2017 年度

東京慈恵会医科大学(医学部)模擬問題

英　　語

Ⅰ． 次の(A)～(E)において，意味が通じるように，１ ～ ５ のそれぞれの(　　)に与えられた文字で始まる英語を１語ずつ書きなさい。

(A) Andy: What time shall I pick you up tomorrow?
Matt: Sorry, I'm afraid I can't go to dinner. I have to take a (r　1　) check on that.

(B) Robert: Five minutes later and I would have missed the flight.
Eliza: Oh! That was a close (c　2　).

(C) Randy: Cathy can't attend the meeting tonight. Can you (f　3　) in for her?
Jeff: Sure, but I'm busy with the new project, so I might be late.

(D) Eva: We will face the champion team next week.
Donald: Yeah, the (o　4　) are pretty much against us.

(E) Henry: What did the professor say about that topic?
Diana: Well, she just (t　5　) on it.

Ⅱ． 次の(1)～(4)において，語法，文脈から判断して(　　)に入る最も適当なものを(A)～(D)より１つ選び，その記号を書きなさい。

(1) You should (　　) saying or doing things you will regret.
(A) go along with　(B) put in for
(C) be set on　(D) grow out of

(2) I'm afraid we can't (　　) that energy technology to boost the economy.
(A) channel to　(B) wall through　(C) bank on　(D) dam from

(3) Low fertility has been here (　　), at least for the past decade or more in this country.
(A) to stay　(B) on rise　(C) by peak　(D) against block

(4) I am (　　) minds as to whether I should quit my job.
(A) of two　(B) making up　(C) on these　(D) to my

Ⅲ.　次の(ア)～(イ)において，語法，文脈から判断してそれぞれ下の(A)～(F)を並べかえて空所を補い，文を完成させなさい。解答は (1) ～ (4) に入れるものの記号のみを答えなさい。

(ア) The woman was _____ (1) _____ _____ (2) _____ be hers after her husband's death.

(A) of　(B) to　(C) supposed
(D) cheated　(E) was　(F) what

(イ) The consultant advised the company _____ (3) _____ _____ (4) _____ any control over the situation.

(A) it　(B) follow　(C) that
(D) without　(E) not　(F) suit

Ⅳ.　次の(1)～(5)の各組の英文のうち，最も適当なものを１つ選び，その記号を書きなさい。

(1)　(A)　It will cost less to you to maintain this kind of car than that you have.
(B)　It will cost you little money to maintain cars of this kind than those you have.
(C)　This kind of car will cost you less to maintain than the one you have.
(D)　Car of this kind will cost less to you to maintain than that kind of car.

(2)　(A)　He asked me whether there was anything I knew that others didn't.
(B)　He asked me if or not there was what I knew others didn't know that.
(C)　He asked me there was something that I knew what others didn't know.
(D)　He asked me what there was that I knew that others didn't know it.

(3)　(A)　It is difficult that we always consider doing what is good for our health.
(B)　It is not always easy to do what is considered to be good for our health.
(C)　It is possible that we always do what considered to be good for our health.
(D)　It is quite natural that we always consider to do what is good for our health.

(4)　(A)　She was praised for inventing the machineries with which a lot of scientists used to measure them accurately.
(B)　She was praised for inventing the machine a lot of scientists used to make an accurate measurement.
(C)　She invented the machine a lot of scientists used to making a precise measurement to praise.
(D)　She invented the machine which a lot of scientist praised it for using to measure precisely.

(5)　(A)　The athlete was able to field any questions the journalists asked about his new challenge.
(B)　The athlete on the field was capable of asking the journalists of some questions about his new challenge.
(C)　The athlete was unable to answer to the journalists asked some questions about his challenge to a new field.
(D)　The athlete was impossible to challenge any questions the journalists asked of him about his new field.

Ⅴ．　次の英文を読み，設問に答えなさい。

What if you could pop a pill that made you smarter? It sounds like a Hollywood movie plot, but a new systematic review suggests that the decades-long search for a safe and effective “smart drug” might have notched its first success. (　A　)

Modafinil, which has been prescribed in the U.S. since 1998 to treat sleep-related conditions such as narcolepsy and sleep apnea, heightens alertness much as caffeine does. (　B　) To clear up the confusion, researchers then at the University of Oxford analyzed 24 studies published between 1990 and 2014 that specifically looked at how modafinil affects cognition. In their review, which was published last year in *European Neuropsychopharmacology*, they found that the methods for evaluating modafinil strongly affected the outcomes. Research that looked at the drug’s effects on the performance of simple tasks—such as pressing a particular button after seeing a certain color—did not detect many benefits.

Yet studies that asked participants to do complex and difficult tasks after taking modafinil or a placebo found that those who took the drug were more accurate, which suggests that it may affect “higher cognitive functions—mainly executive functions but also attention and learning,” explains study co-author Ruairidh Battleday now a medical doctor and Ph.D. student at the University of California, Berkeley.

But don’t run to the pharmacy just yet. Although many doctors very likely prescribe the drug off-label to help people concentrate—indeed, a 2008 survey by the journal *Nature* found that one in five of its readers had taken brain-boosting drugs, and half those people had used modafinil—trials have not yet been done on modafinil’s long-term effectiveness or safety. Studies of the drug have been “carried out in a controlled scientific environment and usually only looked at the effects of a single dose,” explains Oxford neuropsychologist and review co-author Anna-Kntharine Brem—so no one yet knows whether it is safe for long-term use in healthy people. (　C　)

Side effects are another important consideration. (　D　) Although these kinds of problems may be worth enduring for a drug that treats an illness, “if you don’t have a medical condition, the risks versus benefits change dramatically,” says Sharon Morein-Zamir, a psychologist at the University of Cambridge who studies ethical considerations associated with the use of cognition-enhancing drugs. She says, “[　X　]” A pill, which may help you to ace an exam, for instance, won’t do you much good if it also causes a *grueling stomachache.

（注）　*grueling：「非常に激しい」

問 1. (　A　)～(　D　)に入る最も適切な文を，以下の(1)～(4)の中から選び，その番号を書きなさい。なお，それぞれの選択肢は１回ずつしか使えない。

(1)　A number of studies have suggested that it could provide other cognitive benefits, but results were uneven.

(2)　Modafinil has been shown to cause some conditions ― insomnia, headache and stomachache―in some users.

(3)　Nor is it known whether modafinil might lose its edge with repeated use, a phenomenon familiar to many coffee drinkers.

(4)　Researchers have found that modafinil boosts higher-order cognitive function without causing serious side effects.

問 2. [　X　]に入る最も適切な文を以下の(1)～(4)の中から１つ選び，その番号を書きなさい。

(1)　The question is how to balance the risks and benefits in order for patients to use the drugs safely.

(2)　For some the benefits will likely outweigh the risks, whereas for others this may not be the case.

(3)　These drugs may not reflect the trade-offs between the risks and benefits of many individuals in the clinical tests.

(4)　When the potential benefits exceed the potential risks, you should not avoid taking the risks.

Ⅵ. 次の英文を読み，設問に答えなさい。

Lilian Boyes suffered for many years from rheumatoid arthritis. It became increasingly agonizing. Palliative options were exhausted. She repeatedly begged her physician, Dr Cox, to put her out of her misery. He repeatedly refused. There were no doubts about her mental capacity. She continued to beg. At last Dr Cox gave her a lethal(1) injection. He wrote up in her medical notes what he had done. A nurse contacted the police, and Dr Cox was tried for attempted murder. The case was indefensible. The law was clear. He was duly convicted. His benign motive was reflected in his sentence—a short and wholly suspended sentence of imprisonment.

All of us surely have sympathy both for Lilian Boyes and for Dr Cox. The question is whether it(2) is a good reason for a change in the law of murder.

Proponents of the legalization of euthanasia tend to use two strands of argument. First, they contend that compassion makes euthanasia morally mandatory(3). We wouldn't let our dog continue to scream for years with uncontrolled pain: we'd take it to the vet to be put down. Why should we deny to humans what basic decency makes us do to our dogs? And second, they emphasize autonomy. Our lives are our own, they say. We can decide what to do with them. If we choose to end them, that's our business.

The opponents of a change in the law are often, but by no means always, motivated by a belief in the *sanctity of life which is often rooted in the notion of the Imago Dei—the idea that God's image is stamped on all humans, and that to take life is to efface(4) that image. They are typically suspicious about the primacy of autonomy, suggesting that it is not the only principle in play. They note that the exercise of X's autonomy necessarily affects the life (and the exercise of the autonomy) of Y. A special and important example of this is the asserted slippery slope from voluntary euthanasia to involuntary euthanasia.

Whether this slippery slope exists where euthanasia is lawful, and if so whether any block can be placed on it(5) to stop practice sliding disastrously all the way down to the bottom, are matters of intense debate. It is probably true that capacity-truncating depression is a common and under-diagnosed condition in patients who ask for euthanasia. This means that there is reason to wonder about the validity of the consent they give, and reason to wonder whether, if their depression were treated, the desire for death would recede. But it does not necessarily mean that no sufficient safeguards can be put in place to relegate these concerns to the status of mere slogan.

If autonomy is the sole *arbiter of action, say the opponents of euthanasia, why restrict the right to die to terminally ill patients? Why not allow a tired, bored person to drop in at a euthanasia booth on the way home?

The proponents of euthanasia have three responses. First, and most radically: 'Why not indeed?

But sadly society's not yet mature enough for such a dramatically enlightened step.' Second: 'That(6)'s not the law we're asking for at the moment, so don't introduce irrelevancies.' And third, and more disarmingly: 'There may be real concerns about whether a request from a physically well person is made with full capacity.'

Another argument from the opponents is based on the role of doctors, who would be doing the killing. If we say for the sake of argument that X has a right to be killed when, where, and in the circumstances that they wish, should that imply that X can say to Y: 'You must kill me, whether you want to or not?' If Y is society, perhaps this demand is not so offensive(7). If Y is a person, or perhaps even a profession, it becomes more tricky. And ultimately it is a profession, and a person within a profession, who has to do the killing.

（注）　*sanctity：「神聖さ」
　　*arbiter：「規範」

問 1. 下線部(1), (3), (4), (7)の語の本文中での意味と最も近い意味を表す語を，それぞれ 1 ～ 4 の中から 1 つずつ選び，その番号を書きなさい。

(1)	lethal	1.	clinical	2.	fatal
		3.	pharmaceutical	4.	specific
(3)	mandatary	1.	compulsory	2.	impermissible
		3.	problematic	4.	sensitive
(4)	efface	1.	capture	2.	eradicate
		3.	insert	4.	transmit
(7)	offensive	1.	aggressive	2.	distasteful
		3.	illegal	4.	positive

問 2. 下線部(2)の it が示す内容を本文中の英語で書きなさい。

問 3. 下線部(6)の That が示す内容を本文中の英語で書きなさい。

問 4. 本文の内容と一致する内容を持つ文を，1 ～ 5 の中から 1 つ選び，その番号を書きなさい。

1. The court imposed a penalty on Dr Cox with no regard to his benevolent motive.
2. We shouldn't put the dogs with uncontrolled pain out of their misery.
3. The opponents argue that some patients might be euthanized against their will.
4. We have to safeguard depressed patients from the desire to die.
5. Since patients have the right to be killed, doctors have the right to kill them.

問 5. 下線部(5)を日本語に訳しなさい。

Ⅶ. 次の日本語の文の下線部を英語に訳しなさい。

日本語の「なつかしい」にあたる単語がドイツ語にはない。旧知と会ったとき，日本語の上手なドイツ人なら，わぁ，なつかしい，と思わず口をついたりする。ドイツ語に限らず外国語にはそれぞれ日本語にない発想や感覚にあふれているが，日本語にも独特の個性がありそれが外国人の興味をそそる。お互いに外国語を学ぶことで，より深く自国語を知るのだ。