

怕吃苦，不过5

不搞基，五个7

别低头，王冠会掉
别放弃，坏人会笑
过雅思，天自安排

辜 驰

@雅思我预测

“教主老龚”雅思阅读高分营（8.14开课）<http://edu.yy.com/course/detail?id=11383>

“教主”8-9月雅思听力s3预测强化班（8.8开课）<http://edu.yy.com/course/detail?id=11490>

教主私人微信: aiyuce

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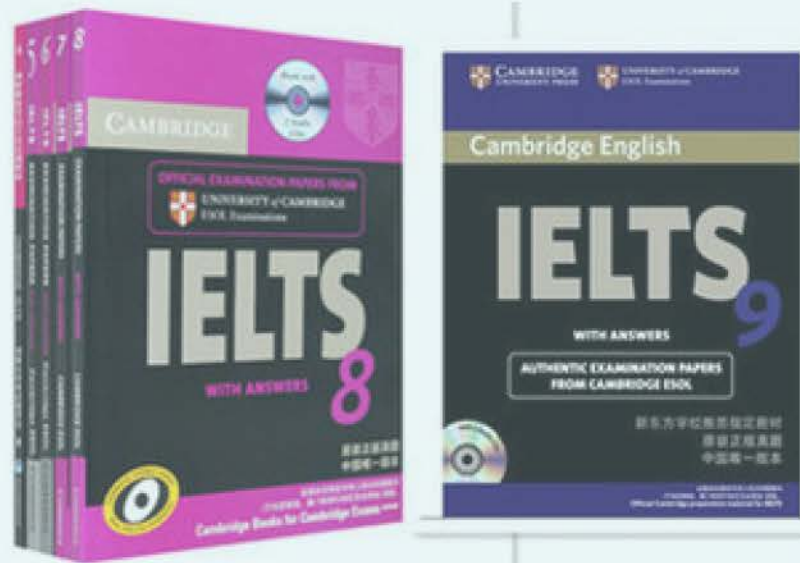
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如何使用理解最浅显的判断逻辑

- 在**理论**没有给出绝对判断的世界下：
- 一个反例总是容易找到！
- 一个正例总是容易找到！



剑桥雅思4P96

The problem of Scarce Resources



掌控，为所欲为！

- 高手就是掌控： **to decide**
- 菜鸟就是听话： **to be decided by**
-
- 不走寻常路



题型分析：准备，确立做题顺序

List of Headings

- i The connection between health-care and other human rights
- ii The development of market-based health systems
- iii The role of the state in health-care
- iv A problem shared by every economically developed country
- v The impact of recent change
- vi The views of the medical establishment
- vii The end of an illusion
- viii Sustainable economic development

28 Section A

Example
Section B

Answer
viii

29 Section C

30 Section D

31 Section E

时间-事件配对

Questions 32–35

Classify the following as first occurring

- A between 1945 and 1950*
- B between 1950 and 1980*
- C after 1980*

Write the correct letter A, B or C in boxes 32–35 on your answer sheet.

- 32 the realisation that the resources of the national health systems were limited
- 33 a sharp rise in the cost of health-care
- 34 a belief that all the health-care resources the community needed would be produced by economic growth
- 35 an acceptance of the role of the state in guaranteeing the provision of health-care



判断题:

Questions 36–40

Do the following statements agree with the views of the writer in Reading Passage 3?

In boxes 36–40 on your answer sheet write

YES if the statement agrees with the views of the writer
NO if the statement contradicts the views of the writer
NOT GIVEN if it is impossible to say what the writer thinks about this

- 36 Personal liberty and independence have never been regarded as directly linked to health-care.
- 37 Health-care came to be seen as a right at about the same time that the limits of health-care resources became evident.
- 38 In OECD countries population changes have had an impact on health-care costs in recent years.
- 39 OECD governments have consistently underestimated the level of health-care provision needed.
- 40 In most economically developed countries the elderly will have to make special provision for their health-care in the future.

明确的解题步骤

- (1) **List of headings** 简单处理后，留在最后解题；实际上先解决“配对和判断题”
- (2) 钉钉子：找你妹？找什么？
- (3) 确立“势力范围”
- (4) 反复“找你妹”，在原文记号“钉子”
- (5) 最后确立全部中心句
- (6) 解决配对性质的 **LOHs**

LOH 预处理

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28 Section A

Example
Section B

Answer
viii

29 Section C

30 Section D

31 Section E

钉第1钉子 → 为了切水果,失败?

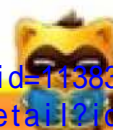
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只能找你妹，时间配是突破口

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找你妹，判断题部分

- 盯住：
- 37. “right”，逻辑→同时”
- 38 “OECD，逻辑→关联+方向”

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A段 没有时间（年代）

Section A

The problem of how health-care resources should be allocated or apportioned, so that they are distributed in both the most just and most efficient way, is not a new one. Every health system in an economically developed society is faced with the need to decide (either formally or informally) what proportion of the community's total resources should be spent on health-care; how resources are to be apportioned; what diseases and disabilities and which forms of treatment are to be given priority; which members of the community are to be given special consideration in respect of their health needs; and which forms of treatment are the most cost-effective.

B段 找你妹重点，如何画？

Section B

What is new is that, from the 1950s onwards, there have been certain general changes in outlook about the finitude of resources as a whole and of health-care resources in particular, as well as more specific changes regarding the clientele of health-care resources and the cost to the community of those resources. Thus, in the 1950s and 1960s, there emerged an awareness in Western societies that resources for the provision of fossil fuel energy were finite and exhaustible and that the capacity of nature or the environment to sustain economic development and population was also finite. In other words, we became aware of the obvious fact that there were 'limits to growth'. The new consciousness that there were also severe limits to health-care resources was part of this general revelation of the obvious. Looking back, it now seems quite incredible that in the national health systems that emerged in many countries in the years immediately after the 1939–45 World War, it was assumed without question that all the basic health needs of any community could be satisfied, at least in principle; the 'invisible hand' of economic progress would provide.

C段如何画？

Section C

However, at exactly the same time as this new realisation of the finite character of health-care resources was sinking in, an awareness of a contrary kind was developing in Western societies: that people have a basic right to health-care as a necessary condition of a proper human life. Like education, political and legal processes and institutions, public order, communication, transport and money supply, health-care came to be seen as one of the fundamental social facilities necessary for people to exercise

their other rights as autonomous human beings. People are not in a position to exercise personal liberty and to be self-determining if they are poverty-stricken, or deprived of basic education, or do not live within a context of law and order. In the same way, basic health-care is a condition of the exercise of autonomy.

D段 找你妹重点，如何画？

Section D

Although the language of 'rights' sometimes leads to confusion, by the late 1970s it was recognised in most societies that people have a right to health-care (though there has been considerable resistance in the United States to the idea that there is a formal right to health-care). It is also accepted that this right generates an obligation or duty for the state to ensure that adequate health-care resources are provided out of the public purse. The state has no obligation to provide a health-care system itself, but to ensure that such a system is provided. Put another way, basic health-care is now recognised as a 'public good', rather than a 'private good' that one is expected to buy for oneself. As the 1976 declaration of the World Health Organisation put it: 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.' As has just been remarked, in a liberal society basic health is seen as one of the indispensable conditions for the exercise of personal autonomy.

E段 找你妹重点，如何画？

Section E

Just at the time when it became obvious that health-care resources could not possibly meet the demands being made upon them, people were demanding that their fundamental right to health-care be satisfied by the state. The second set of more specific changes that have led to the present concern about the distribution of health-care resources stems from the dramatic rise in health costs in most OECD¹ countries, accompanied by large-scale demographic and social changes which have meant, to take one example, that elderly people are now major (and relatively very expensive) consumers of health-care resources. Thus in OECD countries as a whole, health costs increased from 3.8% of GDP² in 1960 to 7% of GDP in 1980, and it has been predicted that the proportion of health costs to GDP will continue to increase. (In the US the current figure is about 12% of GDP, and in Australia about 7.8% of GDP.)

As a consequence, during the 1980s a kind of doomsday scenario (analogous to similar doomsday extrapolations about energy needs and fossil fuels or about population increases) was projected by health administrators, economists and politicians. In this scenario, ever-rising health costs were matched against static or declining resources.

判断题：使用综合技巧（不做了）

• 36 NO 37 ? 38 ? 39 ? 40 NG

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- ~~viii Sustainable economic development~~

28 Section A

Example

Section B

Answer

viii

29 Section C

30 Section D

31 Section E

看着你的全部中心句，不要犯傻

尽在掌控

- 顺序
- 灵活

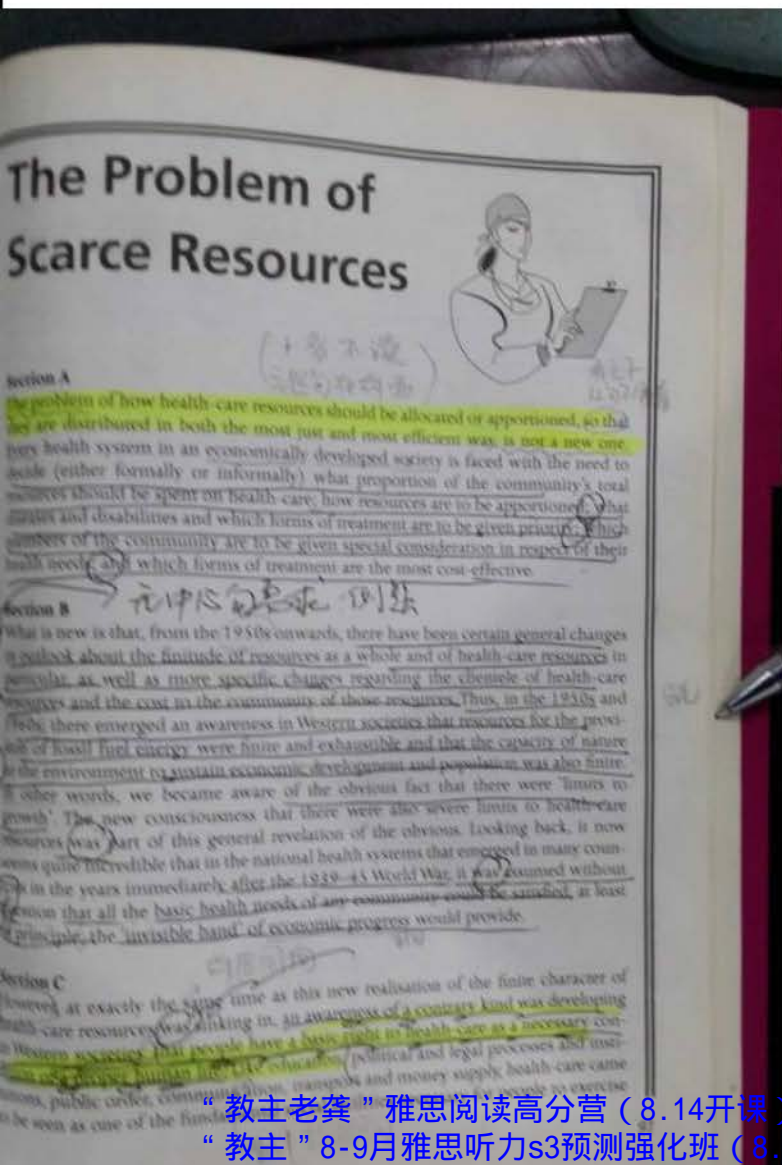


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教主笔记展示！不画不活

书籍干净的 都是耍流氓
打酱油的！



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