

DOUTORADO EM CIÊNCIAS DA SAÚDE 2022
EDITAL EXTRAORDINÁRIO

Prova de Inglês

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Part 1

Please answer Questions 1 to 12 with reference to Text 1 below, indicating which alternative best answers each question. There is one and only one correct answer to each question.

Q1. The first paragraph of the article argues that

- A. the international public health community accurately predicted, in early 2020, that there would be widespread resistance to attempts to curb the spread of COVID-19.
- B. communications from public health authorities have, during the COVID-19 pandemic, tended to assume that members of the public will be influenced by data and evidence presented by credible public figures.
- C. most medical doctors now believe that high mortality and morbidity rates discourage individuals from taking the necessary precautions to protect themselves from COVID-19 infection.
- D. it has been observed that married couples have tended to stay together despite the high morbidity associated with COVID-19 infection.

Q2. Which of the following tables best illustrates the meaning of the words highlighted in bold in Paragraph 3?

A.

ensnarled	trapped
consequential	reasonable
thorny	hard
unimpeachable	immune from prosecution

B.

ensnarled	embroiled
consequential	important
thorny	difficult
unimpeachable	unquestionable

C.

ensnarled	mismanaged
consequential	causal
thorny	sharp
unimpeachable	unconscionable

D.

ensnarled	wedded
consequential	significant
thorny	well-protected
unimpeachable	unreasonable

Q3. The term 'so-called' in Paragraph 4 is used

- A. to indicate that the author approves of the use of the term 'freedom movements' to describe the movements referred to here
- B. to indicate that the author questions whether the movements referenced should really be described as 'freedom movements'
- C. to suggest that the use of the adjective 'global' may be an exaggeration
- D. to introduce the use of a technical term with which readers may be unfamiliar

Q4. Which of the following would NOT be an example of a freedom used by some individuals to justify opposing COVID-19 mitigation protocols?

- A. the freedom to frequent a crowded bar
- B. the freedom to keep a business open and continue making a profit
- C. the freedom to receive safe free-of-charge vaccination against a deadly disease
- D. the freedom not to wear a mask if it feels uncomfortable

Questions 5 to 10

Fill in the gaps in the summary of Paragraphs 6 to 10 with words or phrases from the box

The author presents four main ways in which the medicalization of freedom can be addressed.

Health workers should consider freedom as a medical issue and _____ Q5 _____ it with patients

They should also try to find out what causes patients to feel such a strong _____ Q6 _____ for freedom. The author suggests that such feelings are caused by vulnerability and will probably be heightened when the future is _____ Q7 _____.

It should be recognized that freedom may mean different things to people of different _____ Q8 _____ backgrounds.

People should be encouraged to see freedom as something that is more _____ Q9 _____ than _____ Q10 _____.

- A. opposition
- B. undermine
- C. discuss
- D. racial
- E. unpredictable
- F. communal
- G. individualistic
- H. desire

Q11. The word 'it' in the final paragraph refers to which of the following:

- A. the medicalization of freedom
- B. the medical community
- C. the anti-science movement
- D. problem-solving

Q12. Which of the following statements about this article is true?

- A. The article is not available online
- B. M.A. Bekalu is one of the authors of this article
- C. The author works for the Cornell Center for Health Equity
- D. The author quotes an article published by the Africana Studies and Research Center

TEXT 1

The medicalization of freedom: how anti-science movements use the language of personal liberty and how we can address it

1. Looking back, the initial spread of COVID-19 in early 2020 illustrates that clinicians, epidemiologists and behavioral scientists around the world greatly underestimated the scope and intensity of resistance to mitigation measures that would follow. Many in the medical community have remained wedded to the view that direct observation of the soaring volume of death and morbidity associated with coronavirus infections will convert most people into adherents of mitigation measures. Hence, most public health communications on mask-wearing, social distancing, and vaccination stubbornly focus on and attempt to leverage efficacy data, patient testimonies, and the clout of clinicians, politicians, athletes and social media influencers, to increase public uptake¹.
2. Grappling with the nature and scale of resistance to COVID-19 mitigation measures requires an intimate and nuanced understanding of personal and medical autonomy. This reckoning must acknowledge the fusion between anti-science and personal liberty movements that can be described as the ‘medicalization of freedom’.
3. COVID-19 is currently **ensnarled** in the most **consequential** culture war of our times. At the heart of this social flashpoint is a **thorny** question on the nature of freedom: what it is, who it belongs to and how to preserve it. Freedom, as an ideal and social aspiration, has long occupied a virtually **unimpeachable** — and axiomatic — position in Western society.
4. Resistance to COVID-19 mandates fits in a lineage of freedom in Western society, where freedom has always had a subjective, shapeshifting quality. Global **so-called** freedom movements have considerably undercut efforts to disrupt the pandemic, as public health advocates have wrestled with how to get upstream of a deluge of anti-science while addressing downstream outcomes of increased infections and the need to preserve institutional legitimacy.
5. Arguments against COVID-19 mitigation protocols are enmeshed in freedom ideology and are invoked as a way to maintain, or promote, the ‘health’ of an individual’s freedom. Arguments against mitigation protocols include: stay-at-home policies to curtail the movement of individuals to otherwise accessible and desirable spaces; business shutdowns or restrictions that severely limit economic activity and recovery potential; mask mandates that violate personal standards for ease and comfort (and may operate ineffectively); and vaccine mandates that are an assault on the body and the notion of bodily autonomy (and may present an undue health risk or inconvenience).
6. Freedom can be seen as an extension of an individual’s psyche — psyche being a psychological state reflecting a feeling of (looming) social or medical vulnerability. As such, the medical community should consider how freedom can best be problematized as a medical phenomenon and how its manifestations can be treated. There are four primary steps needed to effectively address this medicalization of freedom as part of clinical engagement and public outreach efforts.
7. First, bring conversations of freedom into clinical and public outreach spaces, treating freedom as a healthcare paradigm. Clinicians and public health advocates should not shy away from discussions on freedom and the process of medicalization that it is undergoing. Additionally, clinicians should actively encourage discussions of freedom and its meanings when discussing the importance of mitigation options with patients. Freedom should be codified as a discrete health concern, such that certain beliefs around it are situated as a potential risk factor for healthcare disengagement.
8. Second, seek to understand where precisely the focus on freedom has its genesis and when it manifests. Most centrally, the craving for freedom derives from a sense that one has been wronged or that being wronged — socially, economically, medically or otherwise — is imminent. Hence, the focus on freedom comes from a place of perceived vulnerability and thus operates in both a defensive and offensive context. In this regard, although

vulnerability is very much relative, the desire for freedom is a ‘future-oriented’ emotion², meaning that it is likely most pronounced and resilient when uncertainty is elevated.

9. Third, recognize the socioeconomic and intersectional richness of freedom in a culturally humble manner, treating it as a social determinant of health. Freedom means different things to different people, prompting the need for cultural humility. For many white people, freedom is perhaps most salient in colonial terms and as a direct means of enshrining personal preferences, expressed as freedom of religion, freedom of assembly, freedom of speech, and so on. By contrast, the freedom of racial or ethnic minorities and low-income people are highly connected to historical trauma; for example, resistance to COVID-19 vaccination can be understood as a tactical response to generations of structural oppression including acts of land dispossession, forced assimilation, genocide and systemic racism³.

10. Fourth, align the freedom mentality with a humanistic COVID-19 mitigation mentality. Freedoms are most intimately and persistently felt as, and equated with, human rights. However, without strategic integration, freedom becomes an individualistic paradigm focused on personal gain, disengaged from collectivist public health efforts. The embrace of mitigation should be

promoted as an expression of freedom and support of human rights, a communal paradigm focused on maintaining personal health and dignity.

11. The medical community must take seriously the medicalization of freedom and start problem-solving around it to stop the spread of the anti-science movement. Without action, there will be further distrust of the medical establishment, allowing for deepening politicization of other aspects of public health.

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ETHICS DECLARATIONS

Competing interests

The author declares no competing interests.

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PART 2

Please answer Questions 13 to 20 with reference to Text 2 below, indicating which alternative best answers each question. There is one and only one correct answer to each question

Questions 13 to 20

Match a country with a piece of information (A to H) given in Text 2

Q13	France
Q14	Germany
Q15	Spain
Q16	Italy
Q17	Greece
Q18	China
Q19	New Zealand
Q20	Australia

A	has introduced measures that will help to curb the spread of the Omicron variant of the disease
B	has experienced significant disruption caused by the Omicron variant of the virus
C	still requires passengers to have a vaccine pass to use public transport
D	no longer requires citizens to wear masks in the open air
E	may adopt the same policy of relaxing restrictions as the UK
F	has used the success of the UK's vaccination program to encourage its own citizens to be vaccinated
G	would consider 20 Covid deaths a day to be a high number
H	has a health system whose primary aim is to prevent mortality

TEXT 2

Why so fast?': world experts react to England ending Covid curbs

The UK's prime minister, Boris Johnson, announced this week that he aimed to abolish all Covid regulations, including the requirement to isolate after testing positive, in England from 24 February. Here's what experts around the world think of that plan, which would make Britain something of an outlier when it comes to coronavirus precautions.

France

France is unlikely to follow the UK in abandoning all coronavirus measures before late March or early April, according to Arnaud Fontanet, a senior epidemiologist at the Pasteur Institute and a member of the government's scientific advisory council.

Fontanet said measures such as mask wearing, home working and quarantine remained vital in order to slow the number of infections and keep hospital admissions down. "Allowing the virus a free run would be a fundamental error," he said.

"Quite small changes in behavior can really influence the dynamic. Reducing contacts now by just 20% – a bit of home working, wearing masks in indoor public spaces – will halve the number of hospital admissions in a fortnight; we know this."

Fontanet added that France's vaccine pass, which has been needed since August to access leisure venues – including cafes and restaurants – and use long-distance public transport was also likely to remain in force until spring. "Vaccination, including boosters, is still key."

He said infections had been falling, "but hospitals are under very heavy pressure and will remain so for some time. It's too soon to lift restrictions now."

Although societies will "need to learn to live with the virus", he said, new variants will emerge and "we will have to decide what is acceptable. Do we accept 300 deaths a day, or are we prepared to reduce contacts again? Societies will have to decide, and different societies may decide differently."

Germany

"Britain's management of the pandemic is being watched with interest in Germany," said Johannes Knobloch, an infection prevention specialist at Hamburg's University Medical Centre.

"It strikes me as quite brave to lift all restrictions at the same time. I would have thought it possible to keep in place some measures that aren't too troublesome or intrusive – such as mandatory mask-wearing on public transport – but would still slow down the dynamic of new infections.

"Britain's vaccination rates are encouraging, but the big challenge in the coming months will be to protect those for whom vaccines don't offer protection, such as people undergoing cancer therapy."

German states this week took steps to lift some restrictions, such as the rule whereby only those with proof of vaccination or recent recovery are allowed to access non-essential shops. Other rules, including FFP2 mask mandates in shops and on public transport and vaccine passport checks at restaurants and bars, remain in place.

"I don't see Germany going down the UK's path quite so quickly," said Knobloch. "But then you need to bear in mind there are broader philosophical differences in our health system, with avoidance of death still playing a fundamental part in the German system, while Britain's system places more emphasis on maintaining the ability to work."

Spain

Prof Rafael Bengoa, a former World Health Organization health systems director who is now co-director of the Institute for Health and Strategy in Bilbao, said that while the lifting of restrictions in England would doubtless prove popular, it was premature.

"Because of our bias to normalcy, people want to believe it's over, which is what politicians are saying," said Bengoa. "But most of us in public health across Europe are saying that it's not quite over and it's not like the flu."

He said lifting restrictions – especially the use of face masks in interior spaces – would slow down the descent rate of the Omicron wave because people would continue to get infected.

Bengoa also said that people who tested positive for the virus needed to stay in home quarantine for five to seven days. "If you over-normalize the situation – if you lift everything and you say, 'This is over' – people will not stay at home for those five or seven days," he said.

"If you go out and infect children who are not completely vaccinated yet, and you go out and infect vulnerable people and immunocompromised people

– and those three groups are not small in numbers
– you’re going out to infect people who are still vulnerable. And since this is not like the flu, and it’s quite serious and you can also have long Covid with this, why is it that one needs to precipitate the lifting of restrictions so fast?”

Bengoa said that restrictions could be lifted in two months’ time, but added that Spain’s decision to maintain the use of masks in interior spaces and require people who test positive to self-isolate for seven days would accelerate the containment of the Omicron wave.

Italy

Italy has among the strictest Covid rules in Europe, with health passes required for everything from getting on a bus to going to work, and while the country is cautiously relaxing restrictions as infections and hospitalizations fall – the outdoor mask rule was dropped on Friday – scientists are perplexed by the UK’s plan to scrap quarantine rules for people who test positive for Covid-19, especially with the two countries still registering stubbornly high daily death rates.

“These are political choices, not scientific ones,” said Roberto Burioni, a professor of microbiology and virology at Vita-Salute San Raffaele University in Milan. “We’ve never quarantined people who have the flu, but the flu doesn’t kill two or three hundred people a day.”

Greece

In Greece, which has one of Europe’s highest Covid-19 death rates, reaction to the decision to end restrictions was relatively upbeat.

“I think the situation in the UK allows for relaxation of the measures,” said leading epidemiologist Gkikas Magiorkinis. “Given the country’s good vaccination and epidemiological profile, it seems to be a reasonable move.”

Magiorkinis, who sits on the committee of experts that advises the government, said Athens would likely follow suit if, at this point in the pandemic, Greece had similar rates of fatalities, hospitalizations and intubations. “We would end up doing the same,” he said.

“If the health system is not under heavy pressure, we need to use the opportunity to try and return to

normality, because if, in five months’ time, there is another mutation, people might not listen to us, and that would be serious.”

China

In the past two years, Britain has been used by Chinese media as an unsuccessful example in the fight against Covid. Some Chinese media outlets and social media users call the UK’s approach “lying flat” – tangping - a term often used to describe individuals who strive for nothing more than what is absolutely essential.

State media cite criticisms over Johnson’s announcement, but Chinese experts have tried to understand the logic behind it, with some expressing admiration. The UK is now the first country prepared to achieve herd immunity, said Prof Chen Wenzhi of Chongqing Medical University. “This is because their scientists have said the peak of the new variant had passed ... and suggested the end of the pandemic is in sight.”

Zhang Wenhong, one of the country’s best-known epidemiologists, recently used the UK as an example to persuade the Chinese public to get vaccinated as soon as possible. Citing data from the UK Health Security Agency, he said the reason why some countries could end restrictions was because vaccines had led to a dramatic reduction in hospitalization and mortality rates.

New Zealand

In New Zealand, the epidemiologist and public health expert Prof Michael Baker said the data on hospitalizations and deaths from Covid-19 in the UK told their own story. “The numbers, I think, are screaming out a message [that] the pandemic response has been very poorly managed – the waste of lives, the excessive periods under lockdown and the flip-flopping policies.”

While death rates in the UK were down from their peak, he noted: “In New Zealand that would still be [equivalent to] 20 people dying a day – we would regard that as high mortality ... On the face of it, it would certainly seem premature to be relaxing all safeguards.”

Inevitably, Baker said, the results would be felt more harshly by some than others – frontline workers, elderly people, ill people, the immuno-compromised.

“That partly reflects just how the virus behaves and who’s most vulnerable, but also the priorities of different governments. Most of us would regard that the balance is not right in the UK in that respect – that there’s a need for greater emphasis on protecting the most vulnerable.”

“In terms of scientific depth, the UK is currently amongst the leading contributors to understanding [the] virus, and combating it at a science level ... they gave us the AstraZeneca vaccine and some of the best large population studies in the world,” he said. “The science is absolutely top – it’s just the policy translation has been shockingly poor. That’s one of the frustrating things. We’d normally look to the UK ... and they have not given us the leadership we’d hope for.”

Australia

Stuart Turville, associate professor in the immunovirology and pathogenesis program at the Kirby Institute, University of New South Wales, points out that the UK’s “base of immunity” is high and that “the waves of Delta and Omicron (albeit high) did not translate into the death sthat they observed in earlier waves”. But, he said: “There are always people in our community where vaccination is not an option – for example, because their vaccine response is not strong.”

The virologist’s primary concern was that Omicron would be replaced by another variant. “We planned for Delta and got Omicron, and although we didn’t have the lockdowns of the past, it did create significant disruption, not to mention those that also sadly passed away. I have always said it is better to be vigilant and cautious.”

He added: “It’s very difficult to predict this virus, though. It has made a fool of many of us.”