

no worse off than before it was conceived, yet surely her behaviour is morally 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.

This 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 abortion. 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 argument; the reader is left to work out what is central and what is a digression. 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

- (1) Thomson J. A defense of abortion. *Philosophy and public affairs* 1971; 1: 47–66.

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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 adequate 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 illustrations 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-medic to 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 position: any idea of stratifying the acutely ill 'conjures images of an ICU doctor conniving 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 ceases 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 interesting example of a familiar medical position 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 particularly clear nor original, nor is it well-referenced 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 accessibility if somewhat superficial treatment of these questions might lull 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