

次の英文を読み、以下の問いに答えなさい。

Many people think that deciding whether to legalize physician-assisted suicide is a clear-cut issue. They either oppose legalization because they find any killing horrible, or favor it because they believe that people should be allowed to make choices without government interference.

Neither of these positions, though, takes (あ) account the very difficult end-of-life issues that confront us. (1) I oppose legalization of physician-assisted suicide because it risks killing people who could and should live their last days comfortably, if only we fixed our health-care system.

Until about 50 years ago, most people died (い), usually from infections and accidents. But, now, most of us grow old and then die slowly from a chronic illness like cancer or heart disease. Living longer is a good thing, but we need improved health services to live well until the end of life.

(う) far better care for people suffering from terminal illnesses, physician-assisted suicide would no longer need to be an option. No patient would have to be overwhelmed by pain, feel alone and afraid, or be impoverished¹ by medical expenses.

Now, however, many people do face (2) some serious problems. One of them is that our American medical system badly mismatches the actual needs of patients. Medicare², for example, was set up to assure that individuals could get surgery whenever they needed it; however, the program was not set up to provide continuity of care, pain control, and family support — that is, the things dying patients need most. Therefore, Medicare makes it (え) to get pain-killing medicine or home-health aides than, for example, to get a heart transplant.

(7) Both supporters and opponents of legalizing physician-assisted suicide agree that we have not learned how to support very sick people and their families. Nevertheless, advocates³ insist that physician-assisted suicide is still a choice, and that the risks can be contained. Why do they hold this view? It is because they tend to imagine a patient to be a rational person who has painful symptoms but, luckily, has a loving family, predictable illness, and adequate finances. (4) Yet, in truth, most of us will come to our last months of life with decreasing resources, some serious confusion, and uncertainty about the future course of our illness. Moreover, this will occur in a badly functioning health system that provides few real choices.

What should a physician do when a patient asks for suicide assistance because his care is bankrupting⁴ his wife, his pain is (お), his drugs are too expensive, or the thought

of going to a nursing home is too threatening for him?

Our first response must be to change the care system itself — not to make it easier to “choose” to be dead. We have to know, first of all, that assisted suicide is merely a sideshow⁵ that is taking our attention away from urgently needed health-care reform.

So, what can you do? First, you can educate yourself. Try to learn how people can ordinarily live well despite serious illness. Various books can show you how. Second, you can attempt to become an advocate for change in the care system. You can lift your voice to propose publicly that seriously ill people should be able to live comfortably and with dignity to the end.

Legalizing physician-assisted suicide is not the best answer, as it may run the risk of promoting carelessly the vulnerability⁶ of the elderly and leading a terminal-care patient thoughtlessly into a “choice” to die. Instead, we should work toward real, enduring improvement in end-of-life care.

¹ impoverished (経済的に)貧しくなる

² Medicare メディケア(アメリカ政府の医療保障制度)

³ advocates 支持者

⁴ bankrupting 破産させている

⁵ sideshow 主要でない部分

⁶ vulnerability 弱さ

(“Suicide Issue Diverts Us from the Real Problems” by Joanne Lynn from *The Reader's Corner: Essays for Developing Readers* [Carol Kanar, ed. Boston: Houghton Mifflin, 2005, pp. 285-287]より一部改変して引用)

問1 (あ)～(お)に入る最も適切な語を、次の中から一つ選び、番号で答えなさい。

(あ):

1 to 2 in 3 into 4 from

(い):

1 voluntarily 2 constantly 3 comfortably 4 suddenly

(う):

1 Despite 2 With 3 Without 4 Upon

(え):

1 harder 2 stronger 3 easier 4 weaker

(お):

1 untouched 2 unbalanced 3 unlabeled 4 unrelieved

問 2 下線部(1)の主な根拠として、著者はどんな点を挙げているか。日本語で述べなさい。

問 3 下線部(2)の例として、どんな点が挙げられているか。日本語で述べなさい。

問 4 下線部(7)(イ)をそれぞれ日本語にきなさい。

問 5 次の英文が、本文の内容と一致している場合は○を、一致していない場合は×を解答欄に書き入れなさい。

1 : The author seems to find the debate on physician-assisted suicide less important than the improvement of the American terminal care.

2 : The author believes that supporters of legalization of physician-assisted suicide favor the government's constant interference in the field of medicine.

3 : According to the author, Medicare is quite effective when one has to have an urgent operation.

4 : The author insists that, for a terminal-care patient, pain control is indispensable.

5 : According to the author, advocates of legalization of physician-assisted suicide tend to see a suicide-wishing patient as poor and lonely.

6 : The author argues that, at present, the American health-care system does not have to be reformed.

7 : The conclusion of this essay seems to function as an encouragement of self-study to the reader.

8 : The author suggests that legalizing physician-assisted suicide will greatly strengthen a terminal-care patient's will to live.