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To cite this article: Nurit Guttman & Eimi Lev (2021) Ethical Issues in COVID-19 Communication to Mitigate the Pandemic: Dilemmas and Practical Implications, Health Communication, 36:1, 116-123, DOI: [10.1080/10410236.2020.1847439](https://doi.org/10.1080/10410236.2020.1847439)

To link to this article: <https://doi.org/10.1080/10410236.2020.1847439>



Published online: 15 Nov 2020.



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# Ethical Issues in COVID-19 Communication to Mitigate the Pandemic: Dilemmas and Practical Implications

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## ABSTRACT

Communication plays a critical role in all stages of a pandemic. From the moment it is officially declared governments and public health organizations aim to inform the public about the risk from the disease and to encourage people to adopt mitigation practices. The purpose of this article is to call attention to the multiple types and the complexity of ethical challenges in COVID-19 communication. Different types of ethical issues in COVID-19 communication are presented in four main sections. The first deals with ethical issues in informing the public about the risk of the pandemic and dilemmas regarding communicating uncertainty, using threats and scare tactics, and framing the pandemic as a war. The second concerns unintended consequences that relate to increasing inequities, stigmatization, ageism, and delaying medical care. The third raises ethical issues in communicating about specific mitigation practices: contact tracing, wearing face masks, spatial (also referred to as social) distancing, and handwashing or sanitizing. The fourth concerns appealing to positive social values associated with solidarity and personal responsibility, and ethical challenges when using these appeals. The article concludes with a list of practical implications and the importance of identifying ethical concerns, which necessitate interdisciplinary knowledge, cross-disciplinary collaborations, public discourse and advocacy.

## Introduction

Communication plays a critical role in all stages of a pandemic. From the moment it is officially declared, governments and public health organizations face the challenge to inform the public about the risk from the disease and to encourage people to adopt mitigation practices. This elicits ethical concerns because mitigation efforts often involve significant changes in people's lifestyle, affect their livelihood, and infringe upon their freedom of movement and privacy (Gostin et al., 2020). Accordingly, on the day COVID-19 was officially declared as a pandemic, the Director-General of the World Health Organization proclaimed that "all countries must strike a fine balance between protecting health, preventing economic and social disruption, and respecting human rights" (World Health Organization, 2020a). By implication, communication aimed to warn the public about the pandemic and to encourage people to adopt mitigation practices must respect basic tenets of human rights, including autonomy, equality, dignity, and privacy. The particulars of COVID-19-related mitigation practices vary across nations and localities. Typically, they include practicing physical distancing, wearing face masks, consistent hand washing or use of sanitizers, adhering to mass and individual quarantine measures, restrictions of the number of people in public and private gatherings, and disclosing one's whereabouts when identified as contracting the virus in order to locate others with whom one was in close contact. Additionally, authorities might employ threats, fear, and scare communication tactics, as well as appeals to prosocial values.

The main purpose of this article is to call attention to the variety and complexity of ethical challenges in communication regarding COVID-19 mitigation practices. Attending to ethical concerns during a pandemic is not only a moral imperative but is essential for generating public trust in the authorities, considered to be a critical factor in public acceptance of protective practices (Liu & Mehta, 2020). The discussion draws on stipulations from ethics in communication, in particular the obligation for truthfulness, correctness, certitude, sincerity, and comprehensibility (Johannesen et al., 2008). These obligations are associated with people's intrinsic right to autonomy, or to make informed decisions on matters that pertain to their lives or matters that affects them, as long as such decisions do not bring harm to others. Related stipulations can be found in the advertising literature concerning the obligation to truthfulness, authenticity of the persuader, respect for the intended audiences, equity of the persuasive appeal, and social responsibility for the common good (Baker & Martinson, 2001). These stipulations draw on major principles prominent in the bioethics literature: specifically, the obligations to do good while avoiding doing harm, respect for personal autonomy, respect for privacy and dignity, and justice and fairness (Beauchamp & Childress, 1994). Ethical precepts from utilitarian approaches emphasize the obligation to act according to what is most effective and beneficial to most people or society as a whole (a more detailed overview in Guttman, 2017).

The ethical issues in COVID-19 communication are presented in four main sections. The first deals with ethical issues

in informing the public about the risk of the pandemic and dilemmas regarding communicating uncertainty, using threats and scare tactics, and framing the pandemic as a war. The second concerns unintended consequences related to increasing inequities, stigmatization, ageism, and delaying medical care. The third discusses ethical issues in communicating about specific mitigation practices. The fourth points to ethical issues in appealing to positive social values. The article concludes with practical implications.

### **Ethical issues when disseminating risk information**

In a time of a pandemic, authorities are obligated to protect the public. This includes informing the public about the risk of contracting the virus, its severity and potential morbidity. Three challenges associated with this obligation are discussed: communicating uncertainty, using threats and scare tactics, and framing mitigation efforts as war.

#### ***Ethical issues in communicating uncertainty***

Communication about risk inherently involves a component of uncertainty. In the case of COVID-19 uncertainty is paramount because the virus was recently identified, there is uncertainty about its contagiousness, its potential mutation, and a safe vaccine (Finset et al., 2020). Conveying the uncertainty of current knowledge is recommended as a “best practice” in crisis and risk communication in order to obtain public trust (Liu & Mehta, 2020) and corresponds to communication ethics precepts regarding the obligation toward truth and sincerity (Johannesen et al., 2008). However, it raises concerns regarding effectiveness and possible harm. Scholars note that “modernity” is characterized by the tendency to equate knowledge with certitude (Giddens, 1990). This corresponds to the proposition that communicating uncertainty can produce a feeling of lack of control and greater confusion and reduce people’s trust in the authorities’ competence to manage the situation (Wong & Jensen, 2020). It can also prompt people to turn to unreliable sources that disseminate misinformation or “fake news” (Eysenbach, 2020). This poses the challenge to communicate candidly about the best of available knowledge and transparency of the decision-making process in times of uncertainty.

#### ***Ethical issues in communicating gravity***

During a pandemic authorities need to communicate about the potential gravity of the situation and to encourage people to adopt mitigating practices (Wong & Jensen, 2020). Some governments were criticized that their initial communication approach underplayed COVID-19’s seriousness and others for emphasizing impending catastrophic outcomes (Cowper, 2020). According to the precept of respect for autonomy it is imperative to report the seriousness of situations to the best of current knowledge because people have the right to know and so that they can make informed choices. However, this does not necessitate emphasizing “worst case” scenarios, which can have a negative psychological impact, and do not necessarily represent scientific consensus. In times of a pandemic many

people suffer from fear, anger, anxiety, depression, guilt, or a sense of helplessness and “dire” scenarios can have detrimental effects, including cases of self-harm, predominantly among vulnerable populations (Trnka & Lorencova, 2020). Thus, informing about the gravity of the situation should avoid exacerbating stress and anxiety. Furthermore, researchers widely agree that risk messages to motivate protective behaviors must include elements to help cope with the threat and strengthen people’s conceptions of their self-efficacy to do so (Stolow et al., 2020).

#### ***Ethical concerns and pitfalls in using threats and scare tactics***

Despite concerns regarding heightened anxieties, some authorities employ scare tactics aimed to elicit strong emotions of fear. The assumption is this will motivate the public to adhere to mitigation instructions. Such attempts are fraught with ethical concerns. This is illustrated in the following examples: Healthcare professionals advocated using graphic images of mass burials or a fictional hospital with graphic images of suffering patients (Stolow et al., 2020); authorities used sounds from a popular horror movie, in which people were violently killed to signal a local curfew (Biana & Joaquin, 2020); individuals dressed as ghosts were used to warn residents that they will be possessed by the virus if they do not adhere to curfew orders (Brewis, 2020); a video depicted five youths riding their motorcycles during a lockdown, caught by the police and “punished” by forced into an ambulance with a COVID-19 patient. They are shown trying to escape and imploring the officers to let them out (Venkateswaran, 2020). A common rationale for employing such tactics is the assumption they make the information more vivid and serve as a strong motivator to help people overcome their resistance to adopt the protective practice. Some scholars argue this actually enhances their autonomy to choose what is best for them (Bayer & Fairchild, 2016). Some also justify using them as a “defensive pessimism” for authorities to prepare the public for future risks and government interventions (Wong & Jensen, 2020). Whereas using scare tactics might be viewed as promoting the public good, they are criticized as insincere and manipulative, preying on heightened emotions and anxieties. As illustrated by the examples above, they can also depict the illness as a punishment, thus undermining empathy and contributing to stigmatization (discussed below). A negative depiction of enforcement and exaggerated threats could also increase distrust of authorities (Hastings et al., 2004). Numerous studies show that although scare tactics can attract attention and elicit intentions to adopt protective practices, they mainly have a short-term impact and can produce reactance or denial (e.g., among younger populations who believe in their invincibility), as well as helplessness among those feeling unable to adopt them (Stolow et al., 2020). By exacerbating people’s fears and anxieties scare tactics can also prompt people to seek information from unreliable sources (Eysenbach, 2020).

#### ***Ethical issues in using war frames***

Political leaders, media, and medical professionals often refer to the COVID-19 pandemic in war terminology such as

‘fighting’ and ‘defeating’ an ‘enemy’ in the ‘battle’ or ‘war’ (Musu, 2020). War terminology is used to rally the public in crisis and disaster situations as a means to enlist a collective effort for the public good, appeal to compassion, support those on the frontlines, and to justify utilizing public resources and emergency measures (Frieden, 2020). Using war terminology raises concerns that it can serve to justify increased surveillance and restrictions that infringe of people’s privacy (noted in the section on contact tracing) and as a threat that hard times lie ahead to justify extreme measures that compromise human rights (Benziman, 2020). Focusing on the virus as the enemy can not only lessen criticisms regarding infringement of citizens’ rights but can forestall initiatives to engage in a discourse on alternative methods. It can subdue critical discussions on structural factors and government policies that contribute to the dire toll of the pandemic; for example, lack of a robust infrastructure that could provide better care for the sick and help prevent its spread, inequitable health, socioeconomic impact on diverse populations, including minimal sanitation means, crowding, chronic illness. War rhetoric is also divisive and can lead to “othering” or stigmatizing those considered as not contributing to the “war” effort (Venkateswaran, 2020). It can also distort the suffering and loss of those who were ill or died, by depicting them as soldiers in a battle whose death was an inevitable sacrifice in order to “win” a battle. It can also lead to a binary conception of the situation: creating a false hope that the “battle” can be swift and triumphant, implying that there is an immediate solution (Benziman, 2020; Naumova, 2020).

### **Sociocultural and medical unintended consequences**

As illustrated in the section above, communicating about a pandemic, even when it aims to promote the health of the public, can have negative unintended effects that raise ethical concerns. This section focuses on increased inequity, stigmatization, ageism, and delayed medical care.

### **COVID-19 communication and inequity**

At the outset of a pandemic, information dissemination to reach the wide population may not meet the needs of racial, ethnic, cultural, linguistic and national minority groups, people living with disabilities, and older adults. This intensifies the pandemic’s negative health and socioeconomic effects on these populations who are disproportionately vulnerable (Hooper et al., 2020). Researchers report on the aggravation of mental health problems during the COVID-19 situation when information to self-isolate was not approached in a culturally sensitive way, on limited materials produced for indigenous populations in their languages, some simply dubbed from materials for the general public, and a time-gap in producing culturally-relevant materials (Smith & Judd, 2020). Moreover, because of health literacy inequity and the limitations of information disseminated to minorities, harmful COVID-19-related misinformation and rumors are relatively prevalent among minorities and populations with low health literacy (Paakkari & Okan, 2020). Reducing inequities in the production and dissemination of COVID-19 related information

requires deep understanding of any minority community, its culture, needs, and literacy capacities, and avoiding delays (Hooper et al., 2020).

Across and within countries members of certain groups have limited access to digital technologies or limited skills in using them, which are mainly associated with lower income, age, and geographic location (living in rural areas; Watts, 2020). Digital inequality results in unintended consequences, such as when older adults, including those with multiple morbidities and functional impairments, feel more socially excluded than others when required to keep spatial distancing because of their limited participation in the digital world (Seifert et al., 2020). Furthermore, due to the pandemic, people are encouraged to use digital and telehealth services as well as various apps developed to help people cope with mental health issues or promote physical activity. These are less available to those with limited access to the technology and digital literacy.

### **Stigma and blame**

A common negative outcome associated with epidemics is blaming and stigmatizing a foreign nation or population for its outset and those who contracted the disease, even those caring for them (Gostin et al., 2020). The United Nations pointed to stigma as a key challenge associated with COVID-19 and the WHO deliberately named the virus COVID-19 to avoid association with a location of origin. Nonetheless, there are those who refer to the pandemic as “the Chinese virus”. This terminology reinforces prejudice and discrimination toward persons of Asian descent and immigrants (Budhwani & Sun, 2020). The World Health Organization published tips for language use to avoid compounding social stigma. These include using the official COVID-19 name rather than associating it with its supposed origin, and using the term contracting the virus instead of “infecting” or “spreading” it, which could imply intentional transmission or assign blame (World Health Organization, 2020b).

Stigmatization can negatively affect individuals and communities. Expressions such as “super spreaders” can create negative connotations of bad and immoral intentions or character (Logie, 2020). This can result in internalizing a negative self-image and adding emotional burden and stress to those who became seriously ill. Communities as a whole, especially vulnerable populations, can be stigmatized, leading to prejudice, harassment, hateful language, violence, and discrimination in housing, employment, and use of public transportation (Bagcchi, 2020). Stigma can also result in people not disclosing to others that they have contracted the virus, which can harm mitigation efforts.

### **Ageism**

When data about morbidity and mortality began to indicate that older adults are at relatively higher risk for mortality, COVID-19 communication began to emphasize their vulnerability. This raises ethical concerns regarding ageism. Whereas it is important to inform the public about who is at relatively higher risk so that people can protect themselves and protect those who are more vulnerable, declaring that older adults

should “stay at home” can label them as a whole as a weakened group and justify paternalistic and restrictive measures rather than finding ways to both protect them and enable them to be autonomous (Ayalon et al., 2020). For example, instead of confining older adults to their homes, various municipalities devised policies allocating hours in public spaces such as parks or physical activity facilities for this population.

Focusing on older adults as the individuals most likely to die from the virus resulted in a harmful discourse found in social media, which raises concerns about undervaluing later life. This is illustrated in referring to COVID-19 as the “Boomer Remover” because those who die belong to the “boomer generation” and their death presumably reduces their economic (e.g., pensions) and healthcare burden on society, presumably allowing more resources for the younger generation (Meisner, 2020). Although this discourse is uncommon, it underscores the importance of addressing ageism and promoting a discourse of solidarity, discussed in the sections below. National and international associations, including the United Nations and the British Society of Gerontology, warn against communicating distorted and stigmatizing images of older adults, and call for action against ageism and the neglect of older persons.

### **Delay of medical care**

A major concern in previous pandemics, which emerged in the COVID-19 situation as well, is that people delay or refrain from seeking help or treatment for various medical conditions because of constant communication warning them to beware of contracting the virus and stay at home. Healthcare professionals report that not only early detection and follow-up visits are postponed, but also essential treatments (e.g., for cancer). People even avoid emergency care for life-threatening emergencies or wait, sometime for several days, after the onset of stroke symptoms before seeking emergency care. Across nations there are reports of lower Emergency Department volumes and of patients afraid of going to the hospital, in some cases with dire consequences. These include delayed diagnosis, physical deterioration, serious complications, and death (Wong et al., 2020). “Don’t die of doubt” (American Health Association, 2020) and various other communication initiatives aim to overcome people’s fears about receiving care during the pandemic and urge them not to delay going to the emergency department when they have symptoms indicating they could be suffering from stroke or a heart attack – despite recommendations to stay at home.

### **Ethical issues when communicating about specific mitigation and protective practices**

This section discusses ethical issues associated with four mitigation practices the public is encouraged to adopt: contact tracing, wearing face masks, spatial (referred to as social) distancing, and handwashing or sanitizing.

#### **Contact tracing**

People identified as having contracted the virus are asked to isolate themselves and to disclose their whereabouts and names

of others who were in close proximity with them in order to locate and promptly isolate them as well to prevent transmission to others. This procedure is referred to as “contract tracing” and raises several ethical concerns: People might not remember their whereabouts or contacts and could be made to feel inadequate and ashamed, may not want to disclose things they consider private, or may not want to infringe on the privacy of or even harm others (by having to be quarantined). Digital technologies are also employed by governments or adopted voluntarily by individuals to assist in contact tracing, relying on the wide use of smartphones that provide tracking abilities (Morley et al., 2020). These technologies offer opportunities to help curb the spread of virus but present challenges regarding balancing between the right to autonomy and privacy and protecting the health of the public.

Communicating to the public about digital contact tracing can be informed by two opposite approaches regarding privacy: A “data-first” approach, in which traced information is made available to authorities and allows them to identify individuals who had contact with infected individuals; A “privacy-first” approach, in which individuals control the data and are notified if they were in contact with an individual who contracted the virus. In this case they are responsible for contacting the authorities. Different countries adopt variations of these approaches and differ in how they perceive individual’s rights regarding personal digital data (Fahey & Hino, 2020). Each approach raises ethical issues: The first regarding autonomy and privacy and the second regarding the public good, because not all individuals can be relied on to report to the authorities. To help meet the obligation to autonomy, communication about contact tracing technologies needs to provide potential users, particularly those with limited health and digital literacy, tools to understand the implications of giving their consent to using their personal data. This is also important in terms of effectiveness, because the success of smartphone-based digital contact tracing necessitates a critical mass of users, and people are more likely to adopt it (or avoid disrupting it) if they trust its use (Wang & Liu, 2020). Another ethical concern relates to equity. To meet the obligation of equity, the benefits of voluntary contact tracing applications should be equitable and should be communicated about and be available and accessible to all, irrespective of the technology needed or digital literacy (Morley et al., 2020).

#### **Hygiene practices**

Similar to other contagious diseases, recommended protective practices to avoid contracting COVID-19 include hygiene-related measures such as vigorously washing hands with soap and water, using alcohol-based sanitizers, and cleaning surfaces. Although for many washing hands is a common, mindless, habitual routine, the recommended behaviors require changes in their frequency or in practicing them more fastidiously (Finset et al., 2020), and raise ethical concerns because mundane household tasks might elicit confusion or anxiety. This is compounded by widespread misinformation regarding potentially hazardous measures. Therefore, the communication needs to

offer culturally-relevant information about what to do in specific instances, for example, when one cannot wash one's hands or how to sanitize surfaces when disinfectants are unavailable (UNICEF, 2020).

Communicating about hygiene-related measures elicit ethical concerns related to inequity because many populations have limited access to clean water and sanitation resources. Over three billion people (in some countries a large majority) live in conditions in which clean water is a scarce resource, and cleaning materials are a luxury: Soap and water are found in less than 20% of households in Malawi, Ethiopia, Benin, and Mali (Desmon, 2020). To meet the obligation to equity, these populations need to be provided with resources and information and on what can be used as short-term protective alternatives (Lee, 2020). Communication must also involve advocacy to realize these populations' right to access to basic resources and end to water inequality.

### ***Wearing face masks or coverings***

With growing evidence that people can contract the virus from individuals without symptoms, local, national, and international health authorities recommend or mandate that members of the public wear face masks or coverings. Although some people are accustomed to facemask use in healthcare facilities, for many it is a novel and disruptive practice when incorporated in daily life. Wearing masks dramatically changes face-to-face communication and may be scary for children and very difficult for older adults and those who are hearing-impaired. To address such concerns, communication about masks and face coverings needs to reduce anxieties by providing practical information on how to manage stress and discomfort related to wearing masks in various situations, how to manage interpersonal situations, and concise guidelines regarding when and where it is important to wear masks and when not. Communication about wearing masks also needs to consider negative unintended outcomes. One such concern is they could cause anxiety by being a constant reminder of being in danger (Martin et al., 2020). Another relates to the phenomenon of "risk compensation", when adopting a protective measure results in reducing the use of other protective measures or even taking more risks because one feels protected. Thus, people wearing masks might be less cautious about keeping an appropriate distance from others. Concerns about equity are also raised: Proponents argue that communication about wearing masks is justified even when people do not have access to face masks that meet strict standards by applying the "precautionary principle": even limited protection prevents some transmission (Brooks et al., 2020). This raises ethical concerns—some cannot afford commercially manufactured masks with high safety ranking. To meet the obligation of truthfulness this requires communicating about the limitations of "low cost" face coverings, which could contribute to negative emotions among those who cannot afford costlier masks. One approach is to be candid about their limitations and offer practical recommendations on how to ensure maximum protectiveness. To meet the obligation to equity this should be accompanied by advocacy for better resources.

### ***Spatial distancing***

To curtail COVID-19 transmission people are asked to keep a spatial/physical distance from others except those in the same household. Requirements for spatial distancing differ across countries and situations, but typically entail refraining from activities that are very important to people, including visiting loved ones, going to the workplace, attending social, religious, or cultural gatherings, and in general keeping a constant physical distance from others in one's proximity. Communicating about physically distancing raises numerous ethical concerns because it has serious personal, social, and economic ramifications. It raises concerns about equity, because underserved and vulnerable populations are likely to be disproportionately affected by the restrictions (Lewnard & Lo, 2020). Some might not be able to practice even "basic" spatial distancing recommendations because of structural inequalities that result in crowded living conditions (forcing them to be congested), or precarious sources of employment (cannot afford to miss work; Gostin et al., 2020; Hooper et al., 2020). Since spatial distancing affects people in such profound ways, communicating about it raises a host of concerns. The most vulnerable suffer the most from spatial distancing. Many suffer serious emotional grief that contributes to physical deterioration because online contact is not sufficient (Campbell, 2020). Family members told to keep away from vulnerable relatives to protect them from contracting the virus report they feel it is their moral obligation to be physically close to vulnerable relatives, and do so with trepidation (Guttman et al., 2020). Thus, communication about spatial distancing needs to address its mental health repercussions and the concerns of members of diverse groups, strengthen their sense of efficacy to manage the restrictions, and provide alternatives for ingrained social customs and physical expressions of civility and affection. Although campaigns offer suggestions, some humorous, on how to replace greeting practices with others (e.g., the "elbow shake"), this cannot overcome everyone's discomfort or awkwardness (Finset et al., 2020). "Distant" expressions of affection deny people the human warmth and intimacy associated with physical closeness and depressing, especially when it must be maintained over a lengthy period of time.

### ***Appealing to positive social values: Responsibility, compassion and solidarity***

Whereas appeals to solidarity are less common in conventional health promotion communication, appealing to collective action and solidarity in the event of an epidemic is considered an appropriate communication approach because people's welfare depends on others' actions. Although conceptions of solidarity differ, in general it can be conceived as a collective commitment to bear the costs and help or protect others, based on people's recognition of similarity or shared needs, and the orientation of being part of a social collective. Commitment to solidarity is also invoked when people are asked to acknowledge a collective threat and told by authorities that "standing together" is the best means to mitigate the

hazard. Researchers propose that in this case the appeal might be top-down and solidarity is invoked by pointing to the benefits to individuals as well as the group; an example might be the use of rhetoric such as “we can beat this together” (Dawson & Verwij, 2012). Such appeals are relevant to the COVID-19 situation because large segments of the population considered at low risk are asked to adopt mitigation practices that require them to give up things that are important to them, including self-quarantine. People are also encouraged to help others, in particular people in their own community, by offering physical, economic, compassion and emotional support. For example, in Norway politicians appealed to the *dugnad* tradition that means joint action on the family or community level (Finset et al., 2020). The United Nations’ COVID-19 Response Creative Content Hub contains a variety of materials under the categories “Spread kindness”, “Solidarity” and “Help each other” (United Nations, 2020). Appeals to positive values are illustrated in the slogan “Be kind” used in numerous national and local communication materials: for example, “Be kind. Check-in on the elderly or vulnerable” (New Zealand Government, 2020).

Appeals to personal responsibility, common in health communication campaigns, are also used in the COVID-19 pandemic but are entwined with appeals to compassion and solidarity. Such appeals might help overcome some people’s objections to adopting mitigating practices when they consider them as an infringement on one’s liberty by emphasizing mutual responsibility. For example, a Pan American Health Organization ad states: “Keeping each other safe and connected is everyone’s responsibility.” Some appeals emphasize protecting those who are more vulnerable. The young are asked to wear masks to protect older adults. Merging appeals to responsibility with appeals to solidarity and emphasizing mutual benefit can be found in the text of a print ad of the Seattle & King County Public Health: “We’re all in this together. Together, we can slow the spread of COVID-19” (Seattle & King County Public Health, 2020).

Appeals to solidarity and responsibility resonate with positive social values and can cultivate a sense of agency by showing that people’s choices and actions can make a positive difference. They can also help foster support within communities to assist those who are more vulnerable. Nonetheless, they also raise ethical concerns. The sincerity of authorities could be questioned when they urge people to practice solidarity and sacrifice economic opportunities, freedom of movement, and more. Emphasizing solidarity and the responsibility of the public places the brunt of the responsibility of dealing with others’ social problems on the public and can obfuscate the obligations of the authorities. It can divert attention from the fact that the serious challenges of the pandemic (e.g., limited resources for testing or medical treatment, crowdedness) are a result of previous government policies that resulted in the neglect of the healthcare infrastructure and contributed to health and socioeconomic inequities. Another concern is that communal action is dependent on others, but when the majority adopts protective practices and acts in a socially responsible way to reduce the risk for all there are some who do not, but nonetheless enjoy the benefits (Van den Hoven, 2012). Scholars refer to them as the “free rider” problem,

and this can cause resentment and lead to stigmatization and divisiveness, discussed above.

## Summary and conclusions

Communication to the public in the time of a pandemic poses numerous challenges, each eliciting ethical concerns. Authorities are obligated to communicate about the risk and hazards associated with the pandemic and means to mitigate them while the information is evolving and uncertain and at the same time avoid eliciting panic and severe anxiety reactions. These challenges are associated with the moral imperative to avoid doing harm, respect people’s liberty and privacy, (Gostin et al., 2020) and communicators’ ethical obligations to sincerity, truthfulness, and comprehensibility (Johannesen et al., 2008). Because inequity concerns are intensified in a pandemic, this calls attention to societies’ obligation to consider internet access to use online resources to all as a basic human right, and to provide support systems and skills suited for populations with diverse needs and capacities (Seifert et al., 2020; Watts, 2020). Attending to these ethical concerns has important practical implications. First, they correspond to recommended “best practices” in risk communication, according to which trust is central to public adoption of protective measures, and transparency is essential to obtain and maintain the public’s trust. Second, the communication will be more effective and equitable because it can help identify negative unintended consequences (Balog-Way & McComas, 2020; Salmon et al., 2014) and help the following:

- Point to shortcomings in using fear and scare tactics, which mainly have short-term effects on adopting protective measures but can produce excessive anxiety, denial, and stigma.
- Avoid negative outcomes from using war terminology, which can contribute to “group think”, subdue critical thinking, and elicit stigmatization and divisiveness.
- Address ageism resulting from focusing on higher risk among older populations and emphasize caring and benefits to all.
- Identify messages that can depict negatively or imply blame, which can stigmatize populations and individuals associated with contracting the virus.
- Provide information that meets specific concerns of diverse populations and reduces consumption of misinformation.
- Guarantee that members of vulnerable groups are provided with essential information and resources to adopt protective practices.
- Secure trusted means to protect people’s privacy, thus increasing public cooperation in contact tracing mechanisms employed to help curtail transmission.
- Ensure that appeals to positive social values such as solidarity and personal responsibility do not obfuscate authorities’ responsibility to provide a sound public health and economic infrastructure.

In conclusion, although this article presents a fraction of the ethical issues in COVID-19 communication, each highlights

moral, social, practical, and scholarly significance of attending to a variety of ethical concerns. Identifying ethical concerns is important to generate the momentum needed to tackle each and can serve as a blueprint for research on various aspects of COVID-19 communication. This necessitates interdisciplinary knowledge and sensitivities, cross-disciplinary collaborations, public discourse, and advocacy.

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