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說明：

1. 本試卷以100分為滿分，皆為單選題，每題題分2分，共50題，題號連續。
2. 試題分三部分，第一部分(第1題至第10題)每題答錯倒扣0.5分，倒扣至第一部分零分為止；單題若未作答，不給分亦不扣分。第二部分(第11題至第20題)答錯不倒扣、第三部分(第21題至第50題)答錯不倒扣。
3. 請將答案寫在「答案卡」上，否則不予計分。

I. Vocabulary (20 points): Choose the best answer to fill in the blank in each of the following sentences to complete the text.

1. British physician Thomas Percival, echoing the words of Francis Bacon, insisted that it was the physician's responsibility to "_____ despair, alleviate pain, and sooth mental anguish."
(A) deviate (B) bloviate (C) obviate (D) exuviate (E) aviate
2. The term "international medical graduates" (IMGs) is generally understood to _____ a physician who is awarded their medical degree in a country other than the one where they intend to practice medicine.
(A) denote (B) detect (C) delete (D) detest (E) demand
3. Art as therapy is considered product-oriented because it's satisfying to create a piece of art that is _____ pleasing.
(A) aerobically (B) atheistically (C) aseptically (D) athletically (E) aesthetically
4. Rural practice is different from urban practice and different from the practices that most physicians might have learned while in _____ training.
(A) respected (B) recently (C) residency (D) recurrent (E) refectory
5. Doctors are frequently criticized for their lack of "humanity": interest in the symptom rather than the person, a _____ manner and cultivated professional indifference to "difference".
(A) caique (B) brusque (C) unique (D) plaque (E) torque
6. Good therapeutic relationships were described as having the quality of humility, and remote participants appreciated doctors who were not _____ when patients wished not to be referred to certain specialists perceived to scold them.
(A) contaminating (B) consolidating (C) condescending (D) convalescing (E) coagulating
7. In some countries, routine episiotomies and the use of oxytocin during a normal labor appeared to _____ women from seeking skilled care during pregnancy, childbirth, and the postpartum period.
(A) deploy (B) dilute (C) despise (D) deter (E) devise
8. A NSW community-based _____ and hospice care service were comprehensively assessed for sustainability, and several challenges were identified, such as the need to examine models of end-of-life care for rural patients.
(A) pantheon (B) palliative (C) palpitation (D) pestilence (E) peculation
9. Indigenous people in various industrialized countries tend to have a shorter life _____ and higher mortality rates compared with other ethnic groups.
(A) enclosure (B) eloquence (C) equilibrium (D) excoriation (E) expectancy
10. To properly diagnose sickle cell disease in rural Kenya, physicians at regional hospitals often strive to be _____ when examining patients and performing predictive testing.
(A) impartial (B) impecunious (C) fatuous (D) pernicious (E) puerile

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II. Cloze (20 points): Choose the best answer according to the context.Questions 11-15

In recent years, researchers in emergency rooms have been testing the effects of artificial blood substitutes such as PolyHeme and Hemopure. The development of such a substitute would 11 a significant achievement with many health benefits. Blood transfusions, 12, would be easier and safer, as there would be no need to match blood types, and the risk of 13 viruses would be avoided as well. There would no longer be a shortage of blood in large cities or in rural areas, as artificial blood substitutes can last for two years, much longer than blood can be stored. But the 14 of this research is questionable because patients who are in need of blood transfusions in the emergency room are often unconscious and therefore do not have the opportunity to 15 to this research.

11. (A) consecrate (B) constitute (C) conscript (D) conspire (E) consider
 12. (A) actually (B) however (C) for example (D) in fact (E) in general
 13. (A) transmitting (B) transcribing (C) transforming (D) translocating (E) transplanting
 14. (A) ethnic (B) ethos (C) ethane (D) ether (E) ethics
 15. (A) consent (B) consensus (C) concord (D) congruous (E) continue

Questions 16-20

Mount Isa is a remote mining town in northwestern Queensland. The town has an approximately 17% of aboriginal population. There are many programs designed specifically for the aboriginal population and many health services available in the regional center. 16, many health practitioners and aboriginal people have expressed concerns over the health and well-being of the aboriginal population, variously as a perceived lack of 17 or an overburdening of many of these services and programs. Many people 18 these issues to lack of transportation, lack of money and cultural or language barriers.

An ethnographic study conducted in Mount Isa disclosed health care accessibility issues. Many of the issues identified in interviews 19 discussion of culture such as taboo and obligation, etiquette, kinship structures, social networks, values and beliefs. Other issues were not specifically cultural, dealt 20 with structural elements of the health care setting, institution or system itself. Accordingly, issues were categorized as social, cultural and structural to demonstrate the ways that “culture” is inclusive of many categories of phenomena, while also able to be narrowed down to human belief and value systems.

16. (A) Indubitably (B) Hereafter (C) Negligently (D) Nevertheless (E) Ultimately
 17. (A) uptake (B) usurp (C) diatribe (D) diligence (E) defiance
 18. (A) contribute (B) attribute (C) indoctrinate (D) generate (E) accelerate
 19. (A) roused from (B) arose from (C) retaliated on (D) adhered to (E) afflicted with
 20. (A) regardless (B) et cetera (C) in vivo (D) in vitro (E) instead

III. Reading Comprehension (60 points): Read the passages below and choose the best answer to each question based on the information provided.Questions 21-25 refer to the following passage.**PASSAGE 1**

Indigenous social determinants of health, including the ongoing impacts of colonization, contribute to increased rates of chronic disease and a health equity gap for Indigenous people. Globally, type 2 diabetes disproportionately affects Indigenous populations, with documented rates in Canada 3–5 times

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higher in Indigenous compared with non-Indigenous populations. Indigenous people tend to acquire diabetes at younger ages, have complications sooner, and have poorer treatment outcomes. In Canada and other countries that share a colonial history, health inequities arising from the effects of colonization include deeply rooted disparities in the social determinants of health, social exclusion, political marginalization, and historical trauma.

Researchers undertook a qualitative examination of Indigenous patients' stories emanating from a sequential focus group method that concerned diabetes care experiences. They found that interactions and engagement with health services were influenced by personal and collective historical experiences with health care providers and contemporary exposures to culturally unsafe health care. Indigenous patients related such experiences to specific health policies and systemic discrimination in health care systems. Specifically, Indigenous patients reported that rushed appointments, writing prescriptions or medicating complaints, not listening, and negative judgments regarding Indigenous customs and communities created a lack of confidence in the health system and provider. These experiences led to Indigenous patients not disclosing all of their symptoms or health behaviors.

Mistrust emerged as a substantial subtheme that stemmed from historical experiences. Some Indigenous patients suspected that during the mid-20th century, Indigenous patients with tuberculosis "were used as guinea pigs", presumably observed or tested upon without access to the same interventions provided to non-Indigenous patients. On the other hand, other Indigenous patients acknowledged that, increasingly, hospitals set aside spaces for the Indigenous ceremony but noted that access to these is not always possible for patients confined to a bed. Likewise, it is not uncommon for Indigenous extended families to come to hospitals in support of a patient.

A considerable challenge identified by Indigenous patients was that each visit to a clinic off-reserve could lead to interacting with a new provider, retelling one's history, and leaving with yet another care plan. A shortage of on-reserve physicians threatened the continuity of care. Consequently, some Indigenous patients questioned doctor-patient ratios for Indigenous people across Canada, arguing that concern over doctor shortages should be amplified for populations with disproportionate rates of diabetes. In addition, the physical space in which clinical interactions took place was important. Indigenous patients often wanted services provided in their communities or in Indigenous health centers. Examination rooms could stir mistrust before a clinical interaction even began.

Health care relationships are central to addressing the ongoing colonial dynamics in Indigenous health care and play a role in **mitigating** past harms. The positive therapeutic relationships described by Indigenous patients involved physicians who showed empathy and patience, and who took a genuine interest in the patient. Attention to antiracism education, structural competency and advocacy for working with Indigenous populations holds great potential to address issues identified, as physicians are also health advocates and should promote health equity.

21. Based on the information in the passage, which of the following is true?

- (A) Physicians who paid no attention to antiracism education, structural competency and advocacy emanated from the shortage of on-reserve physicians and space set aside in hospitals for the Indigenous ceremony.
- (B) A health equity gap for Indigenous people is evidenced by documented rates of type 2 diabetes in the world approximately a quarter higher in Indigenous compared with non-Indigenous populations.
- (C) Doctor-patient ratios for Indigenous people across Canada did not reflect doctor shortages, based on reports of physicians who took a genuine interest in Indigenous patients with disproportionate rates of diabetes.

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- (D) Rushed appointments and negative judgments regarding Indigenous customs created a lack of confidence in the health system and led to Indigenous patients not disclosing all of their symptoms.
- (E) Indigenous patients wanted services provided in their communities or in the examination rooms of hospitals for clinical interactions, as Indigenous families always came to hospitals in support of a patient.
22. According to the passage which of the following is not true?
- (A) Health inequities that emerged under the influence of colonization in Canada include differences in the social determinants of health, social exclusion, political marginalization, and historical trauma.
- (B) Indigenous patients with type 2 diabetes in Canada did not have access to the same interventions offered to non-Indigenous patients, but it was always possible to practice the Indigenous ceremony in hospitals when confined to a bed.
- (C) Negative judgments about Indigenous customs and communities created a lack of confidence in the health system and provider in Canada.
- (D) It is not uncommon for Indigenous extended families to visit patients with type 2 diabetes in hospitals in Canada.
- (E) Indigenous patients questioned doctor-patient ratios for Indigenous people across Canada, based on their experiences that each visit to a clinic off-reserve could lead to interacting with a new provider, retelling one's history, and leaving with another care plan.
23. Which of the following instances of unsafe health care is not discussed, either directly or indirectly, in the passage?
- (A) Physicians coming and going from community
- (B) Denied ability to practice ceremony
- (C) Frustration with the daily challenges that affect coping with long queues
- (D) Past experiences influenced faith in health care
- (E) What used to be hemochromatosis is now the epidemic of asthma and tuberculosis
24. The word "mitigating" as it is used in the final paragraph most nearly means _____.
- (A) alleviating (B) inducting (C) instigating (D) invoking (E) militating
25. What is the most likely reason that in the final paragraph the "ongoing colonial dynamics" is mentioned?
- (A) to show through a metaphor that reality is, in the findings, such as a senior hospital administrator did not run a lodging service for Indigenous patients
- (B) to remind us that Indigenous people tend to acquire diabetes at younger ages and have poorer treatment outcomes in Canada
- (C) to reinforce the point that Indigenous patients with tuberculosis were used as guinea pigs during the mid-20th century in Canada
- (D) to reinforce the point that the interactions with health services were influenced by personal and collective historical experiences with health care providers
- (E) to illustrate the point that new physicians came to Indigenous communities to gain experience with complex and diverse diseases before moving on to better places

Questions 26-30 refer to the following passage.

PASSAGE 2

George Gordon Byron was born in London on 22 January 1788 with a deformed foot, the nature of which has been disputed. His father, who died when Byron was three years old, labelled his son "club-footed" and evidence from several sources strongly supports that assessment. His mother's description of him aged four, which indicated that his foot "turns inward [...]" and he walks quite on the side of his foot,"

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is consistent with the diagnosis of congenital *talipes equinovarus*, or clubfoot. In fact, *talipes* in Latin means “to walk on the _____.”

Talipes equinovarus, a congenital abnormality recognized since antiquity, occurs in approximately 1 in 1000 of live births, affects males about twice as frequently as females, and involves both feet in about one half of cases. When unilateral, it is more common on the right than the left.

When George Gordon Byron was aged ten, he became Lord Byron, inheriting the title of the sixth Baron Byron of Rochdale after his great-uncle died. He and his mother moved to Nottingham, near the decaying and debt-ridden estate of Newstead Abbey which he also inherited. There she employed a man known from our sources only by his surname, Lavender, who claimed an ability to cure her son’s deformity. Listed in the Nottingham directory as a surgeon, he was actually a maker of medical appliances for the general hospital. His **excruciating** regimen was to rub Byron’s foot with oil, twist it, and screw it up in a wooden contraption. His tutor remarked one day how uncomfortable he felt observing his student in such pain. “Never mind, Mr. Rogers,” Byron replied, “you shall not see any signs of it in me.”

When Byron was taken to London in 1799, Dr Matthew Baillie (1761–1823) thought that early treatment might have greatly or wholly corrected the deformity, but by this time it was too late. Nevertheless, he had the bonesetter Timothy Sheldrake make some instruments for Byron’s foot. These were shortly abandoned, however, and he received a boot instead. Later that year, Sheldrake constructed a device that Baillie had designed to straighten the foot. Byron wrote: “My foot goes but indifferently. I cannot see any alteration.”

Sheldrake reported that he made plaster casts of the deformity and, in his 1828 account in the medical journal *Lancet*, appended drawings of them. They indeed indicate a clubfoot, but on the left, not the right, suggesting that the figures were inaccurate, from another patient, or, in fact, genuine representations of Byron’s foot, reversed because of the engraving process, which creates mirror images of the original drawings. Shortly before Byron’s death in 1824 in Greece, Dr Julius Millingen (1800–78), although also misidentifying which side was affected, commented: “The foot was deformed and turned inwards; and the leg was smaller and shorter than the sound one [...] [T]here can be little or no doubt, that he was born club-footed.”

26. Based on Byron’s mother’s description of his deformed foot in paragraph 1, *talipes* in Latin is most likely to mean “to walk on the _____” in English. What is the most appropriate answer to the blank?
 (A) soles (B) heels (C) ankles (D) toes (E) knees
27. According to this passage, which of the following is **NOT** a fact about *talipes equinovarus*, or clubfoot?
 (A) It affects males more frequently than females.
 (B) It is a recognized disease that may affect both feet.
 (C) It has been recognized since the ancient time.
 (D) It has been recognized as a contagious disease.
 (E) It, if only on one side, is more common on the right.
28. Where does the following sentence best belong?
 According to his later friend, John Cam Hobhouse (1786–1869), “he wore the instrument with impatience and threw it in the pond.”
 (A) At the end of paragraph 1
 (B) At the end of paragraph 2
 (C) At the end of paragraph 3
 (D) At the end of paragraph 4
 (E) At the end of paragraph 5

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29. The word “excruciating” in paragraph 3 is closest in meaning to _____.
 (A) advanced (B) agonizing (C) medicinal (D) soothing (E) therapeutic
30. Based on the information in this passage, which of the following is the most correct statement about Byron?
 (A) The treatment of his clubfoot was very successful.
 (B) He became rich after the death of his great-uncle.
 (C) He was a patient diagnosed with a clubfoot on the left.
 (D) He refused to see Mr. Roger anymore due to his clubfoot.
 (E) His deformed foot had been recognized since his birth.

Questions 31-35 refer to the following passage.

PASSAGE 3

Much of the research of the past few decades has examined which therapies to use and how to use them. Which medication, what dose, for how long? Which procedure? What’s the benefit? These are all questions commonly asked and that can now be regularly and reliably answered.

Treatment guidelines for many diseases are published, available, and regularly used. And despite concerns and lamentations about “cookbook medicine,” these guidelines, based on a rapidly growing cornerstone of evidence have saved lives. These forms of evidence-based medicine allow patients to benefit from the thoughtful application of what’s been shown to be the most effective therapy.

But effective therapy depends on accurate diagnosis. We now have at our disposal a wide range of tools—new and old—with which we might now make a timely and accurate diagnosis. And as treatment becomes more standardized, the most complex and important decision making will take place at the level of the diagnosis.

The patient’s story and exam suggest a likely suspect and the technology of diagnosis rapidly confirms and hunch. An elderly man with a fever and a cough has an X-ray revealing a raging pneumonia. A man in his fifties has chest pain that radiates down his left arm and up to his jaw, and an EKG (____) or blood test bears out the suspicion that he is having a heart attack. A teenage girl on the birth control pill comes in complaining of shortness of breath and a swollen leg, and a CT (Computed Tomography) scan proves the presence of a massive pulmonary embolus. This is the **bread and butter** of medical diagnosis—cases where cause and effect tie neatly together and the doctor can almost immediately explain to patient and family whodunit, how, and sometimes even why.

But then there are the other cases: patients with complicated stories or medical histories; cases where the symptoms are less suggestive, the physical exam unrevealing, the tests misleading. Cases in which the narrative of disease strays off the expected path, where the usual suspects all seem to have alibis, and the diagnosis is elusive. For these, the doctor must don his/her deerstalker cap and unravel the mystery. It is in these instances where medicine can rise once again to the level of an art and the doctor-detective must pick apart the tangled strands of illness, understand which questions to ask, recognize the subtle physical findings, and identify which tests might lead, finally, to the right diagnosis.

31. What can be inferred from the first three paragraphs?
 (A) Evidence-based medicine is helpful in some respects.
 (B) New tools are more reliable than old tools.
 (C) Therapy is more important than diagnosis.
 (D) Both treatment and diagnosis should be standardized.
 (E) “Cookbook medicine” focuses on individualized care.
32. Where does the following sentence best belong?
 Often the diagnosis is straightforward.

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- (A) At the beginning of paragraph 1
 (B) At the beginning of paragraph 2
 (C) At the beginning of paragraph 3
 (D) At the beginning of paragraph 4
 (E) At the beginning of paragraph 5
33. What is the most appropriate answer to the blank in paragraph 4? In other words, what does “EKG” stand for?
 (A) electrophysiology
 (B) electromyography
 (C) electrooculography
 (D) electronegativity
 (E) electrocardiogram
34. Based on the information in the last two paragraphs, which of the following is true?
 (A) Symptoms can always be identified as evidence of particular diseases.
 (B) A pulmonary embolus refers to a blockage of an artery in the womb.
 (C) Medical diagnosis and criminal investigation are alike to some extent.
 (D) A doctor should look after a patient as carefully as a deerstalker.
 (E) Standardized treatment is more effective than individualized care.
35. The phrase “bread and butter” in paragraph 4 is closest in meaning to _____.
 (A) negotiation (B) foundation (C) resolution (D) plantation (E) annexation

Questions 36-40 refer to the following passage.

PASSAGE 4

Bipolar Disorder (BD) is one of several serious mental health conditions that has a significant impact on a person’s life, and contributes to a high degree of health burden worldwide. Research suggests that some Indigenous populations experience higher community prevalence rates of BD, including Māori the Indigenous peoples of New Zealand. A recent systematic review of BD in Indigenous peoples noted an extremely limited evidence base, recommending Indigenous research designed to identify the impact of systemic factors on current health inequities.

The New Zealand health system, while planning reform, is currently structured hierarchically. This includes: primary care delivered by doctors in General Practice (GPs); community-based services; outpatient and inpatient hospital services delivered regionally by 20 District Health Boards (DHBs); and non-governmental organizations (NGOs). Mental health care for BD generally requires a GP referral to DHB services, and can include periods of inpatient or community-based treatment delivered by multi-disciplinary teams (MDT) within a psychiatric care model. The composition of services and teams can differ between DHBs, meaning experiences of care may change depending on where in New Zealand a person lives.

Based on a qualitative Kaupapa Māori Research methodology, a recent study analyzed critique from Māori patients with Bipolar Disorder (BD) and their *whānau* to identify barriers and propose changes to improve the structure and function of the New Zealand mental health system. Three themes reflected patients’ critique of structural features of the New Zealand health system and their impact on service provision for Māori with BD and their *whānau*. The operational-accessibility sub-theme included patients’ critique of the hours of service operation, including clinic hours, visitation times, and ward rounds; as well as processes for scheduling appointments, and the impact of these processes on access to BD services for Māori. In addition, patients identified constraints through insufficient resources in specific services or environmental features of facilities that limited their access to culturally safe, competent and equitable health care.

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Structural factors also influenced accessibility of staff with specialist skills to treat Māori with BD, like psychiatrists, psychologists and Māori mental health workers. Patients recognized that staffing-accessibility reflected current recruitment and retention priorities, meaning improved accessibility for Māori required prioritization of staff with proven clinical and cultural competencies.

Transformational change therefore requires a commitment to monitor and address institutional racism driving inequitable access to effective care for Māori with BD and their *whānau* in the health system. As New Zealand prepares for significant health system reform, a commitment to equity and implementation of previously recommended structural change is needed, along with ongoing evaluation and **refinement** of structural changes to ensure the efficacy for *whānau* Māori.

36. Which of the following best describes what the passage is about?
- (A) Structural Barriers and Solutions in the New Zealand Mental Health System
 (B) Bipolar Disorder Symptoms of Māori in New Zealand
 (C) Staffing-Accessibility in the New Zealand Health System
 (D) Indigenous Populations and Institutional Racism in New Zealand
 (E) Transformational Change of District Health Boards in New Zealand
37. Which of the following could best replace the word “*whānau*” as used in paragraphs 3 and 5?
- (A) structural reforms
 (B) community-based treatment
 (C) mental health conditions
 (D) health inequities
 (E) family or support networks
38. The word “refinement” as it is used in paragraph 5 most nearly means _____.
- (A) reduction (B) cultivation (C) refutation (D) denotation (E) deterioration
39. Based on the information in the passage, which of the following is **NOT** true?
- (A) Mental health care for BD generally requires DHB services and can include periods of inpatient or community-based treatment delivered by MDT within a psychiatric care model.
 (B) Indigenous populations experience higher community prevalence rates of BD, including Māori the Indigenous peoples of New Zealand.
 (C) BD patients criticized the clinic hours, visitation times and ward rounds, and all the BD patients went through the same processes for scheduling appointments in New Zealand.
 (D) The composition of services and teams can differ between DHBs, and experiences of care may change depending on where a BD patient lives in New Zealand.
 (E) Clinical and cultural competencies of psychiatrists and psychologists influenced accessibility of staff with specialist skills to treat Māori with BD.
40. Based on the information in the passage, which of the following is true?
- (A) There is good evidence that institutional racism drives inequitable access to effective care for Māori with BD in paragraph 1.
 (B) It can be inferred that access to equitable health care as described in paragraph 3 is limited for Māori due to the lack of resources for particular services or the environmental features.
 (C) Information about structural features of the New Zealand health system is not constrained by accessibility through insufficient resources in specific services in paragraph 3.
 (D) In the major health system reforms in New Zealand described in paragraph 4, accessibility has been provided for Māori and staff are now clinically and culturally competent.
 (E) The staffing-accessibility described in paragraph 5 suggests that institutional racism does not drive inequity in access to effective care for Māori with BD.

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Questions 41-45 refer to the following passage.**PASSAGE 5**

In spring 2008, the possible subject matter for picture books expanded into a new realm with the publication of *My Beautiful Mommy*. Written by Michael Salzhauer and illustrated by Victor Guiza, the narrative is **billed** as the first picture book to address the subject of cosmetic surgery.

Told from a first-person perspective, *My Beautiful Mommy* relays the experiences of a young girl whose mother is about to undergo multiple elective aesthetic procedures. Although the story is fictional, it takes an informational rather than imaginative approach: the narrative provides young readers with a type of “guided tour” or instructive overview of the process.

My Beautiful Mommy begins with the mother’s initial consultation at the doctor’s office, progresses to the day of her surgery, discusses the period of her _____, and ends with the removal of her bandages and the unveiling of her new, cosmetically altered self. To help explain the entire cosmetic surgery experience to child readers, the book appropriates a common metaphor from nature: it compares the mother’s transformation to that of a caterpillar into a butterfly, complete with even likening her bandages to a cocoon.

The mother in *My Beautiful Mommy* is undergoing not simply a random cluster of cosmetic surgery procedures, but a specific grouping known as the “mommy makeover.” Comprised of a tummy _____, liposuction, and a breast lift (with or without implants), it is designed to help mothers regain their pre-pregnancy form. Given the growing number of women undergoing cosmetic surgery, coupled with the growing societal belief that parents ought to be more honest and open with their children, there was a growing need to have such procedures explained in a manner that young people could understand.

As Abigail Jones aptly observed, while much attention has been paid to “the emotional effects plastic surgery can have on patients,” few have addressed the question “how does a mother’s plastic surgery affect her kids?”. *My Beautiful Mommy* seeks to do just that. Released on the symbolic date of Mother’s Day in 2008, the picture book is aimed at children ages four through seven, and it is intended to ease the fear and anxiety that children experience when a parent undergoes cosmetic surgery.

41. What can be inferred from the first three paragraphs?
- (A) The author of this passage is known as a pioneer in cosmetic surgery study.
 (B) *My Beautiful Mommy* is a first-person narrative, told from a mother’s perspective.
 (C) The most appropriate answer to the blank in paragraph 3 is “recuperation”.
 (D) Cosmetic surgery is as compulsory as an entomological transformation.
 (E) *My Beautiful Mommy* is a fictional picture book, so its content is unreliable.
42. What is the most appropriate answer to the blank in paragraph 4?
- (A) tank (B) tuck (C) tube (D) tame (E) turn
43. Based on the information in this passage, which of the following statements about *My Beautiful Mommy* is **NOT** true?
- (A) It is a book written for children aged from 4 to 7.
 (B) It is an illustrated medical guide for cosmetic surgeons.
 (C) It is a book for parents and kids to read together.
 (D) It is the first picture book on cosmetic surgery.
 (E) It is a picture book referring to “mommy makeover.”
44. Which of the following statements comes closest to this passage’s argument?
- (A) Cosmetic surgery shouldn’t be performed on women with children.
 (B) It’s better for women to undertake cosmetic surgery before pregnancy.
 (C) Children should be properly informed of their parents’ cosmetic surgery.
 (D) “Mommy makeover” should be banned because it is harmful to children.

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- (E) Parents' cosmetic surgery brings more joy than fear to their children.
45. The word "billed" in paragraph 1 is closest in meaning to _____.
- (A) advertised (B) amended (C) abhorred (D) abandoned (E) appended

Questions 46-50 refer to the following passage.

PASSAGE 6

Minority populations more often have limited English proficiency compared to their White counterparts in the United States. Individuals of Asian origin or Hispanic are especially likely to face language difficulties, with about 40% of each of these ethnic groups speaking English less than very well, compared to less than 2% among non-Hispanic Whites. About 15% of Native Hawaiians and other Pacific Islanders and 10% of American Indians and Alaska Natives have limited English proficiency. Only 2.5% of non-Hispanic Blacks have limited English proficiency. Consequently, differences in English fluency across these groups help to explain ethnic disparities in certain dimensions of access to care.

Language barriers to care exist in both primary and acute care settings. In primary care settings, patients with limited English proficiency are less likely to report having a regular source of care, continuity of care, or receipt of screening services, and more likely to report long waits in the waiting room and difficulty obtaining information or advice over the telephone, compared to English-proficient patients. When professional medical interpreter services are provided, language barriers are reduced. However, many community-based clinics and small, private practices do not make use of professional interpreters due to the high cost and inconvenience. Similar barriers exist in acute care settings, such as hospital emergency departments. At both the national and state levels, various guidelines and legislative mandates have been implemented regarding the provision of culturally and linguistically appropriate care. These laws and recommendations typically apply to health care settings which receive public funding, and in theory should reduce or eliminate language barriers to care. Yet professional interpreter services are underused in these settings, even when mandated by law.

There are statistically significant differences regarding access to health care between the proficient group and the limited proficiency group. Compared to English proficient individuals, more individuals with limited English proficiency experience forgone care and fewer report health care visits. In addition, fewer non-English-speaking individuals own their home, and more non-English-speaking individuals have less education and live in poverty or near poverty. Hispanics make up the vast majority of the population with limited English proficiency, with non-Hispanic Whites and Asians making up most of the **remainder**.

Researchers found that English language proficiency was associated with health care visits but not with delayed or forgone medical care. Measuring visits to a health professional may more directly capture the communication challenges that patients face in health care settings. The reliance on communication presents a potential barrier to care if the patient has limited English proficiency. In addition, individuals who perceive themselves as English-proficient may actually have inadequate levels of English health literacy, thus limiting the potential for dialogue with health care providers. Individuals with limited English proficiency may have more difficulty acquiring health information about important health care services and relevant disease symptoms, thus **attenuating** the potential relationship between language proficiency and the measures of health care access.

Language barriers to health care is also relevant to other multilingual and multicultural countries, such as Australia and Taiwan. Providers, researchers, and policy makers in international settings must also meet the health care needs of increasingly diverse populations. Language barriers in accessing medical care, such as communication difficulties due to discordant languages between patients and health care providers, and previous negative medical experiences that dissuade future attempts to obtain medical attention can be partially explained by socioeconomic and health status factors.

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本科目試題共 11 頁

46. What is the main purpose of the first paragraph?
- (A) To remind us that any laws and recommendations applying to health care settings should eliminate language barriers to care in hospital emergency departments
- (B) To introduce the main topic—ethnic equalities in the United States, a multilingual and multicultural country
- (C) To convey that minority populations with limited English proficiency may have unequal access to health care
- (D) To illustrate the point that professional medical interpreter services are provided in many community-based clinics
- (E) To reinforce the idea that numerous non-Hispanic Blacks have limited English proficiency
47. Which of the following could best replace the word “remainder” as used in paragraph 3?
- (A) raiment (B) residual (C) regimen (D) rejoinder (E) reparation
48. The word “attenuating” as it is used in paragraph 4 most nearly means _____.
- (A) augmenting (B) warranting (C) wrenching (D) weakening (E) ascertaining
49. According to the passage, which of the following is **NOT** true?
- (A) People with limited English proficiency may have more difficulty accessing health information about important health care services and related disease symptoms.
- (B) Language barriers in access to care include issues such as communication difficulties due to discordant languages between patients and health care providers.
- (C) Professional medical interpreter services can reduce language barriers, although these services can be expensive and inconvenient in community-based clinics.
- (D) English-speaking patients may not actually have an adequate level of English health literacy, thus limiting the possibility of dialogue with health care providers.
- (E) Professional interpreter services are underutilized in primary care settings, even when required by law, but private practices use professional interpreters in acute care settings.
50. Which of the following would be the most appropriate title for this passage?
- (A) Medical Communication in the United States, Australia, and Taiwan
- (B) Impact of English Proficiency on Access to Health Care Services
- (C) Language Barriers of Hispanics, Non-Hispanic Whites, and Asians
- (D) Communication Reliance and Forgone Medical Care
- (E) Public Health Care Services and Professional Interpreter Services

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國立中興大學 112 學年度醫學院學士後醫學系招生考試
選擇題參考答案

科目：英文

題號	答案	題號	答案	題號	答案	題號	答案	題號	答案	題號	答案	題號	答案
1.	C	16.	D	31.	A	46.	C	61.		76.		91.	
2.	A	17.	A	32.	D	47.	B	62.		77.		92.	
3.	E	18.	B	33.	E	48.	D	63.		78.		93.	
4.	C	19.	B	34.	C	49.	E	64.		79.		94.	
5.	B	20.	E	35.	B	50.	B	65.		80.		95.	
6.	C	21.	D	36.	A	51.		66.		81.		96.	
7.	D	22.	B	37.	E	52.		67.		82.		97.	
8.	B	23.	E	38.	B	53.		68.		83.		98.	
9.	E	24.	A	39.	C	54.		69.		84.		99.	
10.	A	25.	D	40.	B	55.		70.		85.		100.	
11.	B	26.	C	41.	C	56.		71.		86.			
12.	C	27.	D	42.	B	57.		72.		87.			
13.	A	28.	D	43.	B	58.		73.		88.			
14.	E	29.	B	44.	C	59.		74.		89.			
15.	A	30.	E	45.	A	60.		75.		90.			

國立中興大學 112 學年度學士後醫學系招生考試

試題參考答案疑義釋疑公告

科目	題號	疑義答覆	釋疑結果
英文	32	本題重點為測試考生篇章結構能力，第 4 段開頭的句子倒數第 2 個字是否誤植，並不影響答案為 D 的明確性，本題問題為“Where does the following sentence best belong?”，故考生應在所列選項中選出最適合的選項，又因“Often the diagnosis is straightforward.”無法放置於篇章當中第四段以外的其他段落，因此不變更參考答案。	維持原答案(D)

英文

馬芸(馬希寧)老師提供

國立中興大學112學年度學士後醫學系招生考試試題

英文試題

I. Vocabulary (20 points): Choose the best answer to fill in the blank in each of the following sentences to complete the text.

- 英國醫生 Thomas Percival，響應(echo) Francis Bacon 的話，堅持「排除絕望、減輕疼痛與撫慰心中苦惱」是醫生的責任。
 (A) 脫離，越軌 (B) 高談闊論 (C) 排除，避免
 (D) 蛻(殼) (E) 飛行
- 「國際醫科畢業生」此說法一般被理解是代表一位不在他們想要行醫(practice medicine)的地方被頒醫學學位的醫生。
 (A) 表示，意味 (B) 偵測 (C) 刪除
 (D) 厭惡 (E) 要求
- 藝術作為治療被認為是以產品為導向(product-oriented)，因為它創造出一件在美學上令人愉快的藝術作品，是令人滿意的。
 (A) 有氧地 (B) 無神論地 (C) 無菌地
 (D) 運動上 (E) 在美學上地
- 農村實習(rural practice)不同於都市實習(urban practice)，也不同於大多數醫生在住院實習期間所學到的。
 (A) 受尊敬的 (B) 最近地 (C) 住院醫師實習期
 (D) 定期重複的 (E) 食堂，餐廳
- 醫生常因為他們缺少「人性」而被批評：對徵狀而非對人感興趣，一種直率的態度和培養出來的對「差異」無動於衷(indifferent)專業。
 (A) 輕巧小舟 (B) 唐突的，直率的 (C) 獨特的
 (D) 牙齒斑，匾 (E) 項鍊，手鐲
- 良好的醫療(therapeutic)關係被描述成有謙卑(humility)的本質，且偏遠的參與者喜歡那些不高傲的醫生，病患希望不被歸給(referred)某些被認為(perceived)會責備(scold)他們的專家。
 (A) 弄髒的 (B) 聯合的，強化的 (C) 高傲的
 (D) 恢復健康的 (E) 凝固的
- 在某些國家，在正常分娩(labor)期間的例行外陰切開術(episiotomy)及催產素(oxytocin)的使用似乎在制止婦女別在懷孕期間、分娩(childbirth)及產後(postpartum)時期尋求專業的照顧。

- (A) 部署，配置 (B) 稀釋，降低 (C) 輕視
(D) 防止，使斷念 (E) 設計，想出
8. 一個 NSW 社區型的(community-based)緩和的、臨終的(hospice)照顧服務被綜合地(comprehensively)評估其永續性，許多挑戰被確認，比如對偏遠病患的生命末期關懷的模式的檢驗需要。
(A) 萬神廟 (B) 緩和的，減輕的 (C) 悸動，發抖
(D) 瘟疫，弊害 (E) 侵吞，盜用
9. 在許多工業化國家中，與其他族群(ethnic groups)相較，原住民(Indigenous people)容易有較短的壽命及更高的死亡率。
(A) 圍場，圈地 (B) 雄辯，流利的口才 (C) 相稱，均衡
(D) 剝皮，苛責 (E) 預期 (life expectancy 預期壽命)
10. 為了在肯亞鄉村正確診斷鎌狀紅細胞(sickle cell)疾病，當地區醫院裡的醫生在檢查病患及做預測性的測試時，常很努力做到公平。
(A) 公平的 (B) 身無分文的 (C) 愚昧的，昏庸的
(D) 有害的，惡性的 (E) 天真的，孩子氣的

II. Cloze (20 points): Choose the best answer according to the context.

Passage 1

1 substitute	替代物	2 PolyHeme	多聚體血紅蛋白
3 Hemopure	人工血紅素	4 transfusion	輸送

11. 本題考單字、文意。
(A) 聖化，就任聖職 (B) 構成，形成 (C) 徵召
(D) 密謀 (E) 認為，考慮
12. 本題考單字、文意。
(A) 事實上 (B) 然而 (C) 舉例說明
(D) 事實上 (E) 一般而言
13. 本題考單字、文意。
(A) 傳播，傳染 (B) 抄寫，譯 (C) 變形
(D) 使改變位置 (E) 移植
14. 本題考單字、文意。
(A) 倫理的 (B) 性格，氣質 (C) 乙烷
(D) 乙醚 (E) 倫理
15. 本題考單字、文意。
(A) 贊成，答應(v) (B) 共識，一致(n) (C) 一致，協調(n)
(D) 一致的，適合的 (E) 繼續

Passage 2

1 Mount Isa	伊薩山	2 mining	礦業
3 aboriginal	澳洲土著居民	4 practitioner	行使者
5 overburden	超負荷	6 ethnographic	人種學的
7 disclose	透露	8 etiquette	禮儀規範
9 kinship	親屬關係	10 institution	習俗，制度
11 narrow down	縮小範圍		

16. 本題考單字、文意。

- (A) 無疑地 (B) 此後 (C) 疏忽地 (D) 然而 (E) 最終地

17. 本題考單字、文意。

- (A) 使用，理解 (B) 篡奪，盜用 (C) 誹謗，抨擊
(D) 勤奮 (E) 反抗，蔑視

18. 本題考單字、文意。

- (A) 貢獻 (B) 歸因於 (C) 教訓，教導 (D) 產生 (E) 加速

19. 本題考片語、文意。

- (A) 從...喚醒 (B) 由...所引起 (C) 報復，報仇
(D) 擁護，支持 (E) 因...感到苦惱

20. 本題考單字、文意。

- (A) 不顧 (B) ...等等 (C) 體內 (D) 在試管內的 (E) 反而

III. Reading Comprehension (60 points):

PASSAGE 1

醫療保健的**土著的**(indigenous)社會決定因素(determinants)，包括正在發生的殖民化的衝擊，造成**慢性疾病**(chronic disease)的比例增加及一道**土著人民健康公平**(equity)的鴻溝。在全球，**第二型糖尿病不成比例地**(disproportionately)影響土著人民，在加拿大，相較於非土著人群，文件記載的比例是高出3至5倍。土著人民容易在年紀較輕時罹患糖尿病，很快有**併發症**(complications)，且治療結果較差。在加拿大和其他有殖民歷史的國家，由殖民影響所造成的醫療不平等包括在醫療保健的社會決定因素方面的**深植差異**(disparities)、**社會排擠**(social exclusion)、**政治邊緣化**(marginalization)和**歷史創傷**(historical trauma)。

研究者**進行**(undertook)土著病患的報導的**質的**(qualitative)檢驗，這些報導**產生**(emanate)自一個連續的**焦點小組**(focus group)的、涉及糖尿病照顧經驗的方法。他們發現與醫療服務的**互動與投入**(engagement)受到個人和群體的歷史經驗影響，其中有醫療照護的提供者與接觸**同時代的**(contemporary)、在文化上不安全的醫療照護。土著病患將這樣的經驗連結至特定的衛生政策和醫療照護系統中系統性的歧視。精確地說，土著病患表示倉促的約診、寫處方籤或用藥抱怨、不傾聽及關於土著習俗與社群的負面評價創造了對醫療系統與提供者的信心不足，這些經驗導致土著病患不願**透露**(disclose)他們所有的徵狀或衛生行為。

作為**真實的**(substantial)、**源自於**(stem from)歷史經驗的**次主題**(subtheme)，不信任浮現，有些土著病患懷疑在 20 世紀中葉，患**結核病**(tuberculosis)的土著病患「被當作**實驗材料**(天竺鼠，guinea pigs)」presumably observed or tested upon without access to the same interventions provided to non-Indigenous patients. 在另一面，其他土著病患承認，越來越多地，醫院**撥出**(set aside)空間做土著儀式但註明對**臥病在床的**(confined to a bed)病患而言，這些**管道**(access)不總是可能的。同樣地，土著**大家庭**(extended families)來醫院支持病患不是不常見的事。

一個相當大的、土著病患確認的挑戰是每次去**保留區以外的**(off-reserve)的診所，可能就要跟一個新的醫生(provider)互動、再說一次他的歷史，且給他另一個照護計畫。**保留區內**(on-reserve)的醫生短缺威脅著照護的持續，結果，有些土著病患質疑加拿大各地原住民的**醫-病比例**(doctor-patient ratios)，表示在不成比例的(太多的)糖尿病人群中，醫生不足的擔憂應該**被放大**(amplified)。此外，臨床互動發生的**實際空間**(physical space)很重要，土著病患常想要他們社區內或在土著健康中心所提供的服務，診療室(examination rooms)可能在臨床互動開始之前就**挑起**(stir)不信任。

在處理土著醫療照護上**持續存在的**(ongoing)殖民的**動力**(colonial dynamics)健康照護關係是核心，並在**緩和**(mitigating)過去傷害上扮演一個角色，土著病患所描述的正面的**治療**(therapeutic)關係包含有**同理心**(empathy)和耐心的及真正關心病患醫生；對**反種族主義**(antiracism)教育、與原住民合作的結構性的能力與提倡的重視有巨大潛力可處理這些問題，因為醫生也是健康倡者並應促進醫療均等(equity)。

21. 基於本文的資訊，以下何者為真？

- (A) 保護區內的醫生與醫院中為土著儀式所保留的空間不足導致不重視反種族主義教育、與原住民合作的結構性的能力與提倡的醫生
- (B) 土著人民醫療均等的鴻溝存在的證據是世界上第二型糖尿病罹的比例，土著比非土著高出約四分之一。
- (C) 加拿大各地的原住民醫-病比例並未反映醫生不足，
- (D) 倉促的約診與關於土著習俗與社群的負面評價創造了對醫療系統信心不足且導致土著病患不透露他們所有的徵狀。
- (E) 土著病患想要在它們的社區內所提供的服務或在醫院的檢查室中互動，因為土著家庭們總是來到醫院支持病患。

22. 根據本文，以下何者不真？

- (A) 在加拿大，在殖民化影響下出現的醫療不均等包括醫療保健的社會決定因素方面的差異、社會排擠、政治邊緣化與歷史創傷。
- (B) 在加拿大有第二型糖尿病的土著病患沒有管道享受與非土著相同的照顧，但當臥病在床時，一定可以在醫院舉行土著的儀式。
- (C) 在加拿大，對於土著習俗與社群的負面評價創造了對醫療系統與提供者的信心不足。

- (D) 在加拿大，土著家庭成員到醫院探望患第二型糖尿病的病患不是不常見的事。
- (E) 由於土著病患每次去保護區外的診所可能就要跟一個新的醫生互動、再說一次他的歷史，且給他另一個照護計畫，因此土著病患質疑加拿大各地土著的醫病比例。
23. 在本文中，無論直接或間接，以下哪個不安全醫療照護的例子未被討論？
- (A) 醫生在社區間來來去去 (B) 拒絕給予舉行儀式
- (C) 影響處理大排長龍的日常挑戰所帶來的挫折感
- (D) 過去的經驗影響對醫療照護的信心
- (E) 過去是血色病(hemochromatosis)的今天是哮喘(asthma)與結核病(tuberculosis)的流行。
24. 如在最末段中所用，“mitigating”此字幾乎意指_____。
- (A) 緩和，減輕 (B) 引入，吸收 (C) 唆使，慫恿
- (D) 祈求，庇護 (E) 起作用，有影響
25. 在最末段中提到「持續存在的殖民動力」最可能的原因是什麼？
- (A) 透過隱喻(metaphor)來表達現實，比如資深的醫院管理者不為土著病患提供住宿服務這樣的
- (B) 提醒我們在加拿大土著人民容易在年輕時罹患糖尿病並治療結果較差
- (C) 強調在 20 世紀中葉的加拿大，有結核病的土著病患被當作實驗材料使用
- (D) 強調和醫護的互動受到個人或團體與醫護互動的歷史經驗的影響
- (E) 說明新的醫生來到土著社區以得到複雜、各種疾病的經驗後，就去更好的地方

PASSAGE 2

George Gordon Byron 於 1788 年一月誕生於倫敦，有一隻畸形的腳，已引起爭論。他的父親，在他三歲時過世，稱自己的兒子是「先天性杵狀足」(club-footed) 且許多來自各方的證據強力支持這個說法。他的母親在他四歲時對他的描述是：他的腳「朝內翻」，且他行走時走在繳的一側。此描述與先天的(congenital) talipes equinovarus 或馬蹄內翻足(clubfoot)的診斷一致，事實上，拉丁文 talipes 的意思是走「在_____上。」

Talipes equinovarus，自古(antiquity)被認定是一種先天異常，新生兒的發生率約千分之一，男性是女性的大約兩倍，兩隻腳都發生的機率約一半。當僅單邊(unilateral)時，右側比左側更常見。

當拜倫十歲時，他成為貴族拜倫，在他伯公(great-uncle)過世後，繼承(inheriting)了 Rochdale 第六世拜倫男爵(Baron)的頭銜。他和母親搬至諾丁漢(Nottingham)，靠近他也繼承的紐斯特得修道院(Newstead Abbey)正在衰敗的(decaying)、負債累累的(debt-ridden)資產，在那裡她雇用一個人，我們只知道他

姓 Lavender，此人宣稱有能力治癒她兒子的畸形。被列入諾丁漢外科醫生的名冊(directory)中，他事實上只是個為醫院製作醫療器材的人。他令人難受的(excruciating)治療(regimen)是用油摩擦拜倫的腳、扭它並將它放在一個木頭的、奇妙的新發明(contraption)裡轉。他的家教老師(tutor)有一天觀察他學生的痛苦，察覺(remarked)到他感覺多麼不舒服，「別介意，羅傑斯先生」，拜倫回道，「你將不會再看到我表現出絲毫不適。」

當拜倫在 1799 年被帶到倫敦，Matthew Baillie 醫生(1761-1823)以為早期治療或許能很大程度地或全部地矯正畸形(deformity)，但至此時已經太遲。然而，他叫接骨師(bonesetter) Timothy Sheldrake 為拜倫的腳製作一些工具，但這些工具不久就被放棄，他反而收到一隻靴子。在該年較晚時，Sheldrake 製作了一個 Baillie 醫生設計的、拉直腳的器材，拜倫寫道：「我的腳無動於衷(indifferent)，我看不出任何改變(alteration)。」

Sheldrake 說他製作了畸形部位的石膏繃帶(plaster casts)，並在他 1828 年醫學學報柳葉刀(Lancet)的說明中，附上(append)它們的圖。它們的確展示出一隻馬蹄內翻足，但卻是左腳，不是右腳，這表示人物(figures)不正確，是另一個病患的；或者事實上，因為刻版過程(engraving process)創造原本的圖像的鏡子效果，那確實是拜倫真正的(genuine)腳左右相反(reverse)。在拜倫於 1824 年在希臘去世前不久，Julius Millingen 醫生(1800-78)雖然也誤判哪一隻腳畸形，他評論「這隻腳畸形並內翻，且和健全的相比，腿較細、較短...，他無疑地是天生杵狀足。」

26. 根據第一段中拜倫母親對他畸形的描述，拉丁文 *talipes* 最可能是英文的「走在 _____ 上」，空格裡最適合的答案是什麼？

- (A) 腳底 (B) 足跟 (C) 踝關節 (D) 腳趾 (E) 膝蓋

27. 根據本文，關於 *talipes equinovarus* 或馬蹄內翻足，以下何者不是事實？

- (A) 與比女性相較，它更常影響男性 (B) 它被認為是可能影響雙腳的疾病
(C) 自古它就被知道了 (D) 它已被認為是傳染病
(E) 如果只有單側，它較常發生於右側

28. 以下的句子最適合放哪裡？

根據他後來的朋友 John Cam Hobhouse (1786-1869)的說法：「他不耐煩穿這個工具並將其扔入池塘中。」

- (A) 第一段末 (B) 第二段末 (C) 第三段末
(D) 第四段末 (E) 第五段末

29. 第三段中 *excruciating* 一字的自私最接近_____。

- (A) 先進的 (B) 令人痛苦的 (C) 藥的 (D) 慰藉的 (E) 治療的

30. 基於本文中的資訊，以下何者是關於拜倫最正確的敘述？

- (A) 他的馬蹄內翻足治療非常成功
(B) 在他伯公過世後他變得非常富有
(C) 他是被診斷患有左側馬蹄內翻足的病患
(D) 因為買堤內翻足，他拒絕見羅傑斯先生

(E) 自他出生起，他畸形的腳就為人所知

PASSAGE 3

過去數十年的許多研究已檢視了要用哪些治療及如何使用它們，哪些藥物？劑量為何？多久？優點是什麼？這些是常被問的問題且現在能被定期地、可靠地回答。

許多疾病的治療準則被出版、利用及被定期使用，雖然對於「食譜式醫學」(cookbook medicine)有許多擔憂和悲嘆(lamentation)，基於快速成長的證據基石(cornerstone)，這些準則已挽救許多生命。這些有證據為基礎的醫學讓病患自被證明是最有效的治療方式的周全應用中獲益。

然而，有效的治療有賴於精確的診斷，現在在診斷時我們有許多(a wide range of)工具-新的或舊的-用它們我們現在可做出及時(timely)和精確的診斷。並且當治療成為更標準化時，最複雜、重要的做決定將發生在診斷的階段。

病患的說明與檢查指出一個可能的嫌犯且診斷科技迅速地確認並 hunch，一位發燒與咳嗽的長者照了 X 光顯露猛烈的(raging)肺炎(pneumonia)；一位 50 多歲的人胸痛輻射下至他的左臂上至它的下巴，且 EKG (____)或血液檢測證實(bears out)了這個懷疑：他心臟病症發作；一位正在避孕的少女抱怨呼吸短促、一隻腿腫脹，且 CT(電腦斷層攝影, Computed Tomography) 掃描證明一個結實的(massive)肺的(pulmonary)栓塞(embolus)存在。這是醫療診斷案例的基礎(bread and butter)，因果整齊的網綁在一起且醫生幾乎能立刻向病患及家屬解釋兇手是誰(whodunit)、如何造成？及有時甚至是原因。

But then 不過，有其他案例：複雜說明或醫療歷史的病患、症狀不明顯的案例、物理檢查未顯示、測試誤導。疾病敘述偏離(stray off)預期路徑的案例、嫌犯似乎有不在場證明(alibis)的案例，且診斷是難以捉摸的。因為這些，醫生必須扮演偵探(戴上他/她的獵鹿帽, don his/her deerstalker cap)解開(unravel)謎團。don his/her 就是在這些案例中醫學能再次提升至藝術的層次，醫生偵探必須挑開(pick apart)糾結的(tangled)疾病繩線(strands)、理解該問哪個問題、認出不明顯的物理發現並確認哪個測試可能重要，最後抵達正確的診斷。

31. 從前三段中可推論出什麼？

- (A) 依據證據的醫學在某些方面是有幫助的
 (B) 新的工具比舊的更可靠 (C) 治療比診斷更重要
 (D) 治療與診斷兩者皆應標準化 (E) 「食譜式醫學」

32. 以下此句最適合哪裡？ 診斷經常是直接的。

- (A) 第一段首 (B) 第二段首 (C) 第三段首 (D) 第四段首 (E) 第五段首

33. 第四段中空白處的家答是什麼？換言之，“EKG”代表什麼？

- (A) 電流生理學 (B) 肌肉神經探測器 (C) 眼電圖
 (D) 電負度 (E) 心電圖

34. 基於最後兩段的資訊，以下何者為真？

- (A) 徵狀總能被確認作為特定疾病的證據
 (B) 肺栓塞是指子宮(womb)裡的一條動脈(artery)阻塞(blockage)
 (C) 醫療診斷和犯罪調查像到某個程度(to some extent)
 (D) 醫生照顧病患像獵鹿人一樣仔細
 (E) 標準化的治療比個人化的治療更有效
35. 第四段中的“bread and butter”在意義上接近_____。
- (A) 協商談判 (B) 基礎 (C) 決定，解決
 (D) 農園，林地 (E) 附加，合併

PASSAGE 4

雙極人格失常(Bipolar Disorder, BD)是嚴重的精神狀態之一，它對一個人的生命有重大影響，造成全世界醫療很大的負荷。研究指出有些土著有較高的 BD 社區普及率，包括 Māori 紐西蘭的土著。最近一份 BD 在土著人口中的系統性回顧顯示出一個極端有限的證據基礎，建議設計土著研究以確認系統性因素對當前醫療不均等的衝擊。

規畫改革中，紐西蘭醫療體系目前是階層式結構，這包括：全科診療(General Practice, GPs)醫生提供基本照護、社區型服務、由 20 個區域衛生局(District Health Boards, DHBs)所提供的地區性門診(outpatient)與住院(inpatient)服務，及非政府組織(NGOs)。BD 的精神健康照護一般要求全科醫生轉診(referral)至區域衛生局，並包含住院時期或在精神醫學(psychiatric)照護模式內，由多專業團隊(multi-disciplinary teams, MDT)所提供的社區型治療，這個服務與團隊的組合會因區域衛生局不同而不同，意思是照護的經驗會因一個人在紐西蘭所住的地點而改變。

根據質性的(qualitative) Kaupapa Māori 研究方法學(methodology)，最近一份來自 Māori BD 病患及他們的 whānau 的批評的研究分析以找出障礙並提出改變以改善紐西蘭精神健康體系的結構與功能。三個主題反映出病患對紐西蘭醫療體系的結構特性的批判和這些特性對提供服務給有 BD 的 Māori 和他們的 Māori 的影響，業務易使用性(operational-accessibility)這個次主題(sub-theme)包括病患對服務營業時間的批判，包括門診時間、探視時間(visitation times)和查房(ward rounds)，以及約診的程序和這些程序對 Māori 使用 BD 服務的影響。此外，透過特定服務的資源不足或限制他們獲得在文化上的安全、符合要求的(competent)和平等的健康住戶的設施的環境特性，病患認定這些為限制(constraints)。

結構性因素也影響到具有專家技術、能治療 BD Māori 的工作人員的易招募性(accessibility of staff)，如精神醫學家(psychiatrists)、心理學家和 Māori 精神健康工作人員。病患認出工作人員易招募性反映目前招募與保留(retention)優先次序，意思是 Māori 改良的易招募性要求給已證明有臨床和文化能力的工作人員優先。

因此轉變需要承諾，承諾監控和解決在衛生體系內造成對 BD Māori 及其

Māori 有效照護的不公平使用制度性種族主義。當紐西蘭準備重大衛生體系改革，需要對公平和履行過去所建議的結構性改變的承諾，以及**持續(ongoing)**評估和結構性改變的**精煉(refinement)** 以**確保(ensure)**對 Māori Māori 的**功效(efficacy)**。

36. 以下何者最能描述本文是關於什麼？
- (A) 紐西蘭的精神健康體系的結構性障礙與解決方式
 - (B) 紐西蘭 *whānau* 的雙極人格失常徵狀
 - (C) 紐西蘭衛生系統的工作人員招募儲備(staffing accessibility)
 - (D) 紐西蘭土著人口與**制度性的(institutional)**種族主義
 - (E) 紐西蘭區域衛生局的轉變
37. 以下何者最適合取代第三段、第五段中的 *whānau* ？
- (A) 結構性改革
 - (B) 以社區為基礎的治療
 - (C) 心理健康狀態
 - (D) 醫療不均等
 - (E) 家庭或支持網絡
38. 被用在第五段中“refinement”一字幾乎意指_____。
- (A) 減少，降低
 - (B) 耕耘，培養
 - (C) 反駁
 - (D) 表示，意義
 - (E) 惡化，墮落
39. 基於本文訊息，以下何者不真？
- (A) BD 的精神照護通常要求 DHB 服務並包括住院時期’或在精神醫學照護模式中，由 MDT 所提供的社區型治療
 - (B) 土著有較高的 BD 社區普及率，包括 Māori 紐西蘭的土著。
 - (C) **BD 病患批評門診時間、探視時間和查房，且在紐西蘭所有的 BD 病患都經歷過相同的約診過程**
 - (D) 服務和團隊的組成因 DHBs 不同而異，照護的經驗也視 BD 病患在紐西蘭的居住地而變化。
 - (E) 精神醫學家(psychiatrist)與心理學家的臨床和文化能力影響可否獲得擁有專家技巧治療 BD 工作人員
40. 基於本文的訊息，以下何者為真？
- (A) 第一段中有很好的證據證明：對 BD Māori 而言，制度性種族歧視造成有效照護的不公平的使用
 - (B) **可以推論出：由於特定服務資源不足或環境特性，如第三段所描述的公平的(equitable)衛生照護的取得對 Māori 而言是受限制的**
 - (C) 第三段中，透過特定服務資源不足，關於紐西蘭衛生體系的結構特性的資訊不受限制
 - (D) 在第四段中所描述的紐西蘭重大衛生體系改革中，易招募性已被提供給 Māori 和在文化上、臨床上能勝任的工作人員
 - (E) 在第五段中描述的工作人員易招募性指出結構性種族主義未造成 BD Māori 使用有效照護的不公平

PASSAGE 5

2008 年春，隨著我的漂亮媽媽的出版，圖畫書可能的主題內容擴大至新的領域(realm)。由 Michael Salzhauer 執筆和 Victor Guiza 繪圖，這部敘事作品被宣傳(billed)成第一本處理整形外科(cosmetic surgery)主題的圖畫書。

從第一人稱的觀點，我的漂亮媽媽敘述(relay)一位小女孩的經驗，她的媽媽即將經歷許多選擇性的(elective)美學(aesthetic)程序。雖然故事是虛構的(fictional)，它採用提供信息的(informational)，而非想像的方式：此敘事作品提供年輕讀者一種「導覽」(guided tour)或此過程有教育意義的(instructive)綜觀(overview)。

我的漂亮媽媽從媽媽在醫生診間的初期諮詢開始，進展到她手術的那天，討論她_____的期間，並以拆繃帶(bandages)並揭示(unveil)她新的、美容改造的(cosmetically altered)自我。為了幫助解釋整個整形手術經驗給孩童讀者，此書挪用(appropriate)一個常見的大自然隱喻(metaphor)：它將母親的轉變比喻成毛毛蟲變成蝴蝶的轉變，甚至將她的繃帶比作(liken)繭(cocoon)。

在我的漂亮媽媽的那位媽媽正經歷的不僅是一串(cluster)隨機的整形外科手術過程，也是特定以「媽媽大變身」(mommy makeover)而聞名的過程。包含「腹部_____」(tummy_____)抽脂(liposuction)和乳房上提術(breast lift)(無論是否植入，implants)，它是被設計來幫助媽媽重新獲得懷孕前的身形。由於越來越多婦女做整形外科手術，伴隨(coupled with)父母應該對他們的孩子誠實與開放的社會信念，有越來越多讓這些程序以年輕孩子能理解的方式解釋的需要。

如 Abigail Jones 觀察地很恰當(aptly)，許多注意力已被投在「整形外科手術對病患的可能情緒影響」時，卻幾乎沒有人提出這個問題：「一位母親的整形外科手術如何影響他們的孩子？」我的漂亮媽媽想做的就是做這件事。發表在 2008 年象徵母親的母親節當天，這本圖畫書瞄準四至七歲的孩童，它意欲停止在家長做整形外科手術時，孩子所經歷的恐懼與焦慮。

41. 從前三段中可推論出什麼？

- (A) 本文的作者以身為一位整形外科研究先驅(pioneer)聞名
- (B) 我的漂亮媽媽是一本第一人稱的敘事作品，從一位母親的角度訴說
- (C) 第三段中的空格最適當的答案是「療養」(recuperation)
- (D) 整形外科和昆蟲學的(entomological)轉變一樣是必要的(compulsory)
- (E) 我的漂亮媽媽是一本虛構的圖畫書，因此它的內容不可靠的

42. 在第四段中的空格的最適合答案是什麼？

- (A) 池塘，容器
- (B) 塞，藏
- (C) 管子
- (D) 馴服
- (E) 轉 tummy tuck 「腹部整形手術」

43. 基於本文的資訊，以下關於 My Beautiful Mommy 的敘述何者不真？

- (A) 它是一本為四至七歲孩子所寫的書
- (B) 它是一本給整型外科醫生的有圖的醫學指導
- (C) 它是一本給父母與孩子一起閱讀的書
- (D) 它是第一本整形外科手術的圖畫書

- (E) 它是一本關於「媽媽大變身」的圖畫書
44. 以下何者敘述最接近本文的論點？
- (A) 整形外科不應該施行在有孩子的母親上
- (B) 女人在懷孕之前做整形外科手術較好
- (C) 孩子應該被適當地告知他們父母的整形外科手術
- (D) 因為對孩子有害，「媽媽大變身」應該被禁止
- (E) 父母的整形外科手術帶給孩子的快樂多於恐懼
45. 在第一段中“billed”一字在意義上最接近_____。
- (A) 被宣傳 (B) 被修補 (C) 被厭惡 (D) 被放棄 (E) 被附加

PASSAGE 6

在美國，少數族裔，相較於白人，更常英語能力有限。亞裔或西裔特別可能遇到語言困難，相較於非西裔白人不到 2%，此二族群中都有約 40% 的人說英語不到良好的程度。約 15% 的夏威夷土著及其他太平洋島國人民和 10% 的美國印地安人及阿拉斯加土著的英語能力有限；只有 2.5% 的非西裔黑人英文能力有限，因此，在這些族群間英語流利程度的差異有助於解釋在照護利用的某些範圍的族群差異(disparity)。

照護的語言障礙存在於**基本的(primary)**和**急性的(acute)**照護環境，在基本的照護環境裡，相較於英語精通的病患，英語能力有限的病患較不可能表達有定期的照護來源、持續的照護或接受篩檢服務，並更可能抱怨在候診室等太久及透過電話獲得資訊或建議的困難，當專業醫療翻譯服務被提供時，語言障礙就降低了，不過，由於高成本及不便，許多**社區型診所(community-based clinics)**與小型、私人醫院不使用專業翻譯人員。類似的障礙存在於**急性(acute)**照護環境下，比如醫院的急診部門。在國立與州立的等級，關於文化上和語言上適當的照護**提供(provision)**有許多**準則(guidelines)**與法律的指令(mandates)已被**實施(implemented)**，這些法律及建議當然適用於接受公費補助的醫療照護環境，且**理論上(in theory)**應降低或消滅照護的語言障礙，但是，即使是當法律要求，專業翻譯服務在這些環境中**未被充分利用(underused)**。

關於語言精通族群與語言能力有限族群之間的醫療照護利用有統計上的重大差異，和英語精通的人相較，英語能力有限的人更多經歷過**放棄的(forgone)**治療和更少說會造訪醫療單位。此外，更少不說英語人士有自己的房子，更多人教育程度低且生活在貧困中或接近貧困。說西班牙語的人**構成(make up)**英語能力有限的巨大人口，同時非西裔白人與亞洲人構成**其餘部分(remainder)**。

研究者發現英語精通與造訪醫療單位有關，而不和延誤的或**放棄的(forgone)**醫療照護有關。計算造訪醫療專業人員的次數可能更直接了解病患在醫療背景下面對的溝通挑戰，對溝通的依賴呈現一個應在意的潛在障礙：是否病患英語能力有限。此外，認為自己英語流利的人可能事實上對英語醫療專業**知識(literacy)**程度不足，因此限制了與醫護人員對話的潛力。英語能力有限的人可能更困難獲得

重要醫療服務及相關疾病症狀的健康資訊，因此弱化了語言精通與享用醫療照護措施之間的潛在關係。

醫療照護的語言障礙也和其他多語言及多文化國家相關，如澳洲和台灣。在國際的大背景中，提供者、研究者及決策者必須滿足越來越多元的人口的醫療照護要求。社經與健康地位因素能部分解釋使用醫療照護時的語言障礙，比如由於病患與醫護間不同的(discordant)語言而產生的溝通困難、導致不願嘗試獲得醫療關注的過去負面的醫療經驗。

46. 第一段的主要目的為何？
- (A) 提醒我們任何適用於醫療照護環境的法律和建議應消滅在醫院急診部門中的語言障礙
- (B) 介紹主旨—美國，一個多語言、多文化的國家，的族群均等
- (C) 傳達英語能力有限的少數族群可能有不平等的醫療照護使用
- (D) 說明專業醫療翻譯服務在許多社區型診所中被提供
- (E) 強調無數非西裔黑人英語能力有限
47. 以下何者最能代替第三段的“remainder”？
- (A) 服飾 (B) 剩餘 (C) 養生法 (D) 反駁 (E) 賠償
48. 第四段中被使用的“attenuating”一字幾乎意指_____。
- (A) 放大 (B) 授權，批准 (C) 猛扭，扳手
- (D) 弱化 (E) 確定，查明
49. 根據本文，以下何者不真？
- (A) 英語能力有限的人利用關於重要醫療服務與相關疾病症狀的健康資訊可能有更多的困難
- (B) 使用照護時的語言障礙包括由於病患與醫護之間不同語言所導致的溝通困難等問題
- (C) 雖然專業醫療翻譯服務在社區型診所(community-based clinics)中可能昂貴且不便，但能減少語言障礙
- (D) 說英語的病患事實上可能沒有足夠程度的英語醫療專業知識，因此限制了與醫護人員對話的可能性
- (E) 即使當法律規定，專業翻譯服務在基本的照護環境中未被充分利用(underutilized)，但在急性的(acute)照護環境中，私立醫院(private practice)使用專業翻譯人員
50. 以下何者會是此文最適合的標題？
- (A) 在美國、澳洲和台灣的醫療溝通
- (B) 英語精通對醫療照護使用的影響
- (C) 說西班牙語人士、非西語人士白人，和亞洲人的語言障礙
- (D) 溝通依賴與放棄的醫療照護
- (E) 公共衛生照護服務與專業翻譯服務