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Health communication in times of uncertainty

EDITORIAL

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When the degree of risk is unknown and knowledge is deficient, public trust in the decision-makers is crucial. Trust is best created through transparent communication with those concerned.

Trust influences the decisions we make when faced with the unknown, by guiding us through the maze of information (1). According to the sociologist Anthony Giddens, it is the deficit in knowledge itself that gives rise to the need for trust (2). To put it bluntly, if we had complete knowledge, we would not require trust to make a decision. Trust is also a heuristic: a strategy to reduce complexity and make judgements quickly (1). Given that it is in the absence of knowledge that we most strongly rely on trust, who we place our trust in is no trifling matter.

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In a qualitative study by Sheikh et al. on vaccine hesitancy among immigrants during the COVID-19 pandemic, published in this edition of the Journal of the Norwegian Medical Association, participants reported a lack of evidence-based information about the COVID-19 vaccine (3). Lack of trust in the authorities was also described as a reason for not getting vaccinated. The study provides

valuable insight into a field with limited knowledge (4). Other studies support greater engagement of immigrants in the public discourse and in individual decision-making during pandemics (4).

Trust and distrust exist on a continuum from acceptance to rejection. In between these extremes we find 'critical trust', which reflects the idea that the public can trust institutions whilst simultaneously possessing a critical attitude towards them (5). Fjæran and Aven argue that this critical attitude towards the institutions represents a resource – it can stimulate debate and public engagement, and can create opportunities to learn more about the risk and to make more informed, balanced decisions (5). In the study by Sheikh et al., vaccine hesitancy among some participants was due to a fear of serious adverse effects, misinformation in social media and a lack of information on what is best for their own health (3). Such shortcomings should be addressed by providing information and creating debate and dialogue (5, 6). Several participants reported, however, that the media's and authorities' focus was on conveying positive information (3).

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Effective health communication should entail conveying the information that the target group needs to make decisions in order to protect themselves and others (6). Participants in the study by Sheikh et al. believed it was not necessary for them to be vaccinated because they were not taking medications and felt healthy. One of the key messages that needs to be conveyed in health communication during pandemics is the trade-off between risk for the individual versus risk for society (7). There is no definitive answer to when the individual's wishes should take precedence over society's need for herd immunity. Transparency about such complexities in the decision-making can strengthen trust in the authorities (1). If the population is to make informed decisions about vaccination, transparency is needed about the risk trade-offs at societal level, and opportunities for dialogue must be created when there is uncertainty about what is best for the individual.

Communicating basic pandemic knowledge is important, but not enough. Trust is also about value similarity. Trust in institutions entails relying on the decision-makers to act in our best interests (8). Underlying this social contract between citizens and public authorities is the assumption that the authorities know what is best for the public and what preferences people have (9).

Health communication therefore requires tailoring the information to a diverse range of individuals with different values and knowledge (4, 8). Our acknowledgement that values are shared with public institutions is shaped in everyday contact with everything from the Norwegian Labour and Welfare Administration (NAV) to our GP. Trust in institutions also influences people's trust in strangers (10), whereas there is no evidence of the opposite: a dispositional trait to mistrust strangers does not create distrust in institutions. It is the environment we live in that has the greatest influence.

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