
More than twenty years ago, Mary Warnock chaired a committee that advised the British government on the ethics of assisted reproduction. This book grew out of that work. The book’s subtitle—is there a right to have children?—is only one of the questions Warnock takes up. She touches on many other issues related to assisted reproduction, from the nature of rights, to whether people need children, to the status of the embryo, to whether children should always be told who their father is.

The book covers a lot of ground, and it does so quickly. *Making Babies* has a different feel from most philosophy books. With 114 small pages of text, it is very short, and with 23 chapters, the average chapter is just 5 pages long. These chapters have such engaging titles as “The right that no stone be left unturned” and “Why do homosexuals want children?” Typically, Warnock will raise a big question, make a few thoughtful observations, and then move on. *Making Babies* is also distinctly British: its examples come largely from the U.K., and it takes the philosophical arguments of Prince Charles seriously. (73-74; 77)

Warnock thinks that rights and duties are always conferred by laws. So, if I have a right to life, and you have a duty not to kill me, this is because the laws of our society ban murder. Where murder is legal, the law should be changed, but the murderer violates no one’s rights. (18-19) Others hold that just laws are derived from pre-existing rights and duties. This issue, I think, is largely verbal; it’s not about moral truth, but about how moral truths should map onto language. While Warnock thinks that using ‘right’ and ‘duty’ as descriptive legal terms will help us avoid “a great deal of confusion” (22), I am impressed by the rhetorical utility of being able to demand one’s “rights” in the face of unjust laws.

The main reason people want children, Warnock says, is “a kind of insatiable curiosity: what will the random mixture of genes produce? What will be familiar, what unfamiliar?” (41) She denies that there is a right to assisted conception, since even assisted conception is impossible for some couples, and no one has a right to the impossible. (15) Is there—or should there be—the right to try to have a child? (16)
Warnock thinks doctors should help their patients in this area, but she rejects a rights-based model of the doctor-patient relationship. (112) On her view, doctors have a duty of compassion to their patients, which normally entails helping them try to conceive. (109; also see 41-42)

Warnock thinks doctors may refuse to help certain patients, but these decisions must be made on a case-by-case basis and won’t arise often. (43-50) Should patients ever be denied help on non-clinical grounds? Although Warnock is suspicious of slippery slope arguments, she says she accepts one here: if consultants are allowed to reject applicants on non-clinical grounds—on grounds of “social or moral suitability for treatment”—then they may come to reject applicants for very bad reasons, such as their race. (51) But why would the trend be towards ever greater restrictions, especially if this would be bad for business? Perhaps trends of restrictiveness would oscillate. Or perhaps there would be no trends. In the end, I suspect that Warnock’s real concern is what consultants might decide, not due to slippery slopes, but due to bad judgment.

Warnock believes that doctor should help homosexuals start families (60; 66-67; 68-69), although I do not understand why she thinks that straight couples should be given clinical priority. (88) Some people feel that gay families are unnatural, in some pejorative sense of ‘natural’. Warnock responds by picking apart the alleged importance of the natural, employing familiar moves. (72-75) Oddly, she doesn’t bring in Aquinas’s Natural Law Theory, which treats the natural as normative and still reverberates across Western culture. But I applaud Warnock’s discussion of why people make such arguments to begin with. “I believe that the objection to some procedures on the grounds that they are unnatural is the expression of . . . two interconnected fears.” (75) The first is the fear of science. (75-77) The second is the Romantic fear “that we are alienating ourselves from what ought to be our dwelling, from the place where we want to be at home”—in other words, from nature. (82) Where arguments are merely the public face of fear, people need reassurance more than they need philosophical rejoinders.

Warnock loses her footing on the topic of human cloning. After rejecting several bad arguments, she turns to “the real arguments” against cloning: “The fear is rather that some person, or some regime, might one day exercise such power that people could be born to their command, in the numbers they dictated, and, worst of all, with the
characteristics they thought desirable.” (105) Warnock takes this fear seriously, but it is hard to imagine a more remote worry. What an expensive, indirect and inefficient way to try to consolidate power!

Warnock then expresses “the fundamental objection to human cloning” (107): “It suggests a false idea of the control one person might have over another.” (108) Yet the same could be said of surgery, in vitro fertilization, correctional institutions, parenting, and The Matrix. The idea that cloning should be banned because it suggests a false idea of control reminds me of the claim that pornography should be banned because it lies about sexuality. Both arguments are bizarre. Warnock predicts that human reproductive cloning will never be tried because of the risks. (102) But since the world is full of risk-takers, publicity-seekers, and heads of state who aren’t fit to coach soccer teams, I would bet the opposite.

In some ways, Making Babies assumes a conventional morality. Warnock advocates honesty for its own sake (64-66), and she derides surrogacy-for-profit arrangements as trivializing and vulgarizing childbirth. (89) But more importantly, she never questions the green grocer’s assumption that having children is, in general, morally acceptable. I would have expected that to be the main question of the book. Here are three arguments she might have considered:

(1) **Opportunity costs.** Raising a child typically costs the parents tens of thousands of dollars. That money would be much better spent helping to immunize, feed, clothe, and medically treat starving children who already exist.

(2) **Environmental strain.** Increasing the population of first-world countries adds to those countries’ overuse of scarce, depletable and environmentally hazardous resources.

(3) **Without their consent.** Creating a child exposes that child to all the harms of life, without her permission. Since we cannot obtain the consent of the nonexistent, we shouldn’t make babies.¹

These arguments could be used in tandem. Warnock never mentions anything like (1) or (3), and she merely brushes aside the kind of concern expressed in (2). (41)

On the whole, Making Babies is very readable and very sensible. I would recommend it to any educated person who is curious about these topics. It could also be assigned in college classes. Although medical ethics is a fast-changing field, nothing about the book feels outdated three years after its publication.

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