

平成 7 (1995) 年度

慶應義塾大学入学試験問題

医 学 部

英 語

注 意

1. 受験番号と氏名は、解答用紙の 2 カ所の記入欄それぞれに必ず記入すること。
2. 受験番号は、所定欄の枠のなかに一字一字記入すること。
3. 解答は、必ず解答用紙の所定の欄に記入すること。
4. この問題冊子は提出の必要がないので、持ち帰ること。
5. この冊子の総ページ数はこのページを含めて 8 ページである。

[A] 次のテキストを読み、設問に答えなさい。

Should doctors ever lie to benefit their patients — to speed recovery or to conceal the approach of death? In medicine as in law, government, and other *lines* of work, the requirements of honesty often seem dwarfed by greater needs: the need to shelter from brutal news or to uphold a promise of secrecy; to expose corruption or to promote the public interest.

What should doctors say, for example, to a 46-year-old man coming for a routine physical checkup just before going on vacation with his family who, though he feels in perfect health, is found to have a form of cancer that will cause him to die within six months? Is it best to tell him the truth? If he asks, should the doctors deny that he is ill, or minimize the *gravity* of the prognosis? Should they at least conceal the truth until after the family vacation?

Doctors confront such choices often and urgently. At times, they see important reasons to lie for the patient's own sake; in their eyes, such lies differ sharply from self-serving ones.

a) Studies show that most doctors sincerely believe that the seriously ill do not want to know the truth about their condition, and that informing them risks destroying their hope, so that they may recover more slowly, or *deteriorate* faster, perhaps even commit suicide. As one physician wrote: "Ours is a profession which traditionally has been guided by a precept that transcends the virtue of uttering the truth for truth's sake, and that is 'as far as possible do no harm.'"

Armed with such a precept, a number of doctors may slip into deceptive practices that they assume will "do no harm" and may well help their patients. They may prescribe innumerable placebos, sound more encouraging than the facts *warrant*, and distort grave news, especially to the incurably ill and the dying.

But the illusory nature of the benefits such deception is meant to bestow is now coming to be *documented*. Studies show that, contrary to the belief of many physicians, an overwhelming majority of patients do want to be told the truth, even about grave illness, and feel betrayed when they learn they have been misled. We are also learning that truthful information, *humanely* conveyed, helps patients cope with illness: helps them tolerate pain better, need less medication, and even recover faster after surgery.

Not only do lies not provide the "help" hoped for by advocates of benevolent

deception; they invade the autonomy of patients and render patients unable to make informed choices concerning their own health, including the choice of whether to be a patient in the first place. We are becoming increasingly aware of all that can befall patients in the course of their illness when information is denied or distorted.

Dying patients especially — who are easiest to mislead and most often kept in the dark — can then not make decisions about the end of life: about whether or not to enter a hospital, or to have surgery; about where and with whom to spend their remaining time; about how to bring their affairs to a close and take leave.

Lies also do harm to those who tell them: harm to their integrity and, in the long run, to their credibility. Lies hurt their colleagues as well. The suspicion of deceit undercuts the work of the many doctors who are scrupulously honest with their patients; it contributes to the spiral of litigation and of "defensive medicine," and thus it injures, in turn, the entire medical profession.

Sharp conflicts are now arising. Patients are learning to press for answers. Patients' bills of rights require that they be informed about their condition and about alternatives for treatment. Many doctors go to great lengths to provide such information. Yet even in hospitals with the most eloquent bill of rights, believers in benevolent deception continue their age-old practices. Colleagues may disapprove but refrain from remonstrating. Nurses may bitterly resent having to take part, day after day, in deceiving patients, but feel powerless to take a stand.

There is urgent need to debate this issue openly. Not only in medicine, but in other professions as well, practitioners may find themselves repeatedly in straits where serious consequences seem avoidable only through deception. Yet the public has every reason to be wary of professional deception, for such practices are peculiarly likely to become ingrained, to spread, and to erode trust. Neither in medicine, nor in law, government, or the social sciences can there be comfort in the old saw, "What you don't know can't hurt you."

Notes:

prognosis = forecast of the likely course of a disease or an illness

placebo = harmless substance given as if it were medicine to calm a patient who mistakenly believes he is ill

integrity = quality of being honest and morally upright

litigation = process of going to law

remonstrating = making a protest

ingrained = deeply fixed

=設問=

- 1) テキスト中で下線を施した次の語句をそれぞれ15字以内の日本語で、具体的に説明しなさい。
 - a) self-serving ones
 - b) such a precept
 - c) kept in the dark
 - d) their affairs
- 2) they invade the autonomy of patients では、何が何をどうするのか。15字以内の日本語で具体的に説明しなさい。
- 3) this issue の具体的内容を20字以内の日本語で、具体的に説明しなさい。
- 4) 下線部分を和訳しなさい。
- 5) テキスト中の次の語についての問に答えなさい。
 - a) 指示された語形を解答欄に書きなさい。
 1. deception (動詞)
 2. suspicion..... (動詞)
 3. betray (名詞)
 4. convey (名詞)
 5. provide (名詞)
 - b) テキスト中の次の語の意味に最も近いものを選んで、番号で解答欄に記入しなさい。

a. lines	b. gravity	c. deteriorate	d. warrant
e. document	f. humanely	g. conflict	h. straits
i. erode	j. saw		

[選択肢]

- | | | | |
|------------------|---------------|-----------|----------------|
| 1. confrontation | 2. difficulty | 3. sorts | 4. justify |
| 5. pathetically | 6. prove | 7. saying | 8. seriousness |
| 9. worsen | 10. wear | | |

[B] 次の英文を読み、設問に答えなさい。参考として、*印のある語には英語で辞書の定義が示されています。

Slang* is plentiful in English literature from the sixteenth century onwards. It is most at home in the spoken language, and there can be little doubt that it was used in speech in earlier centuries but, since it has always been regarded as informal and not quite respectable, it has never had a very good chance of being preserved in literature. Its chief characteristic is novelty; the creator of slang is trying to get away from what he regards as outworn conventions*. Slang is unsuited to formal use, though much depends on the personal preference of the speaker. The man who uses slang, like the retailer of obscenities*, is making advances to his hearers, which^(A) they may resent because they don't like him and don't want to accept him as a member of a group who would quite happily use slang among themselves.

The result of the quest for novelty is that slang rarely has a long life. If a slang word achieves popularity, it becomes a convention as rigid as that against which it rebels. Few speakers are so conventional as habitual users, as distinct from inventors, of slang. They are eager to seize the inventions of others and to give them wider currency* until the new words die from excessive use. In other words, they 'soon become anachronistic' and a laughing-stock, and die of embarrassment'. If they do not pass out of use, they are accepted as standard; the words survive, but they cease to be slang.

=設問=

(A) which の内容がわかるようにして、和訳しなさい。

(B) 和訳しなさい。

NOTES:

slang* = n [U] very informal words, phrases, etc commonly used in speech, esp between people from the same social group or who work together, not considered suitable for formal contexts and often not in use for long: *army, prison, railway, etc slang* ° 'Grass' is criminal slang for 'informer'.

obscenities* n pl. <obscene=adj (of words, thoughts, books, pictures, etc) indecent, esp sexually; disgusting and offensive; likely to corrupt: *obscene phone calls* ° *obscene suggestions, gestures, etc* ° *obscene literature, language, etc*.

convention* = n 1 [C] conference of members of a profession, political party, etc: a

teachers', dentists', convention ° *hold a convention* ° *the US Democratic Party Convention*, ie to elect a candidate for President. 2 (a) [U] general, usu unspoken, agreement about how people should act or behave in certain circumstances: *Convention dictates that a minister should resign in such a situation.* ° *By convention the deputy leader is always a woman.* ° *defy convention by wearing outrageous clothes* ° *a slave to convention*, ie sb who always follows accepted ways of doing things. (b) [C] customary practice: *the conventions which govern stock-market dealing.* 3 [C] agreement between states, rulers, etc that is less formal than a treaty: *the Geneva Conventions*, ie about the treatment of prisoners of war, etc.

currency* =n 1 [C,U] money system in use in a country: *gold/paper currency* ° *trading in foreign currencies* ° *decimal currency* ° *a strong currency* ° [attrib] *a currency crisis, deal, etc.*

2 [U] (state of being in) common or general use; (used esp with the vs shown): *ideas which had enjoyed a brief currency* (ie were briefly popular) *during the eighteenth century.* ° *The rumour soon gained currency*, ie became widespread. ° *Newspaper stories gave currency to this scandal*, ie spread it.

anachronistic* adj <anachronism=n 1 mistake of placing sth in the wrong historical period: *It would be an anachronism to talk of Queen Victoria watching television.* 2 thing dated wrongly in this way: *Modern dress is an anachronism in productions of Shakespeare's plays.* 3 person, custom or idea regarded as out of date: *The monarchy is seen by some as an anachronism in present-day society.*

(Adapted from *Oxford Advanced Learner's Dictionary* 4th ed.)

[C] 次の新春対談の一部分を読み、下線部分を英語で表現しなさい。

.....

向井 千秋：人間はちっぽけで、八十年で死んでしまう。人生¹⁾ってのはかないなあ、短いな
あと思う反面、そんな人間でも、科学技術で宇宙に飛び出せる。はかなさと人間の力の
すごさ、この二つが絡み合った気持ちです。何でこういう気持ちになるのかを考えまし
た。

田中真紀子：どういうときですか。ボーッと考えるのはいつ。

向井 千秋：疲れて家に帰った後、コーヒーを飲みながら、ふと考えるとか。散歩とか。

田中真紀子：私は家事です。洗濯や野菜を千切りにしているとき。家事って、すごく気分
転換²⁾になる。それで、ほめられたら、自信持っちゃう。

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(「宇宙を語る 人生を語る」『毎日新聞』)