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A bioethical review of public health communication policies through equity lens: Gaps, harms and opportunities for reform

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Abstract

Public health communication plays a critical role in shaping health behaviors, public trust, and policy effectiveness, yet ethical and equity considerations remain inconsistently integrated into communication practice. This study conducts a systematic review of public health communication policies through a bioethical equity lens, examining how contemporary communication strategies align with core principles of autonomy, beneficence, non-maleficence, and justice. Synthesizing 24 peer-reviewed sources published between 2015 and 2025 across bioethics, public health, and communication studies, the review identifies persistent gaps between normative ethical frameworks and real-world implementation. Findings indicate that non-transparent and overly persuasive messaging practices are widespread and often undermine trust, particularly among marginalized populations. Communication strategies frequently fail to account for structural inequities, resulting in unequal access to information, cultural and linguistic exclusion, and unintended harms such as stigmatization and blame. The review further highlights how digital communication technologies, while expanding reach, introduce new ethical risks related to manipulation, surveillance, and differential access. Although emerging equity-oriented frameworks and participatory models offer promising pathways for reform, empirical evidence of their implementation and effectiveness remains limited. The study concludes that technical improvements in messaging are insufficient without deeper institutional commitment to transparency, accountability, and community partnership. Advancing equitable public health outcomes requires reimagining communication as an ethical and justice-centered practice rather than a solely instrumental tool for behavior change.

Keywords: Public Health Communication; Bioethics; Health Equity; Transparency; Health Inequities

1. Introduction

Public health communication is the primary conduit through which health information, behavioral guidance, and policy interventions reach populations, shaping health outcomes across diverse social contexts (Ishizumi et al., 2024). Over time, ethical frameworks guiding these communication practices have shifted away from paternalistic models toward approaches grounded in autonomy, transparency, and meaningful community engagement (Abbasi et al., 2018). Yet the COVID-19 pandemic exposed serious weaknesses in prevailing communication paradigms, demonstrating how poorly designed messaging can deepen health inequities, undermine public trust, and fail to reach marginalized populations (Githinji et al., 2024).

As public health increasingly relies on digital platforms, the ethical stakes of communication have intensified. While digital tools allow for more targeted outreach, they also raise concerns about manipulation, non-transparency, and uneven impacts across social groups (Susser, 2020). Scholars have documented persistent tensions between persuasive public health objectives and ethical commitments to honesty, noting that strategic forms of non-honesty in messaging can compromise respect for autonomy and informed decision-making (Brown and de Barra, 2023). These concerns are

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not abstract: evidence shows that ethical failures in communication disproportionately harm communities already facing structural disadvantage, reinforcing existing inequities rather than alleviating them (Torrorey-Sawe, 2025).

Within global bioethics discourse, health equity has emerged as a central concern, reframing communication ethics as a matter of justice rather than technique alone. Equity-oriented frameworks emphasize that ethical public health practice must engage with social and structural determinants of health, ensuring that communication policies do not reproduce patterns of exclusion tied to language, culture, or socioeconomic status (Saadati, 2025). This shift has prompted calls to move beyond abstract ethical principles and embed values such as justice, solidarity, and transparency directly into communication policy and practice (Abbasi et al., 2018). At the same time, scholars caution that even well-intentioned equity initiatives can generate unintended harms, including stigmatization or misrepresentation, a tension Pauly et al. (2021) describe as the "health equity curse."

Despite growing scholarly attention, important gaps remain. Existing literature offers limited empirical insight into how ethical and equity-focused communication frameworks are implemented in practice or whether they meaningfully reduce disparities. The ethical implications of digitally targeted public health interventions, in particular, remain underexamined, even as such strategies become central to contemporary health governance (Susser, 2020). Notably absent is a systematic synthesis of how bioethical principles can be operationalized within communication policies to prevent harm while promoting equitable outcomes across diverse populations.

This study addresses these gaps by examining public health communication policies through a bioethical lens, with particular attention to their equity implications. It assesses how contemporary communication practices align with, or diverge from, core bioethical principles, autonomy, beneficence, non-maleficence, and justice, and how these practices differentially affect population groups. By identifying ethical blind spots, documenting potential harms, and outlining pathways for reform, this research contributes to the emerging field of equity-focused bioethics. Its findings offer practical relevance for public health institutions seeking to balance persuasive effectiveness with ethical responsibility and provide policy-relevant insights for health authorities and international organizations working to reform communication strategies in the aftermath of COVID-19 and in preparation for future public health crises.

2. Methodology

2.1. Research Design

This study employs a systematic review methodology to examine the bioethical dimensions of public health communication policies through an equity lens. The systematic review approach is particularly appropriate for this research as it enables comprehensive identification, critical appraisal, and synthesis of existing scholarly literature across multiple disciplines including bioethics, public health, communication studies, and health equity research.

2.2. Data Sources and Search Strategy

The data collection process for this systematic review utilized multiple academic databases to ensure comprehensive coverage of relevant literature. Primary databases searched included PubMed, Web of Science, Scopus and Google Scholar as a supplementary source to identify grey literature.

The search strategy employed a combination of Boolean operators connecting relevant keywords across three primary conceptual domains. The first domain encompassed public health communication terms including "public health communication," "health messaging," "risk communication," "health promotion,". The second domain focused on bioethical concepts using terms such as "bioethics," "health equity," "ethical frameworks," "transparency," "autonomy," "justice," and "health disparities." The third domain addressed population and policy dimensions through keywords including "underserved populations," "marginalized communities," "vulnerable populations," "health policy," "communication policy," and "health inequities."

2.3. Inclusion and Exclusion Criteria

Studies were included in this systematic review if they met specific criteria related to timeframe, relevance, publication type, and methodological rigor. The temporal scope was limited to publications from 2015 to 2025, a ten-year period capturing both pre-pandemic scholarship on public health communication ethics and the substantial body of work generated in response to COVID-19, which fundamentally reshaped discourse in this field.

Included studies were required to explicitly address ethical dimensions of public health communication, with particular emphasis on equity implications, vulnerable populations, transparency, trust, or justice considerations. Both empirical

research and theoretical/conceptual papers were included to ensure a comprehensive understanding of both practical applications and normative frameworks. Publications were limited to peer-reviewed journal articles, book chapters in academic presses, and reports from established public health organizations to ensure scholarly rigor.

Studies were excluded if they focused solely on clinical communication without public health implications, addressed health communication in commercial or marketing contexts unrelated to public health goals, or lacked explicit discussion of ethical dimensions or equity considerations. Publications not available in English were also excluded.

2.4. Data Analysis

The analytical approach employed narrative synthesis, a method particularly suited for integrating diverse types of studies such as qualitative, quantitative, and theoretical literature. A total of 24 studies met the inclusion criteria and were included in the final analysis. Extracted data from included studies were systematically coded and organized into thematic categories aligned with the research objectives. Within each thematic category, studies were further analyzed to identify convergent findings, contradictions, gaps in evidence, and emerging consensus regarding best practices.

2.5. Ethical Considerations

The systematic review methodology itself reflects ethical commitment to transparency and reproducibility, ensuring that findings can be verified and built upon by other researchers. Care was taken to accurately represent the findings and arguments of reviewed studies, avoiding selective reporting that could distort the evidence base.

2.6. Limitations of the Study

Several limitations constrain the scope and generalizability of this systematic review. The restriction to English-language publications introduces potential linguistic and cultural bias, possibly excluding important perspectives from non-English-speaking contexts where communication equity challenges may manifest differently. The ten-year timeframe, while capturing recent developments, may miss foundational historical work that shaped current ethical frameworks in public health communication. Additionally, the predominance of literature from high-income countries, particularly North America and Europe, in academic databases may limit transferability of findings to low- and middle-income settings where resource constraints and cultural contexts differ substantially.

3. Key Findings and Discussions

3.1. Evolution of Ethical Frameworks in Public Health Communication

Ethical frameworks governing public health communication have undergone significant transformation over the past decade, reflecting growing recognition that traditional paternalistic approaches are insufficient for addressing contemporary challenges. A comprehensive analysis of moral values and norms embedded in public health policy reveals a gradual shift from frameworks emphasizing beneficence and public good toward models that balance collective welfare with individual autonomy and justice considerations (Abbasi et al., 2018). This evolution has been particularly accelerated by the COVID-19 pandemic, which exposed fundamental inadequacies in existing ethical frameworks when applied to crisis communication contexts characterized by uncertainty, rapidly changing evidence, and heightened public scrutiny (Saleh et al., 2021).

Contemporary frameworks increasingly recognize that ethical public health communication must address multiple, sometimes competing, moral imperatives. Pandemic messaging revealed profound tensions between the imperative to motivate protective behaviors and the obligation to respect autonomy through transparent communication about uncertainty and evolving knowledge (Ho and Huang, 2021). Many public health institutions defaulted to simplified, directive messaging that prioritized compliance over informed decision-making, raising fundamental questions about whether such approaches adequately respect citizens as autonomous agents. Ethical communication during crises requires explicit acknowledgment of uncertainty, scarcity, and the limits of available evidence, rather than presenting false certainty that may enhance short-term compliance but ultimately erodes trust (Lowe et al., 2022).

Consensus has emerged around several core ethical principles that should guide public health communication: transparency about evidence quality and limitations, respect for autonomy through provision of information necessary for informed decision-making, justice considerations ensuring equitable access to information across diverse populations, and proportionality in balancing individual freedoms with collective welfare (Aliyu, 2021). However, significant gaps remain in operationalizing these principles within actual communication practice, with many frameworks remaining aspirational rather than providing concrete guidance for practitioners navigating complex

ethical dilemmas (Guttman, 2017). While normative consensus is emerging regarding what ethical communication should entail, substantial work remains to translate these principles into implementable policies and practices that can guide health communicators in real-world contexts.

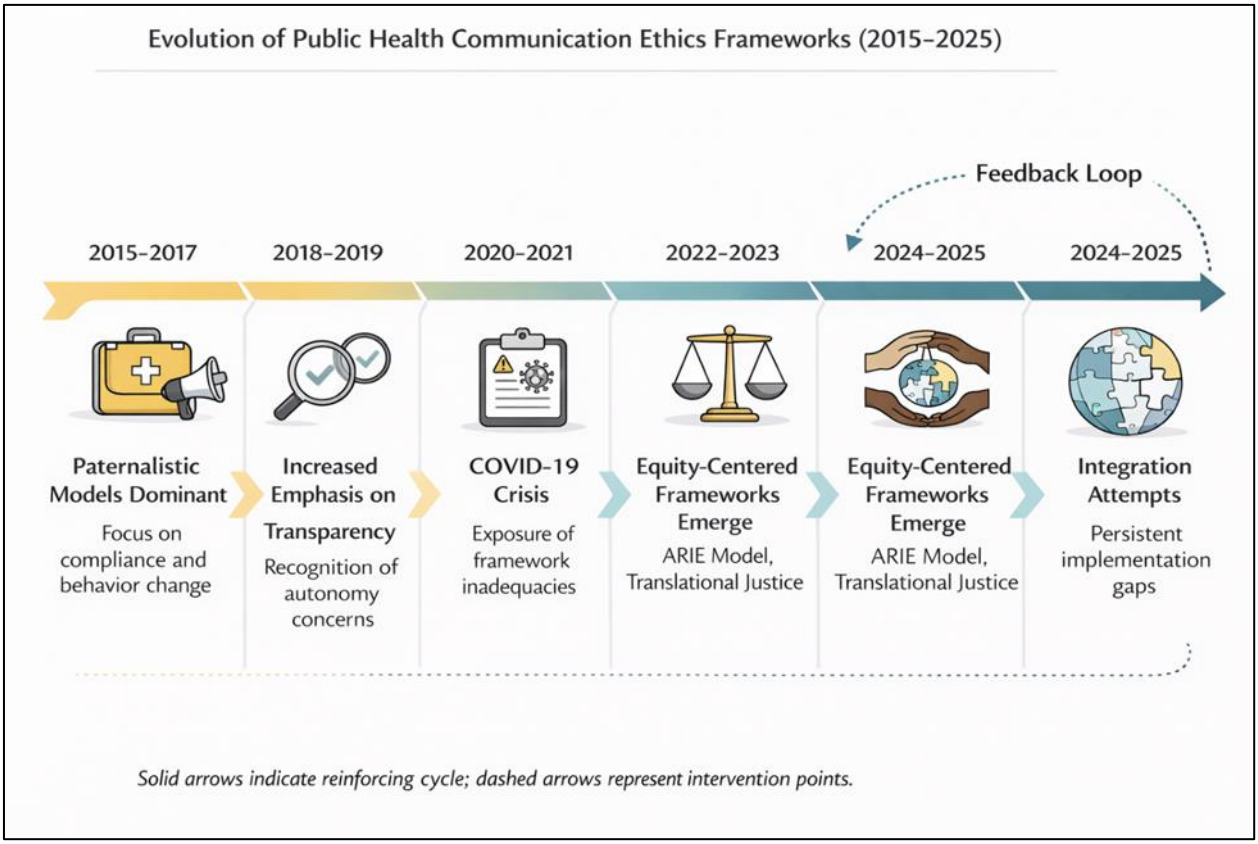

Figure 1 Evolution of Public Health Communication Ethics Frameworks (2015-2025)

3.2. Transparency and Honesty Practices in Health Messaging

Persistent problems with transparency and honesty in public health communication represent one of the most striking findings from the reviewed literature. Multiple forms of non-honesty have been identified in public health messaging, including selective presentation of evidence, framing that misleads about probability or magnitude of risks, omission of relevant information, and exaggeration of message certainty (Brown and de Barra, 2023). These practices are often rationalized as necessary to achieve behavior change goals, reflecting deep-seated tensions between persuasive effectiveness and ethical integrity that pervade the field.

The table adapts the taxonomy of Brown and de Barra (2023) to illustrate the spectrum of transparency violations and their equity implications.

Table 1 Non-Honesty in Public Health Communication and Equity Impacts

Type	Definition	Example	Primary Ethical Violation	Disproportionate Impact on Marginalized Groups
Explicit Lies	Deliberately false statements	Claiming a treatment is 100% effective when evidence shows 70%	Autonomy, Trust	Severe - compounds historical medical betrayal
Deceptive Framing	Creating false impressions without lying	Presenting relative risk reduction without absolute numbers	Informed Consent	High - exploits lower health literacy
Strategic Omission	Withholding relevant information	Not disclosing uncertainty about evolving recommendations	Transparency	High - limits ability to assess credibility
Manipulative Design	Exploiting cognitive biases	Using fear appeals without balanced risk information	Non-maleficence	Moderate - affects those with less access to alternative information
Oversimplification	Removing nuance that affects decisions	"Vaccines are completely safe" vs. explaining risk-benefit	Respect for Intelligence	Moderate - patronizing to all, especially educated communities

The consequences of non-transparent communication have been empirically demonstrated, particularly in the context of vaccine hesitancy. Nontransparent health communication during COVID-19 significantly worsened vaccine-hesitant individuals' perceptions of vaccines, demonstrating that lack of transparency can backfire by reinforcing distrust rather than building confidence (Wegwarth et al., 2024). This finding challenges the assumption that simplified, selectively positive messaging is most effective, suggesting instead that transparency about uncertainties, limitations, and risks may better serve long-term public health goals by building authentic trust. Public health communication should adopt more transparent practices as both an ethical obligation and a strategic necessity, recognizing that citizens increasingly have access to diverse information sources that expose inconsistencies in official messaging (de Barra and Brown, 2023).

The tension between persuasion and honesty represents a fundamental ethical challenge in the field. Persuasive techniques in public health communication raise serious questions about whether approaches designed to bypass rational deliberation are compatible with respect for autonomy (Rossi and Yudell, 2012). While persuasion may be justified in some circumstances, public health institutions should adopt a presumption in favor of transparent, informative communication that enables autonomous decision-making rather than defaulting to manipulative or deceptive strategies. Various health promotion techniques raise distinct ethical concerns depending on context, target population, and stakes involved (Guttman, 2017).

Important distinctions exist in debates about transparency. Complete transparency about all uncertainties and conflicting evidence may overwhelm audiences and impede effective decision-making, suggesting need for balanced approaches that communicate essential information clearly while acknowledging limitations (Porat et al., 2020). Effective risk communication requires calibrating the level of detail and uncertainty communication to audience capacity and context, rather than applying a one-size-fits-all approach (Warren and Lofstedt, 2022). Nevertheless, the preponderance of evidence suggests that public health communication has erred too far toward non-transparency, and that substantial reform is needed to align practices with ethical obligations and evidence regarding trust-building (Wegwarth et al., 2024).

3.3. Equity Implications of Communication Strategies Across Diverse Populations

Equity considerations have been inadequately integrated into public health communication policies, with substantial evidence that standard approaches often fail to reach or effectively serve diverse populations. COVID-19 health communication frequently failed to reach underserved communities, with multiple barriers identified including linguistic inaccessibility, cultural inappropriateness, limited digital access, and failure to utilize trusted community channels (Githinji et al., 2024). Sustainable pathways to improving health information access require fundamental redesign of communication systems rather than superficial adaptations of mainstream messaging.

Culturally diverse populations experience significant gaps in access to appropriate pandemic information, despite being at heightened risk. Standard institutional communication channels fail to penetrate immigrant communities, necessitating social listening approaches and partnership with community organizations to ensure information reaches those who need it most (Lohiniva et al., 2022). This pattern of communication failure disproportionately affecting marginalized populations represents a profound equity concern, as inadequate information access compounds existing health vulnerabilities and perpetuates disparities in health outcomes (Makut and Djokoto, 2025).

The mechanisms through which communication policies perpetuate inequities are multifaceted. Equity promotion efforts can inadvertently create new harms through stigmatization, reinforcement of deficit narratives about marginalized communities, or failure to address structural determinants of health inequity (Pauly et al., 2021). Communication campaigns focused on individual behavior change among disadvantaged populations may implicitly blame these communities for health problems rooted in systemic inequities, thereby compounding injustice rather than addressing it. This underscores the importance of examining not just whether communication reaches diverse populations, but whether the messages themselves embody equitable framing and assumptions about agency, responsibility, and structural constraints.

Policy strategies for reducing health disparities emphasize that communication approaches must be fundamentally reimagined through an equity lens (Saadati, 2025). This includes ensuring meaningful community participation in message development, utilizing culturally and linguistically appropriate channels, addressing social determinants alongside individual behaviors, and evaluating communication initiatives specifically for their equity impacts across population subgroups. Equity cannot be an afterthought added to existing communication strategies but must be foundational to how public health institutions conceptualize and implement their communication missions (Torrorey-Sawe, 2025).

Digital communication technologies present particular equity challenges and opportunities. While digitally targeted public health interventions enable unprecedented personalization, they also risk creating new forms of discrimination, surveillance, and differential access (Susser, 2020). Populations lacking digital literacy or internet access may be systematically excluded from information delivered through digital channels, while those with access may face manipulative targeting techniques that raise autonomy concerns. Equity-conscious communication policy must carefully evaluate how technological innovations affect different populations rather than assuming that digital approaches universally improve reach or effectiveness.

The table below synthesizes findings across studies to show how communication policies can either reproduce or disrupt patterns of health inequity.

Table 2 Summary of how communication policies can either reproduce or disrupt patterns of health inequity

Mechanism Category	Disparity-Producing Practices	Solutions to advance Equity	Evidence Source
Design Assumptions	Assuming middle-class, educated, digitally-connected audiences	Co-designing messages with diverse communities; multiple format/channel strategies	Githinji et al. (2024); Saadati (2025)
Linguistic Access	Translation-only approaches that don't account for cultural context	Culturally adapted messaging developed by community members	Lohiniva et al. (2022)
Channel Selection	Over-reliance on digital platforms	Multi-channel approaches including trusted community intermediaries	Githinji et al. (2024)
Literacy Demands	Complex medical terminology and high reading level requirements	Plain language, visual communication, narrative approaches	Githinji et al. (2024)
Trust Building	One-way information dissemination	Ongoing dialogue; acknowledging historical harms	Ho and Huang (2021)
Representation	Messages featuring only certain demographic groups	Authentic representation of diverse communities	Schwartz and Maurice (2022)
Targeting Ethics	Algorithmic targeting that reinforces bias	Equity-audited targeting with community oversight	Susser (2020)

3.4. Trust and Credibility Issues Particularly Among Marginalized Communities

Trust emerges as a central concern throughout the reviewed literature, with evidence indicating that public health institutions face significant credibility challenges, particularly among communities with historical experiences of medical exploitation or systemic marginalization. The COVID-19 pandemic both exposed and exacerbated these trust deficits, with consequences for vaccine uptake, adherence to public health recommendations, and willingness to engage with institutional health information sources (Wegwarth et al., 2024).

Social media became a primary site of health misinformation and disinformation during the pandemic, with these alternative information sources often filling trust gaps left by official communication that communities perceived as inadequate, contradictory, or unresponsive to their concerns (Adebesin et al., 2023). Marginalized communities were disproportionately affected by health misinformation, partly because public health institutions had not established credible, trusted communication relationships with these populations prior to the crisis. This finding suggests that trust-building must be an ongoing institutional priority rather than something attempted in crisis moments.

The relationship between transparency and trust is complex but critical. Transparent acknowledgment of uncertainty, scarcity, and limitations in public health knowledge can actually enhance trust by demonstrating institutional integrity and respect for public intelligence (Lowe et al., 2022). This challenges the assumption that confident, simplified messaging builds trust, suggesting instead that such approaches may be perceived as patronizing or manipulative by audiences aware of complexity and uncertainty. Honest communication about trade-offs, evidence limitations, and value judgments underlying policy recommendations represents essential components of ethical messaging that respects audience intelligence (Ho and Huang, 2021).

However, structural factors impede trust-building regardless of message content or transparency. Communities with historical experiences of discrimination in healthcare systems, environmental racism, or exploitation in medical research bring justified skepticism to institutional health communication that cannot be overcome through messaging alone (Viaña et al., 2025). Gender-based health inequities reflect and reinforce broader patterns of social marginalization, with implications for how different populations evaluate the credibility of health information sources (Schwartz and Maurice, 2022). Trust-building requires institutional accountability, meaningful community participation in decision-making, and demonstrable commitment to addressing structural inequities—not merely improved communication techniques (Makut and Aryee, 2025a)

Effective risk communication must enhance psychological needs including autonomy, competence, and relatedness to promote sustainable behavior change (Porat et al., 2020). Trust develops when communication respects audience autonomy through transparent information provision, supports competence through clear guidance and resources, and builds relatedness through empathetic, responsive engagement. This reframes trust not as something earned through persuasive messaging but as an outcome of communication relationships characterized by respect, transparency, and genuine responsiveness to community needs and concerns.

The figure below illustrates the cyclical relationship between trust deficits, communication effectiveness, health outcomes, and further erosion of trust.

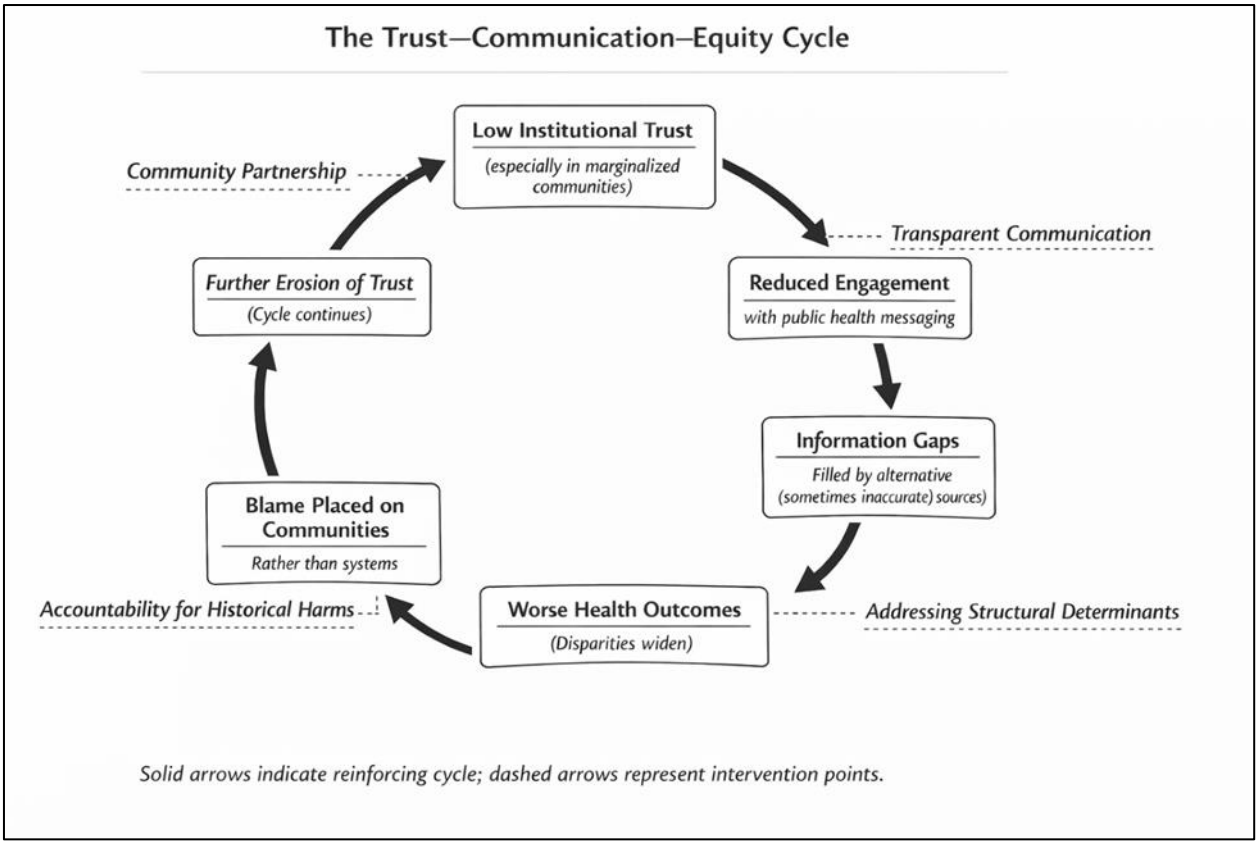

Figure 2 The Trust-Communication-Equity Cycle

3.5. Innovative Approaches to Equity-Oriented Communication

Several innovative frameworks and approaches are emerging to address equity deficits in public health communication. These frameworks represent significant advances in operationalizing equity principles within communication practice, though evidence regarding their implementation and effectiveness remains limited.

The ARIE framework, formed by critical race theory and critical gerontology, offers a comprehensive approach to ensuring health equity in public health interventions (Geneviève et al., 2025). ARIE emphasizes four key dimensions: addressing power asymmetries between institutions and communities, recognizing intersectionality in how multiple forms of marginalization compound health vulnerabilities, incorporating experiential knowledge from affected communities alongside professional expertise, and ensuring accountability through ongoing evaluation of equity outcomes. This framework represents a fundamental reconceptualization of communication development as a participatory process that centers community voice rather than treating populations as passive message recipients.

The concept of translational justice argues that equity in healthcare requires not only equal access but also fair processes of knowledge translation and communication (Allyse et al., 2025). Scientific knowledge must be translated in ways that respect diverse epistemologies, communication preferences, and cultural contexts, rather than assuming a single best approach to conveying health information. Translational justice requires examining power dynamics in how research findings are communicated, ensuring that marginalized communities have agency in determining how health information reaches and serves them, and addressing structural barriers to information access.

Translational justice principles have been specifically applied to COVID-19 vaccination communication, demonstrating how bioethics and science communication insights can be integrated to promote critical consciousness and global health equity (Viaña et al., 2025). This approach emphasizes building critical awareness of structural factors affecting health inequities, fostering dialogue that acknowledges legitimate concerns and questions from communities, and supporting empowerment rather than mere compliance. This represents a significant departure from traditional health communication approaches focused primarily on message delivery and behavior change.

Moving beyond narrow focus on misinformation toward a comprehensive public health prevention framework for managing information ecosystems represents another important innovation (Ishizumi et al., 2024). Information environments shape health outcomes through multiple pathways, requiring multifaceted interventions that address not only false information but also issues of access, trust, literacy, and institutional responsiveness. This ecosystem approach suggests that equity in communication requires attention to the full range of factors determining whether and how health information reaches and serves diverse populations (Makut and Aryee, 2025b). Despite these promising innovations, significant gaps exist between framework development and implementation evidence. While conceptual models offer compelling visions for equity-oriented communication, empirical studies documenting their application in practice, challenges encountered during implementation, and outcomes achieved remain sparse. This represents a critical research gap requiring urgent attention to translate normative frameworks into actionable guidance for public health practitioners and policymakers.

Summary of Findings

This systematic review of public health communication through a bioethical equity lens reveals significant misalignment between ethical principles, equity commitments, and actual communication practices.

Key findings cluster around five interconnected themes. First, ethical frameworks have evolved to emphasize transparency, autonomy, and justice, but substantial gaps remain in operationalizing these principles within communication practice. Second, non-transparent and sometimes dishonest communication remains widespread, with documented consequences including eroded trust and worsened vaccine hesitancy. Third, standard communication approaches systematically fail to reach or effectively serve marginalized populations, perpetuating health inequities through information access gaps. Also, trust deficits, particularly among historically marginalized communities, represent fundamental barriers that cannot be overcome through improved messaging alone but require institutional accountability and structural change. Finally, innovative equity-oriented frameworks offer promising directions for reform, though implementation evidence remains limited. Collectively, these findings underscore the need for comprehensive reform of public health communication policies to align practices with bioethical principles and equity commitments, moving beyond technical improvements in message design toward fundamental transformation of how institutions conceptualize and conduct their communication missions.

Recommendations

Public health institutions must reform the way communication is designed by embedding transparency and community participation as core institutional requirements rather than discretionary practices. Transparent communication requires routine acknowledgment of uncertainty, evidentiary limits, and the value judgments that shape policy recommendations. Communication policies should therefore require explicit disclosure of what is known, what remains uncertain, and how decisions are made under conditions of incomplete or contested evidence. Moving away from simplified and overly confident messaging is essential, as such approaches often undermine trust when guidance evolves in response to new information.

Achieving equitable public health communication requires abandoning one-size-fits-all strategies in favor of multi-channel information ecosystems designed to reach diverse populations effectively. This approach demands sustained investment in culturally and linguistically appropriate communication pathways, developed in partnership with trusted community organizations, ethnic media, faith-based institutions, and informal social networks that already command credibility among marginalized groups. Equity cannot be treated as a downstream task of translating dominant messages; communication systems must be designed from the outset to reflect the realities, preferences, and information needs of different communities.

4. Conclusion

The path forward for public health communication demands nothing less than ethical transformation that involves moving from communication practices rooted in paternalism and persuasion toward approaches grounded in transparency, respect for autonomy, and authentic partnership with diverse communities. This review establishes that technical refinements to messaging strategies cannot substitute for fundamental institutional commitment to justice, recognizing that communication equity is inseparable from broader struggles against structural health inequities. The frameworks, evidence, and pathways identified here provide both moral imperative and practical guidance for reform, yet their realization depends upon institutional courage to prioritize ethical integrity and community trust over short-term compliance goals. Ultimately, the credibility and effectiveness of public health as a field rests upon whether

communication practices honor the dignity, intelligence, and agency of all people, particularly those whom existing systems have most consistently failed.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

References

[1] Abbasi, M., Majdzadeh, R., Zali, A., Karimi, A., and Akrami, F. (2018). The evolution of public health ethics frameworks: systematic review of moral values and norms in public health policy. Medicine, Health Care and Philosophy, 21(3), 387-402.

[2] Adebesin, F., Smuts, H., Mawela, T., Maramba, G., and Hattingh, M. (2023). The role of social media in health misinformation and disinformation during the COVID-19 pandemic: bibliometric analysis. JMIR infodemiology, 3(1), e48620.

[3] Aliyu, A. A. (2021). Public health ethics and the COVID-19 pandemic. Annals of African medicine, 20(3), 157-163.

[4] Allyse, M. A., P. Agam, Y. Bombard, R. Feys, M. Horstmann, A. Kokayi, R. Isasi, K. M. Meagher, M. Michie, K. Musunuru, et al. 2025. Building better medicine: Translational justice and the quest for equity in US healthcare. The American Journal of Bioethics 25 (6):11–25. doi:10.1080/15265161.2025.2457713.

[5] Brown, R. C., and de Barra, M. (2023). A taxonomy of non-honesty in public health communication. Public Health Ethics, 16(1), 86-101.

[6] de Barra, M., and Brown, R. C. (2023). Public-health communication should be more transparent. Nature Human Behaviour, 7(5), 662-664.

[7] Geneviève, L. D., T. Wangmo, H. Seaward, M. A. Bouchlaghem, S. Blacker, and F. Pageau. 2025. ARIE: A health equity framework for public health interventions informed by critical race theory and critical gerontology. The American Journal of Bioethics 25 (6):95–110. doi:10.1080/15265161.2024.2433419.

[8] Githinji, P., MacMillan Uribe, A. L., Szeszulski, J., Rethorst, C. D., Luong, V., Xin, L., ... and Seguin-Fowler, R. A. (2024). Public health communication during the COVID-19 health crisis: sustainable pathways to improve health information access and reach among underserved communities. Humanities and Social Sciences Communications, 11(1), 1-7.

[9] Guttman, N. (2017). Ethical issues in health promotion and communication interventions. In Oxford research encyclopedia of communication.

[10] Ho, A., and Huang, V. (2021). Unmasking the ethics of public health messaging in a pandemic. Journal of Bioethical Inquiry, 18(4), 549-559.

[11] Ishizumi, A., Kolis, J., Abad, N., Prybylski, D., Brookmeyer, K. A., Voegeli, C., ... and Chiou, H. (2024). Beyond misinformation: developing a public health prevention framework for managing information ecosystems. The Lancet Public Health, 9(6), e397-e406.

[12] Lohiniva, A. L., Sibenberg, K., Austero, S., and Skogberg, N. (2022). Social listening to enhance access to appropriate pandemic information among culturally diverse populations: case study from Finland. JMIR infodemiology, 2(2), e38343.

[13] Lowe, A. E., Voo, T. C., Lee, L. M., Gillespie, K. K. D., Feig, C., Ferdinand, A. O., ... and Wynia, M. K. (2022). Uncertainty, scarcity and transparency: Public health ethics and risk communication in a pandemic. The Lancet Regional Health–Americas, 16.

[14] Makut, F., and Aryee, C. (2025). Assessing community partnership models for equitable health communication. World Journal of Advanced Research and Reviews, 28(2), 085–092. https://doi.org/10.30574/wjarr.2025.28.2.3698

[15] Makut, F., and Aryee, C. (2025). Exploring the role of digital platforms in community-driven health communication. International Journal of Frontline Research in Science and Technology, 5(2), 001–007. https://doi.org/10.56355/ijfrst.2025.5.2.0022

[16] Makut, F., and Aryee, C. (2025a). Assessing community partnership models for equitable health communication. World Journal of Advanced Research and Reviews, 28(2), 085–092. https://doi.org/10.30574/wjarr.2025.28.2.3698

[17] Makut, F., and Aryee, C. (2025b). Exploring the role of digital platforms in community-driven health communication. International Journal of Frontline Research in Science and Technology, 5(2), 001–007. https://doi.org/10.56355/ijfrst.2025.5.2.0022

[18] Makut, F., and Djokoto, N. K. (2025). The relevance of community-driven communication for health and social transformation. Sarcouncil Journal of Biomedical Sciences, 4(6), 1–8. https://doi.org/10.5281/zenodo.17536420

[19] Makut, F., and Djokoto, N. K. (2025). The relevance of community-driven communication for health and social transformation. Sarcouncil Journal of Biomedical Sciences, 4(6), 1–8. https://doi.org/10.5281/zenodo.17536420

[20] Pauly, B., Revai, T., Marcellus, L., Martin, W., Easton, K., and MacDonald, M. (2021). "The health equity curse": ethical tensions in promoting health equity. BMC Public Health, 21(1), 1567.

[21] Porat, T., Nyrup, R., Calvo, R. A., Paudyal, P., and Ford, E. (2020). Public health and risk communication during COVID-19—enhancing psychological needs to promote sustainable behavior change. Frontiers in public health, 8, 573397.

[22] Rossi, J., and Yudell, M. (2012). The use of persuasion in public health communication: an ethical critique. Public Health Ethics, 5(2), 192-205.

[23] Saadati, S. M. (2025). The Future of Health Equity: Policy Strategies to Reduce Disparities in Public Health. Journal of Foresight and Health Governance, 2(2), 15-32.

[24] Saadati, S. M. (2025). The Future of Health Equity: Policy Strategies to Reduce Disparities in Public Health. Journal of Foresight and Health Governance, 2(2), 15-32.

[25] Saleh, B. M., Aly, E. M., Hafiz, M., Abdel Gawad, R. M., El Kheir-Mataria, W. A., and Salama, M. (2021). Ethical dimensions of public health actions and policies with special focus on COVID-19. Frontiers in public health, 9, 649918.

[26] Schwartz, L., and Maurice, R. (2022). Gender, health and public policy. In The Routledge Handbook of Feminist Bioethics (pp. 574-587). Routledge.

[27] Susser, D. (2020). Ethical considerations for digitally targeted public health interventions. American journal of public health, 110(S3), S290-S291.

[28] Torrorey-Sawe, R. (2025). Global Bioethics: Addressing Current Challenges, Innovations, and the Needs of Underserved Populations.

[29] Torrorey-Sawe, R. (2025). Global Bioethics: Addressing Current Challenges, Innovations. Global Bioethics-Current Challenges, New Developments, and Future Directions: Current Challenges, New Developments, and Future Directions, 25.

[30] Viaña, J. N. M., McKinnon, M., and Fisser, C. (2025). Integrating Bioethics and Science Communication Insights to Promote Translational Justice, Critical Consciousness, and Global Health Equity in COVID-19 Vaccination. The American Journal of Bioethics, 25(6), 120-124.

[31] Warren, G. W., and Lofstedt, R. (2022). Risk communication and COVID-19 in Europe: lessons for future public health crises. Journal of Risk Research, 25(10), 1161-1175.