

# 外国語

英語： 1～8 ページ

1. 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ません。
2. 解答時間は 75 分間です。
3. 解答用紙の記入にあたっては、解答用紙の注意事項を参照し、HB の鉛筆を使用して丁寧にマークしなさい。
4. 受験番号、氏名、フリガナを解答用紙に記入しなさい。受験番号は記入例を参照して、正しくマークしなさい。
5. マークの訂正には、消しゴムを用い、消しきらずに丁寧に取り除きなさい。
6. 試験開始後、ただちにページ数を確認し、落丁や印刷の不鮮明なものがあれば申し出なさい。
7. 試験終了後、解答用紙のみを提出しなさい。問題冊子は持ち帰りなさい。
8. 解答用紙は折り曲げないようにしなさい。

解答用紙の受験番号記入例

数字の位置	受 験 番 号				
	万	千	百	十	一
	1	2	3	4	5
0	0	0	0	0	0
1	●	0	0	0	0
2	0	●	0	0	0
3	0	0	●	0	0
4	0	0	0	●	0
5	0	0	0	0	●
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0

## PASSAGE 1

Use the content from this passage, separated into 9 sections (*sec 1 - sec 9*), to answer the *PASSAGE 1 QUESTIONS*.

- sec 1* Last week, crippling pelvic pain landed me in hospital. A doctor prescribed a course of antibiotics lasting just three days. I couldn't help worrying that it wasn't long enough. What if my infection hadn't cleared by then? What if some of the harmful bacteria survived the treatment, and my body incubated the deadly, drug-resistant superbugs we have all been warned about?
- sec 2* Really, I had nothing to worry about: **growing evidence suggests** that short courses of antibiotics can be just as effective at killing bacteria as **longer ones**. And they don't increase the risk of antibiotic resistance, at least for the common infections that most people receive antibiotics for.
- sec 3* In fact, it is the longer courses that cause problems. In 2010, an analysis of 24 studies, which included thousands of patients with respiratory and urinary tract infections, found that people on longer courses of antibiotics were more likely to develop antibiotic-resistant infections.
- sec 4* That's because most of the drug-resistant infections we are worried about stem from "**friendly**" bacteria that normally live in peace on and in our bodies. When we take antibiotics, we **wipe out** friendly gut bacteria along with the harmful ones. This disruption to the ecosystem can allow once-friendly bacteria from elsewhere in the body to colonise, where they can turn hostile and cause problems. Because these species weren't killed by the antibiotic, any infections they cause are resistant to it. And this is more likely to happen with a longer course of treatment.
- sec 5* So why do many prescriptions tend to last for one or two weeks? When Martin Llewelyn at Brighton and Sussex Medical School in the UK tried to find the origin of antibiotic prescription lengths, he struggled. "It appeared that people working in the 1950s arrived at these, probably because they were worried that people would otherwise skimp on treatment, or because they were afraid of resistance," he says.
- sec 6* **Antibiotics are often prescribed in multiples of five or seven days**. This is probably because these numbers correspond to the number of fingers on a hand and the number of days in a week, but there's no medical basis, says Llewelyn, who co-authored a letter on the subject published in the BMJ today. In fact, it might be a better idea to stop taking antibiotics once you feel better, and symptoms are resolved, he says.
- sec 7* The **notion** of cutting down overly long antibiotic courses isn't new. The UK health agency Public Health England and the US Centers for Disease Control have both changed their guidance on antibiotic prescribing in recent years, based on an understanding of the evidence. Both organisations have ditched their "complete the course" messages for ones that focus on following a doctor's advice.
- sec 8* But the World Health Organization continues to promote the idea that completing a course of antibiotics is a vital way to avoid antibiotic resistance. It's an **outdated position**, and it's time the WHO modified its stance.
- sec 9* In the meantime, people who are diagnosed with bacterial infections can discuss the course of treatment with their doctors – who also might not be up to date with the latest evidence. Three days of antibiotics worked in my case, and I'm pleased my doctor didn't overload me with extra medication when I didn't need it.

## Vocabulary

*crippling* 深刻な; *antibiotics* 抗生物質; *incubate* 培養する; *colonise* (菌などが) 定着する; *prescription* 処方, 処方薬;  
*skimp on* ~を怠る; *BMJ (British Medical Journal)* 英国の医学論文集の名前; *ditch* ~を見限る

Excerpt adapted from

[https://www.newscientist.com/article/2141961-why-the-latest-advice-on-stopping-antibiotics-is-long-overdue/?utm\\_campaign=RSS%7CNSNS](https://www.newscientist.com/article/2141961-why-the-latest-advice-on-stopping-antibiotics-is-long-overdue/?utm_campaign=RSS%7CNSNS)  
 by Jessica Hamzelou

## PASSAGE 1 QUESTIONS

1. According to *sec 1*, why was the author concerned about her doctor's prescription?
  - ① She did not like antibiotics.
  - ② She did not think antibiotics would help.
  - ③ She thought it was too short.
  - ④ She was worried about an allergic reaction.
2. In *sec 2*, which of the following is most similar in meaning to "growing evidence suggests"?
  - ① it has been proven
  - ② many recent studies indicate
  - ③ most people agree
  - ④ scientists previously thought
3. In *sec 2*, what does "ones" in the expression "longer ones" refer to?
  - ① antibiotic resistance
  - ② antibiotic tablets
  - ③ common infections
  - ④ courses of antibiotics
4. In *sec 4*, which of the following is most similar in meaning to "friendly"?
  - ① beneficial
  - ② common
  - ③ happy
  - ④ sociable
5. In *sec 4*, which of the following is most similar in meaning to "wipe out"?
  - ① clean off
  - ② destroy
  - ③ hold back
  - ④ invalidate
6. Which of the following best reflects the meaning of *sec 4*?
  - ① Longer courses allow bacteria to study how to defend against infections better.
  - ② Longer courses disrupt the ecosystem causing plant-life to die.
  - ③ Longer courses disturb the balance and distribution of bacteria within the body.
  - ④ Longer courses let bacteria feed on antibiotics for a longer period of time.
7. If, according to *sec 6*, "Antibiotics are often prescribed in multiples of five or seven days", which of the following would be a typical course of antibiotics?
  - ① 3 days
  - ② 8 days
  - ③ 12 days
  - ④ 14 days
8. According to *sec 6*, when does Martin Llewelyn suggest patients should stop taking antibiotics?
  - ① when their symptoms get worse
  - ② when they complete the course
  - ③ when they recover
  - ④ whenever they want to
9. In *sec 7*, which of the following is most similar in meaning to "notion"?
  - ① act
  - ② decision
  - ③ idea
  - ④ interpretation
10. Which of the following has NOT revised their advice about the use of antibiotics?
  - ① Public Health England
  - ② the CDC
  - ③ the US Centers for Disease Control
  - ④ the WHO
11. In *sec 8*, which of the following is most similar in meaning to "outdated position"?
  - ① a frequently changing experience
  - ② a position with the incorrect date
  - ③ an idea that is difficult to explain
  - ④ an old-fashioned way of thinking
12. Which of the following is NOT a view expressed by the author in the passage?
  - ① Completing a full course of antibiotics is not always necessary.
  - ② It is no longer necessary to take antibiotics.
  - ③ Longer courses can be more dangerous than shorter courses.
  - ④ Patients should discuss the treatment options with their doctors.

## PASSAGE 2

Use the content from this passage, separated into 10 sections (*sec 1 - sec 10*), to answer the **PASSAGE 2 QUESTIONS**.

- sec 1* Selective mutism (SM) wasn't a diagnosis in common usage among teachers back in the 1980s when I started school; at least, no one ever used the phrase around me. I didn't hear it until I was an adult, when suddenly it gave a name to "**the thing** that stopped me speaking for around 25 years of my life". **It certainly doesn't feel selective** if you're stuck in it.
- sec 2* I was just a quiet kid at first – very shy, very jumpy – and I can't remember exactly why that turned into just not talking any more. There often isn't a specific reason SM children stop talking; it just happens. I stopped on one of my first days at school, when I mimed colouring a finished picture with a crayon for about an hour, because I couldn't make myself speak to the teacher. The pretense continued until she realised that no child takes that long to perfect a daffodil.
- sec 3* Physically, I was able to talk. I was fine speaking to my family at home, as soon as the front door closed, but life away from those safe spaces became almost silent, and silent kids who stare wide-eyed at the floor just creep people out after a while; especially teachers. "She's very shy" turned into "She won't answer me". "She'll certainly never go to university" in year 2 became "She frequently has a pained expression and does not communicate" in year 5.
- sec 4* It's difficult to explain the feeling of selective mutism to someone who's never been trapped in it. It's a lot like being frightened all the time and waiting for the next bad thing to happen that you won't be able to stop. It's not being able to force a decent voice out, even when you desperately try – a tiny whisper will emerge instead, and it hurts. For the kids at school it meant they could press their forearm against my throat in a hallway between classes if they were having a bad day, and it would be OK; they knew I'd just freeze and wait it out. Yelling, punching, stealing, touching – I'd hear my name being whispered as I went to classes, contorting me into a seven-hour school day cringe, adrenaline always raging.
- sec 5* **Teacher after teacher** would take me aside to gently ask if there were **problems at home**, did I get on with my parents, had anything changed recently? I'd fume, inside: "You just watched the class dimwit bounce my head off a wall because he doesn't understand what you're teaching him, and you're asking me if the problem is at home?" What would struggle out was a hoarse "No" and I'd **mentally file the teacher away as an idiot**. Every year, every subject: "Phoebe works hard but never asks for help", "Must try to discuss ideas more freely", "If she were not so shy ..."
- sec 6* On a year 10 parent night schedule, I angrily scrawled this note for my mum: "I hate oral work, tell him to be more gentle on me when we do it! Tell him what we did with *The Merchant of Venice* was stupid and pointless! I get really upset and worried about performing in front of the class! Please tell him!" But teachers are there to prepare you for the world, not protect you by letting you skip reciting Shylock when it's your turn. The message they'd instilled in me about what would happen outside, after school, had sunk in deep: I was not OK. Until I received a different message, at 17, from my English literature teacher, Mr Pearman.
- sec 7* He had a blank face that showed no concern about whether his classes were taking in the lesson or not. He'd calmly insult kids he didn't like with words he knew they wouldn't understand, and enjoy the confused look he'd get back. He told us, while turning on the overhead projector and leaving it empty, about a fun game he liked to play of turning the projector on with nothing on it to see how long the class would stare stupidly at the wall.
- sec 8* "I hear your other teachers saying you don't talk," he told me one day, after I'd been in his class a few weeks. "It's not a problem. I've read your work – it's good. So, it doesn't matter to me what you say or don't. You don't worry me." He shrugged, and calmly gazed at me; quiet.
- sec 9* Thank you. "Thank you, thank you," I whispered quickly, mind whirring: "How can I sum everything up to him – he knows already though, doesn't he? But I want to tell him. I can't, but I want to do that for him."
- sec 10* I couldn't yet. But that was **the start**.

## Vocabulary

daffodil 黄色い花; year 2 二年生; dimwit ばか者; cringe 身がすくむこと; idiot ばか者; parent night 授業参観;  
scrawl ~を殴り書きする; *The Merchant of Venice* 「ベニスの商人」(シェークスピアの喜劇);  
Shylock シャイロック (「ベニスの商人」に登場する高利貸し); instil ~を教え込む; whirl ウィーンと音をたてる

Excerpt adapted from

<https://www.theguardian.com/commentisfree/2016/dec/16/moment-that-changed-me-teacher-selective-mutism>  
by Phoebe-Jane Boyd

## PASSAGE 2 QUESTIONS

13. In *sec 1*, what was “**the thing**” that stopped the author from speaking for 25 years of her life?
- ① a medical condition
  - ② a problem with her hearing
  - ③ an uncommon diagnosis used by teachers
  - ④ the time she started school in the 1980s
14. In *sec 1*, what does the author mean when she says “**It certainly doesn’t feel selective**”?
- ① She felt like it was her choice.
  - ② She felt like it was not her choice.
  - ③ She felt like there were not enough choices.
  - ④ She felt like there were too many choices.
15. According to *sec 3*, how did the teachers’ impression of the author change over time?
- ① They became increasingly uncomfortable with her.
  - ② They became more confident in her abilities.
  - ③ They became more convinced that she was a bully.
  - ④ They became more supportive of her.
16. According to *sec 4*, why did the author’s classmates think it was safe to bully her in the hallways?
- ① because she wanted to be popular
  - ② because she was small
  - ③ because they knew she would not resist
  - ④ because they thought she was against violence
17. In *sec 5*, what does the author mean when she describes being questioned by “**Teacher after teacher**”?
- ① A teacher asked her the same question many times.
  - ② Numerous teachers asked her the same questions.
  - ③ The teachers declined to take turns speaking to her.
  - ④ There was a specific order to the questions she was asked.
18. In *sec 5*, why was the author angry at the teachers who asked her if there were “**problems at home**”?
- ① because it was the teachers themselves who were a part of the problem
  - ② because she did not want to talk to her teachers about her personal life
  - ③ because she had already told the teachers about her problems
  - ④ because she was embarrassed about not getting along with her parents
19. In *sec 5*, which of the following is most similar in meaning to “**mentally file the teacher away as an idiot**”?
- ① categorize the teacher emotionally
  - ② decide to change the teacher’s mind
  - ③ dismiss the teacher to a mental health institution
  - ④ form a negative character assessment of the teacher
20. According to *sec 7*, what did Mr Pearman enjoy doing to some students in his class?
- ① disguising the fact that he admired them
  - ② making them concerned about skipping classes
  - ③ making them look foolish by being rude to them
  - ④ playing educational games with them using the projector
21. Compared with all the author’s other teachers, what was different about how Mr Pearman was toward her?
- ① He did not try to fix her problems.
  - ② He knew why she was incapable of speech.
  - ③ He wanted her not to speak.
  - ④ He was the first teacher to speak to her.
22. What did the author feel that Mr Pearman understood about her that other teachers had failed to recognize?
- ① that communication was not important
  - ② that her problems were not real
  - ③ that she was a capable student
  - ④ that she was a good speaker
23. In *sec 10*, to what does “**the start**” most likely refer?
- ① the beginning of a conversation with Mr Pearman
  - ② the beginning of a wonderful relationship with her teachers
  - ③ the beginning of her road to recovery
  - ④ the beginning of her summing everything up for Mr Pearman

## PASSAGE 3

Use the content from this passage, separated into 10 sections (*sec 1 – sec 10*), to answer the *PASSAGE 3 QUESTIONS*.

## FOREWORD

*sec 1* Telling someone how to be a better teacher is a most delicate matter. It ranks second in difficulty only to telling someone how to be a better parent.

*sec 2* (A) Why is this so? (B) Perhaps, in part, because many hold to the underlying, albeit false, assumption: “Once I was a student; therefore, I know how to teach.”

*sec 3* (C) But it is not sufficient. (D) There is a body of knowledge about teaching itself, instructional method, course and curriculum design, learning and assessment that should be mastered by anyone who plays a significant role in a medical education program.

*sec 4* In this book, Harden and Laidlaw present **clear**, concise and accessible information about each of these areas. They make the case that teaching is important, that one can learn how to be a better teacher, and that it is a most rewarding endeavor. They emphasize that it is essential for good teachers to learn the basics of teaching and that they must maintain a current knowledge of the latest developments in medical education.

*sec 5* The contents of this book offer candid, succinct and practical advice to an individual who is new to medical teaching, as well as to the more experienced teacher who has accepted new responsibilities for a seminar, a course or an entire program. Also, this book will be a valuable resource for those pursuing an advanced degree or certificate in a health professions education program.

## MAIN TEXT

*sec 6* In responding to the pressures for change, the teacher is **critical**. It has been argued that teachers are the medical school or postgraduate body’s greatest asset. Dan Tosteson, former Dean at Harvard, suggested in 1979 that the most important thing as teachers we have to offer our students is ourselves. There is overwhelming evidence that the quality of the teacher makes a huge difference to the effectiveness and the efficiency of the student’s learning. It impacts on this in a number of ways.

*sec 7* How a teacher manages small group learning is just as important as the adoption of a small group approach in the curriculum. There is no such thing as bad lectures, only bad lecturers. Teaching is like a clinical skill—if you don’t get it right it can have serious implications.

*sec 8* Thomas Good, reviewing research on teaching, illustrated the importance of the teacher, with the analogy of how a **chicken dinner with salad, wine and an apple** can be a completely different experience as we move from restaurant to restaurant or eat at different homes. While the meal can always be improved by better wine or new ingredients, more important is how the basic ingredients are prepared and presented.

*sec 9* As Good outlines, the literature on effective teaching is not based on evidence showing that the most effective teachers bring in new components or better ingredients. Rather the literature indicates that some teachers work with basic ingredients better than others.

*sec 10* Many medical schools and institutions now recognise good teaching with financial incentives or promotion. Good teaching can bring its own rewards and perhaps the greatest reward is knowing that through teaching the teacher is helping to shape the next generation of doctors. Christa McAuliffe was to be the first teacher in space but died tragically when her spaceship disintegrated 70 seconds after take-off. Earlier, when asked what she did, she replied, “I touch the future, I teach.”

## Vocabulary

*foreword* (本などの)前書き; *albeit* ~ではあるが; *concise* 簡潔な; *endeavor* 試み; *candid* 率直な; *succinct* 簡潔な;  
*Dean* 学部長; *analogy* 比喩; *disintegrate* 崩壊する

*FOREWORD* is an excerpt adapted from the Foreword by Steven L. Kanter for “Essential Skills for a Medical Teacher: An Introduction to Teaching and Learning in Medicine” by Ronald M. Harden and Jennifer M. Laidlaw, Churchill Livingstone, 2012 and

*MAIN TEXT* is an excerpt adapted from the main text of the same book

## PASSAGE 3 QUESTIONS

24. In *sec 1*, which of the following is most similar in meaning to **“Telling someone how to be a better teacher is a most delicate matter. It ranks second in difficulty only to telling someone how to be a better parent”**?
- ① Telling someone how to be a better parent is not as difficult as telling someone how to be a better teacher.
  - ② Telling someone how to be a better parent is slightly more difficult than telling someone how to be a better teacher.
  - ③ Telling someone how to be a better teacher is equal in difficulty to telling someone how to be a better parent.
  - ④ Telling someone how to be a better teacher is more difficult than telling someone how to be a better parent.
25. The following sentence has been removed from the passage: **“Certainly, completing a course of study in a school of medicine provides important content expertise and invaluable experience that is necessary to be a good teacher of medical students.”** Among the labels **(A) – (D)** in the passage, which is the best location to insert this sentence?
- ① **(A)**
  - ② **(B)**
  - ③ **(C)**
  - ④ **(D)**
26. In *sec 4*, which of the following is most similar in meaning to **“clear”**?
- ① bright
  - ② easily understood
  - ③ perfectly clean
  - ④ pure
27. In *sec 6*, which of the following is most similar in meaning to **“critical”**?
- ① analytical
  - ② disapproving
  - ③ logical
  - ④ vital
28. According to *sec 6*, which of the following is TRUE?
- ① There is a large amount of research which shows that teacher quality is directly related to student learning.
  - ② There is a large amount of research which shows that the more the students learn, the better the teacher gets.
  - ③ There is a large amount of research which shows that the more the teacher teaches, the more the students learn.
  - ④ There is little evidence to show that teacher quality is related to student learning.
29. In *sec 8* and *sec 9*, what was Thomas Good intending to explain with the analogy of **“a chicken dinner with salad, wine and an apple”**?
- ① how advanced technology is helping to improve meals from place to place even though the ingredients are the same
  - ② how important it is for a teacher to be able to use basic teaching approaches and resources well
  - ③ how textbooks that help to improve education from school to school are important in order to provide the best education
  - ④ how to improve a teacher’s lectures by adding updated information
30. According to *sec 10*, which of the following is TRUE?
- ① Many medical schools believe that the greatest rewards for the next generation of doctors are financial incentives and promotions.
  - ② Many medical schools encourage good teaching by giving rewards.
  - ③ Medical schools and university hospitals discourage providing more money for teachers.
  - ④ Now, medical schools have good teaching so teachers are being promoted.

## PASSAGE 4

Use the content from this passage, separated into 10 sections (*sec 1 - sec 10*), to answer the **PASSAGE 4 QUESTIONS**.

- sec 1* Moral philosophers use '**thought experiments**.' These are imaginary and sometimes quite unrealistic situations that tease out and examine the morally relevant features of a situation. They are used to test the consistency of our moral beliefs. The thought experiment that I want you to consider is a case of mercy killing.
- sec 2* A driver is trapped in a blazing lorry. There is no way in which he can be saved. He will soon burn to death. A friend of the driver is standing by the lorry. This friend has a gun and is a good shot. The driver asks this friend to shoot him dead. It will be less painful for him to be shot than to burn to death.
- sec 3* I want to **set aside** any legal considerations and ask the purely moral question: should the friend shoot the driver? What reasons might you give for believing that the friend should not shoot the driver?
- sec 4* How good are these arguments? Let's consider them one by one.
- sec 5* ARGUMENT 1: The friend might not kill the driver but might wound him and cause more suffering than if he had not tried to kill him.  
It is true that in real life we cannot be certain of the outcome. If you rely on argument 1 then you are not arguing that mercy killing is wrong in principle, but instead that in the real world we can never be sure that it will end in mercy. I am happy to accept that we can never be absolutely sure that the shooting will kill painlessly. We can rarely be completely certain of outcomes. If this uncertainty were a reason not to act we would be completely **paralysed** in making decisions in life. It would be very unlikely, furthermore, that mercy killing in the medical setting would lead to more suffering. I conclude that argument 1 does not provide a convincing argument against voluntary active euthanasia.
- sec 6* ARGUMENT 2: There may be a chance that the driver will not burn to death but might survive the fire. Argument 2 is **the other side of the coin** from argument 1, and suffers the same weakness. The question of whether the chance that the driver might survive outweighs the greater chance that he will suffer greatly, and die, depends on what the probabilities actually are. If it is very unlikely that the driver will survive, then argument 2 is not persuasive.
- sec 7* ARGUMENT 3: It is not fair on the friend in the long run: the friend will always bear the guilt of having killed the driver.  
Argument 3 fails because it begs the very question that is under debate. The friend should only feel guilt if shooting the driver were the wrong thing to do. But the point at issue is what is the right and wrong thing to do. If it is right to shoot the driver, then the friend should not feel guilty if he shot him (thus reducing the driver's suffering). The possibility of guilt is not a reason, one way or the other, for deciding how the friend should act. Rather we first have to answer the question of what is the right thing to do and only then **[A]** the friend ought to feel guilty.
- sec 8* ARGUMENT 4: That although this seems to be a case where it might be right for the friend to kill the driver it would still be wrong to do so; for unless we keep strictly to the rule that killing is wrong, we will slide down a slippery slope. Soon we will be killing people when we mistakenly believe it is in their best interests. And we may slip further and kill people in our interests.  
Argument 4 is a version of what is known as the 'slippery slope argument.' This is such an important type of argument in medical ethics that I will consider it in more detail later.
- sec 9* ARGUMENT 5: The argument from Nature: whereas withholding or withdrawing treatment, in the setting of a dying patient, is allowing nature to take its course, killing is an interference in Nature, and therefore wrong.
- sec 10* ARGUMENT 6: Killing is in principle a great wrong. The difference between passive euthanasia and mercy killing is that the former involves 'allowing to die' and the latter involves killing; and killing is wrong—it is a fundamental wrong. Of all the arguments considered, it is only argument 6 that views killing as wrong in principle.

## Vocabulary

*moral philosopher* 道徳哲学者; *tease out* ~を得る; *blazing* 燃え上がる; *lorry* 大型トラック; *shot* 銃を撃つ人; *outcome* 結果; *outweigh* 上回る; *beg the question* はぐらかす; *withhold* 差し控える; *withdraw* 取りやめる

Excerpt adapted from "Medical Ethics: A Very Short Introduction" by Tony Hope, Oxford University Press, 2004



## PASSAGE 4 QUESTIONS

31. In *sec 1*, what is the meaning of 'thought experiments'?
- ① discussing ideas in real situations
  - ② imagining circumstances for discussion purposes
  - ③ testing ideas through scientific research
  - ④ thinking about experiments
32. In *sec 3*, which of the following is most similar in meaning to "set aside"?
- ① assist
  - ② deliberate
  - ③ objectively focus on
  - ④ temporarily ignore
33. In *sec 5*, which of the following is most similar in meaning to "paralysed"?
- ① unable to improve
  - ② unable to proceed
  - ③ unable to see
  - ④ unable to speak
34. According to *sec 5*, why does the author say that ARGUMENT 1 does not provide a good argument against voluntary active euthanasia?
- ① decreased suffering as a result of mercy killing in a medical setting is improbable
  - ② increased suffering as a result of mercy killing in a medical setting is improbable
  - ③ increased suffering as a result of mercy killing in a medical setting is likely
  - ④ increased suffering as a result of mercy killing in a medical setting is very probable
35. In *sec 6*, which of the following is most similar in meaning to "the other side of the coin"?
- ① follows the same logic as
  - ② is exactly the same as
  - ③ is very different from
  - ④ reaches an opposite conclusion to
36. In *sec 7*, which of the following is the best fit for [A] ?
- ① ask can we if
  - ② ask if we can
  - ③ can we ask whether
  - ④ whether we can ask
37. According to *sec 7*, why does the author say that ARGUMENT 3 fails?
- ① Guilt is something that should be considered only after the question of what is right or wrong is answered.
  - ② In some situations, it is legal to break the law.
  - ③ Individuals must decide if they feel guilty.
  - ④ Individuals should not feel guilt over an action they have no choice about.
38. According to *sec 8*, what does the author describe as the greatest danger of the 'slippery slope argument'?
- ① killing people for no reason
  - ② killing people for selfish reasons
  - ③ killing people legally
  - ④ killing people violently
39. According to *sec 9*, which of the following is NOT an idea supported by ARGUMENT 5?
- ① For the terminally ill, death is a natural outcome.
  - ② In some situations, it is acceptable to hold back a patient's treatment.
  - ③ Keeping a dying patient alive is a moral obligation.
  - ④ Killing goes against Nature.
40. According to *sec 10*, what is the relationship between passive euthanasia and mercy killing?
- ① Both are forms of murder, which is wrong in principle.
  - ② Neither is a form of murder and therefore they are not wrong.
  - ③ The first means allowing to die while the second is actively killing.
  - ④ The second means allowing to die while the first is actively killing.