

My first impression when looking at the table of contents for *Ethics in Everyday Places: Mapping Moral Stress, Distress and Injury* was to question how the author could tie something so defined and prescriptive as mapmaking to something as esoteric and elusive as ethics and morality. Tom Koch, Adjunct Professor of Medical Geography at the University of British Columbia, a consultant in ethics and gerontology at Alton Medical Centre, Toronto, and Director of Information Outreach, Ltd. does a masterful job of making the connections and demonstrating how even the most mundane of tasks can have significant ethical implications. He draws the reader in and makes the content relevant to all by asking each reader to consider the uncomfortable feeling they get when they are doing what they are told or what they feel is right but still have the feeling that something is just not right.

Dr. Koch makes his points with a series of case studies that are easy to follow and encourage the reader to ponder the implications of the misuse of statistics and misleading mapmaking. In one such case study, Koch asks his students and later participants in a seminar, what they would do if given a contract to develop a map based on data demonstrating the longevity of smokers. He then leads the reader through an analysis of statistics and how the data can lead to the conclusions desired by the researcher, the feeling of unease one gets with the statement that “its just business” and the assumption that the product of a technician does not have ethical implications. Most students end up deciding to honor the contract. Generally, because they cannot afford not to, they ease their conscience with the statement that it is not the maps that hurt people, but the people who interpret the map. A correlate to the sentiment that guns do not kill, people do. Koch summarizes on page 114 with the Supreme Court argument that “intentions do not matter when the results are disastrous. When that happens, our communal moral declarations are violated, and we are all complicit.”

Koch’s other case studies look at the practice of “redlining” and mapping poverty to determine eligibility for bank loans, the inequity of school district financing, the inaccessibility of the transportation system in London, mapping the path of Hurricane Katrina, longevity in tobacco users and patient access to hospitals capable of organ transplantation. Dr. Koch researches and provides data on the relationship between race and the likelihood of donating and receiving organ transplantation. His point is not so much about the data, but that we are not asking appropriate questions. Why have we not questioned the lack of correlation between numbers of donors and the number of recipients when examined along racial lines? We go about our business, sometimes even lifesaving work, but not take the time to explore the ethics and moral choices we are making while completing these tasks.

So how does this happen? Why do we feel that we live ethically and have strong moral principles, but these case studies give evidence to the contrary? One theory is distance. The closer we are to the inequity, the more we are compelled to help. Likewise, the greater the distance, the lesser the feeling. Another is that numbers without context can lose their meaning. The percent of people living in poverty is a number without a face. We lose the connection to the faces of the people suffering and the outcomes of this suffering. Koch states on page 179 that data does not speak through us; we speak through the data. Koch ends by stating that his book is not written to be a call to action, but a call to awareness and a realization that our choices matter and have consequences. The reader is left with the disquieting feeling that his points are all valid and have merit, but the issues seem so enormous. We can recognize the problems but feel helpless to provide a solution.

284 pages, published in December 2017.