

Kantonsschule Alpenquai Luzern

Schriftliche Maturitätsprüfung 2017

Fach	Englisch			
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Klassen	alle 6. und 7. Klassen, Schuljahr	2016-17		
Prüfungsdatum	23. Mai 2017			
Prüfungsdauer	3 Stunden			
Erlaubte Hilfsmittel	keine			
Anweisungen zur Lösung der Prüfung	Die <i>Listening Comprehension</i> (Seiten 2 und 3) befindet sich auf einem separaten Blatt. Die <i>Listening Comprehension</i> wird nach 25 Minuten eingesammelt. Der Rest der Prüfung ist im vorliegenden Dossier gebunden.			
Anzahl erreichbarer Punkte	Part	Approx. time (minutes)	Points	Page
	1 Listening Comprehension	25	18	2+3
	Reading	15	0	4
	2 Reading Comprehension	25	32	5
	3 Vocabulary	15	20	6
	4 Essay	60	60	7
	5 Grammar	30	40	8
	Reading over	10	0	-
	То	tal 180	170	
Anzahl Seiten (inkl. Titelblatt)	9			
Name, Vorname		 Ier		

Name: _____ Klasse: ___ Nr.

1 Listening Comprehension

You will hear different speakers talking about the topic of antibiotics. After 25 minutes, you will have to hand in this answer sheet separately.

1.1 Listening Comprehension Part 1

Part 1 is from *NPR (National Public Radio)*. You will hear some young scientists talking about how to fight dangerous superbugs.

For questions 1-4, answer the questions according to what you hear in full, informative sentences. You can take notes on an extra sheet of paper.

You have 1 minute to read the questions. Then you will hear this part twice.

1)	How are the three young scientists described by Joe Palca (the interviewer)?	(2)
2)	Why are big pharmaceutical companies not particularly interested in doing research on dr	rug-resistant
	bacteria?	(2)
22		• · · • • ·
3)	Explain the concept of how the three young scientists hope to win the fight against drug-re	
3)	Explain the concept of how the three young scientists hope to win the fight against drug-reria?	(2)
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	ria? Does Professor Chaitan Khosla think that the invention of the young scientists has a realist	(2)
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(8 points)

(18 points)

1.2 Listening Comprehension Part 2

(10 points)

Part 2 is from the *Guardian (Science Weekly)*. You will hear an interview with Sir Richard Sykes on what can be done about the alarming growth in resistance to antibiotics.

For questions 5-9, choose the answer (A, B, C or D) which fits best according to what you hear. You have 2 minutes to read the questions. Then you will hear this part twice.

- 5) Sir Richard Sykes claims that
 - A it's not clear whether humans or the bacteria are winning
 - **B** what people are told about bacteria is far from the truth
 - **C** the bacteria crisis is constantly worsening
 - **D** bacteria are getting more resistant, but there are also new agents to fight them
- 6) In Richard Sykes' opinion, what makes it hard to fight bacteria is the fact that
 - A the golden era of antibiotic discovery is over
 - **B** people think it's not difficult to find new antibiotics
 - **C** pharmaceutical companies find it less important to research other areas
 - **D** economic profit is probably more important for pharmaceutical companies
- 7) According to Richard Sykes, what should we learn from H. G. Wells' novel "The War of the Worlds"?
 - **A** Governments need to understand that bacteria are a very serious problem.
 - **B** The human race is vulnerable to infectious diseases.
 - **C** Bacteria killed Martians, not lasers or fancy guns.
 - **D** Humans would be in a better situation if they fought back.
- 8) For Richard Sykes, what makes it so difficult to fight bacteria successfully?
 - **A** The situation of the environment has been altered.
 - **B** The population of our planet has increased.
 - **C** Today many people like to travel widely.
 - **D** all of the above
- 9) What is Richard Sykes most worried about?
 - **A** People don't pay attention to bacteria in daily life.
 - **B** Flesh-eating bacteria and superbugs have been discovered in Delhi.
 - **C** Bacteria can adapt and create global chaos.
 - **D** Bacteria can be kept under control in hospitals, but they can still spread.

Antibiotics - When the drugs don't work

SOME people describe Darwinian evolution as "only a theory". Try explaining that to the friends and relatives of the 700,000 people killed each year by drug-resistant infections. Resistance to antimicrobial medicines, such as antibiotics and

- 5 antimalarials, is caused by the survival of the fittest. Drug-resistance is not only one of the clearest examples of evolution in action, it is also the one with the biggest immediate human cost. And it is getting worse. Stretching today's trends out to 2050, the 700,000 deaths could reach 10 million.
- 10 Cynics might be forgiven for thinking that they have heard this argument before. People have fretted about resistance since antibiotics began being used in large quantities during the late 1940s. Their conclusion that bacterial diseases might again become epidemic as a result has proved invalid and will
- 15 remain so. That is because the decline of common 19th-century infections such as tuberculosis and cholera was thanks to better housing, drains and clean water, not penicillin. The real danger is more subtle — but grave nonetheless. The fact that improvements in public health like those the Victori-
- 20 ans pioneered should eventually drive down tuberculosis rates in India hardly makes up for the loss of 60,000 new-born children every year to drug-resistant infections. Wherever there is widespread infection, there is resistance to its treatment. This is true in the rich world, too. Drug-resistant ver-
- 25 sions of organisms such as Staphylococcus aureus are increasing the risk of post-operative infection. The day could come when surgery is unwise and organ transplants, which stop rejection with immunosuppression, are downright dangerous. Imagine that everyone in the tropics was vulnerable
- 30 once again to malaria and that every pin prick could lead to a fatal infection. It is old diseases, not new ones, that need to be feared.

The spread of resistance is an example of the tragedy of the commons¹; the costs of what is being lost are not seen by the

35 people who are responsible. You keep cattle? Add antibiotics to their feed to enhance growth. The cost in terms of increased resistance is borne by society as a whole. You have a sore throat? Take antibiotics in case it is bacterial. If it is viral, and hence untreatable by drugs, no harm done — except to 40 someone else who later catches a resistant infection.

In some health-care systems, doctors are rewarded for writing prescriptions. Patients suffer no immediate harm when they forget to complete drug courses after their symptoms have cleared up, leaving the most drug-resistant bugs alive.

45 Because many people mistakenly believe that human beings, not bacteria, develop resistance, they do not realise that they are doing anything wrong.

If you cannot easily change behaviour, can you create new drugs instead? Perversely, the market fails here, too. Doctors

50 want to save the best drugs for the hardest cases that are resistant to everything else. It makes no sense to prescribe an expensive patented medicine for the sniffles when something that costs cents will do the job. Reserving new drugs for emergencies is sensible public pol-

- 55 icy. But it keeps sales low, and therefore discourages drug firms from research and development. Artemisinin, a malaria treatment which has replaced earlier therapies to which the parasite became resistant and which now faces resistance problems itself was brought to the world not by a Western
 60 pharmaceutical company, but by Chinese academics.
- Because antimicrobial resistance has no single solution, it must be fought on many fronts. The use of antibiotics to accelerate growth in farm animals can be banned by agriculture ministries, as it has in the European Union. All the better if
- 65 governments jointly agree to enforce such rules widely. In both people and animals, policy should be to vaccinate more so as to stop infections before they start. That should appeal to cash-strapped health systems, because prophylaxis is cheaper than treatment. By the same logic, hospitals and
- 70 other breeding grounds for resistant bugs should prevent infections by practising better hygiene. Governments should educate the public about how antibiotics work and how they can help halt the spread of resistance. Such policies cannot reverse the tragedy of the commons, but they can make it a lot 75 less tragic.

Policy can also sharpen the incentives to innovate. In a declaration in January, 85 pharmaceutical and diagnostic companies pledged to act against drug resistance. The small print reveals that the declaration is, in part, a plea for money. But it

- 80 also recognises the need for "new commercial models" to encourage innovation by decoupling payments from sales.That thought is taken up this week in the last of a series of reports commissioned by the British government and the Wellcome Trust, a medical charity. Among the many recom-
- 85 mendations from its author, Jim O'Neill, an economist, is the payment of what he calls "market-entry rewards" to firms that shepherd new antibiotics to the point of usability. This would guarantee prizes of \$800m-1.3 billion for new drugs, on top of revenues from sales.
- 90 Another of Lord O'Neill's suggestions is to expand a basic-research fund set up by the British and Chinese governments in order to sponsor the development of cheap diagnostic techniques. If doctors could tell instantaneously whether an infection was viral or bacterial, they would no longer be tempted
- 95 to administer antibiotics just in case. If they knew which antibiotics would eradicate an infection, they could avoid prescribing a drug that suffers from partial resistance, and thereby limit the further selection of resistant strains.

Combining policies to accomplish many things at once de- 100 mands political leadership, but recent global campaigns

against HIV/AIDS and malaria show that it is possible. Enough time has been wasted issuing warnings about antibiotic resistance. The moment has come to do something about it.

The Economist, May 21st 2016, adapted | 950 words

¹ 'Tragedy of the commons' - economic model which shows that individuals use resources selfishly and without consideration for the whole society's well-being.

2 Reading Comprehension

(32 points)

2.1 True or false?

(12 points)

Ma	e following statements are either true or false with respect to the article you have just read. In those that are true with a T , and those that are false with an F. Also, indicate the line(s) found in the text. Do not indicate more than 4 lines, though.	where the information can
1)	For the author, the increasing resistance of bacteria is a strong case for the real- ity of Darwinian evolution.	
2)	The number of deaths caused by drug resistance is expected to increase more than tenfold over the next 35 years.	
3)	The author of the article believes that drug resistance might produce a new epi- demic of bacterial diseases.	
4)	When resistant bacteria spread, a pin prick still remains harmless, while surgery becomes much more dangerous than it is today.	
5)	In the European Union, the use of antibiotics in the treatment of sick farm ani- mals has been banned.	
6)	To encourage vaccinations helps to cope with the problem of existing resistant bacteria as well as to slow down the development of further resistances.	
2.	2 Open comprehension questions	(16 + 4 points)
ser	swer the following questions in your own words. Do not copy whole passages from the artic ntences on a separate sheet. tice: Your language (grammar, vocabulary, style) will be assessed and carries up to four poin	-
1)	Why does the author think that this time the warnings of increasing drug-resistanc seriously? State 3 reasons from the text.	e need to be taken 3 points
2)	Why are pharmaceutical firms reluctant to spend effort and money to create new a resulting dilemma for society as a whole.	ntibiotics? What is the 4 points

How does the author use language to emphasize the importance of the problem of drug-resistance?
 Describe 2 different aspects and illustrate them with quotes from the text.
 4 points

4) What suggestions are made in the text as to how governments should deal with the problem of increasing drug-resistance? 5 points

3 Vocabulary

3.1 Antonyms

(5 points)

(20 points)

Find the word/phrase that is opposite in meaning to the word in **bold** print and that can be used in the original sentence. Do not simply add prefixes.

1)	The use of antibiotics to accelerate growth in farm animals	
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- 2) The real danger is more subtle—but **grave** nonetheless.
- 3) ...organisms such as Staphylococcus aureus are **increasing** the risk...
- 4) Reserving new drugs for emergencies is **sensible** public policy.
- 5) The small print **reveals**...

3.2 Synonyms

(5 points)

Find a word / phrase that means the same as the word in **bold** print and that can be used in the original sentence.

1) How to combat the **dangerous** rise of antibiotic resistance...

Resistance to antimicrobial medicines, such as antibiotics and antimalarials, is **caused** by the survival of the fittest.

3) The lack of an **incentive** to do the right thing is hard to correct.

- 4) If they knew which antibiotics would **eradicate** an infection...
- 5) Enough time has been wasted **issuing** warnings...

3.3 Word formation

(10 points)

In the following text, use one word that fits the gap and belongs to the same word family as the word in CAPITALS. See the first line for an example.

How do we avoid the antibiotics apocalypse? Every year, at least 700,000 people die from drug-r e s i s t a n t infections. It is why government RESIST scientists have described antibiotic resistance as one of the greatest global ______ of the 21st cen- THREATEN tury. So what are people doing to try to avert the so-called antibiotics apocalypse? Well, it turns out, quite a lot. First, there are those who are trying to get us to take fewer antibiotics. That is because the more antibiotics we all take, the more resistant bacteria become. Jason Doctor, a psychologist at the University of Southern California, has been carrying out experiments to see whether it is possible to get doctors to ______ fewer pills. He ______ PRESCRIPTION | PERSUASION more than 200 doctors to sign a letter to their patients, making a ______ to prescribe COMMIT antibiotics more judiciously. They blew it up into the size of a poster and put it on the walls of their health clinics. Then they experimented with a ranking system, sending doctors a monthly email telling them how many antibiotics they were prescribing ______ compared to their peers. APPROPRIATE They set up alerts on doctors' computers, prompting them to question whether they really needed to prescribe antibiotics, and they also found ways that doctors could appease ______ patients PERSIST who demanded the medication. When they tried all these different approaches together, it reduced the number of antibiotic prescriptions issued. Some of these DRAMA changes are now being across the US and in other countries, but even if peo-IMPLEMENTATION ple were only given antibiotics when they really needed them, that would not solve the problem. Because while humans are a big market for antibiotics, there is an even bigger one. In 1950, a chance in a laboratory showed that antibiotics make animals grow faster. Since then, farm-DISCOVER ers all over the world have pumped them into their animals, even after scientific studies PROOF that bacterial resistance could pass from animals to humans.

4 Essay

(60 points)

Choose one of the following topics for an essay (300-400 words).

- 1) Comment on the following quotation by Franklin D. Roosevelt: "Competition [is] useful up to a certain point, [...] cooperation [...] begins where competition leaves off."
- 2) Write a letter of concern to a fictional politician on the following topic: "What will ultimately destroy the human race and/or our planet?
- 3) Analyse the following: "Poison is in everything, and nothing is without poison. The dosage makes it either a poison or a remedy." Paracelsus, alchemist, born in Einsiedeln, 1498.

(40 points)

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5 Grammar

5.1 Transformation

beginning.

(18 points) Complete the second sentence so that it has a similar meaning to the first sentence, using the word given. Do not change the word given. You must use between 3 and 6 words per gap, including the word given. There is an example (0) at the

0)	When does the next exam begin? TELL
	Could <u>you tell me when</u> the next exam begins?
1)	For years, farmers used to feed those animals antibiotics. BE
	For years, those animals antibiotics.
2)	A ban on giving growth-promoting antibiotics to their animals had little effect as farmers used the same amount and just labelled them differently. RESULT
	A ban on giving growth-promoting antibiotics to their animalsusing fewer antibiotics.
3)	The Dutch government decided it would crack down on the practice of farmers to give their animals antibiotics that are just labelled differently. PUT
	"We are no longer willing illegal practice to give their animals antibiotics that are just labelled differently."
4)	Experts believe that the BRIC countries are all likely to double their use of antibiotics by 2030. THOUGHT
	It by 2030 the BRIC countries their use of antibiotics.
5)	Researchers started looking for new antibiotics in the saliva of Komodo dragons in 2014. FOR
	new antibiotics in the saliva of Komodo
	dragons three years.
6)	Once the bacterium realises it's a good place to multiply, then it communicates. ONLY
	it's a good place to multiply,
7)	communicate.
7)	Success will largely depend on us learning much more about bacteria. IF
	We will only bacteria.
8)	It is very unlikely that a cure will arrive as early as the beginning of next year. UNTIL
	There is almost no the beginning of next year.
9)	"There is no such thing as a connection between antibiotics and the spread of resistant bacteria," a farmer said. DENIED
	The farmer of a connection between antibiotics and the spread of resistant bacteria.

5.2 Gap-filling

(22 points)

Complete the following text by putting the **verbs in** *brackets* **into the correct form**. Include any **preposition** that may be required. Where there is no verb given, think of **ONE** word which best fits the gap.

Antibiotic resistance: sometimes knowledge is not enough

By Imran Khan, chief executive of the British Science Association

A survey (1)	(reveal) that the people who know most about antibiotic resistance
are the most likely to do two things (2)	make the problem even worse. If antibiotic
resistance (3)	(continue) to spread, then the drugs we take for granted now
(4) (become) ineff	ective within the next few decades. The UK's Chief Medical Officer
(5)	(not, exaggerate) when she said it (6)
(herald) the end of modern medicine, beca	use without antibiotics, everything from transplant surgery to cancer
treatment becomes unviable due to the risk	c of infection.
The advice for the public is straightforward	l: be really careful about how you use antibiotics and we
(7)	(able, keep) our existing ones effective for longer. You
(8) (think) that	people who know most about the threat of antibiotic resistance
would also be most likely to follow this adv	rice to the letter.
Strangely, this survey by the Office for Nati	onal Statistics (ONS) (9) (find) that it's the peo-
ple who know most about antibiotics and t	he threat of resistance who are most likely to do two dangerous
things experts advise against: they are mor	e likely to take antibiotics without prescription, and more likely to
give them to someone else. Worse, we (10)	about this effect since 2003. Has that
knowledge influenced public health campa	igns? With the stakes so high, are policymakers doing enough to in-
corporate public opinion and behaviour (1	1) their plans? In other words, (12)
(we, use) research about what the p	ublic think and do to inform evidence-based policy?
Participants in the 2003 study (13)	(ask) whether they (14) (agree) with a
series of factual statements (15)	antibiotics and antimicrobial resistance. People with higher
scores were indeed more likely to follow a	crucial rule in antibiotic use – completing the full course of antibiot-
ics, helping to kill off bugs that (16)	(may, have) a weak resistance to the drug
in question.	
The British Science Association (17)	(look) at these findings as part of our efforts to
bring public views into policymaking throu	gh our partnership with Sciencewise. Our recently published report
	obial resistance (18)
much over the past 10 years, (19)	the fact that resistant infections now
kill as many people across the European Un	nion as car accidents. Politicians (20) (pay) at-
tention, economists are on the case, and the	e public recently voted the issue the top challenge for the new Longi-
	(try, explore) the relationship
between science and the public a bit more	closely, we (22) (not, pay) the price.

https://www.theguardian.com > Science > Antibiotics 10.12.2014, adapted