

Presidenza del Consiglio dei Ministri

Ufficio del Segretario generale

Ufficio Studi e Rapporti Istituzionali

Italian Committee for Bioethics

bioetica.governo.it

***Institutional communication
within pandemic:
bioethical aspects***

17th March 2022



Presidenza del Consiglio dei Ministri

La riproduzione e la divulgazione dei contenuti del presente volume sono consentite fatti salvi la citazione della fonte e il rispetto dell'integrità dei dati utilizzati.

Presidenza del Consiglio dei Ministri

COMITATO NAZIONALE PER LA BIOETICA

PRESIDENTE

Prof. Lorenzo d'Avack

Professore Emerito di Filosofia del Diritto e Docente di Biodiritto e nuove tecnologie,
Università di Roma L.U.I.S.S.

VICEPRESIDENTI

Prof.ssa Laura Palazzani

Vicepresidente Vicaria

Ordinario di Filosofia del Diritto, Università Lumsa di Roma

Dott. Riccardo Di Segni

Rabbino Capo della Comunità Ebraica di Roma

Prof.ssa Mariapia Garavaglia

Già Ministro della Salute

MEMBRI

Prof. Salvatore Amato

Ordinario di Filosofia del Diritto, Università degli Studi di Catania

Prof.ssa Luisella Battaglia

Già Ordinario di Filosofia Morale e Bioetica, Università degli Studi di Genova

Presidente dell'Istituto Italiano di Bioetica

Prof. Carlo Caltagirone

Già Ordinario di Neurologia, Università degli Studi di Roma Tor Vergata

Direttore scientifico Fondazione Santa Lucia di Roma

Prof. Stefano Canestrari

Ordinario di Diritto Penale, Università degli Studi Alma Mater di Bologna

Prof.ssa Cinzia Caporale

Coordinatrice del Centro Interdipartimentale per l'Etica e l'Integrità nella Ricerca del
Consiglio Nazionale delle Ricerche

Prof. Carlo Casonato

Ordinario di Diritto Costituzionale Comparato, Università degli Studi di Trento

Prof. Francesco D'Agostino

Professore Emerito di Filosofia del Diritto, Università degli Studi di Roma Tor Vergata

Prof. Bruno Dallapiccola

Già Ordinario di Genetica Medica, Università di Roma La Sapienza

Direttore scientifico Ospedale Pediatrico Bambino Gesù di Roma, IRCCS

Prof. Antonio Da Re

Ordinario di Filosofia Morale, Università degli Studi di Padova

Prof. Mario De Curtis

Già Ordinario di Pediatria, Università degli studi di Roma La Sapienza

Prof. Gianpaolo Donzelli

Già Ordinario di Pediatria, Università degli Studi di Firenze

Presidente Fondazione Meyer

Prof. Silvio Garattini

Presidente dell'Istituto di Ricerche Farmacologiche "Mario Negri"

Prof.ssa Marianna Gensabella

Già Ordinario di Filosofia Morale, Università degli Studi di Messina

Prof. Maurizio Mori

Già Ordinario di Filosofia Morale e Bioetica, Università degli Studi di Torino

Presidente Consulta di Bioetica Onlus

Prof.ssa Assunta Morresi

Associato di Chimica-fisica e Presidente del Corso di laurea magistrale in Biotecnologie Molecolari e Industriali, Università degli Studi di Perugia

Prof.ssa Tamar Pitch

Già Ordinario di Filosofia e Sociologia del Diritto, Università degli Studi di Perugia

Prof. Lucio Romano

Docente di Bioetica, Ginecologia e Ostetricia

Prof. Massimo Sargiacomo

Ordinario di Economia Aziendale, Università degli Studi G. d'Annunzio di Chieti – Pescara

Prof. Luca Savarino

Professore di Bioetica, Università del Piemonte Orientale

Coordinatore Commissione Bioetica Chiese Battiste, Metodiste e Valdesi in Italia

Prof.ssa Lucetta Scaraffia

Già Professore di Storia contemporanea, Università di Roma La Sapienza

Prof.ssa Monica Toraldo di Francia

Filosofa politica, Già Professore aggregato di Bioetica presso il Corso di laurea in Filosofia dell'Università di Firenze e già Docente di Bioethics presso la Stanford University

Dott.ssa Grazia Zuffa

Psicologa e Psicoterapeuta

COMPONENTI DI DIRITTO

Dott. Maurizio Benato

Delegato Federazione Nazionale degli Ordini dei Medici Chirurghi e Odontoiatri

Dott.ssa Carla Bernasconi

Delegata Federazione Nazionale degli Ordini dei Veterinari Italiani

Dott. Amedeo Cesta (sino al 17 novembre 2021)

Delegato Consiglio Nazionale delle Ricerche

Dott. Giovanni Maga (dal 18 novembre 2021)

Delegato Consiglio Nazionale delle Ricerche

Prof.ssa Paola Di Giulio (dal 4 marzo 2019)

Delegata Consiglio Superiore di Sanità

Dott. Carlo Petrini

Delegato Istituto Superiore di Sanità

SEGRETERIA E REDAZIONE

Dott.ssa Agnese Camilli, coordinatore

Sig.ra Lorella Autizi

Dott.ssa Monica Bramucci

Dott.ssa Patrizia Carnevale

Dott.ssa Raffaella Maria Falco

Sig. Angelo Rocchi

Dott. Carlo Santoro

Presidenza del Consiglio dei Ministri



**INSTITUTIONAL COMMUNICATION IN THE PANDEMIC:
BIOETHIC ASPECTS**

17 March 2022

Presentation

The opinion focuses on *institutional communication*, examining, albeit briefly, *scientific communication* by experts and *mass media communication*, which inevitably interfaces with institutional communication.

In general, the opinion highlights that this is communication during emergency situations, in which the interaction between those who inform and those who receive the information has the fundamental role of promoting conscious risk management.

With regard to communication by scientific experts, the opinion, highlighting the difficulties encountered especially in the early stages of the epidemic, emphasises the need for good communication practices, based on evidence, in which the dynamic and constantly evolving nature of scientific knowledge is clearly explained. The importance of "proximity communication" with general practitioners is also highlighted.

Various aspects in mass media communication have been focused on: the profound changes generated by the process of digitisation, its acceleration during the pandemic, the associated process of disintermediation, and lastly the strong drive towards the phenomenon of the *infodemic*, i.e., towards the information chaos produced by an irrepressible and uncontrollable proliferation of news, comparable to the spread of a virus. A phenomenon that risks undermining trust in scientific and institutional communication, hindering the proper management of the pandemic.

In this scenario, institutional communication plays a fundamental role, understood as being the communication whereby institutions (the national government, local governments, and related institutions, such as the ISS- National Institute of Health, AGENAS-the National Agency for Regional Healthcare Services, AIFA-the Italian Medicines Agency and other agencies) provide an account of their activities, in order to guarantee citizens' right to information, promote dialogue and two-way discussion.

The ICB emphasises that the exclusive purpose of institutional communication is the protection and promotion of the interests of society as a whole, according to a non-partial approach, and that in order to be effective and promote citizens' trust in institutions, it must be guided by the principles of transparency, integrity, accountability and *stakeholder* engagement. All this entails the obligation not to hide the complexity of the pandemic phenomenon behind forced simplifications but, conversely, to illustrate the complexity as such, and adequately communicate also the uncertainty relating to scientific data and their interpretation, as well as the reasons for the choices taken by the institutions.

It must also be a communication in which the institutions speak with one consistent voice, justifying where necessary differences in communications on the various measures taken or to be taken, in order to avoid confusion and misunderstanding.

Institutional communication of this kind cannot be improvised. Similarly, it is not possible to improvise the scientific communication of the pandemic or mass media communication that acts as a link between one and the other. To combat the possible crisis of trust, that is transversal to all three areas, it is necessary to reconstruct the mediation process between those who inform and those who are informed, clarifying the competencies of those who provide information, their responsibilities, their complying with ethical principles and deontological rules. The concluding reflections of the opinion also move in this direction, highlighting some points for preparing optimal institutional communication in pandemic emergency situations.

The opinion was coordinated and drafted by Marianna Gensabella, Tamar Pitch, Lucio Romano and Cinzia Caporale, with contributions from Lorenzo d'Avack, Maurizio Benato, Stefano Canestrari, Giovanni Maga, Laura Palazzani, Luca Savarino, Monica Toraldo di Francia, Grazia Zuffa.

Valuable contributions were provided by the hearings of: Prof. Franca Faccioli, Full Professor - Department of Communication and Social Research of the Faculty of Political

Sciences, Sociology, Communication - University of Rome La Sapienza; Prof. Adriano Fabris - Full Professor of Moral Philosophy and Ethics of Communication at the University of Pisa; Prof. Marco Centorrino, Associate Professor of Sociology of Communication at the Department of Ancient and Modern Civilizations of the University of Messina; Dr. Carlo Bartoli - President of the National Council of the Order of Journalists; Dr. Sergio Iavicoli – General Director of the Directorate General for Communication and European and International Relations of the Ministry of Health.

The opinion was unanimously approved by those present: Professors Amato, Battaglia, Canestrari, Caporale, Casonato, d'Avack, De Curtis, Di Segni, Gensabella, Morresi, Palazzani, Pitch, Romano, Sargiacomo, Toraldo di Francia, Zuffa.

Profs. Da Re, Donzelli, Garavaglia, Garattini, Mori, Savarino, Scaraffia absent at the time of voting, subsequently assented.

Prof. Silvio Garattini absent from the plenary session, subsequently assented.

Despite their not having the right to vote assent was given by: Dr. Carla Bernasconi, the delegate for the President of the National Federation of the Orders of Italian Veterinarians; Prof. Carlo Petrini, the delegate for the President of the National Institute of Health; Dr. Maurizio Benato, the delegate for the President of the National Federation of MDs and Dentists Colleges.

Dr. Giovanni Maga, the delegate for the President of the National Research Council, absent from the session, subsequently assented.

President of ICB

Prof. Lorenzo d'Avack

Premise

The ICB has already intervened on the issue of pandemic communication in the opinion *Vaccine passport, Certificate and Green pass within Covid-19 pandemic: bioethical aspects* (30 April 2021) and in the opinions *Vaccines and Covid-19: ethical aspects on research, cost and distribution* (27 November 2020) and *Bioethical Reflections on Covid-19 vaccines in children aged 5-11 years*: (18 February 2022), pointing out the importance of timeliness, transparency and completeness in communication.

In this opinion, the ICB intends to examine the topic of pandemic communication, focusing on institutional communication, in particular on its interfacing with the communication conveyed through the media and with scientific communication by experts, highlighting the main ethical issues which arise.

This is emergency communication, because at the outset, the pandemic had all the characteristics of an emergency due to the serious threat it posed to individual and collective health; even if over the past two years there have been different levels of real health emergency. As such, pandemic communication aims to contribute to optimal risk management by the recipients, modulating the messages to try to adjust the perceived risk to the actual risk, reducing alarmism and underestimation¹. In the case of the pandemic, the emergency situation intersects with the protection of health, affecting the crucial relationship between individual health and public health.

As in all emergencies, information plays a fundamental role, since it allows those in a situation of risk to "know" what is happening and what they "can and should do", to manage a situation that at first sight is out of control. For this to happen, the interaction between those who inform and those who receive the information, namely communication, is fundamental².

In the opinion, we speak about *pandemic communication*, rather than information, correlating it with changes in communication practices during the pandemic³. These changes are related in particular to digitization processes and the increase in the use of the media as well as the use of *social media* during the pandemic emergency⁴.

The complexity of the object of communication (the pandemic phenomenon) increases due to the ways of communicating, that is, the intersection and overlap of the media used. Another cause of complexity is given by the intersection of three types of communication: *scientific communication* by experts, an indispensable starting point for understanding the pandemic phenomenon and its evolution; *institutional communication*, which concerns the strategies of the competent institutions; *mass media communication* that acts as an intermediary for both to reach citizens, simplifying and amplifying the messages.

¹ See Research Group on Risk Communication, Department of Education "Giovanni Maria Bertin", University of Bologna, *La comunicazione istituzionale dei rischi- Linee Guida*, Marzo 2011 http://amsacta.unibo.it/4106/1/Linee_Guida_%282%29.pdf.

² Often confused in common language, information and communication must in fact be distinguished in terms of the relationship between issuer and recipient: "In the information model, the initiative is always and only taken by the issuer; the recipient suffers it and can only respond with feedback after sending the message. In the more general case of communicative activity, on the other hand, the interaction occurs constantly, and the response is in some way anticipated, in order to achieve an understanding and to build that common space in which it is possible to understand each other". (A. FABRIS, *Etica per le tecnologie dell'informazione e della comunicazione*, Carocci editore, Rome 2018, p. 24).

³ See A. FABRIS, *La comunicazione all'epoca del Coronavirus: questioni antropologiche ed etiche*, in "Antropologica" 22 December 2021, <http://www.anthropologica.eu/la-comunicazione-allepoca-del-coronavirus-questioni-antropologiche-ed-etiche/>. fr also A. FABRIS, *Etica per le tecnologie dell'informazione e della comunicazione*, cit.; M. CENTORRINO - A. ROMEO, *Sociologia dei digital media*, Franco Angeli, Milan 2015.

⁴ On the increase of posts published on the main social networks, Facebook, Instagram and Twitter during the pandemic, see AGCOM DATA SCIENCE TASK FORCE (<https://agcom-ses.github.io/COVID/>).

Communication ethics for public health in health emergencies

Since, as previously stated, institutional communication inevitably intersects with scientific communication by experts and that of the mass media, mention must be made of these too.

The ethical stability of communication in health emergency contexts is measured not only by the correctness of the information, i.e., on its compliance with the principles of communication ethics (truthfulness, responsibility, transparency, justice, absence of conflict of interest), but also by its effectiveness in reaching recipients through promoting informed choices. As usually happens in emergency communication, it is a question of informing citizens month by month about the fundamental aspects of the pandemic and the results of the research, in order to increase their awareness of the opportunity to follow correct behaviours for prevention and protection of individual and collective health. This communication was particularly delicate, given the sudden evolution of the pandemic, which did not allow for the planning of homogeneous information campaigns. Often these were shared campaigns between the various institutional bodies, but more often they were created simultaneously, perhaps with the same contents, which made it possible to multiply voices and forms.

In general, all communication on public health must have the purpose of enabling citizens to acquire critical awareness in order for them to assume individual and social responsibility towards health (so-called *health literacy*). During pandemics, this objective is imperative in all its clarity and urgency.

In particular, messages must not only be correct in their content, but also empathetic, that is, they must be able to get in touch with the emotions of the recipients, prompting balanced management of the emotional states that come into play in emergency situations⁵. As pointed out by the Center for Disease Control and Prevention, the US public health control body, in its *Crisis and Emergency Risk Communication Program*, communication must be capable of knowing and managing the psychological states of those involved in the emergency⁶.

The communication must provide accurate information on the situation, and be capable of motivating adoption of appropriate behaviours, be capable of facilitating the possibility of better countering the emergency, arousing a general climate of trust.

Experts from various disciplines play a fundamental role. For them, presenting the state of knowledge through the media obviously means, on the one hand reporting the method of comparison that is typical of research (continually questioning the results obtained) and on the other highlighting the progress of the knowledge process through the consolidation of scientific evidence due to the multiplication of studies⁷. This is an arduous task, also because "a broken promise" - after the scrutiny of a rigorous scientific evaluation - in the eyes of the public risks becoming, paradoxically, the cause of mistrust and discredit tout court towards science itself and some researchers⁸.

Particularly difficult from this point of view was the first phase of the pandemic, when the medical-scientific community had to deal on the one hand with the incessant demand for certainties on the part of citizens and on the other with the impossibility of providing them. A

⁵ Fear is clearly the main emotion that comes into play, and it can do so both in a positive sense, motivating to follow messages inviting prudent modification of one's behaviour to reduce risks, and in a negative sense, inducing, if exasperated, irrational conduct, such as blocking all actions or fleeing. Good communication will therefore steer clear from both raising unjustified alarm and hiding the actual extent of the risk

⁶ CERC, *Crisis Communication Plans*, https://emergency.cdc.gov/cerc/ppt/CERC-Crisis_Communication_Plans.pdf.

⁷ The National Library of Medicine recorded 15 publications on SARS-Cov2 from 2018 to 2019. No fewer than 146450 from 2020 to 23.2.2022.

⁸ G. BEVILACQUA, *La comunicazione scientifica: il delicato rapporto tra scienza, media e pubblico*. Mem. Descr. Geol. D'It. XCVI (2014), pp. 387 – 390.

risk of distorting effects, then, was found in the participation of experts in an inappropriate media context or influenced by spectacularization: these effects compromise the relationship of trust of citizens towards science, its methods and its institutions.

Therefore, as part of the strategies and good practices of scientific communication by experts it is necessary for them not only to rely on scientific evidence and intervene in a timely manner, but that they also explain in a simple and understandable way that such knowledge is intrinsically dynamic and in constant evolution. It is also important for them to be willing to anticipate and correct disinformation wherever possible.

Communication with general practitioners deserves separate considerations: it is necessary to invest in "proximity in communication" for its undeniable positive value. First of all, in this regard, it should be noted that the Covid-19 emergency has highlighted the importance of the activity of general practitioners and their relationship with patients. General practitioners, always the first point of medical contact for all citizens, have proved to be crucial in providing correct information on the pandemic and on the measures taken to contain it⁹.

Institutional communication

Before examining the role, principles and limits of institutional communication, it is necessary to recall how the context of mass media communication has undergone profound changes. The digitalization process already underway has accelerated sharply during the pandemic, both due to forced physical distancing and the need to be constantly and promptly informed on the contagion trend and on the measures taken to control it.

Digital information and communication technologies have generated a process of *disintermediation*¹⁰, which in turn has led to a change in the role and meaning of communication within our social life. The mediation provided by the skills and responsibility of the professional journalist has often been replaced by direct access to news on the Internet and in particular on *social media*. The freedom to express one's opinion has therefore, at times, taken on the characteristics of freedom of *information* detached from responsibility, ethical principles and deontological rules which are guaranteed by the reliability of the information professional¹¹.

All this has given rise to the phenomenon of the *infodemic*, namely, the information chaos produced by an irrepressible and uncontrollable proliferation of news, comparable to the spread of a virus¹². The phenomenon is co-evolving with epidemics, it does not favour

⁹ FNOMCEO (National Federation of Orders of Surgeons and Dentists) has for some time started a project with the Ministry of Health to improve communication with patients. The aim is to investigate the aspects of their experiences to understand which ones are useful for defining a strategy applicable in medical consultations. In the 2021-2024 programmatic document, FNOMCEO paid a lot of attention to communication mediated by e-mail tools or Instant Messaging systems (such as WhatsApp), an increasingly widespread communication, but which takes place in the absence of clear rules and methods of use, consistent with professional ethics and responsibilities.

¹⁰ "Disintermediation is a process or the sum of many processes that have affected global society with the advent of the Internet and, subsequently, with the development of social media and collaborative platforms (...). If the use of the term "disintermediation" is traced back to Paul Hawken's prophetic book *The Next economy* (1983), its use (or abuse) in the most disparate contexts makes it, in part, difficult to disambiguate. However, in every context in which the phenomenon has been observed, from the banking sector to that of transport, from the tourism sector to information, the dynamics are the same and have to do with the disappearance of intermediaries who oversaw, up to a given moment, those sectors of the economy, politics, culture "(P. STRINGA, *Che cos'è la disintermediazione*, Carocci, Roma 2017, p.9).

¹¹ Just think of how important it is in the pandemic context to comply with Article 6 of the deontological code of journalism "Duties towards weak people. Scientific and health information". See also C. BARTOLI, *Introduzione al giornalismo. L'informazione tra diritti e doveri*, ETS, Pisa 2017.

¹² "An 'infodemic' is an overabundance of information - some accurate and some not - that occurs during an epidemic. (...). An infodemic spreads between humans in a similar manner to an epidemic, via digital and

but on the contrary hampers their management, so much so that the study, monitoring of the infodemic and the search for effective action and strategies to fight it are considered by the WHO of crucial importance¹³. The risks of the infodemic include, the deformation of accredited sources, the instrumental elaboration of theories without logical foundations and without scientific evidence¹⁴, the spread of *fake news*, all particularly serious during a pandemic for the purpose of protecting health¹⁵ since disinformation¹⁶ threatens the trust we place in science and the recommendations of institutions, it amplifies fears and leads to behaviour that is harmful to health.

The 2021 document of the WHO *Public Health Research Agenda for Managing Infodemics* highlights precisely how the concomitance between disinformation and mistrust can lead to behaviours that are harmful to individual and public health, such as the refusal of effective vaccines and the search for untested harmful therapies, generating stigma and violence¹⁷ at the same time. The proposal put forward to counter these risks is the definition of new interdisciplinary fields that lead to the construction of "*the science of managing infodemics*", or "*infodemiology*"¹⁸.

In this scenario, institutional communication during a pandemic, given its origin, assumes a fundamental role to correctly inform citizens about the behaviours to be followed in their own interest and the rules to be observed to control contagion. It is also fundamental to clarify the characteristics of the virus and the resulting illness, and to illustrate the rationale of the measures taken to deal with the contagion and the consequences that a pandemic produces from a social, economic and cultural point of view, on a global level.

By institutional communication we mean the communication issued by institutions that gives an account of the activities, functions and point of view of the institutions themselves, with the task of guaranteeing the right to information, transparency, correctness and the completeness of information, and which promotes dialogue and appropriate two-way discussion with citizens¹⁹. It is produced not only by the national government, but also by local governments and their related institutions, such as the National Institute of Health (ISS), the National Agency for Regional Healthcare Services (AGENAS), the Italian

physical information systems. It makes it hard for people to find trustworthy sources and reliable guidance when they need it" (WHO, *Public Health Research Agenda for Managing Infodemics*, 3 Feb. 2021, <https://www.who.int/publications/i/item/9789240019508>, Introduction, p.1). The first definition of an infodemic is found in: D. J. ROTHKOPF, *When the Buzz Bites Back*, "The Washington Post" 11 May 2003, <https://www.washingtonpost.com/archive/opinions/2003/05/11/when-the-buzz-bites-back/bc8cd84f-cab6-4648-bf58-0277261af6cd/>. On the infodemic see also: L. ALFONSO - G. COMIN, # *Zonarossa. Il Covid-19 tra infodemia e comunicazione*. Foreword by W. RICCIARDI, GUERINI and Associates, Milan 2020; G. MANFREDI, *Infodemia*, Guaraldi, Turin 2015; M. FERRAZZOLI - G. MAGA, *Pandemia and infodemia*, Zanichelli, Bologna 2021.

¹³ See. WHO, *Public Health Research Agenda for Managing Infodemics*, cit.

¹⁴ As noted in the "Relazione sulla politica dell'informazione per la sicurezza della Repubblica" (February 2021) of the Presidency of the Council of Ministers, the Covid-19 pandemic recorded "a very high production of fake news and alarmist narratives, which resulted in an information surplus (so-called infodemic) difficult for the community to discern". (<https://www.sicurezzanazionale.gov.it/sisr.nsf/wp-content/uploads/2021/02/RELAZIONE-ANNUALE-2020.pdf>).

¹⁵ see, <https://www.salute.gov.it/portale/nuovocoronavirus/archivioFakeNewsNuovoCoronavirus.jsp>; <https://www.marionegri.it/magazine/covid-19-e-fake-news>

¹⁶ There are different types of disinformation: false information with no intention of causing harm (misinformation); false information designed intentionally to cause harm (disinformation); authentic information disseminated with the intention of causing harm, often moving in the public sphere what has been designed to stay private (misinformation).

¹⁷ See. WHO, *Public Health Research Agenda for Managing Infodemics*, cit., Introduction, p.3.

¹⁸ See. *ivi*, p.4.

¹⁹ F. FACCIOLO, *Comunicazione pubblica e cultura del servizio. Modelli, attori, percorsi*, Carocci, Rome 2000; P. MANCINI, *Manuale di comunicazione pubblica*, Laterza Bari 1996; A. ROVINETTI, *L'informazione e la città: nuove strategie di comunicazione istituzionale*, Milan Franco Angeli 1992.

Medicines Agency (AIFA) and other agencies. And it is disseminated through the different channels available to public institutions, including dedicated sites and institutional *social media* accounts.

Institutional communication has the exclusive purpose of protecting and promoting the interests of society as a whole, according to a non-partial approach, with a view to enhancing the common good and trust between citizens and institutions.

Although it is only one of the many levers that can be used against disinformation, institutional communication is an essential element of the agenda of an *open government*²⁰. To be effective and promote public trust in institutions, institutional communication must be guided by the principles of transparency, integrity, accountability and stakeholder participation, as indicated in the 2017 OECD *Recommendation of the Council on Open Government*²¹.

Institutional communication interacts with mass media communication and this interaction, not without its criticalities, can be examined by distinguishing two moments: the use made by the institutions of the various *mass media* and *social media*; the spread of a great deal of information on the *media*, which the *media* often reproduce improperly from institutional sources or from different sources, contrasting at times with both official sources and between each other. This is the infodemic we referred to earlier.

In our country, for the analysis and interpretation of scientific data, the government's institutional communication referred, during the pandemic, to related and accredited institutions, such as the National Institute of Health, or *ad hoc* bodies, such as the Scientific Technical Committee established at the Presidency of the Council of Ministers for the management of the pandemic. The Accademia Nazionale dei Lincei, public and private research bodies and universities also contributed. Correlated and distinct at the same time was the communication by the Government of the decisions on the measures taken to contain the pandemic. These decisions, as we said, have not only concerned the fight against the pandemic, but also its socio-economic impact: clarity on this fundamental distinction helps to dispel uncertainties and increase citizens' trust.

A problem that has arisen is that of the diversity of voices that have carried forward institutional communication at various levels. The institutions should have better coordinated their communication, motivating, where necessary, different measures according to the local contexts, in order to avoid an excess of discordance, which gave rise to confusion and disorientation.

It can be noted, however, that, despite the criticalities due to the difficulty of harmonizing the different levels (national, regional, municipal), our institutions have made a considerable effort to correctly inform citizens in real time with respect to the methods of contagion of the virus and the rules for preventing it. They have successfully tried to create a sense of belonging within a community, at a national and local level.

A transversal question: trust

Trust, an indispensable resource in the relationship between citizens and institutions, especially in times of crisis, such as pandemics²², is a resource that is nurtured and grows

²⁰ Addressing this problem also depends on digital platforms and media markets, through which information is structured and provided by the end consumers of that information. This ecosystem can be improved through various interventions, as indicated in the OECD working document. See OECD, *Governance Responses To Disinformation: How Open Government Principles Can Inform Policy Options*.

²¹ <https://www.oecd.org/gov/Recommendation-Open-Government-Approved-Council-141217.pdf>

²² A recent study, published in the *Lancet* journal, highlighted how a high level of interpersonal trust and trust in institutions has been a determining factor in the effectiveness of outbreak reduction policies in those nations that have been less severely affected by the pandemic. compared to neighbouring countries (this is the case, for example, in Vietnam and Denmark). In this sense - according to the authors of the article - the development of an effective preparedness action in view of possible future pandemics cannot ignore investments in the development of effective risk communication strategies, which strengthen the confidence of citizens in

in any relationship if it is bidirectional. This means that, in the case of the relationship between institutions and citizens, it is nurtured in the first place by the trust accorded to citizens by the institutions themselves. Institutional communication should therefore be as transparent as possible.

The pandemic is a complex matter, not only as regards the virus, its variants, the risk it entails, but also the behaviour of citizens, the repercussions on the economic and social system, as well as the relationship between the origin of the virus and the depletion of the planet's resources. This means that in order to be transparent, institutional communication cannot and must not trivialise, but rather, it must illustrate this complexity as such. In addition to complexity, institutional communication must take into account the uncertainty associated with scientific data and their interpretation and communicate it properly.

Even the choices made by the institutions need to be explained and motivated. Indeed, these are informed choices based on the scientific data available, but they then become relatively autonomous from them, having to take into consideration both the issue of health and many other social and economic factors. If the *rationale* of the measures is clearly illustrated and explained, it will be easier for citizens to understand and comply with these decisions.

Institutional communication of this kind cannot be improvised. Just as it is not possible to improvise scientific communication regarding the pandemic or mass media communication that acts as an intermediary for both. To tackle the possible crisis of public trust, which is a great risk for pandemic communication and is transversal to all three areas, it is necessary to reconstruct the path of mediation between those who inform and those who are informed²³, clarifying the competencies of those who provide the information, their responsibilities, the ethical principles and the deontological rules to which they must comply. Moreover, the 2021-2023 influenza pandemic preparedness plan²⁴ includes in its indications, a communication plan with a series of important references that go precisely in this direction.

Concluding reflections

1. It is important to enhance a "culture of communication" inspired by the "ethics of communication" and invest in respective competencies, in particular by promoting scientific training and the professionalization of all the actors operating in the field of communication. Furthermore, all the actors of pandemic institutional communication should be able to refer to ethical-deontological self-regulation codes and every effort should be made to enhance the specificity and role of institutional communication.

2. The audience of experts, that is, those who have useful competencies in relation to the pandemic, needs to be expanded since the pandemic is not just a health emergency, but it puts our entire social life at stake. The experts to be involved must necessarily also comprise those with *expertise* in field of humanities and social sciences.

government public health policies (See *Pandemic Preparedness and COVID-19: an Exploratory Analysis of Infection and Fatality Rates, and Contextual Factors Associated with Preparedness in 177 Countries, from Jan 1, 2020, to Sept 30, 2021*, in "The Lancet", February 01, 2022).

²³ Some research identifies a trend that is already underway that goes in the opposite direction to disintermediation, that is "a return to journalistic mediation: see the research conducted by Mario Morcellini on how to use the media (radio, TV, newspapers and online newspapers) a year and a half on from the pandemic (M. Morcellini, on Article UNO July 2021) and the study of the University of Naples Federico II, promoted by the National Council of the Order of Journalists, which, evaluating the traffic data on the main search engines in the first six months of the emergency, found an increase in the searches on Covid entered on the websites of the main newspapers (Quaderni Cnog, "I nuovi percorsi della notizia", 2020).

²⁴ Ministry of Health, National Strategic-Operational Plan for Preparation and Response to an Influenza Pandemic (Panflu) 2021-2023, https://www.salute.gov.it/imgs/C_17_pubblicazioni_3005_alnex.pdf.

3. To enhance citizens' understanding of information, it is important to promote better health literacy in a non-emergency period through institutional information campaigns, which means encouraging health education programs already present in schools and promoting them also for adults; it is equally necessary to implement education in science, its meaning within society, the understanding of its method. Furthermore, it is essential to develop in citizens of all ages the ability to discern between quality information and *fake news*, also through promoting the institutional accreditation of sites dedicated to the pandemic.

4. Greater attention is needed with respect to the multiplicity of the recipients of the communication. Communication must always be ethically inclusive and never exclusive and always capable of adapting to people's needs, especially the most vulnerable (people with disabilities, the elderly, minors, refugees, etc.).

5. Studies and research on how communication has developed locally and globally should be promoted to understand strengths and weaknesses and build effective models for possible future events.

6. It is essential to aim to inform society about the procedures to be followed: as they constitute real support in the relationship between citizens and health institutions.



Presidenza del Consiglio dei Ministri

Ufficio del Segretario Generale

Ufficio Studi e Rapporti Istituzionali



Italian Committee for Bioethics

Via della Mercede, 96 - 00187 Roma - Tel. +39.06.67794601

Email: cnbioetica@palazzochigi.it - bioetica.governo.it

Publication by the ICB Secretariat