

(コ) I decided to use the material that can be found everywhere but is () known.

- ① a little ② a little bit ③ little ④ little bit

(サ) I had to put on sunscreen every two to four hours. This was () small feat.

- ① a little ② all ③ not ④ no

(シ) Everything looks so good, everything works. But actually, no. These technologies really are not () easy.

- ① what ② that ③ much ④ yet

(ス) The first house () built on a block is house number one.

- ① been ② is ③ ever ④ even

(セ) I'm an academic, so I put audiences to sleep () free.

- ① by ② in ③ with ④ for

(ソ) They claim those who really own the sacred place are the generations () unborn.

- ① nearly ② as yet ③ apart from ④ besides from

II 次の(ア)～(オ)はAとB二人の対話である。空欄に入れるのもっとも適当なものを、それぞれ①～④のうちから一つずつ選びなさい。

(ア) A: What a lovely restaurant! And there are so many choices on the menu.

B: Feel free to order (). It's on me.

- ① something for later
- ② whatever you like
- ③ whichever you choose
- ④ everything else

(イ) A: You seem to have had a falling out with Tetsuya.

B: That's for sure. Ever since he lied to me, I just can't go back to the way things were before.

A: It's hard when you can () trust someone.

- ① no more
- ② not further
- ③ simply
- ④ no longer

(ウ) A: () your visit?

B: I would like to pursue a career in environmental chemistry.

A: So you're interested in an internship in our molecular laboratory?

B: That is exactly why I'm here.

- ① Where would you like to go for
- ② What is the nature of
- ③ Why did you come here to
- ④ How can I help from

(エ) A: The night bus for Kyoto leaves in an hour.

B: I'm not sure I'll be able to make that.

A: What do you mean? I () enough time to get ready but I'm here!

- ① scarcely had
- ② hardly have
- ③ already have
- ④ have since had

(才) A: That's a really cool bike!

B: Thanks. It was on sale and I just couldn't resist. If you're interested in getting one, I can tell you where I got mine.

A: That's OK. I'm not going to get one ().

- ① just like mine
- ② only after that
- ③ only because you have one
- ④ just because of one

Ⅲ 次の(ア)～(コ)の各英文の下線部のうち、もっとも不適当なものを①～④のうちから一つ選びなさい。

(ア) It is only appropriate that his team would be awarded the fellowship.
① ② ③ ④

(イ) Just because I didn't choose ophthalmology don't mean you shouldn't.
① ② ③ ④

(ウ) Not until I had gotten sick myself I realized as a doctor how sick people feel.
① ② ③ ④

(エ) It turns to be seen whether something will happen.
① ② ③ ④

(オ) My mother was a secretary to the then president of the listed company, which went bankruptcy after the collapse of the bubble economy.
① ② ③ ④

(カ) There was a large audience at the Woodstock rock concert, and they were most young people.
① ② ③ ④

(キ) The crux of the problem is that much more trees are cut down than are planted.
① ② ③ ④

(ク) I'd prefer to give the class a different view of psychology and give them a taste of what linguistics have to offer for counseling methods.
① ② ③ ④

(ケ) Kyorin University will give you every opportunity learn the knowledge and skills you need to be a good doctor.
① ② ③ ④

(コ) Kyorin University established the Center for Academic Research Promotion in April 2014 and has actively taken measures to tackle the issue of gender equal.
① ② ③ ④

IV 次の2つの文章を読み、それぞれに続く設問に答えなさい。*が付いている語には注がある。

(英文1)

The doctor-patient relationship is different from any other relationship. People expect the doctor to know them in a fundamental and intimate way, and doctors need to know their patients in order to truly care and cure. This is the first communication-transforming principle: *Communication should serve the patient's need to tell the story of his or her illness and the doctor's need to hear it.* Telling the story is the (ア) by which the meaning of the illness and the meaning of the disease are integrated and interpreted by both doctor and patient.

Patients need to feel that their doctors take a personal interest in them as individuals, like them, are concerned and committed to their welfare, and will consequently take pains to do a good job. The fulfillment of the basic need to feel known and understood begins with the telling of the patient's story. Telling one's story can also be therapeutic in its own right because it provides a cathartic release and the opportunity for insight and perspective. For physicians, the patient's story provides the context for the clinical insight necessary for understanding and interpreting the many symptoms and clues the patient provides.

The arithmetic of each physician having an average of 2,500 patients does not equal the experience of each of those 2,500 patients with his or her doctor. Each patient expects that treatment will be uniquely suited to his or her individual needs, but the patient must express these needs within the constraints of short appointment blocks scheduled several times throughout the year. It is in this context that patients attempt to establish their unique identities — where patients search for the opportunity to tell their stories and to experience the feeling that their stories are heard.

But the telling is not so easy. Stories may not be told because patients fear that the stories do not meet the standards of life-and-death intensity the patients assume their doctors demand. This is unfortunate — especially so because the patient's assumption that the doctor is not interested or that the story is unimportant is infrequently addressed in an explicit manner. If the doctor does not facilitate the story telling — if the patient is not encouraged to go on — the patient very often will not.

Facilitating the story-telling process is best accomplished when there are no strict parameters limiting or defining the patient's response. The patient's story is not limited to the first-^(イ)

presenting problem. Patients often state a medical complaint as a “ticket of entry” to medical care, even though the primary and most pressing concern may be unrelated to this complaint.

A study focusing on the first 90 seconds of the medical visit found that the patient’s response to the physician’s opening question was completed in only 23% of the visits studied. In 69% of the visits, the physician interrupted the patient’s opening statement, after an average of only 15 seconds, to follow up on a stated problem. In only one of these visits was the patient given the opportunity to return to, and complete, the opening statement. For those 30% of patients who were allowed to continue, none of their statements took more than 2.5 minutes. Moreover, analysis of the concerns raised by patients throughout the visit showed that the first named concern was no more clinically significant than concerns that were expressed later. However, later concerns tended to be raised in a haphazard manner and they received inconsistent attention from the physician. A replication of this study some 15 years later found little had changed in physicians’ attention to their patients’ agenda; patients’ initial statements of concern were completed in only 28% of interviews, and their opening statements were redirected after an average of 23 seconds.

(Adapted from Debra L. Roter and Judith A. Hall. *Doctors Talking with Patients/Patients Talking with Doctors*, 2006)

(ア) Fill in the blank (ア).

- ① symptom
- ② method
- ③ ways
- ④ mean

(イ) In the context of the passage, what is the word closest in meaning to “parameters”?

- ① borders
- ② requests
- ③ needs
- ④ passages

- (ウ) Why does the writer feel patients don't pursue the telling of their own stories?
- ① Patients are too busy to do so at the hospital.
 - ② Many people do not have the time to tell their doctors what is really wrong.
 - ③ Patients want to hear their doctors' opinion first.
 - ④ Patients feel their stories are not important enough to tell the doctor.
- (エ) According to the passage, what happens in the first ninety seconds of a clinical visit?
- ① A majority of patients are able to satisfactorily answer the doctor's initial question.
 - ② Less than half of the patients are asked a follow-up question.
 - ③ Doctors focus more on concerns stated after the original statement.
 - ④ Patients are redirected from completing their original statements in a majority of cases.
- (オ) According to the passage, how does a patient begin the communication process?
- ① By stating the most important problem at the onset.
 - ② Waiting to enter the conversation until after the doctor speaks.
 - ③ Using a medical complaint to facilitate the opening of the conversation.
 - ④ Enjoying a moment or two to get to know the doctor.
- (カ) According to the sixth paragraph, what is significant about the studies on the doctor-patient relationship?
- ① Doctors have become more effective communicators.
 - ② Patients have become more effective communicators.
 - ③ Both doctors and patients have become more effective communicators.
 - ④ Neither doctors nor patients have become more effective communicators.
- (キ) What can be inferred from the passage?
- ① Effective communication is the responsibility of both the patient and the doctor.
 - ② In spite of the heavy patient load of doctors, effective communication cannot occur.
 - ③ The doctor-patient relationship is based on an in-depth shared history.
 - ④ Patients need to facilitate the communication process more effectively.

(ク) According to the passage, what is the motivating factor for a patient to tell his or her own story?

- ① The first-presenting problem.
- ② The story-telling process.
- ③ To be recognized and heard.
- ④ To care and cure.

(ケ) According to the passage, which of the following is true?

- ① Doctors should concentrate on expressing their opinions concisely.
- ② Doctors shouldn't allow patients to freely express their concerns without interruption.
- ③ Patients and doctors are trying to communicate within an ample time frame.
- ④ The number of patients a doctor sees is not equivalent to their individual experiences.

(コ) Choose a suitable title for the passage:

- ① The Doctor's Story
- ② Listening in the First 90 Seconds
- ③ Communicating to Care and Cure
- ④ To Be Heard or Not

(英文 2)

One night when I was sixteen years old, I went to sleep in my dormitory room at Cornell in upstate New York and awoke six months later in a hospital bed in New York City. My disease had declared itself for the first time in the most dramatic way possible. I had suffered a massive intestinal bleeding, which had put me into a long coma. My life as a well person had ended, and my life as a chronically ill person with Crohn's disease* had begun. It was then that I first came to know my mother.

As a professional woman, my mother had always worked long hours. Often I saw her only when she arrived home after dark to finish my bath, read me a story, or kiss me goodnight. I remember her as a somewhat shadowy figure on the periphery of my childhood who smelled good and cared for me on the weekends.

But during the six months that I was in a coma, life changed for us both. I was an only child of older parents, and both my parents had been overprotective. My father's fear was fed by the words of my physicians. They told him that if I recovered from this coma, I would live as an invalid, severely limited by a disease that they could not understand or control. I would undergo many major surgeries. I could not be expected to live past the age of forty. Returning to college was, of course, out of the question. Respectful of their expertise and frightened for my life, my father had accepted every word.

But this was not my idea of my future. I wanted to be a doctor passionately, and as a spoiled only child I was accustomed to having my own way. My father and I had several stormy (ス), and I remember the last of these well. I was lying in a hospital bed with my father on my left and my mother on my right. My father dominated the conversation, repeating the words of the doctors yet again. When I angrily told him that I would return to school no matter what the doctors said, he as angrily replied that he would not give me the money for my tuition. And then my mother spoke up for the first time.

Accomplished professional woman though she was, she had been born in Russia and had been subservient to the will of her husband in all personal matters much as her mother had been before her. I do not remember her ever questioning one of my father's decisions or making a family decision of her own. But these were different times. "I will pay your tuition," she said quietly. My father was aghast. "And where will you find the money to do that?" he challenged

her. She went on as if he had not spoken. "I have had a secret bank account for many years," she told me in the same even tone of voice. "You can have it all."

My mother was a superbly trained public health nurse. Twenty-four hours later, she had signed me out of the hospital against medical advice and flown with me in a small plane back to college. It was her first airplane ride. She lived with me there for the next six months, taking me to my classes, sometimes pushing my wheelchair when I was too weak to walk, caring for me until I could manage for myself. Then she left me there and went home.

It was a difficult two years, as I was still sick and very weak. I could not eat ordinary food and was twenty-five or thirty pounds below my normal weight. The powerful drugs I needed to take to control my symptoms had radically changed my appearance. Just living pushed me to my limits and sometimes beyond. Often I was filled with self-pity, but there was no one to depend on but myself. Slowly I found a strength I had not known I had and a way to live this new life and go on.

Years later, I spoke with my mother about this difficult time and how important it had been. I reminded her of our daily phone calls and thanked her for her support and her (夕). I wondered why she had let go of her only child at a time when most parents would have rushed in to protect and pamper, help and fix. It had been dangerous. Hadn't she been afraid?

"I was terrified for you," she told me, "but I was even more frightened for your dreams. If they died, this disease would have claimed you." And so she had given me the chance to try, to see if I could become a doctor. It had seemed to her that if others had chosen my life for me, I might have been stopped there, frozen and bitter, always wondering if I could have done it. "There are so many ways to die, Rachel," she told me.

My eyes filled with tears. I had simply not known. "And if I had failed, Mom?" I asked her. "If you had failed, you would have found out for yourself what was real. Then perhaps in time you could accept it and dream again."

Befriending the life in others is sometimes a complex matter. There are times when we offer our strength and protection, but these are usually only temporary measures. The greatest blessing we offer others may be the belief we have in their struggle for freedom, the courage to support and accompany them as they determine for themselves the strength that will become

their refuge and the foundation of their lives. I think it is especially important to believe in someone at a time when they cannot yet believe in themselves. Then your belief will become their lifeline.

(Adapted from Rachel Naomi Remen, M.D. *My Grandfather's Blessings: Stories of Strength, Refuge, and Belonging*, 2000)

Crohn's disease クローン病(口腔から肛門までの全消化器官に非連続性の慢性肉芽腫性炎症を生じる原因不明の炎症性疾患)

(サ) How did the author's disease appear?

- ① possibly
- ② abruptly
- ③ gradually
- ④ chronically

(シ) In the context of the passage, which is the closest in meaning to 'fed'?

- ① strengthened
- ② bored
- ③ relieved
- ④ undermined

(ス) Fill in the blank (ス).

- ① compromises
- ② weather
- ③ agreements
- ④ confrontations

(セ) How could the author return to school?

- ① Her father accepted the words of her physician.
- ② She had her own way no matter what the doctors said.
- ③ Her mother offered to pay her tuition.
- ④ Her father managed to find the money for her tuition.

(ソ) According to the passage, how did the two years after her mother's return change the author?

- ① She found a strength and a way to live by herself.
- ② She found many people to depend on.
- ③ She found a way to depend on her mother.
- ④ She came back to her normal weight.

(タ) Fill in the blank (タ).

- ① money
- ② belief
- ③ protection
- ④ care

(チ) Which is the closest in meaning to the underlined part (チ)?

- ① this disease would have maintained your life
- ② this disease would have disappeared
- ③ this disease would have taken your life
- ④ this disease would have been cured

(ツ) Why did her mother leave the author in her difficult time?

- ① She tried to give the author the chance to try and realize her dream.
- ② She tried to protect and pamper, help and fix.
- ③ She tried to choose the author's life.
- ④ She tried to make the author find out what was real.

(テ) What does the author think is the key to befriending the life in others?

- ① To offer our strength and protection.
- ② To offer temporary measures.
- ③ To choose their lives for them.
- ④ To believe in them at a time when they cannot yet believe in themselves.

(ト) What can be inferred from the passage?

- ① The physicians suggested that the author should return to college as soon as possible.
- ② The author found herself strong enough to become a doctor when she left the hospital.
- ③ The author felt disappointed when she was told why her mother left her and went home.
- ④ The author appreciates her mother's belief in her struggle to become a doctor.