る最も適当な語を、それぞれ下の①~⑨の中から1つずつ選びなさい。

(ス)

- | | |
|---------|-------|
| ① about | ② at |
| ⑥ on | ⑦ out |

(ル)

- | |
|------|
| ③ by |
| ⑧ up |

(ヲ)

- | | |
|--------|------|
| ④ from | ⑤ of |
| ⑨ with | |

第5問 次の文章を読み、下記の問いに答えなさい。

注：telemedicine：遠隔医療；医師が患者の近くにいない時にテレビ回線やインターネットなどを介して診療を行うこと / dehydrated：脱水状態にある / encephalitis：脳炎；脳の炎症性疾患の総称 / antibiotic：抗生物質

Dr. Anna Nguyen spoke with none of the five patients she treated on a recent weekday morning. She didn't even leave her dining room. The emergency physician nevertheless helped a pregnant Ohio woman handle hip pain, examined a Michigan man's sore throat and texted a mom whose son became sick during a family trip to Mexico.

Welcome to the latest wrinkle in health care convenience: the chat diagnosis. Nguyen's company, CirrusMD, can connect patients with a doctor in less than a minute. But such fast service comes with a catch: The patient probably won't see or talk to the doctor, because most communication takes place via secure messaging. "We live in a consumer-driven world, and I think that consumers are becoming accustomed to being able to access all types of service with their thumbs," CirrusMD co-founder Dr. Blake McKinney said.

CirrusMD and rivals like 98point6 and K Health offer message-based treatment for injuries or minor illnesses normally handled by a doctor's office or clinic. They say they're even more convenient than the video telemedicine that many employers and insurers now offer, because patients accustomed to Uber-like convenience can text with a doctor while riding a bus or waiting in a grocery store line. Millions of Americans have access to these services. The companies are growing thanks to a push to improve care access, keep patients healthy and limit expensive emergency room visits.

But some doctors worry about the quality of care provided by physicians who won't see their patients and might have a limited medical history to read before

deciding treatment. “If the business opportunity is huge, there’s a risk that that caution is pushed aside,” said Dr. Thomas Bledsoe, a member of the American College of Physicians.

Message-based care providers say they take steps to ensure safety and recommend in-person doctor visits when necessary. Nguyen, for instance, once urged an 85-year-old woman who contacted CirrusMD about crushing chest pain to head to an emergency room. These companies note that a thorough medical history is not crucial for every case. They also say doctors don’t always need vital signs like temperature and blood pressure, but they can coach patients through taking them if necessary. Doctors also can opt for a video or phone conversation when needed. Even so, the companies estimate they can resolve more than 80 percent of their cases through messaging.

About 3 million people nationwide have access to CirrusMD doctors, mostly through their insurance. The insurer or employer providing the coverage pays for the service, allowing patients to chat with doctors at no charge.

At first glance, a visitor to Nguyen’s Sacramento home wouldn’t be able to tell if she was the doctor or the patient during her recent shift. She sat at her dining room table and tapped her smartphone to go back and forth between patients. The doctor’s phone started dinging shortly after her five-hour shift began. She gave physical therapy recommendations to the pregnant woman and helped a Colorado man who hurt his back moving boxes at work. A Michigan man checked in about his sore throat as that conversation wound down. Then the mom messaged from Mexico. Her 6-year-old started vomiting and developed a fever and diarrhea after his brother and father became sick during a vacation. Nguyen wanted to know how the boy was acting, so she asked several questions and requested a picture. The emergency physician could tell by his skin color that he wasn’t dehydrated. “The picture itself looks reassuring,” she said. “If he had encephalitis, he’d be really confused and out of it.” The doctor said she thought the boy just had a stomach bug, and she told his mother to make sure he

kept drinking fluids.

Nguyen said she enjoys this type of care because the format gives her more time with patients. “I think patients will like it a lot because most really hate going to their doctor,” she said referring to the hassle of setting an appointment, getting to the office and then waiting for the visit. Some patients simply don't have time for all that.

98point6 customers first describe their symptoms to a chatbot, a computer program that uses artificial intelligence to figure out what to ask. That information is then passed to a doctor for diagnosis and treatment. “There are many, many cases where the physician does not have to ask a single additional question,” CEO Robbie Cape said.

These companies say their doctors often answer an array of quick questions as well as provide care. Nguyen had a Louisiana woman send her a picture of her thumb, which she punctured cleaning out a hen house, just to see if the doctor thought it might need attention.

Patients and doctors have long emailed outside of office visits, usually about prescription refills or follow-up questions. These newer, message-based treatments often involve care by a physician who doesn't know the patient and who may have a limited view of that person's medical history.

That concerns Bledsoe, the American College of Physicians doctor. He noted, for instance, that a patient who wants a quick prescription for another bladder infection may actually need a cancer test. “Sometimes what seems to be a limited problem to a patient is actually part of a bigger problem that requires some more evaluation and treatment,” he said. Virtual care like this also might lead to antibiotic overprescribing, said Dr. Ateev Mehrotra. The Harvard researcher said it's probably easier for a doctor who knows a patient to explain face to face why they don't need a medicine than it would be for a stranger to deliver that news by text and risk upsetting a customer.

CirrusMD and 98point6 executives say they closely monitor antibiotic

prescription rates and take other precautions. Neither company prescribes highly addictive pain relief drugs, and 98point6 sends doctors through six months of training. Instead of harming healthcare, these chat-diagnosis companies say they help by improving access, especially if someone's regular doctor isn't available. "We're meant to fit into your life," Cape said.

(Mainichi Japan, October 9, 2019, 一部改変)

A. 本文中の内容と合っていると思われるものを、下に示した①～⑩のなかから6つ選びなさい。

46

- ① One morning Dr. Nguyen failed to go to work to see the five patients who had made appointments with her, and she stayed home instead.
- ② The introduction of online diagnosis via chat has damaged the level of convenience that patients have grown accustomed to.
- ③ Dr. McKinney said that consumers are getting used to having different kinds of service providers under their thumbs.
- ④ Companies providing online diagnosis and treatment via messaging can handle the entire range of problems traditionally dealt with through conventional healthcare services, from minor cuts and bruises all the way through to life-threatening emergencies.
- ⑤ Transportation companies and supermarket chains are providing services that allow customers to exchange messages with physicians using their smartphones.
- ⑥ The online diagnosis businesses are successful because they provide superior access to healthcare while achieving better results than conventional doctors in preventing illness and reducing the need for emergency care.
- ⑦ Dr. Nguyen directed an elderly patient to immediately go to the hospital because she had a severe headache following injury to her chest.
- ⑧ Although not necessary in every case, the online physicians are able to give clients guidance on how to take their body temperature or check their blood pressure.
- ⑨ It is estimated that approximately 8 of every 10 patients who use the new online diagnosis services can be helped successfully without actually speaking with the doctor.

- ⑩ The doctors are able to offer online diagnosis free of charge because their costs are covered by advertising revenues from insurance companies.
- ⑪ Dr. Nguyen uses a messaging app on her phone to simultaneously manage multiple patients, all from the comfort of her own home.
- ⑫ During her 5-hour work session, Dr. Nguyen was consulted by a woman about her child because she had been throwing up and had developed a high temperature and diarrhea after others in her family had become ill on holiday to Mexico.
- ⑬ Dr. Nguyen advised the mother calling from Mexico to limit her child's intake of liquids to take care of the upset stomach.
- ⑭ Dr. Nguyen believes that users of her service will prefer it over visiting a doctor, because it is troublesome to schedule a consultation, go to the clinic or hospital and then spend time in the waiting room before being seen.
- ⑮ The 98point6 service uses artificial intelligence to arrive at a diagnosis and determine a treatment plan, which is then conveyed to the patient by the doctor.
- ⑯ In addition to diagnosing and treating patients, the work of an online doctor also entails responding to a wide range of queries from clients.
- ⑰ Communicating by email after a visit to the doctor's office was for a long time considered acceptable only for requesting a different kind of medicine or for scheduling the next appointment.
- ⑱ Dr. Bledsoe suggests that a patient who repeatedly suffers from infections of the bladder may in fact have a far more serious condition.
- ⑲ Representatives of CirrusMD and 98point6 claim that they have rules in place that prohibit the use of antibiotics.
- ⑳ The companies that offer diagnosis and treatment via messaging aim to eventually replace patients' regular physicians with their online services by offering ever more convenience and better access.

B. 上記の文章において、**Dr. Anna Nguyen** は医師としてどのような働き方をしているか日本語で書きなさい。

第5問Bの解答は、英語解答用紙Bの解答欄に50文字(句読点を含む)以内で記入せよ。

II 英語解答用紙Aにマークする上での注意

1. 受験番号が正しくマークされていない場合は、採点できないことがある。
2. 解答は、解答用紙の解答欄にHB鉛筆で正確にマークせよ。


例えば

30

 と表示された問題の正答として④を選んだ場合は、次の(例)のように解答番号30の解答欄の④を濃く完全にマークせよ。薄いもの、不完全なものは解答したことはない。

(例)

解答 番号	解 答 欄									
30	①	②	③	●	⑤	⑥	⑦	⑧	⑨	⑩

3. 解答を修正する場合は必ず「消しゴム」であとが残らないように完全に消すこと。鉛筆の色や消しきずが残ったり、のような消し方などをした場合は、修正したことにならない。
4. 問題冊子の余白等は、適宜利用してよいが、どの頁も切り離してはならない。
5. 試験終了後、問題冊子および解答用紙を机上に置き、試験監督者の指示に従い退場しなさい。