no worse off than before it was con-
ceived, yet surely her behaviour is mor-
ally objectionable.

To handle this case, Kamm proposes that it is, other things equal,
wrong to create a person whose life
will not contain some minimum
number of years at a minimal level
of welfare, one somewhat higher than
makes a life better than nothing. (This
is part of what she calls 'creating
responsibly'.) But how much does one
owe to a fetus to ensure that it either is
not created or enjoys these minima? In
particular, does one owe it as much as
sexual abstinence or carriage through
pregnancy? Kamm argues that given
certain reasonable moral claims, for
example, about the value of sexual
activity, and certain facts, for
example, that there are no completely
safe and effective contraceptives, one
does not owe a fetus this much. Just as
one may kill the violinist to avoid a
bodily invasion, so one may fail to
provide a fetus with the minima if
doing so is sufficiently costly. It is
reasonable to hold, she concludes,
that even if a fetus has rights, in many
cases aborting it is not wrong.

The brief summary cannot do
justice to the richness of Kamm's
discussion. She raises many new
issues about abortion and consistently
makes insightful points about them.
But her book is not easy to read. This
is partly because of the complexity of
its contents; Kamm rightly believes
that many factors are relevant to a
Thomson-style argument about abor-
tion. But she does not give as much
guidance as she should through this
complexity. Her book contains few
signposts explaining how a particular
discussion fits into its larger argu-
ment; the reader is left to work out
what is central and what is a digres-
sion. There is not even a conclusion
summarizing Kamm's main results. If
it is true that God dwells in the details,
this is an excessively God-inhabited
book.

These weaknesses of exposition are
unfortunate, for if one works through
them, Creation and Abortion is a
sophisticated and exciting discussion
of a neglected aspect of the abortion
debate.

References
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Whose life is it
anyhow?

Simon L Cohen, 206 pages, London,
1993, Robson Books, £16.95

Cohen's snappily paced book is self-
avowedly an attempt 'to elicit public
support to ensure continuing ade-
quate intensive care life saving
facilities' (page ix). Its twenty-three
chapters, averaging about nine pages
each, touch upon many largely
familiar areas of ethical concern in the
ITU without appearing to grapple
with any of them.

The approach is case-based to the
extent that about 20 per cent of the
text is taken up with narratives of
cases that Cohen has seen in his work.
Unfortunately, these histories are
more of an alternative to, than illustra-
tions of, philosophical discussion.

Cohen falls victim to the common
fallacy that a plethora of examples
shows something new, rather than
giving one example and wrestling with
its difficulties. Nevertheless, many of
his cases are fascinating, especially
to a non-medical reader whom they are
new, but this unbridled proliferation
means the book tends to read like an
intensivist's diary rather than a work
of medical ethics.

One theme that runs through the
book is the tension – in the scenario
of limited resources – in 'spending a
very large proportion of one's public
health resources on a very small number
of patients' (page 8). Cohen's conviction
that this is the right thing to do allows
no discussion of any alternative posi-
tion: any idea of stratifying the acutely
ill 'conjures images of an ICU doctor
conning with his infamous colleague
Mengele' (page 30). His own position
is quite clear, that the only acceptable
criterion for prioritising patients is
medical need.

Given this (unargued for) position,
it is strange that Cohen concludes
that 'it is important that the public is
able to discuss and indeed express views
about these ethical dilemmas so that it
is the general public and not the
doctor who controls life' (page 199).
One thing we can be sure of is that
those best qualified to assess medical
criteria are doctors, not the general
public, and that whatever criteria the
latter use are unlikely to be purely
medical.

Moreover, if all there is to resource
allocation decisions is an estimate of
medical need, then the question
cases to be a moral one at all. The
question, then, is whether Cohen's
notion of medical decision-making is
value-free or not. If it is, then it is hard
to see that the dilemma is a moral one.
If, on the other hand, it is not, then
why should it have any kind of priority
over value-laden decisions?

The book as a whole is an interest-
ing example of a familiar medical posi-
tion that holds that most problems
can be solved by a combination of
improving the quality of the diagnosis
and making more money available.
Philosophically, it is neither particu-
larly clear nor original, nor is it well
referred enough to facilitate further
study. Its quick-fire approach to a
variety of ethical dilemmas, combined
with a wealth of the kind of dramatic
cases that have made the BBC's
Casualty such a success should appeal
to its target audience, the general
public. The danger is that its acces-
sible if somewhat superficial treatment
of these questions might leave the
general reader into thinking that there
was nothing more to them. It would
be a valuable addition to any public
library, if a little out of its depth in an
academic one.

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The medical school's
mission and the
population's health

Edited by Kerr L White and Julia E
Connelly, 281 pages, New York,
1992, Springer-Verlag, Dm 118.00

This book records the proceedings of a
four-cornered (US, UK, Canada,
Australia) meeting which was
organised with the central purpose of
defining the mission of the medical
school and, particularly, of establishing
its position vis-à-vis the community.

The book consists of nine main papers,
with additional prepared discussions.

The general premise is that medical
faculties have lost interest in the health
of populations and that current
teaching methods are concentrated on
specialties and even narrower sub-
specialties. The recurring theme is that
this does not produce ideal general
practitioners – leading to a feeling of
déjà vu, for this is something we have
known for more than half a century.

Medical schools are said to have a
social contract with the populations