

題號： 45

國立臺灣大學 112 學年度碩士班招生考試試題

科目： 英文寫作及中譯英

題號： 45

節次： 3

共 2 頁之第 1 頁

第一大題：中譯英 (50%) - 請翻譯下列框內之短文

象已經習慣突如其來的死亡，不論是人的或是象的。牠甚至目睹過自己母親的死亡。一枚流彈擊中碉堡，周遭霎時被數以千萬計的碎磚碎石籠罩，細碎的銳利物飛濺到母象頭部、側腹的肌膚裡。連續好幾個星期，馴象人替母象清理傷口，挖出一個水桶的鐵屑與石頭，但仍無法阻止死神。

人類有一天會知道，象和他們一樣理解黑夜、森林、雨季與傷心。當長老母象倒地時，其他的象完全停步，圍繞著牠。牠們用象鼻摩挲著彼此的背，發出不可思議的輕柔低哼聲。夜晚氣溫逆轉，較接近地面處形成較佳的傳音層，那低哼聲因此得以傳到遠方的山谷，而後又嗡嗡迴響回營地。那被放大的、多層次的音響讓一旁的士兵感到淒愴而溫暖，他們體會到了象的傷心，因此也為自己傷心起來。

文節錄自：《單車失竊記》

第二大題：英文寫作 (50%)

Read the following excerpts from "Personal Responsibility and Obesity: A Constructive Approach to a Controversial Issue" by Prof. Kelly D. Brownell and his colleagues. Write a 250- to 300-word summary of their viewpoint in your own words.

Until recently, American approaches to diet, physical activity, and obesity have largely focused on the individual. Predominant approaches have been to educate individuals and implore them to alter their behavior. This view, emphasized in the surgeon general's 1979 *Healthy People* report¹⁹ and reaffirmed in various government reports since, is consistent with the American focus on individualism in culture and politics.²⁰

Studies demonstrate repeatedly that judgments about obesity are linked to values of individualism, self-determination, political conservatism, and secular morality. The resulting "just world" belief is that people get what they deserve, that they are responsible for their life situation, and that to behave in ways contrary to expectations is immoral.²¹ These attributions echo Max Weber's Protestant work ethic, reflecting beliefs that hard work, determination, and self-discipline create success (for example, weight loss); that failure reflects personal weakness; and that obese people are lazy, gluttonous, and undisciplined.²² Numerous weight-based stereotypes have emerged from personal responsibility attributions, making obese people frequent targets of bias, stigma, and discrimination.^{22, 23}

Public health approaches, particularly those involving government action, are sometimes caricatured as forcing people to behave in certain ways. In fact, though, the public health community has long understood the need for programs that blend a focus on individual choices and collective responsibility. Contemporary advances have resulted from such interventions as improved sanitation, control of infectious diseases, better nutrition, and reduced smoking. Some problems require a greater emphasis on one versus the other, but most often they are not clearly separable.

Many health threats require collective action because harmful exposures are shared and not under individual control (such as air or water pollution). The control of infectious diseases is the classic example, in part because vectors can range extensively and infected people can affect others. During the past century, noncommunicable diseases, particularly coronary heart disease, stroke, and cancer, became the dominant sources of morbidity and mortality in Western countries. Research on the determinants of smoking, exercising, and eating behavior reveals that these are not simply free and independent choices by individuals, but rather are influenced by powerful environmental factors.²⁴

見背面

Changes in disease prevalence are often brought about most rapidly and effectively through structural interventions that change the environment.²⁵ Elimination of adverse agents at an early and common source is almost always more effective and efficient than depending on individuals to identify and avoid exposure or to treat the consequences. A safe water system prevents waterborne illness such as cholera and is far more effective than asking each person to purify water. Mandated immunization of children is another example. A system that only educated and implored parents to have their children immunized would result in enough failure to provoke a public health catastrophe. The “up-stream” approach is effective for several reasons: specific individuals can be employed to prevent or control exposure as their primary responsibility; and systems can be devised that include redundancy, monitoring, and feedback loops to optimize control.

The right to health is a fundamental and widely recognized aspect of human rights.²⁶ Around the world, poor diet and obesity threaten this right. For people to be healthy, personal behavior, safe conditions, and an environment that supports healthy choices must combine in complementary ways.

The use of collective action to support personal responsibility is central to public health. It has been discussed in a variety of political and economic contexts using language such as “asymmetric paternalism,”²⁷ “optimal defaults”²⁸ and “libertarian paternalism,” and “choice architecture.”²⁹ The underlying notion is that choices must be made, but the environment affects the content of choice. Children in a school cafeteria will select food, but which choice they make is affected by the availability of some foods and not others. ...

An economic construction with similar implications is that of optimal defaults.²⁸ Changes in “defaults,” or the conditions that affect behavior, can have profound effects. For instance, Eric Johnson and Daniel Goldstein³¹ compared the percentage of people choosing to be organ donors in countries where people are not donors by default but are given the option of opting in, versus other countries where people are donors by default but have the choice of opting out. Choice is the same in both cases, but the percentage of donors averages 15 percent when the default is not to be a donor compared to 98 percent when donation is the default. It would be practically impossible, even with unlimited resources, to produce this difference through education. ...

Policy makers tend to frame obesity as an individual responsibility or an environmental/collective issue, inspiring very different sets of policy recommendations. The responses are not mutually exclusive. In fact, on other issues like tobacco and drug use, they have jointly inspired government action. In today’s highly partisan political environment, however, parties often seize on one frame and dismiss the other.

The challenge is to combine personal and collective responsibility approaches in ways that best serve the public good. This begins with viewing these approaches as complementary, if not synergistic, and recognizing that conditions can be changed to create more optimal defaults that support informed and responsible decisions and hence enhance personal freedoms.

Source: Brownell, K. D., Kersh, R., Ludwig, D. S., Post, R. C., Puhl, R. M., Schwartz, M. B., & Willett, W. C. (2010). Personal responsibility and obesity: A constructive approach to a controversial issue. *Health Affairs*, 29(3), 379–387.