

'15

前期日程

受験
番号

医学部医学科小論文問題

注 意 事 項

1. 試験開始の合図があるまで問題冊子を開いてはいけません。
2. この問題冊子のページ数は6ページです。問題冊子、解答用紙3枚及び下書き用紙3枚に落丁、乱丁、印刷不鮮明などがある場合には申し出てください。
3. 問題を解くに当たっては、「訳注一覧」が問題冊子に挿入されていますので、取り外して使用してください。
4. 解答は指定の解答用紙に記入してください。
 - (1) 文字はわかりやすく、横書きで、はっきり記入してください。
 - (2) 解答の字数に制限がある場合には、それを守ってください。
 - (3) 訂正、挿入の語句は余白に記入してください。
 - (4) 英語をます目に記入するときは、英語2文字＝日本語1文字で計算してください。なお、数字を記入する場合は、ます目にとらわれなくてもかまいません。
5. 試験時間は90分です。
6. 解答用紙は持ち帰ってはいけません。
7. 問題冊子と下書き用紙は持ち帰ってください。

以下の文章を読み、設問A～Jに答えなさい。(なお、*の付いた単語については「訳注一覧」が挿入されています。)

[出典：Public Health Ethics -Key Concepts and Issues in Policy and Practice, Edited by Angus Dawson, CAMBRIDGE UNIVERSITY PRESS, Cambridge, 2011. Section 2 — Issues 6 Infectious disease control by Marcel Verweij(一部抜粋)]

An important part of infectious disease control is to prevent further spread of (A) disease during an outbreak. This is especially true for respiratory*¹ infections like influenza, where coughing, sneezing or talking are important means of transmission, as it makes sense to limit the number of contacts between healthy people, and to avoid large group meetings or other risk situations. This will be a clear — but sometimes necessary — restriction of liberties for many people, but moreover, these measures will have significant impact on their daily life, as well as on their financial resources or their property. If certain groups of people run risks and bear significant extra costs due to public health measures, the question arises whether they would have a justified claim to receiving compensation for their losses. Government-based compensation schemes can be considered as an expression of solidarity*²: if there is a public health threat then all citizens should be willing to share in the costs of protective measures — after all, if such measures are effective then everyone will benefit.

Compensation schemes are also an important issue for containment*³ of animal diseases such as avian influenza. Livestock*⁴ have, throughout time, played an important role in the spread and transmission of many human infectious diseases. Nowadays, outbreaks in livestock are often countered*⁵ by mass culling*⁶ of all animals that have either been exposed to the disease or even all animals within a particular distance of confirmed cases. Compensation schemes may not only be a matter of justice and solidarity; they can also serve a pragmatic*⁷ role in

maintaining surveillance*⁸. (B) farmers may be willing to report disease in their livestock early on in an outbreak, if they face having their animals culled without compensation. Compensation schemes may thus support surveillance programmes, which are essential to any timely and effective response to an outbreak of infectious diseases.

From an ethical point of view, the most appalling*⁹ public health measures are quarantine*¹⁰ and isolation of persons. Both concepts are used for the same sort of measures, but it makes sense to distinguish them in a way that is morally relevant. Gostin*¹¹ defines isolation as the physical separation and confinement*¹² of an individual or group of individuals who are known to be infected with a contagious*¹³ disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals. Quarantine also involves separation, but this applies to healthy individuals or groups who may have been exposed to a contagious or possibly contagious disease. Extreme forms of isolation or quarantine may be similar to putting individuals in jail, excluding them from public life completely—possibly for the rest of their lives. Even if the means of separations are less severe, the impact on personal life may be overwhelming*¹⁴, as it combines most of the adverse events that arise in all other public health measures. Isolation and quarantine effectively make it (C) for individuals to continue their lives as planned, to fulfill their jobs and responsibilities, to earn their living, to see and care for their loved ones. The separation of persons also has an important symbolic dimension. (D) Individuals or groups are labeled as dangerous, which could undermine*¹⁵ their sense of being part of a community. Being separated from the community, there is a risk that isolated and quarantined groups will not have sufficient access to such basic needs as food or health care. Moreover, quarantine measures may mean that all suspected persons are held together: this includes persons who are in fact exposed to the disease and may get ill in the short term, as well as those who are only believed to be exposed but are in fact not infected. The non-infected persons may be detained*¹⁶ with people who

may infect them. In this way, quarantine procedures, while intended to reduce the risks of contagion*¹⁷ within the larger population, may actually increase the risk for (at least part of) the quarantined population. It is clear that isolation and quarantine procedures can have extremely adverse implications for individuals and that procedures should be applied with due care.

Surveillance, routine testing and quarantine procedures may only have limited effects if infected patients are not treated against their disease. Medical treatment of infectious diseases is not only beneficial (if not necessary) for the patient himself, it will also be essential to prevent further infections of others. Hence, the availability of, and compliance*¹⁸ with, antibiotic or antiviral*¹⁹ treatment is not only an issue of individual health care but of public health.

The combination of detention*²⁰ with compulsory*²¹ treatment is a step further than ‘just’ isolation of patients, as it involves a violation*²² of bodily integrity and the right to refuse treatment—rights that are central in modern health care practices in Western societies. However, the right to refuse treatment and the rules of informed consent may be primarily relevant for medical decisions about patient care, where the benefits and harms of treatment and non-treatment primarily concern the patient herself. If patients with infectious diseases neglect the treatment they need, this could have harmful implications for others, and that may be reason to overrule*²³ the requirements of informed consent.

All these measures for infectious disease control involve a tension between the importance of protecting public health, and the liberty and interests of (E) people (patients, infected persons, possibly infected persons) whose freedom may be curtailed*²⁴ in the name of public health. Let me review in more detail the main values at stake, well-being and freedom, before discussing possible ways to justify compulsory measures.

First of all, most interventions, especially when compulsory, curtail the freedom to move, to travel, to meet persons one wants to meet, etc. Restrictions upon travelling may effectively make it impossible for people to go to work, to earn

訳注一覧

この「訳注一覧」は問題を解くに当たって、取り外して使用してください。

1. respiratory : 呼吸器の
2. solidarity : 連帯(感), 団結, 結束
3. containment : 封じ込め
4. livestock : 家畜類
5. counter : 対抗する, 阻止[抑止]する
6. mass culling : 動物の群れを間引くこと
7. pragmatic : 実利的な, 実用主義の
8. surveillance : 〈疾病発生状況の〉調査監視
9. appalling : 恐ろしい, ひどい
10. quarantine : 検疫, 防疫, 隔離
11. Gostin : Lawrence O. Gostin: 米国の公衆衛生法の専門家
12. confinement : 幽閉, 監禁(状態)
13. contagious : 接触伝染性の
14. overwhelming : 圧倒的, 抗しがたい
15. undermine : を徐々に衰えさせる
16. detain : 〈人を〉拘留する, 留置する
17. contagion : 接触伝染
18. compliance : 従うこと, 遵守
19. antiviral : 抗ウイルス性の
20. detention : 拘留, 監禁
21. compulsory : 強制された, 義務的な
22. violation : 妨害, 乱入, 侵害
23. overrule : 抑える, 〈異議などを〉却下する
24. curtail : 削減する
25. immense : 莫大な, 計り知れない
26. constraint : 強制[拘束]すること
27. stigmatization : 烙印を押すこと
28. controversial : 異論のある
29. utmost : 最大の, この上ない
30. precaution : 予防措置, 事前の対策
31. distrust : を信頼しない, 疑う
32. rational : 理にかなった
33. vaccination : ワクチン接種

their living, or to sustain their business. The financial burdens of such forms of control on individuals and companies may be immense*²⁵. The losses due to public health constraints*²⁶, however, go far beyond economical and financial burdens. Moreover, if certain groups of people are ‘set aside’ because they are considered to be a (potential) risk to the rest of the community, this may have an enormous impact on how they are viewed by that community. From a moral point of view these groups are innocent; from a medical point of view they may be a source of infection — hence potentially dangerous. In the process of stigmatization*²⁷ that goes with outbreaks of contagious diseases, medical and moral judgments may get easily confused. As a result, (F) .

Second, even apart from the impact on human well-being, the constraints on liberty and individual rights are morally controversial*²⁸ as such. A central idea behind these values is that individual persons are capable of reasoning, making choices and determining the course of their lives — and that these capacities are grounds for respecting persons and the choices they make. In a liberal society where individual rights are considered of utmost*²⁹ importance, the possibilities to curtail or overrule those rights should therefore be limited. One should treat persons with respect: that is, treat them as ends in themselves, and not merely as means to the realization of other ends. ^(G)

The ideal route for infectious diseases control is therefore to inform persons about necessary precautions*³⁰ (to have themselves screened, to isolate themselves, to accept treatment, etc.) and to trust that they will act accordingly. However, infectious diseases may raise panic, and people may distrust*³¹ government institutions, and therefore refuse to cooperate. Moreover, while measures of infectious disease control are aiming at protecting the health of the many, they will often impose risks on individual persons. Hence, for these ^(H) individuals it could be most rational*³² to refuse to cooperate, and to avoid tests, quarantine or vaccination*³³. In such circumstances, compulsory measures may be inevitable to prevent spread of disease.

(I)

設 問

A 下線部(A)では, during an outbreak となっているが, before an outbreak においては, どのような infectious disease control 対策が考えられるか。解答用紙 1—1 のA欄に日本語 100 字以内(句読点を含む。英単語を含んでもよい。英語 2 文字=日本語 1 文字で計算)で記入しなさい。

B 空欄(B)にふさわしいのは, 1)–5)のいずれか。解答用紙 1—1 のB欄に数字で記入しなさい。

- | | | |
|----------------|-------------|---------|
| 1) Majority of | 2) Ordinary | 3) Many |
| 4) Few | 5) Common | |

C 空欄(C)にふさわしいのは, 1)–5)のいずれか。解答用紙 1—1 のC欄に数字で記入しなさい。

- | | | |
|--------------|---------------|---------------|
| 1) important | 2) accessible | 3) impossible |
| 4) easy | 5) reliable | |

D 下線部(D)の an important symbolic dimension とは, どのようなものか。また, separation of persons はどのようなデメリットをもたらすか。解答用紙 1—1 のD欄に日本語 100 字以内(句読点を含む。英単語を含んでもよい。英語 2 文字=日本語 1 文字で計算)で記入しなさい。

E 空欄(E)にふさわしいのは, 1)–5)のいずれか。解答用紙 1—1 のE欄に数字で記入しなさい。

- | | | |
|-------------|---------------|------------|
| 1) many | 2) individual | 3) general |
| 4) a little | 5) a part of | |

F 空欄(F)では、結果としてどのような状況が生じるのかが述べられている。その状況について、それが生じる理由と共に、解答用紙 1—2 のF欄に日本語 100 字以内(句読点を含む。英単語を含んでもよい。英語 2 文字 = 日本語 1 文字で計算)で記入しなさい。

G 下線部(G)はどのようなことを意味しているのか。わかりやすく、解答用紙 1—2 のG欄に日本語 100 字以内(句読点を含む。英単語を含んでもよい。英語 2 文字 = 日本語 1 文字で計算)で説明しなさい。

H 下線部(H)の they を他の英単語に置き換えるとすると、ふさわしいのは、1)—5)のいずれか。解答用紙 1—2 のH欄に数字で記入しなさい。

1) infectious diseases 2) the circumstances 3) people
4) the measures 5) the many

I 空欄(I)では、ある課題について議論されている。その課題とは何かを文章中から英文のまま引用し、解答用紙 1—2 のI—1欄に記入しなさい。また、その課題の概要について、解答用紙 1—2 のI—2欄に日本語 80 字以内(句読点を含む。英単語を含んでもよい。英語 2 文字 = 日本語 1 文字で計算)で説明しなさい。

J 波線部 patients with infectious diseases neglect the treatment they need (3 ページ目)のような患者に対しては、どのように考えどのように対処すべきか。自分の考えを、解答用紙 1—3 のJ欄に日本語 400 字以内(句読点を含む。英単語を含んでもよい。英語 2 文字 = 日本語 1 文字で計算)で記入しなさい。

Verweij, Marcel. "Infectious Disease Control." Public Health Ethics: Key Concepts and Issues in Policy and Practice. Ed. Angus Dawson. 2011. © Cambridge University Press, reproduced with permission.