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https://www.100test.com/kao_ti2020/122/2021_2022__E8_8B_B1_E8_AF_AD_E5_9B_9B_E7_c83_122177.htm It is said that in England death is pressing, in Canada inevitable and in California optional. Small wonder. Americans' life expectancy has nearly doubled over the past century. Failing hips can be replaced, clinical depression controlled, cataracts removed in a 30-minute surgical procedure. Such advances offer the aging population a quality of life that was unimaginable when I entered medicine 50 years ago. But not even a great health-care system can cure death and our failure to confront that reality now threatens this greatness of ours. Death is normal. We are genetically programmed to disintegrate and perish, even under ideal conditions. We all understand that at some level, yet as medical consumers we treat death as a problem to be solved. Shielded by third-party payers from the cost of our care, we demand everything that can possibly be done for us, even if it's useless. The most obvious example is late-stage cancer care. Physicians, frustrated by their inability to cure the disease and fearing loss of hope in the patient, too often offer aggressive treatment far beyond what is scientifically justified. In 1950, the U.S. spent 7 billion on health care. In 2002, the cost will be one hundred billion. Anyone can see this trend is unsustainable. Yet few seem willing to try to reverse it. Some scholars conclude that a government with finite resources should simply stop paying for medical care that sustains life beyond a certain age, say 83 or so. Former Colorado governor Richard Lamm has been

quoted as saying that the old and infirm "have a duty to die and get out of the way", so that younger, healthier people can realize their potential. I would not go that far. Energetic people now routinely work through their 60s and beyond, and remain dazzlingly productive. At 78, Viacom chairman Sumner Redstone jokingly claims to be 53. Supreme Court Justice Sandra Day O'Connor is in her 70s, and former surgeon general C. Everett Koop chairs an Internet start-up in his 80s. These leaders are living proof that prevention works and that we can manage the health problems that come naturally with age. As a mere 68-year-old, I wish to age as productively as they have. Yet there are limits to what a society can spend in this pursuit. Ask a physician, I know the most costly and dramatic measures may be ineffective and painful. I also know that people in Japan and Sweden, countries that spend far less on medical care, have achieved longer, healthier lives than we have. As a nation, we may be overfunding the quest for unlikely cures while underfunding research on humbler therapies that could improve people's lives.

1. What is implied in the first sentence?
A. Americans are better prepared for death than other people.
B. Americans enjoy a higher life quality than ever before.
C. Americans are over-confident of their medical technology.
D. Americans take a vain pride in their long life expectancy.

2. The author uses the example of cancer patients to show that
.A. medical resources are often wasted
B. doctors are helpless against fatal diseases
C. some treatments are too aggressive
D. medical costs are becoming unaffordable

3. The author's attitude toward Richard Lamm's remark is one of
.A. strong disapproval
B.

reserved consent C. slight contempt D. enthusiastic support

4. In contrast to the U.S., Japan and Sweden are funding their medical care .A. more flexibly B. more extravagantly C. more cautiously D. more reasonably

5. The text intends to express the idea that .A. medicine will further prolong peoples lives B. life beyond a certain limit is not worth living C. death should be accepted as a fact of life D. excessive demands increase the cost of health care

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