

外 国 語

英 語： 1 ～ 14 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、消しくずは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	○	○	○	○	○
1	●	○	○	○	○
2	○	●	○	○	○
3	○	○	●	○	○
4	○	○	○	●	○
5	○	○	○	○	●
6	○	○	○	○	○
7	○	○	○	○	○
8	○	○	○	○	○
9	○	○	○	○	○

SECTION 1

以下の英文（1～5）の（ ）に入る最も自然で適切な語句を選択肢の中から一つだけ選び、それぞれ解答用紙に記入しなさい。

- 1 An American study group investigated how eating fatty fish () our health.
 - ① affect
 - ② affected
 - ③ effect
 - ④ effected
 - ⑤ effected on

- 2 You should continue to take your prescription medicine () instructed otherwise.
 - ① in case of
 - ② regarding
 - ③ unless
 - ④ until which
 - ⑤ up to

- 3 By signing this form, you are also consenting to these emergency procedures () they be necessary.
 - ① consequently
 - ② except for
 - ③ now that
 - ④ owing
 - ⑤ should

- 4 In most cases, () lymph nodes do not indicate a serious medical condition.
 - ① a swelling
 - ② being swollen
 - ③ swelled
 - ④ swellings
 - ⑤ swollen

- 5 A preventive approach in patients () possible in the future.
 - ① at high cardiovascular risk might be
 - ② high at cardiovascular risk might be
 - ③ might be at high cardiovascular risk
 - ④ might be at risk high cardiovascular
 - ⑤ risk at high cardiovascular might be

SECTION 2

以下の英文（6～10）には文法・語法的な誤りが一つだけ含まれている。その誤りを含む下線部を選び、それぞれ解答用紙に記入しなさい。

- 6 I would really appreciate if you could give me a call back at your earliest convenience.
- ① would really
 - ② appreciate if
 - ③ could give
 - ④ a call back
 - ⑤ at your
- 7 In your introduction, you should establish your credibility by showing that your qualified to talk about the subject.
- ① In your
 - ② establish your
 - ③ by showing
 - ④ your qualified
 - ⑤ about the
- 8 Japan has the highest life expectancy at birth and boasts one of the lowest infant mortality rates in the world for a while spending half as much on health care as do Americans.
- ① highest life
 - ② expectancy at
 - ③ and boasts
 - ④ for a while
 - ⑤ half as
- 9 Providing linguistically and culturally appropriate health care services are crucial to ensuring high-quality care, and is associated with achieving improved patient outcomes.
- ① Providing linguistically
 - ② culturally appropriate
 - ③ are crucial
 - ④ to ensuring
 - ⑤ and is
- 10 The goal of our palliative care service is to provide comprehensive and coordinated support to terminally ill patients and to be a center of excellent in end-of-life care.
- ① care service
 - ② to provide
 - ③ coordinated support
 - ④ be a
 - ⑤ excellent in

SECTION 3

以下の英文（11～15）の（ ）に入る最も自然で適切な語句を選択肢の中から一つだけ選び、それぞれ解答用紙に記入しなさい。

- 11 I would be most () if you could send me further information about the program.
- ① annoyed
 - ② deliberate
 - ③ grateful
 - ④ irritable
 - ⑤ respected
- 12 Fifth-year medical students need to () in their completed application forms by the end of October.
- ① arrive
 - ② finish
 - ③ hand
 - ④ leave
 - ⑤ meet
- 13 I was wondering if I could () you a favor. Would you mind paraphrasing the questions into simpler expressions so that I can understand them more easily?
- ① ask
 - ② do
 - ③ give
 - ④ show
 - ⑤ take
- 14 To whom ():
- With this letter, I proudly recommend Mr James Anderson, a fifth-year medical student at our institution, as a highly qualified candidate for the exchange program in your department.
- ① it may be concerned
 - ② it may concern
 - ③ may be concerned with
 - ④ may be concerning
 - ⑤ may concern
- 15 The evolution of cardiac care over the past 50 years has been () to witness.
- ① breathtaking
 - ② countermeasures
 - ③ full-fledged
 - ④ in hindsight
 - ⑤ rocket science

SECTION 4

以下の英文はある医師によるスピーチの一部である。(16～30)に入る最も自然で適切な語句を選択肢の中から一つだけ選びなさい。

I (16) a reputation as being interested in patients (17) chronic fatigue. This is not a reputation you would (18) your worst enemy. I say that (19) these are (20) patients. They have often been (21) their families, have had bad experiences (22) medical care and they (23) you fully prepared for you to join the long list (24) people who's about to (25) them. And I learned very (26) with my first patient that I could not do (27) this very (28) patient with all the records they (29) bringing in a new patient visit of 45 minutes. There was just (30). And if I tried, I'd disappoint them.

Adapted from A doctor's touch by Abraham Verghese

http://www.ted.com/talks/abraham_verghese_a_doctor_s_touch.html

16

- ① born
- ② did
- ③ gave
- ④ had
- ⑤ was

17

- ① got
- ② had
- ③ have
- ④ suffer
- ⑤ with

18

- ① bring for
- ② hope in
- ③ order out
- ④ treat to
- ⑤ wish on

19

- ① after
- ② because
- ③ however
- ④ moreover
- ⑤ proportionately

20

- ① difficult
- ② easy
- ③ joyful
- ④ simple
- ⑤ thrilled

21

- ① close by
- ② in
- ③ rejected by
- ④ returned with
- ⑤ used to

22

- ① in my own
- ② of
- ③ on
- ④ the
- ⑤ with

23

- ① come to
- ② expect
- ③ get
- ④ lead
- ⑤ leave to

24

- ① are
- ② by
- ③ of
- ④ scaring
- ⑤ with

25

- ① disappoint
- ② get rid
- ③ pass out
- ④ sneak
- ⑤ try out

26

- ① early on
- ② quickly in
- ③ soon on
- ④ speedily
- ⑤ start up

27

- ① any more
- ② anything
- ③ business
- ④ bypass
- ⑤ justice to

28

- ① complicated
- ② complimented
- ③ double
- ④ first
- ⑤ understood

29

- ① be
- ② had
- ③ is
- ④ was
- ⑤ were

30

- ① missing something
- ② mistaking it
- ③ no way
- ④ problem
- ⑤ warning

SECTION 5

以下の会話文を読み、設問（31～35）に対する最も自然で適切なものを選択肢の中から一つだけ選び、それぞれ解答用紙に記入しなさい。

Conversation 1

- Doctor: So, how are you feeling with the new pain medication I prescribed last month?
- Patient: Well, I'm doing okay, even though I've been feeling a bit lightheaded.
- Doctor: Could you tell me more about it?
- Patient: It has happened just a few times, the first time was last week when I was at the supermarket. I bent over to reach something on the lower shelf and I felt like I was about to pass out.
- Doctor: That sounds serious, how long did it last?
- Patient: Just a few seconds, but I'm quite concerned about the situation. I just hope it doesn't happen again while I'm driving.
- Doctor: I agree, I think it might be a good idea to reduce the dosage, and if the problem continues we may have to switch your medication.
- Patient: But if you reduce the dosage, won't I feel more pain? So far, I've been almost pain-free and I don't want it to come back.
- Doctor: If you start having pain again you can come back and I'll adjust the dosage or change your medication.
- Patient: Okay doctor, thank you.

31 Which of the following is true about the conversation above?

- ① The doctor is not concerned about the patient's symptoms.
- ② The doctor wants to change the patient's medication to avoid adverse effects.
- ③ The patient is concerned about losing consciousness while driving.
- ④ The patient is taking this medication to improve his lightheadedness.
- ⑤ The patient went to see the doctor because he is in pain now.

Conversation 2

Student: Professor Roberts, may I ask you a few questions?

Professor: Sure, but I have to leave in a few minutes.

Student: Well, it's about my classmates. I have been having trouble with the group I was assigned to.

Professor: You are part of Group 5, right? What kind of trouble are you having?

Student: I've been trying to get everyone to meet so we can work on our presentation project but they don't seem too interested in it. I have already asked three times but everyone says they are too busy with club activities and that we should meet just before the deadline. I really want to give an excellent presentation and I think we need to start working on it now.

Professor: I understand it's a difficult situation, but I think it is important for you to find a way to solve it by yourself. Learning how to work with different kinds of people is a valuable lesson.

Student: But I don't know how to deal with the situation. I have sent them email, and I have met with them in person, but they just don't take it seriously.

Professor: Have you tried talking to them one by one instead of having a big meeting? Sometimes people are more flexible when you meet them individually.

Student: I haven't tried that yet. Maybe I should do that.

Professor: Give it a try and let me know how it went, if it doesn't work then I can try to talk to them.

32 Which of the following is true about the conversation above?

- ① Professor Roberts feels the student should arrange a meeting with all his group members simultaneously so they can agree on how to work on the project.
- ② Professor Roberts would like the student to solve the issue by himself so that he can learn how to work with different types of people.
- ③ The student has too many club activities and thinks it is better to schedule the meeting right before the deadline so they can give an excellent presentation.
- ④ The student insists that Professor Roberts should talk to the other students so that they agree to have a meeting.
- ⑤ The student is frustrated because his classmates are not good at delivering presentations.

Conversation 3

Dr Morris: Hello, Dr Chang, sorry to call you so late but I was hoping to get your opinion about a patient of mine. Is this a good time to talk?

Dr Chang: Sure Dr Morris, how can I help you?

Dr Morris: Well, I have an 8-year-old patient, Kelly, who was brought to my clinic by her mother this morning because she fainted in school yesterday.

Dr Chang: Is this the first episode?

Dr Morris: Actually, no. She apparently has had similar events in the past, but her mother didn't think it was anything serious.

Dr Chang: Does she have any significant past medical history?

Dr Morris: Not really, just a couple of minor respiratory infections but nothing serious.

Dr Chang: What about her development?

Dr Morris: It has been unremarkable and her performance at school is satisfactory.

Dr Chang: How was the physical exam?

Dr Morris: All normal except for her heart. I'm not sure but she may have a slightly abnormal sound. That's why I decided to call you.

Dr Chang: I understand, I think it would be better for me to see her in person. Can you contact her parents and ask them to make an appointment?

Dr Morris: Sure. Thank you Dr Chang. I'll be waiting to hear from you after you see her.

33 Which of the following is true about the conversation above?

- ① Dr Chang is going to see Kelly because he is concerned about her abnormal development.
- ② Dr Chang refused to see Kelly and wants the parents to make an appointment at the hospital.
- ③ Dr Morris feels Kelly's fainting is not serious because she has not lost consciousness.
- ④ Dr Morris suspects Kelly's fainting may be related to a respiratory infection.
- ⑤ Dr Morris thinks Kelly's physical examination findings justify a consultation with Dr Chang.

Conversation 4

John: Cindy? Are you okay? I came as soon as I heard the news!

Cindy: Hi John, I'm okay but I'm still a bit drowsy.

John: I was so worried! How did it happen?

Cindy: Well, I was on my way to work this morning when suddenly a green car ran through the red light, I managed to avoid him but I lost control of my car. When I woke up I was covered in blood and surrounded by paramedics and police.

John: That's terrible, you're lucky to be alive.

Cindy: I guess, but I overheard I hit a pedestrian and he is in critical condition, the doctors took him to the operating room.

John: But that's not your fault, Cindy. You had no control over the situation. You can't blame yourself.

Cindy: I know but I just hope he survives, I feel so guilty about what happened, and after all, it was my car that hit him.

John: Did they find the other driver?

Cindy: The police are searching but nothing so far.

John: What did the doctors say? When are you going home?

Cindy: Well, they stitched me up and they think I may have a slight brain contusion, but nothing serious. Anyway they are keeping me overnight for observation.

John: I'm glad to hear it's nothing serious. Please keep me posted. I can come pick you up after you're discharged from the hospital tomorrow.

Cindy: Thanks for everything, John.

34 Which of the following is true about the conversation above?

- ① Cindy has discharge from her brain and the doctors need to observe her tonight.
- ② Cindy was hit by a red car that didn't stop at the traffic light when she was on her way to work.
- ③ John said that Cindy is responsible for the accident and will be blamed by the police.
- ④ The doctors repaired Cindy's wounds but want her to stay at the hospital tonight.
- ⑤ The police said the accident is Cindy's fault and she feels very guilty.

Conversation 5

- Doctor: So why did you decide to come to the hospital today?
- Patient: Well doctor, I've been having some really bad stomach pain.
- Doctor: I see, and when did the pain start?
- Patient: Well, I began having cramps last night. I thought it was indigestion, but this morning I woke up with this unbearable pain.
- Doctor: That sounds tough. What is your pain like?
- Patient: It's as if I had swallowed broken glass, it's just horrible.
- Doctor: So you have sharp pain?
- Patient: Yeah, I would definitely say it's sharp.
- Doctor: Where is the pain located?
- Patient: It's below my bellybutton, a little to the right side. But earlier it was more toward the center.
- Doctor: Is the pain currently better or worse than when you woke up this morning?
- Patient: A lot worse doctor, I can barely sit up now.
- Doctor: Have you had any other symptoms?
- Patient: Well, I vomited twice while I was in the waiting room, but it was just like water because I haven't eaten anything since last night.
- Doctor: I understand, I think the cause of your pain may be appendicitis. It's the inflammation of a small part of your gut that may produce symptoms like the ones you've just described. First, we need to run some tests to confirm the diagnosis.
- Patient: Is it serious doctor? Will I be able to go to work tomorrow? I have a really important meeting I can't miss.
- Doctor: Well, if it is appendicitis you may need surgery but let's discuss the details after we confirm what is causing your pain.

35 Which of the following is true about the conversation above?

- ① The doctor thinks that the patient may need an operation but he wants to confirm the diagnosis first.
- ② The doctor thinks that the problem is not serious and that the patient should wait a few hours before going to work.
- ③ The patient has been having stomach pain but it is getting better now.
- ④ The patient's problem started after she woke up this morning.
- ⑤ The patient's symptoms started shortly after she swallowed broken glass.

SECTION 6

以下の英文を読み、設問（36～40）に対する最も自然で適切なものを選択肢の中から一つだけ選び、それぞれ解答用紙に記入しなさい。

Vocabulary Preview

diffuse: wide

burgeoning: growing

generalist: non-specialist doctor, general practitioner

splinter: small sharp piece of wood

stye: common infection of the eyelid

holistic: entire, complete, general

undifferentiated: similar

psychosocial: mental and social

ever-lurking: always present although not always obvious

The discipline of general practice has become complex, diffuse and challenging. With the ever burgeoning phenomenon of specialisation in medicine, with its associated complex technology and hospital basis, the need for competent, caring generalists is more important than ever before.

Some of the basics of primary health care remain the same. In fact, there is an everlasting quality about many of the medical problems that affect the human being, be it a splinter under a nail, a stye of the eyelid, a terminal illness or simply stress-related anxiety. Many of the treatments and approaches to caring management are universal and timeless. Unfortunately, the modern general practitioner has lost a considerable amount of counselling and therapeutic skills compared with his or her counterpart of 50 years ago.

General practice remains the most cost-effective health service and there is evidence that the consumer and government agencies are focusing more on general practitioners as a solution to the high-cost, high-technology, depersonalized services in the health care system. They are searching for value, satisfaction, early diagnosis and holistic management without inappropriate invasive investigations and potent medication.

The discipline of general practice can at times be overwhelming in its breadth and depth, especially with patients presenting with undifferentiated problems with an overlap of organic and psychosocial aspects. There is a constant challenge to make an appropriate early diagnosis and detect the ever-lurking life-threatening illness.

Adapted from "John Murtagh's General Practice Fourth Edition: Preface"

36 Regarding the cost-effectiveness of general practice, which of the following is true?

- ① General practice is more cost-effective because of the use of newer and stronger drugs in combination with invasive investigations.
- ② General practitioners are hoping to increase their value by using invasive investigations and more effective medications.
- ③ General practitioners tend to increase costs and favor depersonalized services in health care.
- ④ Providing holistic management and early diagnosis increases value and consumer satisfaction within general practice.
- ⑤ The use of high-technology in general practice has had a positive impact on the cost-effectiveness of government agencies.

- 37 Regarding the phenomenon of specialization in medicine, which of the following is true?
- ① Because of the excessive specialization in medicine today, general practitioners have become more necessary than in previous times.
 - ② Due to the complexity and challenging situation of medicine today, it is necessary to specialize in order to provide better patient care.
 - ③ General practice is too complex and challenging, so it is necessary for doctors to specialize in order to provide better patient care.
 - ④ Hospital based medicine is much more caring and important than in previous times.
 - ⑤ Medical specialists need more complex technology to provide more competent and effective medical care.
- 38 Regarding general practitioners today, which of the following is true?
- ① Contrary to the way it was 50 years ago, stress-related anxiety and terminal illnesses should not be treated by general practitioners.
 - ② General practitioners today are essentially the same as their counterparts 50 years ago.
 - ③ General practitioners today have lost counseling skills but have gained therapeutic skills compared to their counterparts 50 years ago.
 - ④ Many of the medical problems seen by general practitioners today are similar to those seen by medical practitioners 50 years ago.
 - ⑤ The general practitioner today has more skills than 50 years ago because of the advances in medical technology.
- 39 Regarding general practice, which of the following is true?
- ① General practice focuses on establishing an early diagnosis and ruling out serious disease.
 - ② General practice is a highly focused and specialized discipline due to the specificity of the cases managed by the general practitioner.
 - ③ General practice is not suitable for treating serious disease and should be applied only to non-specific conditions.
 - ④ General practice is unspecific and does not need to consider life-threatening disease.
 - ⑤ General practice should focus on making a clear distinction between organic and psychosocial disease.
- 40 Which of the following titles would be most suitable for this text?
- ① The improvement of hospital based medicine through general practice
 - ② The increasing demand for general practitioners in today's health care
 - ③ The increasing need for specialists in medicine today
 - ④ The need for more cost-effective medical technology and treatments
 - ⑤ The use of more potent drugs and invasive procedures by general practitioners

SECTION 7

以下の設問（41～45）はその後に続く“MODELS OF INTERACTION BETWEEN DOCTOR AND PATIENT”というテキストに関するものである。設問に関するテキストの部分を読み、テキストの内容と合致しないものを選択肢の中から一つだけ選び、それぞれ解答用紙に記入しなさい。

41 Regarding “*The paternalistic model*,” which of the following is ***FALSE***?

- ① An example of this model would be a doctor who does not tell her patient that he has terminal cancer due to her concern that the patient will not be able to cope with the news.
- ② The doctor assumes leadership and is in charge of making decisions for patients, while they are expected to follow the doctor’s orders.
- ③ The doctor dominates the interview, asking most of the questions while the patients focus on answering them.
- ④ The doctor may omit important information if she believes patients do not need to know.
- ⑤ This model is the most ethical and effective for rapid decision making, especially on controversial topics, which the patient may not agree with because of his beliefs.

42 Regarding “*The informative model*,” which of the following is ***FALSE***?

- ① Patients prefer this model because they can make better decisions by themselves, allowing the doctor to demonstrate caring and respect for their autonomy.
- ② The doctor freely provides patients with all related information about their health condition and lets them decide without interfering.
- ③ The information doctors provide may include treatment options, survival expectancy, and other data.
- ④ This model is not the most appropriate when the doctor wishes to create a good long term relationship with patients.
- ⑤ This model limits the doctor’s personal opinions allowing patients to make decisions by themselves.

43 Regarding “*The interpretive model*,” which of the following is ***FALSE***?

- ① The doctor and patient cooperate in the decision making process, exchanging opinions and discussing different options.
- ② The doctor helps patients make their own decisions but does not take responsibility for the decisions, allowing them to bear the burden of their choices.
- ③ The doctor must have a deep understanding of the patient’s lifestyle, family, goals and beliefs.
- ④ The doctor needs to be familiar with patients’ personal beliefs and social circumstances.
- ⑤ The doctor needs to be open-minded and accept suggestions or opinions from patients even if the doctor disagrees.

44 Regarding “*The deliberative model*,” which of the following is ***FALSE***?

- ① In order to modify injurious behavior, the doctor asks patients’ friends or counselors to advocate a particular course of action.
- ② The doctor acts as an advisor, suggesting a specific course of action to help him or her make the best decision.
- ③ The doctor acts as a friend or counselor and does more than just give information to patients.
- ④ The doctor presents all relevant information to patients and actively promotes a specific option.
- ⑤ This model is suitable for doctors trying to change negative habits and develop a healthier lifestyle in their patients, such as losing weight.

- 45 Regarding the entire text, which of the following is **FALSE**?
- ① Doctors are expected to adapt to the situation and change their approach when suitable and should avoid being inflexible because it can cause difficulties in the doctor-patient relationship.
 - ② Doctors can make use of many different models with each patient according to the circumstances.
 - ③ Doctors should choose a specific model for each patient, which will be maintained throughout the entire consultation in order to give the patient the best support possible.
 - ④ In the early 20th century, doctors often followed paternalistic models and were deeply committed to patients' welfare.
 - ⑤ Interpersonal warmth can be expressed regardless of the model being used by the doctor.

Vocabulary Preview

withhold: keep

autocratic: all mighty

deliberation: debate, discussion

spinal anesthesia: procedure to relieve or prevent pain in the lower part of the body

dispense: give

perceive: understand

autonomous: independent

aspiration: dream, desire

abrogate: give, do away with

advocating: helping, supporting

intrinsically: necessarily

rigidly: firmly

MODELS OF INTERACTION BETWEEN DOCTOR AND PATIENT

The interactions between a doctor and patient - the questions a patient asks, the way in which news is conveyed and treatment recommendations are made - can take different shapes. It is helpful in thinking about the relationship to formulate “models” of interaction. However, these are fluid concepts. A talented, sensitive physician will have different approaches with different patients and indeed may have different approaches with the same patient as time and medical circumstances vary.

1. *The paternalistic model.* In a paternalistic relationship between the doctor and patient, it is assumed that the doctor knows best. He or she will prescribe treatment, and the patient is expected to comply without questioning. Moreover, the doctor may decide to withhold information when it is believed to be in the patient's best interests. In this model, also called the “autocratic model,” the physician asks most of the questions and generally dominates the interview.

There are circumstances in which a paternalistic approach is desirable. In emergency situations the doctor needs to take control and make potentially life-saving decisions without long deliberation. In addition, some patients feel overwhelmed by their illness and are comforted by a doctor who can take charge. In general, however, the paternalistic approach risks a clash of values. A paternalistic obstetrician, for example, might insist on spinal anesthesia for delivery when the patient wants to experience natural childbirth.

2. *The informative model.* The doctor in this model dispenses information. All available data are freely given, but the choice is left wholly up to the patient. For example, doctors may quote 5-year survival statistics for various treatments of breast cancer and expect women to make up their own minds without suggestion or interference from them. This model may be appropriate for certain one-time consultations where no established relationship exists and the patient will be returning to the regular care of a known physician. At other times this purely informative approach is likely to be perceived by the patient as cold and uncaring, as it tends to see the patient as unrealistically autonomous.

3. *The interpretative model.* Doctors who have come to know their patients better and understand something of the circumstances of their lives, their families, their values, and their hopes and aspirations, are better able to make recommendations that take into account the unique characteristics of an individual patient. There will be a sense of shared decision making as the doctor presents and discusses alternatives, to find, with the patient's participation, the one that is best for that particular person. The doctor in this model does not abrogate the responsibility for making decisions, but is flexible, and is willing to consider criticism and alternative suggestions.

4. *The deliberative model.* The physician in this model acts as a friend or counselor to the patient, not just by presenting information, but in actively advocating a particular course of action. The deliberative approach is commonly used by doctors hoping to modify injurious behavior, for example, in trying to get their patients to stop smoking or lose weight.

These models are only guides for thinking about the doctor-patient relationship. One is not intrinsically superior to any other, and a physician may use approaches from all four in dealing with a patient during a single visit. Difficulties are most likely to arise not from the use of one or another of the models, but with the physician who is rigidly fixed in one approach and cannot switch strategies, even when indicated and desirable. The models do not, moreover, describe the presence or absence of interpersonal warmth. It is entirely possible for patients to see a paternalistic or autocratic physician as personable, caring, and concerned. In fact a common image of the small town or country doctor in the early part of the 20th century was a man (seldom a woman) totally committed to the welfare of his patients, who would come in the middle of the night and sit at the bedside holding the patient's hand, who would be invited to Sunday dinner, and who expected his instructions to be followed exactly and without question.

Kaplan & Sadock's Synopsis of Psychiatry

1. The Doctor-Patient Relationship and Interviewing Techniques