2016年2月11日実施

２０１６年度立命館大学大学院生命科学研究科
博士課程後期課程
入学試験問題（外国語科目）

生命科学専攻

【注意事項】

（１）解答は問題番号１．２．…ごとに解答用紙１枚を使用して下さい。
（２）受験番号、氏名、問題番号等の必要事項を解答用紙すべてに記入して下さい。
（３）無記名答案は無効です。また、問題用紙および解答用紙の持ち帰りは認めていません。
（４）解答用紙はホッチキス止めしてあるので、はずさないで下さい。
（５）問題用紙が志望専攻の問題であるかを確認し、解答して下さい。
（６）外国語科目試験時間
　　１０：００～１１：３０（９０分）
　　試験時間中の途中退室は認めていません。

立命館大学大学院生命科学研究科（博士課程後期課程）

［外国語科目］

英語

［1］ 「経済評価にはどういう意義があるか？」についての次の英文を日本語に訳せ。

Two features characterize economic analysis, regardless of the activities (including health services) to which it is applied.

First, it deals with both the inputs and outputs, sometimes called *costs* and *consequences*, of activities. Few of us would be prepared to pay a specific price for a package whose contents were unknown. Conversely, few of us would accept a package, even if its contents were known and desired, until we knew the specific price being asked. In both cases, it is the linkage of costs and consequences that allows us to reach our decision.

Second, economic analysis concerns itself with choices. Resource scarcity, and our consequent inability to produce all desired outputs (even efficacious therapies!), necessitates that choices must, and will, be made in all areas of human activity. These choices are made on the basis of many criteria, sometimes explicit but often implicit. Economic analysis seeks to identify and to make explicit one set of criteria that may be useful in deciding among different uses for scarce resources.

These two characteristics of economic analysis lead us to define economic evaluations as *the comparative analysis of alternative courses of action in terms of both their costs and consequences*. Therefore, the basic tasks of any economic evaluation are to identify, measure, value, and compare the costs and consequences of the alternatives being considered. These tasks characterize all economic evaluations, including those concerned with health services.

［2］ 「なぜ費用効用分析が開発されたか？」についての次の英文を日本語に訳せ。

In cost-effectiveness analysis the outcomes are measured in programme-specific units such as millimetres of blood pressure reduction, disability-days averted, cases cured, lives saved, and life-years gained. Typically the main outcome is designated as the primary effectiveness measure and used as the denominator in the cost/effectiveness ratio. There are four problems. First, because the measure of primary effectiveness may differ from programme to programme, cost-effectiveness analysis cannot be used to make comparisons across a broad set of interventions. Second, decision-makers with a limited budget must not only determine if a new programme is cost-effective but must also determine which programme to reduce to free up funds for the new programme. Cost-effectiveness analysis cannot typically address this issue of the opportunity cost of funding the new programme. Third, in any one programme there is often more than one outcome of interest. In fact, normally there is a large number of relevant outcomes; for example, outcomes of any specific intervention often include life extension, long-term quality of life changes, side-effects, both major and minor, from the intervention, as well as the short-term quality of life effects of the intervention itself. Fourth, some outcomes are more important, or more valued, than others.

Cost-utility analysis was developed to address these problems. It enables a broad range of relevant outcomes to be included by providing a method through which the various disparate outcomes can be combined into a single composite summary outcome. This, in turn, allows broad comparisons across widely differing programmes. And, finally, cost-utility analysis provides a method to attach values to the outcomes so the more important outcomes are weighted more heavily.

METHODS FOR THE ECONOMIC EVALUATION OF HEALTH CARE PROGRAMMES
by Drummond and Sculpher (2005) 502w and Box.6.1 from pp.9, 138.
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