

# 英 語

## 解答上の注意

1. 解答は、解答用紙の解答欄にマークすること。

例えば、

4
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 と表示のある問題に対して、「①～⑨のうちから2つ選び、一緒にマークせよ。」の場合には例に従う。

例 ②と⑦と答えたいとき

解答 番号	解 答 欄									
4	①	●	③	④	⑤	⑥	●	⑧	⑨	⑩

1 次の問い(問1～10)に答えよ。

【A】 問1～8の( )に入る語句として最も適切なものを、下の①～④のうちからそれぞれ1つずつ選べ。ただし、問6～8については、(a)と(b)の( )には共通の語が入る。

問1 I know I locked the door of the office. I clearly remember (  ) it.  
① to lock            ② locking            ③ to unlock            ④ unlocking

問2 We did what (  ) we could do to help the poor girl.  
① much            ② few            ③ little            ④ large

問3 I couldn't sleep (  ) being very exhausted.  
① because            ② despite            ③ due            ④ although

問4 Students are (  ) free of charge to the museum during the summer vacation.  
① restricted            ② committed            ③ omitted            ④ admitted

問5 “Will you go with her to the hospital?” “Not (  ) she wants me to.”  
① unless            ② lest            ③ though            ④ for fear

問6 (a) He has a very (  ) sense of humor.  
(b) We went for a swim and then lay on the beach to (  ) off.  
① crawl            ② tough            ③ dry            ④ wet

問7 (a) Education helps people (  ) from poverty.  
(b) There was no (  ) from the heat in the desert.  
① wealth            ② prevention            ③ refuge            ④ escape

問8 (a) Both of my parents are (  ) in the country.  
(b) He was punished with a (  ) of ¥50,000.  
① borrowing            ② bankrupt            ③ fine            ④ vigorous

【B】 問9と問10の( )に語を入れて英文を完成させたとき、 ~  に入る語を、下の①~⑥のうちからそれぞれ1つずつ選べ。

問9 I went to the ( ) last ( ), but I could ( ) (  ) myself  
(  ) ( ) English.

- |         |        |              |
|---------|--------|--------------|
| ① in    | ② not  | ③ understood |
| ④ party | ⑤ make | ⑥ night      |

問10 It ( ) (  ) ( ) ( ) movie (  ) I ( ) it  
three times.

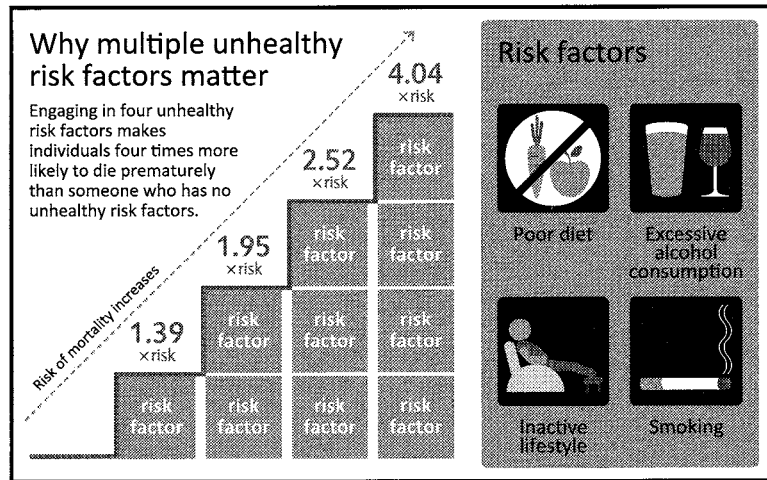
- |             |        |       |
|-------------|--------|-------|
| ① that      | ② such | ③ was |
| ④ wonderful | ⑤ saw  | ⑥ a   |

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次の英文を読み、下の問い(問1～7)に答えよ。

(a) Read the following article posted on an Internet blog.

Seven in ten adults in England in 2008 had two or more risk factors of poor diet, physical inactivity, excessive alcohol consumption and smoking. Previously, <sup>\*1</sup>the King's Fund has looked at the prevalence of multiple unhealthy behaviours, and



now we are revisiting this area by looking at how some services are developing a response to the reality that most people experience risk factors in combination. Developing approaches to tackling multiple risk factors is crucial for three reasons.

First, these risk factors — poor diet, physical inactivity, excessive alcohol consumption and smoking — are linked to ill health and premature death. A study in 2008 highlighted the problem when it found that, after following up its <sup>\*2</sup>cohort for 11 years, an individual with all four risk factors had a four-fold risk of dying compared with someone who ate well and was active, and didn't smoke or drink to excess. What's more, research shows that having multiple risk factors contributes to greater ill health.

Second, there is an inequalities aspect to multiple risk factors, where those in lower <sup>\*3</sup>socio-demographic groups are more at risk. For example, by 2008 the odds of those with no qualifications having all four risk factors compared to those with the most education had climbed to five-fold (compared to three-fold in 2003). Multiple unhealthy risk factors are therefore an inequalities problem. Research has also found a link between unhealthy risk factors and working night-shifts, giving good form to an intuitive finding: working life can have an impact on living a healthy life.

And finally, despite clear evidence of the prevalence and harm of combinations of risk factors, most of our tools for supporting behaviour change tend to be designed for tackling single risk factors. We have 'stop smoking' services, cooking classes and physical activity promotion, but we have very little policy that looks at the links between these. Now,

however, services are evolving that take a more holistic view of the individual. In our report, we describe some local authority and \*<sup>4</sup>NHS health and wellbeing services that are thinking about how the problem of multiple unhealthy risk factors can be addressed head on.

(Adapted from <https://www.kingsfund.org.uk/blog/2018/03/multiple-unhealthy-risk-factors>) # 1

注) \*<sup>1</sup>the King's Fund : 英国のシンクタンクで、健康問題に関する研究を行っている非営利団体

\*<sup>2</sup>cohort : 統計上の因子(年齢など)を共有する集団

\*<sup>3</sup>socio-demographic : 社会人口統計上の

\*<sup>4</sup>NHS : National Health Service 英国の公営医療サービス事業

(b) *After reading the above article, two friends are debating about combination risk factors.*

Helena: What did you think of that article from the King's Fund? Do you think it's an important health issue or not?

Thomas: It's not so interesting. I don't think that this information is so earth shaking.

Helena: You're kidding! What do you mean? I thought just the opposite.

Thomas: Well, for starters, we have always known that these risk factors are life threatening. I don't feel anything new has been stated in this article. If we don't spend all day sitting on the sofa, drinking beer, then of course we'll live longer!

Helena: I think you missed the point of the article. There is a need to establish better services for people at risk, especially those in lower socio-demographic groups. Also, there is the fact that having more than one of these risk factors at the same time can pose a great risk to your health.

Thomas: So, what do you suggest? More TV commercials? New taxes on cigarettes and alcohol? Those strategies don't seem to be working so well in my opinion. They fail to persuade the poorest members in society to lead healthy lives.

Helena: I believe that education in school is so important, both at an early age and for any people at risk. Also, I think health professionals need to be more aware of the dangers of multiple risk factors and consult their patients with the hard evidence.

Thomas: You mean the risk of mortality?

Helena: Right! And, I also believe that health services need to consider education at the local level, because one locality's needs are very different from another locality's needs.

問 1 What are the article and/or graph mostly about? 13

- ① In England, multiple risk factors are a serious problem for teenagers and the elderly.
- ② It is about the problem of risk factors in England and the reasons why approaches are needed to reduce the problem.
- ③ How England's holistic approach to healthcare has reduced the number of multiple risk factors.
- ④ Why the US's lifestyle has increased multiple risk factors in some of England's poor population.

問 2 Which of the following is NOT mentioned in the article and/or graph about multiple risk factors? 14

- ① Multiple risk factors have become England's greatest health issue.
- ② If you are taking part in all four risk factors, your risk of mortality could be four times greater.
- ③ There is an awareness of this problem and there are efforts to improve services.
- ④ Finding a good approach for reducing multiple risk factors is important.

問 3 In the article, what does the word, those, refer to? 15

- ① experienced doctors
- ② King's Fund members
- ③ citizens of England
- ④ deceased patients

問 4 In the article, which of the following is the closest in meaning to the phrase addressed head on? 16

- ① to face the problem directly
- ② to write your mailing address at the top of an envelope
- ③ to let someone else find a better solution
- ④ to give your money to an organization



問 5 According to the article and/or graph, which of the following is true about risk factors?

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- ① Risk factors are not linked to poor health and death.
- ② Risk factors are connected to working from 11 pm to 7 am.
- ③ A person with a university education can have more combination risk factors.
- ④ Risk factors are causing premature deaths in many places in Northern England.

問 6 According to the conversation, why is Thomas not so interested in the King's Fund article? 18

- ① He feels multiple risk factors cannot be proven by doctors.
- ② He hopes that people take this problem more seriously.
- ③ He does not feel this is a new problem in society.
- ④ He needs more information before he can make a decision.

問 7 According to the conversation, which of the following would Helena most likely agree with? 19

- ① Local British people need to be informed about multiple risk factors through their schools and television.
- ② Although people have always known about these four risk factors, they are not interested in their own health.
- ③ People are being informed about which risk factors are dangerous, and their behaviour is changing rapidly.
- ④ A certain part of the population is at greater risk and services need to be further improved.

3 次の英文を読み、下の問い(問1～9)に答えよ。

From the Middle Ages to the French Revolution, music was one of the foundations of our culture, indeed, of our very lives. The understanding of music was part of a general education. Today, music has become simply an ornament used to decorate idle evenings with trips to the opera or to concerts, to evoke public festivity or even to banish or enliven the silence of domestic loneliness with sounds from the radio. A paradox has emerged: quantitatively, we have much ( 20 ) music today than ever before, but it is no longer very relevant to our lives. It has become simply a pretty adornment.

We find importance in other things than did the people of earlier times. How much strength, suffering and love they spent in constructing their temples and cathedrals, how ( 21 ) they expended for the machinery of comfort and convenience! For people today, an automobile or an airplane is more valuable than a violin, the circuitry of the computer's brain more important than a symphony. We pay all too dearly for what we regard as comfortable and essential, while we carelessly discard the intensity of life in favor of the conveniences and comforts of daily life and what we have once truly lost, we will never be able to regain.

This fundamental change in the significance of music has taken place with increasing rapidity over the past two centuries. At the same time, a change has occurred in our attitude toward contemporary music as well as art in general: as long as music was an essential part of life, it could come only from the contemporary world. It was the living language for something which could not be said in words; it could be understood only by contemporary human beings. Music brought about changes in people, in listeners as well as in musicians. It had to be continually ( 23 ), just as human beings had to keep on building new homes, in keeping with new patterns of living, new intellectual climates. Thus old music, the music of previous generations, could no longer be understood and used, although its great artistry was occasionally admired.

Since music is no longer found at the center of our lives, all this has changed: now that it is regarded as ( 24 ), it is felt that music should first and foremost be "beautiful." Under no circumstances should it be allowed to disturb or startle us. The music of the present cannot fulfill this requirement because at the very least, like all art, it reflects the spiritual and intellectual situation of its time, and this is true of our present time as well. Yet honestly coming to terms with our spiritual and intellectual situation cannot be merely beautiful: it has an impact on our very lives and is therefore ( 26 ) to us. This has resulted in the paradoxical situation that people have turned away from contemporary art because it is

(  ), perhaps necessarily so. Rather than confrontation, we sought only beauty, to help us to overcome the \*<sup>1</sup>banality of everyday life. Thus art in general, and music in particular, became simply ornamental and people turned to historical art and to old music, for here they could find the beauty and harmony that they sought.

(Adapted from *Baroque Music Today*, by Nikolaus Harnoncourt, Amadeus Press, 1988) #2

注) \*<sup>1</sup>banality : 陳腐なことから

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

- ① more                      ② less                      ③ more beautiful      ④ less sophisticated

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

- ① much                      ② long                      ③ often                      ④ little

問 3 Which of the following is the closest in meaning to it could be understood only by contemporary human beings in the passage?

- ① Only those who live in the same age can understand the beauty of contemporary music.  
② Those who live in the same age can understand the beauty of contemporary music well.  
③ Only those who live in the same age can understand the impact of contemporary music.  
④ Those who live in the same age can understand the impact of contemporary music well.

問 4 Which of the following is the most appropriate for (  )?

- ① recreated                      ② repeated                      ③ reconciled                      ④ revealed

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

- ① an ornament                      ② a paradox                      ③ an art                      ④ a history

問 6 Which of the following is the closest in meaning to startle in the passage? 25

- ① to make us feel comfortable or relax
- ② to make us feel a sudden shock or alarm
- ③ to make us excited or stimulated
- ④ to make us think or reflect deeply

問 7 Which of the following words is the most appropriate for the TWO blanks ( 26 )?

- ① important
- ② touching
- ③ inspiring
- ④ disturbing

問 8 Which of the following is the closest in meaning to Thus art in general, and music in particular, became simply ornamental in the passage? 27

- ① In contemporary society, people appreciate art and music just to follow a trend.
- ② In contemporary society, people appreciate art and music just to show their rich cultural knowledge.
- ③ In contemporary society, people appreciate art and music just to understand its social and historical context.
- ④ In contemporary society, people appreciate art and music just to seek beauty and harmony.

問 9 Which of the following is true about the passage? 28

- ① Recently, people love old music because they try to escape from confronting the unpleasant aspects of contemporary music.
- ② Recently, people love old music because they can access it easily and rediscover its beauty.
- ③ Recently, people love old music because contemporary music is getting more complicated, sophisticated and difficult to understand.
- ④ Recently, people love old music because they enjoy feeling its spiritual and intellectual background with nostalgia.

4 次の英文を読み、下の問い(問1～7)に答えよ。

How do we know so much based on so very little? For we do know astonishingly much about the living world without effort or thought. Knowing what an organism is—in particular, where it lies in the great natural order—does indeed come surprisingly easily to all of us, so easily as to fit neatly into our subconscious. And lastly, children appeared not only to be very adept at this but also to be drawn early and deeply to learning the ordering of life, the names and groupings and organization of living things.

\*<sup>1</sup>Taxonomy began to take on quite a different look, not the look of a tidy solid science, but the look of something (  ), something that, like hope, would spring eternal, in every newborn child. The classification of the living world, the envisioning and perception of the natural order, it seemed, might be much more than what it has been reduced to today—an abstract, laboratory science. It might be one of the essential and, at least early in life, irrepressible functions of being alive.

The more I thought about it, the more sense it made. Why wouldn't we have evolved exactly that: a stereotyped, hard-wired way of looking at and ordering the living world? Why wouldn't we have evolved a very particular vision of the natural order of life? For what, before anything else, would our hairy, dirty, cave-dwelling ancestors have had to contend with, have had to be equipped to deal with, to sort, order, remember, name, recognize, and communicate about in order to (  )? Both what they ate and what might eat them: the living world.

Then I remembered something I had learned back in college, in a class I'd taken on animal behavior with a professor who was passionate about bees. He had explained to us the existence of what biologists term the “umwelt” (pronounced OOM-Velt). Umwelt is a German word that means literally “the environment” or “the world around,” but scientists studying animal behavior use it to evoke something much more specific. For these biologists, the umwelt signifies the perceived world, the world sensed by an animal, a view \*<sup>2</sup>idiosyncratic to each species, fueled by its particular sensory and cognitive powers and limited by its deficits. Most of us aren't familiar with the term, but we are more than familiar with the idea. We know that our dogs live in a universe painted not in colors, which they cannot see, but in (  ). That's why dogs behave as they do, sniffing at every fencepost and every passerby. My professor's beloved bees, with their multifaceted eyes, see ultraviolet light that is (  ). That's why bees are able to home in on a flower's nectar so quickly, guided to it by patterns painted on the flower in ultraviolet swaths and stripes. But not only dogs and bees have umwelts, all animals do, even humans. We might call it reality, but it is

indeed an umwelt, an idiosyncratic sensory picture of the living world around us. And there was the answer.

(Adapted from *Naming Nature: The Clash Between Instinct and Science*, by Carol Kaesuk Yoon, Norton, 2009) #3

注) \*1 taxonomy : 生物分類学      \*2 idiosyncratic : 特有の

問 1 Which of the following is the closest in meaning to order in the passage? 29

- ① The police are responsible for maintaining civil order.
- ② You should soon be receiving an email confirmation of your order.
- ③ The names of the mammals were sorted in alphabetical order.
- ④ Science is an endless pursuit aimed at accounting for the order of nature.

問 2 Which of the following is the most appropriate for ( 30 )?

- ① analytic                      ② instinctual                      ③ logical                      ④ physical

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

- ① assert                      ② recognize                      ③ survive                      ④ understand

問 4 Which of the following is the closest in meaning to Both what they ate and what might eat them? 32

- ① food and predators
- ② meat and vegetables
- ③ organisms and inorganic matter
- ④ plants and animals

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

- ① sounds                      ② smells                      ③ taste                      ④ touch

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

- ① felt warm to the human face
- ② felt the vibration on the human skin
- ③ invisible to the human eye
- ④ not audible by the human ear

問 7 Which of the following best explains the concept of the word, “umwelt” in the passage?

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- ① すべての動物に共通する世界像
- ② 動物の種類ごとに特有の世界像
- ③ 体験により学習された世界像
- ④ 生存に有利な対象のみを抽出した世界像
- ⑤ 生存に危険をおよぼす対象のみを抽出した世界像

5 次の英文を読み、下の問い(問1～10)に答えよ。

According to basic economic principles, future investment should be judged by estimates of future returns without regard to how much has already been invested. The sunk cost bias undermines this principle, because people have a tendency to factor into future investment decisions how much has ( 36 ) been spent — even if it seems that this would be like wasting money by spending more money on something you have spent money on, knowing it is not good. A psychological explanation for this cognitive bias is rooted in an unwillingness to admit that an investment has been wasted. If the decision at hand is within an organizational or political context, then to discount prior investments means publicly admitting the ( 37 ) of prior decisions.

Politicians are notorious for continuing to invest public funds for projects that have so far failed to live up to expectations and are unlikely to achieve their goals. This bias becomes even more tragic when ( 38 ) are at stake. Sunk cost bias is at work when officials say a war must continue, because to stop now would mean the lives already lost will have been wasted. The primary issue should be whether the realistically achievable goals of the war are worth the investment of ( 39 ) lives. It is tragic for lives to have been wasted in retrospect, but it is even more tragic to invest additional lives in a cause that is likely to be lost.

On a dramatically smaller scale, the sunk cost bias is on display when we continue to watch a movie that we're not enjoying. At the minimum, we have already sunk time into viewing the movie. If we rented a video to watch at home or bought a ticket at a movie theater, we have sunk money into it as well. In the latter situation, especially in the presence of friends, the issue of appearing wasteful has a more public dimension. The same bias is also alive and well when we order dessert, take one bite, and continue to eat ( 42 ) not liking it. The situation may be compounded if a person is dining with someone he does not know well.

Several researchers have documented the sunk cost bias with data from specific decision contexts. Some determined the effect of sunk cost bias in the investment behavior of entrepreneurs who started their own firms. In a study of professional basketball teams, others demonstrated the effect of sunk cost bias regarding the amount of playing time given to high draft choices.

(Adapted from *Value-Added Decision Making for Managers*, by Kenneth Chelst and Yavuz Burak Canbolat, CRC Press, 2011) #4



- 問 1 Which of the following is the most appropriate for (  )?  
 ① likely                    ② publicly                    ③ already                    ④ realistically
- 問 2 Which of the following is the most appropriate for (  )?  
 ① error                    ② returns                    ③ principle                    ④ goal
- 問 3 Which of the following is the most appropriate for (  )?  
 ① goals                    ② expectations                    ③ projects                    ④ lives
- 問 4 Which of the following is the most appropriate for (  )?  
 ① additional                    ② political                    ③ tragic                    ④ psychological
- 問 5 Which of the following is the closest in meaning to in retrospect in the passage?  
  
 ① in the future                    ② on reflection                    ③ at the moment                    ④ with expectation
- 問 6 Which of the following is the closest in meaning to cause in the passage?   
 ① cost                    ② effect                    ③ motive                    ④ life
- 問 7 Which of the following is the most appropriate for (  )?  
 ① in terms of                    ② because of                    ③ instead of                    ④ in spite of
- 問 8 Which of the following is the reason for The situation may be compounded?   
 ① It is because the restaurant is wasteful with ingredients.  
 ② It is because decision-making is influenced by others.  
 ③ It is because table manners are confusing for the public.  
 ④ It is because some people are interested in public policy.
- 問 9 Which of the following is NOT a correct example of a sunk cost bias?   
 ① You can not reduce your intake of alcohol because you are addicted to alcohol.  
 ② You can not stop gambling because you can make up the loss if you hit the jackpot.  
 ③ You can not give up eating at an expensive but poor tasting buffet because you do not want to waste your money.  
 ④ You can not go back home without buying something at the supermarket far from your house because you have driven a long way there.

問10 Which of the following is NOT written in the passage? 45

- ① A war might continue because to stop the war would mean the lost lives would be wasted.
- ② In professional sports, first-round draft picks are related to the amount of playing time.
- ③ The sunk cost bias is common and we should be careful about it.
- ④ The sunk cost bias can make people continue to do something that is not enjoyable.

6 次の英文を読み、下の問い(問1～10)に答えよ。

While public health and other research studies teach us many things about medicine, I feel nonetheless that the greatest lessons still come from the stories of doctor-patient encounters. Medicine, no matter the many changes it has undergone in recent decades, remains at its essence a face-to-face, human-to-human endeavor. When it comes to race, this human aspect of medicine has certainly caused injury to many black people over our history. But things have gotten better, even during my short time in medicine, and my experiences as a young doctor point toward ways for even further progress. As a black physician, my interactions with white patients pose the same potential cross-cultural challenges that ( A ) doctors face in caring for ( B ) patients. I've learned a lot about myself in these interactions, and found ways to break through boundaries imposed by racial tension and prejudice.

About six years ago, I met a young man named Keith, who was in his late twenties at the time, about five years younger than me. However, he'd seen and done things that I couldn't really fathom. Keith had served two tours in Iraq, where he witnessed severely disabled Iraqi children strapped to bombs and sent on suicide missions. One of his closest friends died in a roadside attack. Another friend committed suicide days after his return home. Within six months of leaving the military, Keith found himself plagued by nightmares, severe anxiety, and suicidal thoughts. He was diagnosed with post-traumatic stress disorder (PTSD). By the time we met, he'd been under psychiatric care — seeing a psychiatrist every two months — for more than a year. He took \*<sup>1</sup>Zoloft. He'd also attended several months of group therapy sessions.

As I skimmed through the note from his initial visit with a clinic therapist, it looked as if Keith's main passions were guns, motorcycles, pickup trucks, and race cars, which suggested that we had no common ground when we met each other. He wore a camouflage jacket and hat with brown sweatpants and brown boots, as if his next stop was to take his pickup truck to some rural outpost to hunt deer. Based on previous patients of similar style and background whom I had encountered, as well as my innate biases, I made several negative assumptions about him. I predicted that he smoked cigarettes (and maybe marijuana), ate a poor diet, was narrow-minded, and probably prone to abusing alcohol and prescription drugs. In short, I looked at him in the same derogatory way that doctors so often unfairly approach black patients.

I had replaced the psychiatrist who prescribed his Zoloft, so it made sense to start there: "How have you been doing these last few months?" I asked.

“Good.”

“I see that you are prescribed Zoloft 100 milligrams per day.”

He nodded, “How often have you been taking it the last few months?” I asked. It probably sounded like an accusation, but about half the patients I saw didn’t take antidepressants as prescribed. Many preferred to take them only when they felt bad or anxious.

“Every day.”

“Do you feel that it’s helping you?”

“Yes.”

“In what way?” I asked.

“I’m calmer.”

I waited a good ten seconds to see if he would elaborate. But his poker-faced stare suggested that he was waiting for me to make the next move.

“Are you having any side effects or other problems with the medicine?”

“No.”

I glanced at my watch. This terse exchange had only taken two minutes of real time. Patients were scheduled every half hour. My remaining questions about sleep patterns, other psychiatric symptoms, and alcohol and tobacco use weren’t going to take more than a few minutes at this rate. When he mentioned that his girlfriend told him he sometimes still thrashed about in his sleep, I used that as an opening to ask more about her, inquiring into whether she worked or not, how they’d met, how long they’d been together, and what he liked and didn’t like about her and her family. His one- and two-word answers became complex sentences. Before I knew it, our thirty-minute visit had nearly elapsed, forcing me to move quickly through the remaining symptom-based questions. As he left, I felt that we’d laid the foundation for a cordial doctor-patient relationship.

Two months later, he returned for his next appointment. He started off by telling me that he had gotten engaged. That led us to talking about his parents, who divorced when he was in the sixth grade. He discussed the ways he wanted his marriage to be different from theirs. Unlike many of my patients from separated families, Keith seemed to have a good relationship with both parents. He told me about a recent weekend where he watched a car race with his mom and played \*2pool with his dad. The five minutes we spent on pool had nothing to do with Zoloft or anything else ostensibly medical, yet it was important. It helped me see him as more of a ( 50 ) than a stereotype; maybe it did the same for him too.

By the fifth or sixth visit, nearly a year into seeing me, Keith decided he wanted to stop the Zoloft; he didn’t like the idea of taking it his entire life. As a medication-based

psychiatrist, I could have fallen back on the viewpoint that quitting antidepressant medication was a bad idea. However, some patients treated for depression and anxiety woes can manage just fine without medicine. You don't know until you give it a try. So that's what we did.<sup>ウ</sup> Over the next several months, Keith felt that his mental health remained stable, and from what I could see in our visits, this seemed true. He'd been promoted in his computer information technology job, enjoyed spending time with his fiancée, and had joined a combat veteran's running club that had helped him shed fifteen pounds. Since he was doing well without medication, he ( 52 ) seeing me, but he continued to keep appointments. We used the time to talk about his engagement, his time in the Army, and anything else that was on his mind.

Finally, after another year of visits with me, he felt that he could manage on his own. "Thanks. You know the guy I saw before you, he only wanted to talk about medicine and these checklists, I really appreciate your time. Maybe we'll get a chance to shoot some pool one day."

If Keith and I could find common ground despite the huge differences in our backgrounds and attitudes, then why should it be any harder for other doctors to form strong bonds with patients of another ( 54 )? Many doctors have done so, of course, and I'll bet they've made the same discovery that I have: A big part of the solution is discarding your assumptions and connecting with each patient as a person. Race, while certainly a powerful influence, by itself doesn't guarantee a human connection any more than any other factor like geography, height, or handedness. It is up to us, as doctors, to find the commonalities and respect the differences between us and our patients. In that way, we can understand what they value, how best to communicate with them, and how to arrive at treatment plans that improve their health while respecting their wishes. This approach is often called cultural competence, but after years of medical practice, it seems to me more like common sense.

(Adapted from *Black Man in a White Coat*, by Damon Tweedy, Picador, 2015) #5

注) \*1 Zoloft : ゾロフト(うつ病などの治療薬の商品名)

\*2 pool : ビリヤード

問 1 Which of the following is the most appropriate combination for ( A ) and ( B )?

46

A B

- ① black foreign
- ② white foreign
- ③ white black
- ④ young old

問 2 Which of the following is true about Keith? 47

- ① He went to Iraq on a business trip and was involved in a war with his friends.
- ② He was the author's first patient who was suffering from mental disease.
- ③ He served in the military in Iraq, but he was sent back home because of his mental disease.
- ④ He had seen another doctor for more than a year before he met the author.

問 3 Which of the following is NOT mentioned in the passage as negative assumptions?

48

- ① Keith would smoke and drink a lot.
- ② Keith would abuse medical drugs.
- ③ Keith would often gamble.
- ④ Keith would eat unhealthy foods.

問 4 Which of the following best explains the author's thinking in the sentence, I glanced at my watch? 49

- ① The author was wondering if he should ask the remaining questions as quickly as possible.
- ② The author was wondering how he could get longer and more complex answers from his patient.
- ③ The author was wondering when he should start asking the more private questions he planned to ask.
- ④ The author was wondering if he should keep the next patient waiting for a long time or not.

問 5 Which of the following is the most appropriate for ( 50 )?

- ① person                      ② patient                      ③ coworker                      ④ son

問 6 Which of the following best explains the phrase, what we did, in the passage?

51

- ① Keith stopped visiting the author for a while.
- ② The author prescribed a weaker medicine.
- ③ Keith and the author searched for the newest research on antidepressant medicine.
- ④ Keith stopped his antidepressant medication for a while.

問 7 Which of the following is the most appropriate for ( 52 )?

- ① should enjoy
- ② could start
- ③ would have disappointed
- ④ could have stopped

問 8 Which of the following does the words, the guy, refer to?

53

- ① a patient the author met before Keith
- ② a psychiatrist Keith met before the author
- ③ a patient the author heard about from Keith
- ④ a psychiatrist the author introduced to Keith

問 9 Which of the following is the most appropriate for ( 54 )?

- ① gender                      ② race                      ③ country                      ④ hospital

問10 Which of the following would the author most likely agree with?

55

- ① Doctors and patients should have strong bonds by spending leisure time together.
- ② Doctors should meet their patients' family members or friends to know their private lives.
- ③ Doctors should take leadership to plan medical treatments and explain them to their patients well.
- ④ Doctors should communicate with their patients well to build up a good relationship, avoiding being prejudiced.

◇出典許諾一覧

#1 (大問 2) p. 5

Multiple unhealthy risk factors: why they matter and how practice is changing by Harry Evans.  
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<https://www.kingsfund.org.uk/blog/2018/03/multiple-unhealthy-risk-factors>

#2 (大問 3) p. 9

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#3 (大問 4) p. 12

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#4 (大問 5) p. 14

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#5 (大問 6) p. 19

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