

LANGUE VIVANTE OBLIGATOIRE : ANGLAIS

Durée : 2 heures

Avertissement : *L'usage de tout système électronique ou informatique est interdit pour cette épreuve.*

L'épreuve comprend trois parties :

I – Thème : 6 points sur 20

II – Compréhension de l'écrit : 6 points sur 20

III – Expression écrite : 8 points sur 20

Vous indiquerez avec précision à la fin de la question de compréhension et à la fin de l'essai, le nombre de mots qu'ils comportent. Un écart de 10% en plus ou en moins sera accepté. Des points de pénalité seront appliqués en cas de non-respect de ces consignes.

I – Traduisez le texte ci-dessous en anglais.

Ce n'est pas la taille qui compte, c'est le poids. En tout cas, dans l'élevage. Mesurant 1,94 m et pesant 1,4 tonne, Knickers, âgé de 7 ans, détient le titre officiel de plus gros bovin d'Australie. Depuis quelques jours, ce bœuf aux proportions monstrueuses, photographié aux côtés de bovins de petite taille, suscite des commentaires interloqués sur les réseaux sociaux et passionne la presse anglophone.

Geoff Pearson, son propriétaire, à Myalup, sur la côte ouest de l'Australie occidentale, non loin de Perth, explique que la taille de Knickers – due à son âge, pas à l'injection d'hormones – lui a épargné le couteau du boucher. L'éleveur, à la tête de milliers de têtes de bétail, ne verse en effet pas dans le sentimentalisme.

Comme il l'a raconté au *Guardian*, l'animal a failli partir à l'abattoir... qui l'a refusé : il n'entrait pas dans la chaîne d'abattage, sa carcasse aurait traîné par terre et la viande aurait été contaminée. « *Il est devenu trop gros. (...) Je crois qu'il va finir ses jours ici.* »

LE MONDE | 29.11.2018

II – Lisez le texte ci-dessous et répondez en anglais à la question qui suit.

Dr. Google is a liar

Haider Warraich*, *The New York Times*, December 16th, 2018 (abridged)

It started during yoga class. She felt a strange pull on her neck, a sensation completely foreign to her. Her friend suggested she rush to the emergency room. It turned out that she was having a heart attack.

She didn't fit the stereotype of someone likely to have a heart attack. She exercised, did not smoke, watched her plate. But on reviewing her medical history, I found that her cholesterol level was sky high. She had been prescribed a cholesterol-lowering statin medication, but she never picked up the prescription because of the scary things she had read about statins on the internet. She was the victim of a malady fast gearing up to be a modern pandemic — fake medical news.

While misinformation has been the object of great attention in politics, medical misinformation might have an even greater body count. As is true with fake news in general, medical lies tend to spread further than truths on the internet — and they have very real repercussions.

Numerous studies have shown that the benefits of statins far outweigh the risks, especially for people at high risk of heart disease. But they have been targeted online by a disparate group that includes paranoid zealots, people selling alternative therapies and those who just want clicks. Innumerable web pages and social media posts exaggerate rare risks and drum up unfounded claims, from asserting that statins cause cancer to suggesting that low cholesterol is actually bad for health.

False medical information can lead to patients' experiencing greater side effects through the “nocebo effect.” Sometimes patients benefit from an intervention simply because they believe they will — that’s the placebo effect. The nocebo effect is the opposite: Patients can experience adverse effects solely because they anticipate them. This is very true of statins. In blinded trials, patients who get statins are no more likely to report feeling muscle aches than patients who get a placebo. Yet, in clinical practice, according to one study, almost a fifth of patients taking statins report side effects, leading many to discontinue the drugs.

What else is on the fake news hit list? As always, vaccines: According to one deceptive viral story this year, the body of a Centers for Disease Control and Prevention epidemiologist washed up in a river after he had raised concerns about the flu vaccine.

Doctors and nurses frequently try to discourage their patients from turning to the internet for answers. And yet patients will continue to Google their symptoms and medications because the internet doesn’t require an appointment or a long wait, it is not rushed, it doesn’t judge, it doesn’t require a hefty co-pay and it often provides information that seems simple to understand.

Silicon Valley needs to own this problem. I am not a free-speech lawyer, but when human health is at stake, perhaps search engines, social media platforms and websites should be held responsible for promoting or hosting fake information.

The scientific community needs to do its part to educate the public about key concepts in research, such as the difference between observational studies and higher-quality randomized trials.

Finally, journalists can do a better job of spreading accurate information. Presenting facts, though, might not be enough. To have any chance at winning the information war, physicians and researchers need to weave our science with stories. This is the only way to close the wedge that has opened up between medicine and the masses, and which is now being exploited by merchants of medical misinformation.

** Dr Warraich is a cardiologist*

What ‘wedge between medicine and the masses’ does the writer refer to? What are its causes and consequences? (100 words ± 10%)

III – Rédigez en anglais un essai en 200 mots (± 10%).

Who should be held responsible for the wave of fake news that has flooded the world over the last few years? Justify your answer with relevant examples.

FIN DU SUJET