

# COVID-19 dissensus in Australia

## Negotiating uncertainty in public health communication and media commentary on a pandemic

**Commentary:** The emergence of an epidemic or pandemic presents significant challenges for public health communication. The shifting and uncertain nature of an epidemic or pandemic necessitates a dynamic communication strategy. However, negotiating uncertainty and information gaps can be challenging for both government and media. This commentary focuses on two aspects of selected Australian media commentary on the COVID-19 pandemic: media commentators' negotiation of gaps in the available information about the pandemic and commentators' assessment of perceived initial inconsistency in the government's public health messaging. It analyses how a perceived inability to reconcile gaps in the expert advice can be interpreted by media commentators as an indication of public health communication failure.

**Keywords:** Australia, COVID-19, media commentary, New Zealand, pandemics, public health communication, health journalism; science

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ON 7 APRIL 2020, the Australian federal government released the details of the epidemiological modelling that had informed its approach to managing the spread of the novel coronavirus disease, COVID-19, caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), in Australia (Grattan, 2020). Reports noted that the epidemiological model used data from international contexts to map various scenarios and predict the likely progression of the spread of the disease in Australia with the introduction of targeted restrictions. Prior to the release of this information, a few media commentators had demanded that the government release the expert advice it had received so that it could be publicly scrutinised (Bowtell, 2020). The government's graded approach to restricting public movement and business activity had been criticised, but, after

the release of the modelling data, a few commentators affirmed the government's approach and highlighted its efficacy (Scott & Sas, 2020). This commentary focuses on two aspects of selected Australian media commentary on the COVID-19 pandemic: media commentators' negotiation of gaps in the available information about the emerging pandemic (specifically in the early phase of the pandemic), and commentators' assessment of perceived initial inconsistency in the government's public health messaging. These aspects relate to the critical importance of trust in coverage of health information (Furlan, 2012).

### **Media coverage of a pandemic plays a critical public awareness role**

Media coverage of a pandemic plays a critical role in how public awareness of the pandemic develops and how the community perceives government responses to the pandemic (Davis & Lohm, 2020; Dudo, Dahlstrom, & Brosard, 2007; Pieri, 2019; Yan, Tang, Gabriele, & Wu, 2016). The media's conceptualisation of scientific uncertainty during a pandemic can influence public perception of the government's containment efforts (Holland, Blood, Imison, Chapman, & Fogarty, 2012); 'responsible reporting on scientific uncertainty' serves to inform (rather than alarm) the public (Hilton & Hunt, 2011). Media coverage in Australia and New Zealand of an emerging pandemic with serious health-related, economic and social consequences can influence public health messaging in the wider region (Cullen, 2003, 2014). Research on Australian media coverage of previous pandemics suggests that the media generally tends to focus on disseminating scientific information on emerging threats, highlighting the potential seriousness of these threats while avoiding alarmist language (Fogarty et al., 2011; Holland & Blood, 2010; Holland et al., 2012). In Australia, amid saturation media coverage of the covid-19 pandemic in its early phase (ABC, 2020c), uncertainty about the possible trajectory of the spread of COVID-19 and the efficacy of government interventions shaped the tone of some media commentary on the government's public health messaging. Some criticisms of the government's public health messages demonstrated dissatisfaction about scientific uncertainty about COVID-19; some of these criticisms were made by commentators with experience of public health communication (Bowtell, 2020). Sociologists Mark Davis and Davina Lohm, writing about the 2009 H1N1 influenza pandemic in their book *Pandemics, Publics and Narrative* (2020), comment on the challenges involved in developing and engaging with 'narratives' about pandemics:

A central communication challenge [during] the 2009 pandemic was advising publics throughout the world to prepare themselves for a possible health catastrophe, but without inspiring panic and therefore jeopardising effective government. (Davis & Lohm, 2020)

This became a central challenge in the initial response to the COVID-19 pandemic in Australia (and other countries). As in the 2009 influenza pandemic, some commentators' reactions to the initial public health messaging in 2020 in Australia evinced dissatisfaction about a perceived lack of urgency and 'necessary' alarmism (Vasterman & Ruigrok, 2013) in the government's public health communications (Davis & Lohm, 2020).

Given the high level of transmissibility of the SARS-CoV-2 virus, media reporting on the emerging pandemic, from early on, highlighted the role of individual judgment and responsibility in containing the disease. Notions about individuals' responsibility to self-isolate and avoid contact with others if sick featured prominently in the early media coverage (McIlroy, 2020). These notions also shaped media commentary on politicians' judgment about matters relating to their personal conduct. Supposedly 'irresponsible' actions by politicians, in the early phases of the pandemic, were highlighted as evidence of their initially lackadaisical approach to the unfolding crisis, and, particularly, their lax approach to promoting 'social distancing' (AusGov, 2020) (in contrast to the stringent approaches to enforcing social distancing that were later adopted in Australia) (Worthington, 2020). These notions about individual acts of irresponsible (though seemingly unpremeditated and innocuous) conduct inflected analysis of government responses to the pandemic. For instance, before widespread COVID-19 cases were reported in the US, news coverage of a journalist's question during a White House press conference about whether US President Donald Trump's personal conduct at public events had been careless (the journalist noted, for example, that he had continued to shake hands publicly, and had chosen not to immediately take a diagnostic test after a meeting with a Brazilian delegation, some of whom had tested positive for SARS-CoV-2) became a part of wider critiques of the US government's perceived initial inaction (Haltiwanger, 2020). Similarly, in Australia, media reports highlighted perceived inconsistencies in Prime Minister Scott Morrison's approach to promoting social distancing to manage the spread of COVID-19. Reports highlighted an inconsistency between the government's notification of the cancellation of all events involving more than 500 people from March 16 and the Prime Minister's statement that he would continue to attend a football match on the weekend before this date as planned (Murphy, 2020a). The Prime Minister was criticised for making this statement, which was deemed irresponsible because it had the potential to confuse and mislead the public about the appropriateness of attending large public events (Murphy, 2020a). He ultimately chose to not attend the match in question, saying that his attendance would be 'misrepresented' (Murphy, 2020a).

On March 13, the Federal government instituted an emergency national cabinet comprising the Prime Minister and the Premiers of all the states and territories. The deliberations and decisions of this cabinet were supported by

the Australian Health Protection Principal Committee (AHPPC) (which includes the Chief Health Officers of all the states and territories, and is chaired by the Federal Chief Medical Officer). As the COVID-19 pandemic grew, this inter-governmental mechanism became the primary source of public health information for the media, with the Prime Minister and Chief Medical Officer jointly presenting regular national briefings to journalists. At the state level, the Premiers and Chief Health Officers presented local briefings. The epidemiological modelling that was released on April 7 was presented to and used by this body to develop its graded lockdown interventions (Worthington, 2020). The release of this data was a reaction to media commentary critical of the government's decision-making around its graded lockdown approach (Dalzell, 2020). The epidemiologists who produced the modelling supported the government's graded lockdown approach and noted that the government had developed its interventions in accordance with the expert advice (Scott & Sas, 2020). The following section highlights two examples of how media commentators, in the early phases of the spread of COVID-19 in Australia, negotiated gaps in the available information and how commentators' expectations regarding the still-inchoate information influenced criticism of the government's health advice.

Before the introduction of a graded nation-wide lockdown on March 22 and the release of the aforementioned epidemiological modelling data, a sense of dissatisfaction about the quality of the government's public health messaging began to emerge in some media commentary. Instances of commentary on talk shows broadcast by the Australian Broadcasting Corporation (ABC), for example, show that, even at a time when definitive information about the emerging pandemic was not yet available, commentators' expectations regarding the consistency and accuracy of information shaped critique of the government's incipient public health response. The ABC's *Insiders* programme on March 15 featured an interview with Federal Health Minister Greg Hunt and Chief Medical Officer Brendan Murphy, alongside a panel discussion, with invited journalists, focused on the latest developments in the news coverage of COVID-19 (ABC, 2020d). On March 13, Home Affairs Minister Peter Dutton's office announced that he had tested positive for COVID-19 (Murphy, 2020a). The panellists discussed whether Dutton may have been infectious at the time of a cabinet meeting he had attended three days before his diagnosis was confirmed and speculated about how he may have acquired the infection. Panellist Peter van Onselen, a journalist, highlighted a purported inconsistency between the WHO's advice and the Australian Department of Health's advice about how long a person remained infectious while speculating about whether Dutton may have been infectious at the time of the meeting. Hunt and Murphy were asked about this supposed inconsistency, and when Murphy argued that the emerging data was not definitive, Onselen noted that the exchange reflected a lack of precision in

the government's public health communication. The host of the show, David Speers, asked for definitive information about whether people could engage in a number of activities (for example, take public transport, go to a cinema or gym, and attend events). Speers insisted on definitive advice despite Murphy's comments that it was difficult to take a blanket approach to these issues in light of the available information, and that the pandemic in Australia had not yet reached a stage where quarantine measures of the kind then in place in China, Italy and France were necessary; Murphy encouraged people to exercise their judgment regarding these matters, taking into consideration factors such as whether the activity was essential, they were ill and had symptoms of infection, and they belonged to an at-risk demographic.

### **Inconsistency in federal and state advice**

Speers pointed to an inconsistency in federal and state advice about buying essentials in advance (Murphy recommended shopping for no more than a few days' provisions in advance, whereas the Chief Health Officer in the state of Victoria recommended that people buy two weeks' provisions in advance). This inconsistency was later highlighted by the media panellists as evidence of an overall lack of consistency in the public health messages that were then emerging from different official sources in Australia. Murphy contested this assessment, noting that there may have been differences in how different officials interpreted consensus-based information about the suitability of some degree of domestic preparation for at-home isolation, as well as differences in messages based on jurisdictional needs. The discussion among the media panellists that followed the interview with Hunt and Murphy focused on what were perceived as unresolved inconsistencies in the government's communication, particularly conflicting advice regarding the suitability of various activities at that stage of the pandemic. Media commentary published after this show re-emphasised these discussion points, reiterating criticism of the government's alleged failure to communicate appropriately (Brown, 2020).

On the March 16 edition of ABC's *Q&A*, a talk show in which invited panellists respond to curated questions from a live audience, William Bowtell, a policy adviser, accused another panellist, Federal Minister for Aged Care and Senior Australians Richard Colbeck, of spreading misinformation (ABC, 2020d). Colbeck responded to a question about efforts to protect the health of older Australians, particularly residents of aged care homes, by noting that the available epidemiological information and health advice indicated that older people were at greater risk of becoming ill. Bowtell questioned Colbeck about the accuracy of this information, suggesting that he was misinformed and, crucially, spreading misinformation. Bowtell stated that current information on the situation in New South Wales indicated that most of those who had tested positive for SARS-CoV-2

were under 60. Colbeck replied that the advice that his ministry had received was that older people were at greater risk of dying from the disease, and that his ministry had undertaken efforts to ensure that aged care homes were prepared for quarantine measures and other interventions in accordance with this advice. Bowtell insisted that this was emblematic of the government's misinformed approach. He argued that Colbeck had relied on lazy assumptions and demanded that he publish the advice that he had received for public verification. Bowtell later published a commentary that reiterated these criticisms, claiming: 'Our politicians are not fit to oversee the coronavirus response. It's time they got out of the way.' (Bowtell, 2020)

The above examples reflect a mismatch between commentators' expectations regarding the robustness and accuracy of information about the unfolding pandemic and the inherent limitations of this information. It can be argued that commentators' expectations may be unrealistic in view of these limitations (and competing considerations in government decision-making), leading to necessary public health messages, such as those highlighting the vulnerability of older people and the need for restrictions on access to aged care homes, still being criticised. In relation to the latter example, whereas the published epidemiological information indicated that older people were at greater risk of dying from COVID-19 (Bedford et al., 2020), and Colbeck's comments on the ABC could only be considered appropriate given this (then emerging and inchoate) information, an alleged inconsistency in the advice was interpreted as evidence of government-promoted 'misinformation' (Bowtell, 2020).

Announcements about graded closures of business activity and public movement (starting on March 22) by the government were criticised for being inconsistent and difficult to grasp (Brown, 2020; Murphy, 2020b; Soden, 2020). For example, media commentators perceived an initial refusal to close schools and child-care facilities as inconsistent with broader efforts to limit people's movement and exposure to infection (Hunter, 2020). The public health messaging and the decision-making processes underpinning it were deemed by media commentators to be inconsistent, in large part because they perceived the graded lockdown process and the absence of easily understood guidance as unsuitable for the circumstances (Murphy, 2020b; Wilkinson, 2020). Interestingly, after the government-commissioned epidemiological modelling data were released to the media on April 7, a few media reports and commentaries affirmed the government's graded approach (Doherty, 2020; Grattan, 2020; Scott & Sas, 2020).

The political ramifications of public health messaging during an epidemic or pandemic can be significant. Based on the examples of media commentary cited here, there are two issues that need to be discussed. The first relates to consistency of the message. Government representatives undertaking media engagement need to account for expectations of consistency in the message.

Media commentaries highlighting perceived inconsistencies, even in the absence of definitive information, demonstrate that an expectation of consistency will be a primary determinant of how public health information is received by the media. This expectation should inform government decision-making about its public health messaging, and, even in the absence of definitive information, consistency in governments' messages across jurisdictions should be prioritised. Examples of inconsistency may be perceived by media commentators as indications of government mismanagement (Murphy, 2020b). Where the public health advice is inconsistent, or where a graded or differential approach is required, the relevant information pertaining to the substance of this advice should be disclosed to provide justification for the perceived inconsistency or differential approach. This will enable an appropriate acknowledgement of the factors that have shaped the public health message.

The second issue that should be highlighted is a lack of acknowledgement of the limitations of the information or advice that may be available to the government at any given point during an epidemic or pandemic. Journalists and commentators with greater experience of reporting on epidemics and other public health emergencies will likely demonstrate more of an appreciation of these limitations. While it is expected that the media will scrutinise the adequacy of government efforts to manage a pandemic, it is questionable whether highlighting dissensus on official health advice based on incomplete information or inchoate expert advice is conducive to better public health messaging. The media's reporting of gaps in the emerging information on specific aspects of an epidemic or pandemic (for example, information about the apparent risk profile for specific demographics) may serve to educate the public. However, when the incompleteness of this information is used to cast doubt on official health advice, the effect on public health efforts may be deleterious. Conflicting perspectives on the 'correctness' of health advice (without adequate acknowledgement of the limitations of the available information) can undermine public health messaging during an epidemic or pandemic, possibly leading to mistrust of health advice from the government (*Economist*, 2020). This was the message that the Public Health Association of Australia (PHAA) sought to promote when it wrote to its members asking them not to criticise the efforts of the AHPPC and the public health professionals advising it on the COVID-19 pandemic through media commentary. It argued that using media appearances to challenge, undermine or generate uncertainty around the advice provided by the committee would 'increase confusion and anxiety' (Baum & Laris, 2020). Some members criticised this advice, to which the PHAA replied:

It was not our intention to stop or stifle evidence-informed debate . . . At a time of significant confusion and anxiety, our intention was to reinforce the best available public health advice—[that of] the Australian Health

Protection Principal Committee. We remain of the view that this is currently the best available structure to lead the response to this crisis and advise government. (Sweet, 2020)

## **Conclusion**

The emergence of an epidemic or pandemic caused by a novel pathogen necessitates significant public health communication from governments and there are numerous challenges involved in both developing and engaging with media coverage of the epidemic or pandemic (Davis & Lohm, 2020; Dudo et al., 2007; Pieri, 2019; Vasterman & Ruigrok, 2013). This commentary notes that the level of consistency of the public health information that is provided by government is a critical factor that shapes reception of public health advice (Yan et al., 2016). Both government representatives and media commentators face significant challenges in negotiating critical gaps in the available information, and need to account for public expectations regarding the consistency of advice (Dudo et al., 2007). A more sophisticated approach to negotiating gaps in the emerging information and communicating uncertainties and a coordinated approach to disseminating critical information—particularly information about interventions such as lockdowns—is required. The news media serves a critical function in disseminating public health information. Media coverage of significant health events (particularly pandemics) in Australia and New Zealand can have wider ramifications in the region (Cullen, 2003, 2014). In New Zealand, the government was lauded for the clarity of its public health messages and broader public health strategy (Richter, 2020). Public broadcasters particularly play a key role in shaping how the government's public health advice is received. The success of special broadcasts or resources developed on COVID-19, such as the ABC's *Coronacast* podcast programme (ABC, 2020a), demonstrates that there is a high level of public interest in media content on health emergencies (2020b). Media commentary on the validity of government advice, which will necessarily and inevitably evolve in response to changing circumstances, should explicitly acknowledge the limitations within which such advice is developed and proffered. Media commentators' demands for definitive information and stringent recommendations during an epidemic or pandemic may be justified. However, an acknowledgment of the limitations of the information that may be available through the vicissitudes of an epidemic or pandemic caused by a novel pathogen would be appropriate and help contextualise key public health messages.



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