令和７年度 入学試験問題

英語（前期）

試験時間	９０分
問題冊子	１～１３頁

注意事項

1. 指示があるまで問題冊子は開かないこと。
2. 問題冊子および解答用紙に落丁，乱丁，印刷の不鮮明な箇所があったら，手を挙げて監督者に知らせること。
3. 解答が終わっても，または試験を放棄する場合でも，試験終了までは退場できない。
4. スマートフォン等の電子機器類は電源を必ず切り，鞄の中にしまうこと。
5. 机上には，受験票と筆記用具（鉛筆，シャープペンシル，消しゴム）および時計（計時機能のみ）以外は置かないこと。（耳栓，コンパス，定規等は使用できない。）
6. 問題冊子および解答用紙に受験番号と氏名を記入すること。
7. 解答はすべて解答用紙の所定の解答欄に記入すること。欄外には何も書かないこと。
8. この問題冊子の余白は自由に用いてよい。
9. 質問，トイレ，体調不良等で用件のある場合は，無言のまま手を挙げて監督者の指示に従うこと。
10. 監督者の指示により離席する場合は，問題冊子および解答用紙を裏返しにすること。
11. 受験中不正行為があった場合は，試験の一切を無効とし，試験終了時刻まで別室で待機を命じる。
12. 試験終了後，解答用紙は裏返しにすること。問題冊子は持ち帰ること。

受験番号		氏名	

[I] 次の英文を読み，設問に答えよ。設問のうち，問 1 ～問 5 は解答用紙（記述用）に記入すること。その後の問 6 ～問 11 は解答用紙（マークシート）に記入すること。

Seventy-five. That's how long I want to live: 75 years. To convince me of my errors, my friends and family enumerate the myriad people I know who are over 75 and doing quite well. They are certain that as I get closer to 75, I will push the desired age back to 80, then 85, maybe even 90. I am sure of my position. Doubtless, death is a loss. It deprives us of experiences and milestones, of time spent with our spouse and children. In short, it deprives us of all the things we value.

But here is a simple truth that many of us seem to resist: living too long is also a loss. It renders many of us, if not disabled, then faltering and declining. It robs us of our creativity and ability to contribute to work, society, the world. It transforms how people experience us, relate to us, and, most important, remember us. We are no longer remembered as vibrant and engaged but as feeble, ineffectual, even pathetic.

By the time I reach 75, I will have lived a complete life. I will have loved and been loved. My children will be grown and in the midst of their own rich lives. I will (ア)be pursued my life's projects and made (イ)whatever contributions, (ウ)important or not, I am going to make. And hopefully, I will not have too many mental and physical limitations. Dying at 75 will not be a (エ)tragedy. Indeed, I plan to have my memorial service before I die. And I don't want any crying or wailing, but a warm gathering (オ)filled with fun reminiscences, stories of my awkwardness, and celebrations of a good life. After I (カ)died, my survivors can have their own memorial service if they want—that is not my business.

Let me be clear about my wish. I'm neither asking for more time than is likely nor foreshortening my life. Today I am, as far as my physician and I know, very healthy, with no chronic illness. I just climbed Kilimanjaro with two of my nephews. So I am not talking about bargaining with God to live to 75 because I have a terminal illness. Nor am I talking about waking up one morning 18 years from now and ending my life through euthanasia or suicide. Since the 1990s, I have actively opposed legalizing euthanasia and physician-assisted suicide. People who want to die in one of these ways tend to suffer not from unremitting pain but from depression, hopelessness, and fear of losing their dignity and control. The people they leave behind inevitably feel they have somehow failed. The answer to these symptoms is not ending a life but getting help. I have long [1] that we should focus on giving all terminally ill people a good, compassionate death.

I am talking about how long I *want* to live and the kind and amount of health care I will consent to after 75. Americans seem to be obsessed with exercising, doing mental puzzles, sticking to strict diets, and popping vitamins and supplements, all in a heroic effort to cheat death and prolong life as long as possible. This has become so pervasive that it now defines a cultural type: what I call the "American immortal." I [2] this aspiration. I think

this manic desperation to endlessly extend life is misguided and potentially destructive. For many reasons, 75 is a pretty good age to aim to stop.

What are those reasons? Let's begin with demography. We are growing old, and our older years are not of high quality. Since the mid-19th century, Americans have been living longer. In 1900, the life expectancy of an average American at birth was approximately 47 years. By 1930, it was 59.7; by 1960, 69.7; by 1990, 75.4. Today, a newborn can expect to live about 79 years.

In the early part of the 20th century, life expectancy increased as vaccines, antibiotics, and better medical care saved more children from premature death and effectively treated infections. Once cured, people who had been sick largely returned to their normal, healthy lives without residual disabilities. Since 1960, however, increases in longevity have been achieved mainly by extending the lives of people over 60. Rather than saving more young people, we are stretching out old age.

The American immortal desperately wants to believe in the "compression of morbidity." Developed in 1980 by James F. Fries, this theory postulates that as we extend our life spans into the 80s and 90s, we will be living healthier lives—more time before we have disabilities, and fewer disabilities overall. The claim is that with longer life, an ever smaller proportion of our lives will be spent in a state of decline.

Compression of morbidity is a quintessentially American idea. It tells us exactly what we want to believe: that we will live longer lives and then abruptly die with hardly any aches, pains, or physical deterioration. It promises a kind of fountain of youth until the ever-receding time of death. It is this dream—or fantasy—that drives the American immortal and has fueled interest in regenerative medicine and replacement organs.

It is true that compared with their counterparts 50 years ago, seniors today are less disabled and more mobile. But over recent decades, increases in longevity seem to have been [3] by increases in disability—not decreases. For instance, using data from the National Health Interview Survey, Eileen Crimmins, a researcher at the University of Southern California, and a colleague assessed physical functioning in adults, [4] whether people could walk a quarter of a mile; climb 10 stairs; stand or sit for two hours; and stand up, bend, or kneel without using special equipment. The results show that as people age, there is a progressive erosion of physical functioning. More important, Crimmins found that between 1998 and 2006, the loss of functional mobility in the elderly increased. In 1998, about 28 percent of American men 80 and older had a functional limitation; by 2006, that figure was nearly 42 percent, and for women the result was even worse: more than half of women 80 and older had a functional limitation.

This was confirmed by a recent worldwide assessment of "healthy life expectancy" conducted by the Harvard School of Public Health and the Institute for Health Metrics and Evaluation at the University of Washington. The researchers included not just physical but

also mental disabilities such as depression and dementia. They found not a compression of morbidity but in fact an expansion—an "increase in the absolute number of years lost to disability as life expectancy rises." As Crimmins puts it, over the past 50 years, health care hasn't slowed the aging process so much as it has slowed the dying process. And the contemporary dying process has been elongated.

Death usually results from the complications of chronic illness—heart disease, cancer, stroke, Alzheimer's, diabetes. Take the example of stroke. The good news is that we have made major strides in reducing mortality from strokes. Between 2000 and 2010, the number of deaths from stroke declined by more than 20 percent. The bad news is that many of the roughly 6.8 million Americans who have survived a stroke suffer from paralysis or an inability to speak. It is projected that over the next 15 years there will be a 50 percent increase in the number of Americans suffering from stroke-induced disabilities. Unfortunately, the same phenomenon is repeated with many other diseases.

The situation [5] of even greater concern when we confront the most dreadful of all possibilities: living with dementia and other acquired mental disabilities. Right now approximately 5 million Americans over 65 have Alzheimer's; one in three Americans 85 and older has Alzheimer's. And the prospect of that changing in the next few decades is not good. Numerous recent trials of drugs that were supposed to stall Alzheimer's—much less reverse or prevent it—have failed so miserably that researchers are rethinking the whole disease paradigm that informed much of the research over the past few decades. Instead of predicting a cure in the foreseeable future, many are warning of a tsunami of dementia—a nearly 300 percent increase in the number of older Americans with dementia by 2050.

Seventy-five. That is all I want to live. But if I am not going to engage in euthanasia or suicide, is this all just idle chatter? No. My view does have important practical implications. Once I have lived to 75, my approach to my health care will completely change. I won't actively end my life, but I won't try to prolong it, either. Today, when the doctor recommends a test or treatment, especially one that will extend our lives, it becomes incumbent upon us to give a good reason why we don't want it. The momentum of medicine and family means we will almost invariably get it.

At 75 and beyond, I will need a good reason to even visit the doctor and take any medical test or treatment, no matter how routine and painless. And that good reason is not "It will prolong your life." I will stop getting any regular preventive tests, screenings, or interventions. I will accept only palliative—not curative—treatments if I am suffering pain or other disability. This means colonoscopies and other cancer-screening tests are out—and before 75. If I were diagnosed with cancer now, at 57, I would probably be treated, unless the prognosis was very poor. But 65 will be my last colonoscopy. After 75, if I develop cancer, I will refuse treatment.

What about simple stuff? Flu shots are out. Certainly if there were to be a flu

pandemic, a younger person who has yet to live a complete life ought to get the vaccine or any antiviral drugs. A big challenge is antibiotics for pneumonia or skin and urinary infections. Antibiotics are cheap and largely effective in curing infections. It is really hard for us to say no. Indeed, even people who are sure they don't want life-extending treatments find it hard to refuse antibiotics. But unlike the decays associated with chronic conditions, death from these infections is quick and relatively painless. So, no to antibiotics.

Obviously, a do-not-resuscitate order and a complete advance directive indicating no ventilators, dialysis, surgery, antibiotics, or any other medication—nothing except palliative care even if I am conscious but not mentally competent—have been written and recorded. In short, no life-sustaining interventions. I will die when whatever comes first takes me.

Many people, especially those sympathetic to the American immortal, will recoil and reject my view. They will think of every exception, as if these prove that the central theory is wrong. Like my friends, they will think me crazy, posturing—or worse. They might condemn me as being against the elderly.

Again, let me be clear: I am not saying that those who want to live as long as possible are unethical or wrong. I am certainly not scorning or dismissing people who want to live on despite their physical and mental limitations. I'm not even trying to convince anyone I'm right. As a doctor, I often advise people in this age group on how to get the best medical care available in the United States for their ailments. That is their choice, and I want to support them.

And I am not advocating 75 as the official statistic of a complete, good life in order to save resources, ration health care, or address public-policy issues [6] from the increases in life expectancy. What I am trying to do is explain my views for a good life and make my friends and others think about how they want to live as they grow older. I want them to think of an alternative to letting age slow them down and limit their activities. Are we to embrace the "American immortal" or my "75 and no more" view?

I want to celebrate my life while I am still in my prime. My daughters and friends will continue to try to convince me that I am wrong and can live a valuable life much longer. And I retain the right to change my mind and offer a vigorous and reasoned defense of living as long as possible. After all, that would mean still being creative after 75.

<Notes>

do-not-resuscitate order: a legal document that tells health care providers not to try to revive someone who has stopped breathing or whose heart has stopped beating

次の問 1 ～ 問 5 に答えよ。

答えは解答用紙 (記述用) に記入すること。

問 1 [1] ～ [6] に入れるのに最もふさわしい動詞を次の語群から選び，必要ならば適切な形に直して 1 語で書け。なお，同じものを 2 度以上用いてはならない。

accompany	analyze	argue	arise	become	compose
devote	disagree	involve	prevent	reject	reveal

問 2 本文において，下線部(ア)～(カ)のうち 2 か所に文法的な誤りがある。誤りの記号をそれぞれ解答欄に書き，正しい英語 1 語を矢印の右側に書け。

問 3 本文で言及される the American immortal の定義は何か。本文の内容に照らして日本語で説明せよ。

問 4 次の指示にしたがって英文を書け。

The author gives an example of stroke. What does the author want to show readers with this example? Write your answer in English in your own words.

問5 本文の内容に合わないものを(あ)～(か)から2つ選び，その記号を書け。さらにそのように判断した理由を，本文および選択肢の具体的な内容に照らして日本語で説明せよ。

(あ) Over the past six decades, significant gains in life expectancy have been due to elderly people rather than younger individuals.

(い) People who seek assisted suicide often do so due to underlying problems such as feelings of despair rather than agonizing physical pain.

(う) The author believes that current medical practices allow patients to easily choose to accept or decline treatment.

(え) The author is a medical professional who provides guidance to elderly people seeking high-quality medical care.

(お) The author is skeptical about progress being made in Alzheimer's treatment or prevention in light of the results of recent clinical trials.

(か) The compression of morbidity can be defined as the idea that promises longer life as a result of medical advancement.

次の問 6 ～ 問 11 に答えよ。

答えは解答用紙 (マークシート) に記入すること。各問の末尾に示された, □内の数字に対応する欄に解答せよ。

問 6 Which one of the following is true about the author, according to the text? [1]

a. He is concerned that he may develop a terminal illness before he reaches 75.
b. He is considering euthanasia at 75 to end his battle with a terminal illness.
c. He is determined to take a different approach to health care after 75.
d. He is worried that he may not be able to live to the age of 75.

問 7 Choose ALL of the following that can be inferred from the first three paragraphs of the text. [2]

a. The author believes that a prolonged life can impair how others perceive and relate to people.
b. The author emphasizes that maintaining close relationships with family and friends helps one to live longer.
c. The author implies that there may be a point where the benefits of living longer are outweighed by its drawbacks.
d. The author trusts his own perspective on life, which is supported by his family members.

問 8 Choose ALL of the following that are true about the findings of the research conducted by Crimmins and her colleague, according to the text. [3]

a. Elderly women had more disabilities than men in 2006.
b. Fewer elderly men had disabilities in 2006 than in 1998.
c. In 2006, nearly 42% of men over 80 had difficulties with normal movement.
d. The number of men over the age of 80 increased from 1998 to 2006.

問 9 Choose ALL of the following that are true about the author's plans upon turning 75, according to the text. [4]

a. He will decline curative medicines, except for life-threatening diseases.
b. He will have a way to inform doctors of his wishes even if he is unconscious.
c. He will refrain from any tests for colon or other types of cancer.
d. He will take preventive measures against illnesses, such as regular flu shots.

問 10 Which one of the following is NOT true, according to the text? [5]

a. Among Americans over 85 years old, more than 30% have Alzheimer's disease.
b. Life expectancy has increased by over 30 years since the early 1900s.
c. The number of elderly people with dementia will triple by 2050.
d. The number of deaths from strokes increased from 2000 to 2010.

問 11 Choose ALL of the following that can be inferred about the author's opinions, according to the text. [6]

a. He assumes that criticism from those who are close to him would be inevitable.
b. He favors prescribing a certain approach to health care based on medical resources and public policy considerations.
c. He indicates that there is no possibility of ever changing his stance on aging and health care.
d. He wants people to recognize that there are alternatives to fighting against the natural limitations imposed by age.

[II] 次の指示にしたがって英文を書け。解答用紙 (記述用) に記入すること。

To what degree do you agree with the author's main opinion, as written in the text in [I], and why do you think so? Write your answer in an essay, with examples and details to support your ideas.

- Include a summary of the author's opinion.
- Use your own words.
- Write your essay in academic style.

（下書き用紙）

[III] 以下の設問に答えよ。

> 解答用紙(マークシート)に記入すること。各問の末尾に示された，
> □内の数字に対応する欄に解答せよ。

問1 a～eのうち，最も強く発音される部分が第1音節にあるものをすべて選べ。 7

a. contribute
b. counterparts
c. desperately
d. infections
e. sympathetic

問2 a～eのうち，最も強く発音される部分が第2音節にあるものをすべて選べ。 8

a. complete
b. process
c. prolong
d. pursue
e. vibrant

問3 次の単語において，最も強く発音される音節をa～eから1つ選べ。 9

approximately

a. 第1音節
b. 第2音節
c. 第3音節
d. 第4音節
e. 第5音節

問 4　次のそれぞれの意味をもつ単語を a ～ e から 1 つずつ選べ。

(1)　a set of basic laws and principles that a country or organization is governed by [10]

(2)　a usual or accepted way of behaving, especially in social situations [11]

a. conservation
b. consolidation
c. constitution
d. convention
e. conversion

問 5　次のそれぞれの意味をもつ単語を a ～ e から 1 つずつ選べ。

(1)　continuing to do something, even when facing difficulties [12]

(2)　very well known and important [13]

a. persistent
b. precedent
c. prevalent
d. prominent
e. prudent

問 6　次のそれぞれの意味をもつ単語を a ～ e から 1 つずつ選べ。

(1)　the act of looking for or trying to get something [14]

(2)　the possibility that something good will happen [15]

a. bruise
b. expedition
c. glimpse
d. prospect
e. pursuit

問 7　次のそれぞれの意味をもつ単語を a ～ e から 1 つずつ選べ。

(1)　to laugh at someone, often by copying them in a funny but unkind way 16

(2)　to succeed in achieving something after trying for a long time 17

a. attain
b. crumble
c. dwell
d. mock
e. stumble

問 8　次のそれぞれの意味をもつ単語を a ～ e から 1 つずつ選べ。

(1)　a feeling of great respect and liking for someone or something 18

(2)　a sharp, curved nail on an animal or bird 19

a. awe
b. claw
c. deed
d. oath
e. pier

使用著作物：

Adapted from an article by Ezekiel J. Emanuel, *The Atlantic* (online), October, 2014.