

Health, risks and hyperprevention

There is a moral and normative emphasis in complex modern societies, and a corresponding preoccupation with responsibility and blame⁽¹⁾. This moralistic view now presents itself especially in the field of health promotion. It is based on reasoning that aims to establish risk of harm preferably supported by the search for evidence derived from medico-epidemiological research. Thus, we seek to define, locate and intervene in those individuals considered to be failures in terms of the prevention of health risks.

Prevention - based on the principle that something is safe until it is demonstrated to be dangerous, there is statistical evidence that supports the notion of risk - adds to the precaution, based on the principle that nothing is safe until it is demonstrated to be harmless, when there is no such evidence of risk. Joining the protection of this dyad - the quality control and safety measures for health and safety in relation to consumption of food and water, housing conditions, and sanitation.

This set is capable of causing what could be called hyperprevention. Here, I mean, from the point of view of a critical theory, the establishment of an excessive preventionistic norm in the field of public health, in general, and health promotion, in particular. Currently this can succeed in the face of catastrophic threats both within the collective and the individual. See, for example, the initial atmosphere of panic in relation to the swine flu.

In the case of prevention of health risks, with so many imponderables that cover the determination and presentation of health problems, even taking preventive measures, we are not sure that the results from protection are guaranteed with the measures taken. We live, in general, with a state of "risk phobia" - the fear we are at the mercy of risks that are at work in an unguarded moment to threaten us.

It should be noted that this is not to disregard the undisputed power of the existing knowledge about risks, important techniques and sets of practices regarding the prevention of diseases in scope of the population. Undeniably, the calculation of risks, in terms of their temporal futurological orientation, plays an important role in enabling the design of regularities and patterns until they can arrange the circumstances so as to obtain some sense of predictability in order to control and prevent.

It is rather to signal the possible effects of excesses in its use and highlight their links with undesirable aspects of a culture of anxiety in the face of impossible touted management of all risks that threaten us.

Considered specifically, the risks may have an understandable cause. They can be reasonably described, explained, anticipated and be subject to effective control through interventions with good indications. Seen as a cumulative phenomenon, the risks seems to be much less reasonable in terms of approach and restraint. Viewed as a complex global phenomenon, the risks create an apocalyptic atmosphere resulting from the hybridization of both real and perceived risks of different levels and from different sources - ecological, meteorological, geological, biomedical, social, military, political, economic, financial and informationa⁽²⁾.

Here is the question: will, increasingly, we conceive of the idea of health as part of the notion of security? And will this be mediated by a pedagogy aimed at monitoring through self-vigilance of susceptibility, creating an environment conducive to paranoia and obsessive practice of hyperprevention?

In sum, the actual dominant health promotion can present side effects in its neo-hygienic perspective, with its strong moral content with views that claim longevity and vitality. In a way, it is intended that we stay healthy longer in an individualistic context of production and consumption of wealth. But, at the same time, it can feed the precariousness of environmental, social, and

economic policies and increase our uncertainties, anxieties and fears.

REFERENCES

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