

平成24年度

愛媛大学医学部一般入試（前期日程）試験問題

外国語(医学科)

(14:10~16:10)

注意事項

- (1) 試験開始の合図があるまでは、次の頁を開いてはいけません。
- (2) 解答は、解答用紙の指定のところに横書きすること。
- (3) 受験番号は、解答用紙1枚ごとに、欄内に算用数字で横書きすること。
- (4) 問題冊子は、表紙を含めて9枚、解答用紙は3枚あります。

問題 I . Palliative Medicine (緩和医療) に関する次の英文を読み、後の設問に日本語で答えなさい。なお、「*」印のついた単語については、本文の後に語注がついているので参考にしなさい。

What is palliative medicine?

We shall use the definition prepared and adopted in the United Kingdom in 1987 when palliative medicine was accorded specialist status:

*Palliative Medicine is the study and management of patients with active, progressive, far-advanced disease, for whom the *prognosis is limited and the focus of care is the quality of life.*

By intention, this definition is for doctors. By common *assent, when other clinicians such as nurses, *occupational- or *physiotherapists, or *pastoral care workers, are involved we refer to palliative care rather than palliative medicine because such care is almost always multi-professional, or *interdisciplinary—to use the more appropriate word though both terms are used interchangeably in this textbook. This book, however, has been prepared to address the needs of doctors, though naturally we hope some of its contents will interest and assist other colleagues who refer to it.

For all the criticisms leveled at this definition it has many merits. It emphasizes that it is a subject worthy of study, therefore by implication, of research. Later in this section we shall look at education and training, as well as at research. Many chapters are devoted to these in this book.

The definition refers to 'active disease' thereby excluding such things as post-traumatic syndromes, the disability which can result from *cerebrovascular accidents, and several chronic conditions which, whilst undoubtedly incapacitating and distressing, may run a course of many years before they ever become life-threatening.

The inclusion of the word 'progressive' emphasizes the clinical basis for the definition because we are now able to measure disease progression better than ever before. It may be by simple clinical examination and assessment or by straight X-rays. It may require the *sophistication of *CT scans, *magnet resonance imaging (MRI) or biochemical or *tumor markers. Palliative medicine, according to this definition, is for those whose underlying illness is now progressing *inexorably, though as a result of some palliative *interventions *remission may still be achieved.

Some critics have questioned whether there needs to be mention of 'far-advanced' when, later in the definition, it is said that palliative medicine is for people with a limited prognosis. However, its inclusion excludes those with an illness which is certainly progressing, and will eventually prove *fatal though that time may be some considerable time off—a reminder, if any was needed, of the chronicity of many fatal illnesses. We shall return to this topic of when to commence palliative medicine later in this section.

Probably the most important feature of the definition, however, is its bold *assertion that the focus of palliative medicine is on the quality of life. Predictably similar claims would be made by most medical specialties, but only within recent memory have attempts been made to define the quality of life or devise tools for its measurement. More often the focus of medical care has appeared to be on cure or, failing that, on life-preservation or prolongation. Palliative medicine is not about curing. Nor does it ever set out to prolong life (any more than it sets out to abbreviate it), though many patients receiving palliative care seem to outlive the prognoses given by their doctors. The focus is on the quality of life—something which some would regard as an *oxymoron. How can one speak of quality of life for people confronting death? The fact is that quality of life is something frequently spoken about by the patients themselves, something they seem more aware of and concerned about than most of us would expect, were we not working in palliative medicine. It is a concept, a goal that receives much mention in this book.

①It will be noticed that no mention is made of the nature of the patient's illness. It has traditionally been regarded as the final care appropriate for those dying from malignant disease though within the last 20 years or so more and more patients with motor neuron disease have received palliative care.

A valid criticism of the definition is that it makes no *explicit mention of relatives, though concern for them is perhaps *implicit. There is no question that palliative medicine is concerned with their needs and welfare as well as those of the patients, and in particular is sensitive to *bereavement in its many manifestations. The needs of relatives and friends receive much attention in this book.

出典：Derek Doyle 等著、Oxford Textbook of Palliative Medicine (2004年)

第3版の序論より抜粋

注)

prognosis 予後	inexorably 容赦なく
assent 賛同	intervention 介入
occupational therapist 作業療法士	remission 寛解
physiotherapist 理学療法士	fatal 致死の
pastoral 牧師の	assertion 主張
interdisciplinary 多分野にまたがる	oxymoron 意味が矛盾する2つの語句 を並べて言い回しに効果を 与える修辭法
cerebrovascular 脳血管性の	explicit 明白な
sophistication 洗練	implicit 含蓄の
CT scans コンピュータ断層撮影	bereavement 死別
magnet resonance imaging (MRI) 磁気共鳴画像	
tumor markers 腫瘍マーカー	

[設問1] 著者は palliative medicine をどのように定義しているかを、句読点を含めて85字以内で述べなさい。

[設問2] この palliative medicine の定義で、筆者が最も大切と考えている点を、句読点を含めて25字以内で述べなさい。

[設問3] この palliative medicine の定義の問題点はどこであると筆者は述べているか、句読点を含めて30字以内で述べなさい。

[設問4] 通常の医療が palliative medicine と異なる点を、句読点を含めて50字以内で述べなさい。

[設問5] 下線①を、句読点を含めて130字以内で全訳しなさい。

問題Ⅱ. 次の英文を読み、後の設問に日本語で答えなさい。なお、「*」印のついた単語については、本文の後に語注がついているので参考にしなさい。

To the casual observer, four-year-old Judy might seem a *wallflower among her more *gregarious playmates. She *hangs back from the action at playtime, staying on the margins of games rather than *plunging into the center. But Judy is actually a keen observer of the social politics of her *preschool classroom, perhaps the most sophisticated of her playmates in her insights into the tides of feeling within the others.

Her sophistication is not apparent until Judy's teacher gathers the four-year-olds around to play what they call the Classroom Game. The Classroom Game—a dollhouse replica of Judy's own preschool classroom, with stick figures who have for heads small photos of the students and teachers—is a test of social *perceptiveness. When Judy's teacher asks her to put each girl and boy in the part of the room they like to play in most—the art corner, the blocks corner, and so on—Judy does so with complete accuracy. And when asked to put each boy and girl with the children they like to play with most, Judy shows she can match best friends for the entire class.

Judy's accuracy reveals that she has a perfect social map of her class, a level of perceptiveness exceptional for a four-year-old. These are the skills that, in later life, might allow Judy to blossom into a star in any of the fields where “people skills” count, from sales and management to *diplomacy.

That Judy's social brilliance was spotted at all, let alone this early, was due to her being a student at the Eliot-Pearson Preschool on the campus of Tufts University, where ①Project Spectrum, a curriculum that intentionally cultivates a variety of kinds of intelligence, was then being developed. Project Spectrum recognizes that the human *repertoire of abilities goes far beyond the three R's, the narrow band of word-and-number skills that schools traditionally focus on. It acknowledged that capacities such as Judy's social perceptiveness are talents that an education can nurture rather than ignore or even frustrate. By encouraging children to develop a full range of the abilities that they will actually draw on to succeed, or use simply to be fulfilled in what they do, school becomes an education in life skills.

The guiding visionary behind Project Spectrum is Howard Gardner, a psychologist at the Harvard School of Education. “The time has come,” Gardner told me, “to broaden our notion of the spectrum of talents. The single most

important contribution education can make to a child's development is to help him toward a field where his talents best suit him, where he will be satisfied and *competent. We've completely lost sight of that. Instead we subject everyone to an education where, if you succeed, you will be best suited to be a college professor. And we evaluate everyone along the way according to whether they meet that narrow standard of success. We should spend less time ranking children and more time helping them to identify their natural competencies and gifts, and cultivate those. There are hundreds and hundreds of ways to succeed, and many, many different abilities that will help you get there."

If anyone sees the limits of the old ways of thinking about intelligence, it is Gardner. He points out that the glory days of the IQ tests began during World War I, when two million American men were sorted out through the first mass paper-and-pencil form of the IQ test, freshly developed by Lewis Terman, a psychologist at Stanford. This led to decades of what Gardner calls the "IQ way of thinking": "that people are either smart or not, are born that way, that there's nothing much you can do about it, and that tests can tell you if you are one of the smart ones or not. The *SAT test for college admission is based on the same notion of a single kind of *aptitude that determines your future. This way of thinking *permeates society."

Gardner's influential 1983 book *Frames of Mind* was a *manifesto *refuting the IQ view; it proposed that there was not just one, *monolithic kind of intelligence that was crucial for life success, but rather a wide spectrum of intelligence, with ②seven key varieties. His list includes the two standard academic kinds, verbal and mathematical-logical *alacrity, but it goes on to include the spatial capacity seen in, say, an outstanding artist or architect; the *kinesthetic genius displayed in physical fluidity and grace of a Martha Graham or Magic Johnson; and the musical gifts of a Mozart or YoYo Ma. *Rounding out the list are two faces of what Gardner calls "the personal intelligences": interpersonal skills, like those of a great therapist such as Carl Rogers or a world-class leader such as Martin Luther King, Jr., and the "intrapsychic" capacity that could emerge, on the one hand, in the brilliant insights of Sigmund Freud, or, with less fanfare, in the inner contentment that arises from *attuning one's life to be in keeping with one's true feelings.

The operative word in this view of intelligence is *multiple*: Gardner's model pushes way beyond the standard concept of IQ as single, *immutable factor. It recognizes that the tests that *tyrannized us as we went through school —from the

achievement tests that sorted us out into those who would be shunted toward technical schools and those destined for college, to the SATs that determined what, if any, college we would be allowed to attend—are based on a limited notion of intelligence, one out of touch with the true range of skills and abilities that matter for life over and beyond IQ.

Gardner acknowledges that seven is an arbitrary figure for the variety of intelligence; there is no magic number to the *multiplicity of human talents. At one point, Gardner and his research colleagues had stretched these seven to a list of twenty different varieties of intelligence. Interpersonal intelligence, for example, broke down into four distinct abilities: leadership, the ability to nurture relationships and keep friends, the ability to resolve conflicts, and skill at the kind of social analysis that four-year-old Judy *excels at.

This *multifaceted view of intelligence offers a richer picture of a child's ability and potential for success than the standard IQ. When Spectrum students were evaluated on the Stanford-Binet Intelligence Scale—once the gold standard of IQ tests—and again by a battery designed to measure Gardner's spectrum of intelligences, there was no significant relationship between children's scores on the two tests. The five children with the highest IQs (from 125 to 133) showed a variety of profiles on the ten strengths measured by the Spectrum test. For example, of the five "smartest" children according to the IQ tests, one was strong in three areas, three had strengths in two areas, and one "smart" child had just one Spectrum strength. Those strengths were scattered: four of these children's strengths were in music, two in the visual arts, one in social understanding, one in logic, two in language. None of the five high-IQ kids were strong in movement, numbers, or mechanics; movement and numbers were actually weak spots for two of these five.

Gardner's conclusion was that "the Stanford-Binet Intelligence Scale did not predict successful performance across or on a consistent subset of Spectrum activities." On the other hand, the Spectrum scores give parents and teachers clear guidance about the *realms that these children will take a spontaneous interest in, and where they will do well enough to develop the passions that could one day lead beyond *proficiency to *mastery.

Gardner's thinking about the multiplicity of intelligence continues to evolve. Some ten years after he first published his theory, Gardner gave these *nutshell summaries of the personal intelligence:

③ Interpersonal intelligence is the ability to understand other people: what motivates them, how they work, how to work cooperatively with them. Successful salespeople, politicians, teachers, clinicians, and religious leaders are all likely to be individuals with high degrees of interpersonal intelligence. ④ Intrapersonal intelligence is a correlative ability, turned inward. It is a capacity to form an accurate, *veridical model of oneself and to be able to use that model to operate effectively in life.

In another *rendering, Gardner noted that the core of interpersonal intelligence includes the “capacities to discern and respond appropriately to the moods, *temperaments, motivations, and desires of other people.” In intrapersonal intelligence, the key to self-knowledge, he included “access to one’s own feelings and the ability to discriminate among them and draw upon them to guide behavior.”

出典： Daniel Goleman 著、Emotional Intelligence (1995年) 第3章より抜粋
(一部改変)

注)

wallflower 壁の花	alacrity 機敏
gregarious 集団の	kinesthetic 画像映りの良い
hang back ためらう	round out より完全なものにする
plung into 飛び込む	attune 調和する
preschool 幼稚園	immutable 変えることができない
perceptiveness 知覚力	tyrannize しいたげる
diplomacy 外交	excel at ~に秀いでている
repertoire 範囲	multifaceted 多面的な
competent 有能な	multiplicity 多様性
SAT test 米国で行われている大学進学 適性テスト	realm 分野
aptitude 素質、才能	proficiency 熟練
permeate 浸透する	mastery 熟達
manifesto 証明するもの (ラテン語)	nutshell 簡潔な
refute 論破する	veridical 事実と一致する
monolithic 異分子の存在を許さない	rendering 解釈
	temperament 気質

- [設問 1] Judy の際立った才能とはどのようなことか、句読点を含めて 100 字以内で簡潔に説明しなさい。
- [設問 2] 下線①の「Project Spectrum」とは何か、句読点を含めて 150 字以内で簡潔に説明しなさい。
- [設問 3] この文章にタイトルをつけるとすれば次のうちどれが最もふさわしいか、一つ選びなさい。
1. IQ and emotional intelligence
 2. Can emotion be intelligence?
 3. A different kind of intelligence
 4. Emotional brilliance
 5. Emotional intelligence and destiny
- [設問 4] 下線②の Gardner が分類した 7 種類の知性、才能または能力とは何か、それぞれ 10 字以内で簡潔に答えなさい。
- [設問 5] 下線③及び下線④について、それぞれ句読点を含めて分かりやすい日本語 100 字以内で説明しなさい。
- [設問 6] Gardner の教育、才能に対する主張の内容について句読点を含めて 200 字以内で簡潔に答えなさい。