“Community” and “lifestyle” are central concepts in health promotion. It is relevant here that “community” generally involves prescriptive definitions. By conditioning what a community should be, health professionals establish specific directions in health practices, according to their definitions. In addition, hegemonic proposals in health promotion tend to adhere to a concept of health behaviour by means of individualistic choices based on free will that may produce risky lifestyles, usually neglecting contextual factors.

One must consider that the traditional perspective of community seems to be changing. The constitution of modern nation states normally takes one of two paths: nationalist or liberal. In both processes, the fate of the orthodox communities is equivalent to extinction. The possibilities are vanishing for the existence of communities with high levels of autonomy, whether according to the nation as proposed by the nationalists or in the advanced liberal state, with individuals that supposedly detain high margins of personal decision making freedom and choice.1 The present notion of lifestyle seems to be close to this latter perspective and seems to be, in some ways, antagonistic to traditional ideas of community.

It is now possible to propose an interesting categorisation of communities. Ethical communities should imply long term commitments, established rights, and solid obligations so as to allow for planning the future. Above all, they should provide community guarantees for shelter, social support, preservation, and minimisation of uncertainties and insecurities in the face of the various risks involved in present day living. Aesthetic communities do not entail the weaving of ethical responsibilities among their members, with long term commitments. Aesthetic communities can also express themselves as an audience at a rock concert, in the midst of a crowd of football fans. Yet their ties lack consistency. They are inconsequential: they tend to come undone at the end of the spectacles and events that serve as the source for group recruitment.1 One can argue here that aesthetic communities seem to follow the individualistic notion of “lifestyle”. But even this interpretation might be a poor one.

Anyway, de-contextualised interpretations of current multiform communities and peoples’ way to carry their lives can be ideologically biased and insufficient to satisfactorily represent the determinations and intermediations involved in health promotion and prevention in many Western “contexts”. Taking a critical point of view, it may be possible to consider other perspectives capable of overcoming fragile theoretical proposals and unsatisfactory practices in health/disease/heath care/prevention processes.

Luis David Castiel
Fundação Oswaldo Cruz, Escola Nacional de Saúde Pública, Rua Paula Freitas 100/101, Copacabana Rio de Janeiro, RJ, Brasil; castiel@ensp.fiocruz.br

REFERENCE

APHORISM OF THE MONTH

Primum non nocere—above all do no harm

From the earliest times, medical students have learnt that the fundamental principle of medical treatment and care is to do no harm. Despite this, iatrogenic conditions have reached epidemic proportions in many parts of the world. The application of the precautionary principle to public health has been less clearly enunciated, but it is at least as equally relevant. Whether we are talking about interventions at the population, area, or group level or our overarching relationship to this planet, which is our habitat, the precautionary principle should frame all policy and action. Global warming and massive system disturbance are the realities for public health in the new millennium. Unless we become much more committed to taking the precautionary principle seriously, there may be no public health task left to do. The human species itself may no longer be there.

JRA
What community? What lifestyle?

Luis David Castiel

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