Global Media Ethics and the Covid-19 Pandemic

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Abstract

This chapter presents an exploration of ethical issues arising in the news media coverage of the Covid-19 pandemic. This chapter is about key ethical challenges faced by journalists, the evolution of guidance provided for journalists beyond the scope of current codes of journalism ethics. The chapter discusses these issues through the life cycle of the news media drawing on ethics resources as needed. It argues for clearer guidance for journalists reporting health, reviews of journalists' codes of ethics to embed specific values and advice for covering health news, and enhanced employer support for staff and freelance journalists.

Keywords

Journalism ethics
Global media
Agenda setting
Framing
Social constructionism
Disinformation
Misinformation
Covid
Coronavirus
Pandemic

Introduction

The Covid-19 pandemic is a powerful new source of death and disease and a compelling news story. But reporting it is a huge challenge. Covering Covid-19 in an ethical way is such a great test because it requires us to resolve tensions between informing the public in ways which enhance health and avoid fuelling unwarranted fears and harmful stigma.[1] The virus has struck in the middle of a dangerous "misinfodemic."[2] Medical misinformation was being widely shared before the pandemic was declared[3] and, as WHO Director-General Tedros Adhanom Ghebreyesus, noted in February 2020: "We're not just fighting an epidemic; we're fighting an infodemic."[4] Misinformation poses a barrier to preventing the spread of the virus, promotes dangerous pseudo-remedies, and may reduce uptake of novel vaccines.[5]

The new media ecology undermines the business models that independent journalism has depended on and increases the risks of political and commercial influence.[6] The public seems largely unaware of these threats to the news they need to make decisions,[7] and uptake of news has risen as news outlets have innovated to respond to the pandemic and audiences' preferences.[8] News outlets' business models took a further hit when advertisers cut spending and refused to have adverts viewed alongside Covid-19 news.[9]

Thus in a time of uncertain business models, folding papers and staff cuts,[10] Covid-19 (SARS-CoV-2) has made health reporters of multitudes of journalists who never been involved in medical reporting and are not familiar with the additional ethical responsibilities of reporting health news this role bears.[11] Coverage has soared in many countries[12] providing a vital source of information[13] which is widely used[14] by audiences, and it is clearer than ever that reporting health issues requires the highest ethical standards because of the powerful impact of health news on health choices and outcomes.[15] While most health journalists appear to be committed to high ethical standards, the reality is that cutbacks have eroded health and science reporting teams.[16]

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In addition to wider social responsibilities to observe ethical norms,[17] journalists are bound by charters and codes of ethics which enjoin them to uphold ethical principles such as truth, fairness, honesty, transparency, justice, respect, and non-maleficence. They are expected to be impartial, minimize harm, keep their word, verify information, and serve the public.[18] In addition,

health and medical journalists have banded together to develop special codes and ethics training resources. These are especially relevant in times of crisis and disaster, and journalists should be familiar with ethical codes and newsroom codes before commencing reporting such situations. This helps explain why the Accountable Journalism project, for example, maintains a global database of journalism codes and calls on journalists to serve the public by being "accurate, independent, impartial, accountable, and show humanity."[19]

This chapter sets out to explore questions about the ethical challenges faced by journalists reporting the pandemic through the life cycle of news. After scoping these aspects of the pandemic landscape, the discussion will focus on key issues arising while the conclusion offers thoughts for the future, noting that the evolution of a global media ethics may take a form such as the developing UNESCO code which may address the need for interventions in the wider communicative environment.[20]

Gathering News

Gathering news in a time of crisis can be dangerous, and especially so in a time of global health emergency. The current pandemic poses significant threats to journalists' lives and well-being including infection, violence, quarantine, excess workload, civil liberties crackdowns, duping, flak, and pressure to scoop un-verified news. At the same time, responsibility for their safety is shared between individuals, organizations, and governments.[21] This is done to varying levels of quality and efficacy, and for this reason bodily safety tips have been provided by key journalists' groups including the Global Investigative Journalism Network, the International Center for Journalists, and the Pan American Health Organization. For example, animals, farms, markets, and droppings are to be avoided, protective gear and washing are essential, and self-care should be taken after interviews with traumatized people. As responsible members of society, journalists are expected to get tested and self-isolate as advised, as is the case for all citizens. Codes of ethics may not specify self-care, but some news organizations are diligent in preparing and debriefing journalists,[22] and the Dart Center based at Columbia University in New York has pioneered evaluating and developing support for journalists reporting on disasters and traumatic events. However, access, cost, and types of training are ongoing issues.[23] In Australia, Dart Centre Asia Pacific in Melbourne provides

a regional hub for media professionals reporting on trauma, and the government-funded *"Mindframe"* initiative supports and guides reporting of mental illness and suicide.[24]

While governments are exhorted to provide accurate information and protect journalists from harm,[25] some have stymied freedom of information[26] or joined the "war" on journalism which manifests as violence, legal attacks, and flak.[27] For each government with communal "We're all in this together" messages, others are detaining journalists who offer critiques of their pandemic response.[28] The International Press Institute (IPI) and Reporters without Borders (RSF) launched new programs to monitor press freedom with disturbing findings.[29] In the USA, journalists reporting the White House and then US President Donald Trump ran the risk of exclusion and flak attacks branding their work as "fake news."[30] and Brazil's Jair Bolsonaro has downplayed the coronavirus risks and accused the media of hysteria.[31]

Wild variations in the uptake of public health advice and even attacks on mask wearers complicate journalists' efforts to protect themselves and sources. Codes of ethics and principles of autonomy, non-maleficence, and justice make it clear that vulnerable sources should not be exploited. Respect for persons dictates journalists should take care with all sources whether Covid-19 positive or not. The ethics of naming people as Covid-19 positive is a major ethical issue, discussed below, while, at a practical level, video and telephone services open up safer interviewing methods for journalists.

The pandemic has also shown that major ethical issues for journalists can arise in the case of "whistle-blowers," as governments and organizations may retaliate in deeply damaging ways against both source and journalist.[32] In China, Dr Li Wenliang, who "blew the whistle" on Covid-19, was reprimanded by the police for making "false statements." Dr Li later died of Covid-19.[33] Elsewhere, there have been too many undignified attacks on experts, most notably President Trump's repeated denigration of Dr Anthony Fauci and Trump's televised ambushing of Dr Debbie Birx with a dangerous suggestion to use disinfectant as an ingestible preventive agent.[34] The latter was followed by a flurry of safety warnings and an attack on the press for reporting President Trump's suggestion.[35] Despite the associated health risks, elite sources may still command in-person interviews and press conferences during a pandemic.

However, while some elites have taken steps to isolate after testing positive, others have not done so before unmasking in front of journalists: most notably, President Trump and Vice-President Mike Pence in the USA and Bolsonaro in Brazil. Elite sources pose additional hazards because of the tension between their high news value, bearing witness to their activities as potentates, and the difficulty facing journalists trying to adhere to telling the truth while reporting anti-health messages and lies.

Accessing sources in a pandemic requires journalists to adapt to remote and socially distanced meetings with key sources of information,[36] and to rigorously evaluate the expertise, honesty, and motivations of those seeking attention. They also need to confront a situation in which legal devices such as Freedom of Information requests grind to a halt.[37] For digital interviews, additional efforts to verify the identity of sources may be needed to ensure accuracy and honesty. Some sources have made themselves much more available, and in many places there have been regular, often daily, press briefings from presidents, premiers, and health officials.[38] But elsewhere, Covid-19 information has been quarantined, journalists detained, and foreign journalists expelled.[39] Influential sources propagating misinformation pose a particular risk which will be discussed later in this chapter.

While journalists are enjoined to cite their sources and be cautious about quoting sources who seek anonymity, few codes of ethics explicitly discuss source choice or evaluation despite these practices underpinning truthfulness and accuracy. However, the Covid-19 pandemic has generated numerous news reporting ~~sets of~~ guidelines, ~~and~~ most of which advise journalists to seek ~~out~~ a range of reliable, truthful, scientific, expert sources, ~~and~~ as well as to evaluate expertise, plan interviews, and take care ~~with~~ when citing research which is not yet peer-reviewed.[40] Journalists should be aware of their power,[41] be precise about what expertise a source has, give preference to experts who provide unbiased information based on evidence, and verify such sources.[42] Reporters should evaluate the motives of "bandwagoners" pushing unfounded strategies such as "herd immunity" by infection or undermining public health measures such as lockdowns.[43] In this regard, Alfred Hermida has provided a clear framework for evaluating sources' capacity to provide information of a reliable standard.[44] In regard to sources who do not claim any special expertise or knowledge, Peter and Zerback have shown how lay sources can usefully be

categorized as eyewitnesses, case study exemplars, and vox populi.[45] Vox populi provide opinions of the ordinary citizen and are "replaceable"[46] by others and are not necessarily vulnerable sources, although they may lack media savvy and thus have the potential to embarrass themselves.

AQ2

Case study exemplars are frequently used by journalists to illustrate their reports, and these have been commonly used in reporting the pandemic. Such exemplars have specific conditions or experiences[47] that are valuable to the reporter's story. Thus, reporters may need to reflect on whether those involved are vulnerable, particularly if they have had Covid-19. Eyewitnesses may be highly valued and not easily replaced[48] and thus pursued more energetically, especially if few or no others witnessed a particular event or incident. Vulnerability is an issue here as "ordinary" people are often thrust into extraordinary circumstances, and generally are not media savvy. Add in membership of a vulnerable section of society such as "migrant," "refugee," "non-English speaking" or "inmate," and extra care is needed to avoid exploitation. Journalists may perceive that people who catch Covid-19 are victims and thus objects of sympathy, but in doing so risk portraying them as "carriers" who pose a risk to other people, and thus their vulnerability should be considered and their consent sought.[49]

Verification in an Infodemic

Quackery and snake oil merchants have a long history. However, today the internet offers such perfect digital disguises and incentives to lie to audiences that misinformation and disinformation pose a more substantial threat to journalists and their audiences[50] than was generally the case in the past. Misinformation has long been identified as a threat to objective and reliable journalism, democratic processes, and values which underpin health, science, education and politics, and scrutiny of elites.[51] The situation has been further complicated by the rise of social media and search platforms developing human and algorithmic responses, the founding of fact-checking organizations, and the forging of an international network of fact-checkers.[52] Infectious diseases have long been a key target of mischief makers, but seldom has the threat been as globally extensive as through the dissemination of anti-vaccination messages[53] during the current pandemic. Rather than backing off while nations tackle the

pandemic, a frenzy of money-grabbing, ethics-free opportunists is having a field day. Numerous examples of misinformation are circulating despite the fact-checkers' best efforts; these include roping in Covid-19 to the 5G scares, and such false ideas as suggesting that ingesting hot water or alcohol or garlic preparations can prevent infection.[54] The deadly implications of such activities were clearly demonstrated by the fate of hundreds of people in Iran early in the pandemic.

Verification is a key element of journalism, and accuracy and truthfulness demand it.[55] However, debunking "fake news" is problematic, especially when such practices involve re-stating false claims. Stroud highlights the role platforms have in the "ethical morass of the disinformation ecosystem" and notes there are disputes over whether media literacy training will enhance resistance to duping by "fake news."[56] But while a key ethical concern is thus to eliminate these harms, defining misinformation is complex and labeling it as such may have unintended consequences.[57] Journalists are urged to be wary of unverified rumors, bust myths, and avoid spreading misinformation,[58] but the obstacles to doing so are considerable.

Although techniques for verification are increasingly being taught to journalists and journalism students, there is no standardized approach, and newsrooms may lack protocols for verifying social media content.[59] An added challenge is the necessity of conducting interviews via video and phone, therefore reducing the chances of evaluating source identity and credibility. Journalists must find and publish information, but to maintain trust and credibility they have a responsibility not to spread misinformation, particularly information which may shape individual health decisions. The ethical requirement to be fair and accurate and verify material is a constant, but the barriers to meeting these requirements have never been higher.

Although most health and medical writers have a working familiarity with medical terms for common diseases such as cardiovascular disease, cancer, and obesity, Covid-19 requires them to become familiar with what is virtually a whole new vocabulary. The phrase "public health" has traditionally been understood to mean health services, hospitals, and doctors, but with the advent of Covid-19 journalists have had to extend their understanding of "public health" to include hygiene, "social" distancing, isolation, quarantine, deep-

cleaning, calculating transmission rates, and—most important of all—testing and contact tracing. In addition, they have had to develop an understanding of what it takes to "flatten the curve" when no vaccine is available. Indeed, it is likely that, because of the pandemic, many have now grasped what could be described as the prevention paradox: successful disease suppression allows naysayers to question what all the fuss was about and demand that lockdowns end, borders open, and business as usual be reinstated as fast as possible. Many journalists have also had to develop an understanding of such concepts as "herd immunity," which has been promoted in some countries as a strategy to deal with the pandemic. They have also had to develop an understanding of the limitations of such concepts. For example, in the absence of a vaccine, herd immunity can only develop if exposure to the disease generates substantial and enduring immune responses. But, unfortunately, Covid-19 is not obliging and the human cost of such a strategy would be immense.[60]

Reporting in a Pandemic

In the face of a novel virus with no known cure or vaccine, anxiety and distress are natural emotions. In such a situation, journalists have an obligation to balance reporting which might precipitate fear with discourses of hope.[61] In February 2020, Wahl-Jorgensen warned of the contagious nature of fear.[62] Her analysis found 11% of the coverage analyzed used the language of fear,[63] meaning the use of terms such as "killer virus." In Australia, a preliminary analysis found that, as the level of coverage rose, the use of "fear" language fell from 29%, in January 2020, to 9.4%, in April 2020.[64] Elsewhere, coverage was seen as spreading fear[65] and provoking panic buying,[66] which resulted in the production of tipsheets for those covering Covid which are designed to counter fear mongering and include advice about reflecting on personal fears.[67] More optimistic reports have focused on the prospect of developing a vaccine for Covid-19, but—depending on how it is presented—such news can still generate fear by, for example, overshadowing news of the many lives being saved by more humble public health approaches of quarantine, distancing, hygiene, testing, and contact tracing.[68]

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While Covid-19 is not fatal for most people, even a small percentage of fatalities across much of the population makes for a high death toll and its after-

effects can be serious for a significant section of the population. At the time of writing, the pandemic poses an ongoing threat to the global population, particularly communities without benefit of clear guidance, public health and hospital capacity, effective public health action, and quality news coverage. In these circumstances, it is clear that journalists need to resist any temptation to elicit "worst-case" scenarios from interviewees even when the sources are keen to speculate.[69] Ideally, reporters and editors should work together to resist "clickbait" headlines[70] and keep reporting tightly focused on specifics of risks and solutions.[71]

There are also ethical issues surrounding the publication of the identities of individuals with Covid-19 without their consent. Such publication is a clear invasion of privacy with immense power to generate stigma and related harms. While prevention of Covid-19 requires openness and health-seeking behavior, such publication can result in stigma—and fear of being stigmatized can lead to concealment and health care avoidance.[72] This helps explain why the WHO has cautioned reporters about focusing on individual behavior and seeking "patient zero."

Whether focused on individuals or communities, infection-linked stigma has a long history from leprosy to bubonic plague, from TB to HIV.[73] Stigmatizing and judgmental news portrayals of illness are nothing new, as many controversies aroused in the past by, for example, coverage of HIV indicate. Lupton's analysis of HIV news found people with HIV were judged as "innocent" or "guilty" according to the extent to which they were seen to pose a risk to others as "carriers."[74] Naming and "shaming" individuals with an infection breaches their medical privacy, makes them vulnerable to attack, and may damage their mental well-being. The price is not confined to individuals: stigmatizing groups of people with particular diseases, as the WHO notes, can also provoke people to hide their illness, avoid prompt healthcare, and be discouraged from healthy practices.[75]

Stigmatization is driven by fear of infection, fear of the unknown, job loss, quarantine, and the ease of blaming others.[76] Stigma is exacerbated by "misinfodemics," social media, lack of knowledge, social inequality, beliefs, and poor regulations. It's compounded by gender, ethnicity, chronic disease, smoking, and working in care homes, health care settings, and affected regions.

Stigma drives concealment and affects reputation, status, jobs, self-image, social life, friendships, and health treatment.[77] It is not helped by "exaggerated media presentations of Covid-19 focusing mainly on negative aspects."[78] Impacts include mental illness, increased sickness and mortality, depression and anxiety, suicide, poverty, prolonged transmission, workplace issues including concealment.[79] The study found clients and relatives experienced discrimination such as the refusal of housing, abuse, gossip, and impacts on health care including testing uptake, timely access to care, and adherence to treatment. Health-care workers were made unwelcome.[80]

Despite the manifest harm that can be caused by stigmatizing coverage, the case for not publishing identities of people infected with Covid-19 was not at the forefront of advice provided to most health and medical journalists in the early stages of the pandemic. However, by mid-March 2020, key experts were advising journalists to check newsroom policy before publishing a name, avoid repeating other reporters' case identifications, obtain an individual's consent, or confirm with public health officials.[81] The Global Investigative Journalism Network (GIJN) called for reporters to seek consent and avoid naming locations to protect sufferers' families and avoid spreading panic, stating that "They may not want to be identified and discuss infections."[82]

Since then, a range of informed sources have urged reporters to refrain from identifying people with Covid-19 as this might promote trolling, public shaming, assaults such as spitting and stigma, and to reconsider use of photos identifying people who are ill.[83] This advice aligns with the Australian Media Entertainment and Arts Alliance (MEAA) code of ethics which requires journalists not to exploit the vulnerability of sources and to "Respect private grief and personal privacy" and be aware they "have the right to resist compulsion to intrude."[84] According to the Australian Press Council, reporters should avoid causing or adding to distress, prejudice, or risk to health unless "sufficiently" in the public interest.[85] Reporting on political leaders and celebrities is different from showing the surgery of a doctor with Covid-19 who had followed advice[86] or publishing volunteered personal stories.[87]

In the early stages of the Covid-19 pandemic, the risk of being stigmatized was greatest for people of Asian descent and for international travelers, but was later also directed at immigrants, health-care workers, and people recovering from

Covid-19.[88] Racist incidents linked to Covid-19 have been reported in many countries, including Australia, where negative media coverage of Asians was held to blame.[89] Rumors of Asian people stockpiling supplies were widely reported but were later shown to be false.[90] The news media were accused of spreading anti-Chinese sentiment through "sensationalist headlines, racially charged imagery, and one-sided reporting around the issues concerning the pandemic and the growing influence of China."[91] Following one study of such reports, Chiu and colleagues from the Per Capita thinktank called on the Australian Human Rights Commission and the Australian Press Council to develop guidelines for media professionals on how to remove unconscious bias, which can fuel more general bias, and stated that online platforms should warn sharers about false information.[92]

Race and Stigma

Ransing and colleagues urge journalists to "Avoid stigmatizing language (e.g. "foreign virus" or country specific virus, "coronized people") in public health messaging, media, and social media."[93] Yet although Covid-19 is widely believed to have jumped from animals to humans in Wuhan, China, this has been disputed in a flurry of conspiracy theories supported by influential people who should know better. US leaders and some news outlets blamed China, and Chinese actors raised the rumor of infection springing from US military personnel visiting Wuhan. Then US President Trump continueds to brand it a "Chinese virus," a White House staffer reportedly called the virus "Kungflu," Secretary of State Mike Pompeo dubbed it a "Wuhan virus," and the USA called for an investigation in the research labs in Wuhan.[94] This branding led to the failure of the G7 members to agree on a joint statement.[95] Racist rhetoric flew far and wide, landing in newspapers with unfortunate effects and making no contribution to fighting the virus. Breathless reporting linked Chinese scientists to bats to coronavirus to Australian research facilities, arguably steering just wide of the conspiracy theories but still contributing to blame framing of China as responsible. Genomic studies demonstrate Covid-19 is not a purposefully manipulated virus[96] and scientists banded together to offer their support to hard-working scientists in China.[97] Reporters were urged to be accurate and avoid the temptation to propagate conspiracy theories about the virus as a Chinese bio-weapon or the US military.[98] The war of words between China and the US was accompanied by reciprocal tightening of journalists' visa conditions.[99]

Asian Australians are not alone in feeling a sense of victimization: three young Queensland women accused of breaching quarantine were named, pictured, and framed as criminals in prominent news coverage. This treatment was criticized for its racist elements,[100] including by the Queensland Human Rights Commissioner Scott McDougall.[101] The APC enjoins media not to cause or contribute "materially" to "substantial offence, distress or prejudice, or a substantial risk to health or safety, unless doing so is sufficiently in the public interest."[102] Yet the young women were named by the Australian Broadcasting Corporation (ABC), Special Broadcasting Service (SBS), *The Age*, *Herald Sun* and *The Sydney Morning Herald*, *Brisbane Times*, *Daily Mail*, and commercial TV outlets.[103]

Some news reports about the women used "othering" language such as "enemies of the state," "border brats," and "missing link"[104] and presented them as criminals even before they faced court. Unsurprisingly, the public pillorying of the women was followed by online abuse and an uptick in racist abuse against Australians of African heritage in the Brisbane area.[105] There was little consistency, as most news media reports on other people breaching quarantine restrictions did not name the alleged offenders.[106] McDougall is reported as saying: "we cannot allow this to create a second wave of Covid-related racial hostility," noting that the first wave of blame focused on migrant communities in the state of Victoria.[107] While the Queensland Police denied they had released the names of the young women to the media, *Courier Mail* editor Chris Jones reportedly justified the reports saying people being exposed to a virus had a "right to know."[108]

The Global Investigative Journalism Network calls for informed consent always to be granted before affected individuals are publicly named, noting that traumatized victims "may not want to be identified and discuss infections. Even naming where the victim lives can spread panic in that community, leaving the victim's family even more insecure."[109] In this case, the third woman to be named expressed a clear preference not to be identified by telling media she wanted "everything to be confidential. I don't want to be in the media."[110] Reporting people as problems, rather than presenting them as people with problems, positions them as "other," fails to give them voice and deprives them of the chance to be listened to.[111] Although on this occasion one woman's

brother was interviewed, it was well after the negative news had spread far and wide. Was there a public interest? Identifying the location of active cases is good public health practice as it helps motivate possible contacts to get tested, but is it necessary to name positive individuals and publish their photographs in order to achieve this public health goal? Clearly, the answer is "no." Unsurprisingly, Human Rights Commissioner Scott McDougall is reported as saying the naming did nothing to prevent the spread of Covid-19.[112]

Listening

That audiences may be put off by "the perception that news does not help people live the lives they want to live"[113] underlines the importance of service journalism and "news you can use." The value of such service journalism was demonstrated by the results of a 2020 Egyptian survey of news users which found that early in the pandemic the top three motivations for seeking news were fear of infection, a desire to learn about symptoms, and a desire to learn about possible preventive measures.[114] A majority of those surveyed considered they had an active role in educating and preventing the spread.[115]

Crucially, new engagement practices are developing stronger ties between journalists and their communities, often facilitating closer relationships with citizens[116] and, in the process, highlighting the need for journalists to be active listeners.[117] Citizen contributions to media have a long history[118] but the scale and sophistication of "user generated content," which can be integrated into works of journalism, particularly in crises,[119] or actually constitute acts of journalism, has accelerated in the internet era. Twitter was quickly embraced as the place for breaking news,[120] rapidly joined by a growing range of online media. Although the pandemic has placed a physical barrier between journalists and communities, the expertise to source and interview people using digital media is firmly embedded in journalism. For many journalists, such channels provide vital new opportunities for collaborative journalism such as crowd-sourcing, fact-checking, and document analysis.[121]

Many journalists ~~today~~ depend on how audiences~~²~~ use their "consecrating" powers on social media to endorse, reject, share, and comment on news articles, ~~and~~ so asking citizens what questions they want answered makes ~~v~~both professional and business sense.[122] Numerous outfits such as Solutions

Journalism Network, Hearken, NPR, New York Times, WMHT, Current, GroundSource, ABC (Australia), Groundup, Global Voices, and The Op Ed Project are using social media, machine learning, and SMS to bring citizens into the making of journalism.[123] Collaborative fact-checking and forging community links are seen in Die Zeit's "Deutschland Sprichts" and First Draft News's Crosscheck in France.[124] These practices create opportunities to reach different communities in relevant community languages, as has been the case, for example, with initiatives by Australia's Special Broadcasting Service and the USA's LAist.[125] Such initiatives hold out the promise that it will be possible in the near future for news media to connect with marginalized voices across the globe.[126]

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Conclusion

In an age of mass social media where journalism competes for attention with an avalanche of addictive, uninformed, and actively misleading information, the intersection of journalism ethics and global media ethics[127] requires serious attention. The pandemic makes it all too clear that it is time for a new international code of responsible health communication to be developed and applied to all those who assert their rights to communicate about health. Such a code would fall within Ward's 2018 framework of a global media ethics which serves as ethics for everyone and, more specifically, within Ward's "communicative ethics beyond journalism."[128] Ward argues for ethical codes to become living documents with practitioners and publics collaborating to weave principles, practices, and practical advice together.[129] This is not a sole voice but, rather, a view which is increasingly being taken up elsewhere. For example, in Pakistan, Ittefaq and colleagues have urged the local media to promote authentic sources, the government to engage with platforms to remove harmful and misleading content, and new campaigns be launched to boost media health literacy.[130] Honest and timely communication with the public on matters of vital public health interest should be underpinned by a new era of ethical training and education in critical media health literacy.[131] Ideally, this would be underpinned by funding participatory, collaborative, community-centered research to develop communication ethics from the ground up, informed by citizen journalism initiatives.[132]

Scaffolding of citizens' ability to resist and reject misinformation should form a central part of the response to Ward's 2018 call for "media and ethics literacy" to be developed at the interface between publics and practitioners, educators, and researchers.[133] Re-invigorated mathematics and scientific teaching at school may be required to underpin citizens' capacity to receive and understand health information. These reforms need to be accompanied by effective platform accountability for anti-health messages, withholding platform income from deceivers, and rapid take-down of misleading information. Nations whose governments baulk at accurate reporting of cases, testing, and fatalities must be held to a higher standard. Citizens deserve no less.

Codes of ethics may need to be refined to provide much clearer guidance about the special challenges of health journalism, especially the need to protect privacy of health information. The challenge to ethical practice troubles journalists—8% in one survey indicated they considered their ethics had been compromised[134]—and in many countries there has been a lack of Covid-specific guidelines for journalists from employers.

Covid-19 will be with us for some time to come. We can only hope it becomes less deadly as the virus attenuates through evolution and vaccination spreads. But there is no reason to wait for reform in education in health media literacy for young and old, in how to be a responsible and ethical communicator, or in empowering citizens to resist misinformation and contribute to ethical communication codes for all. Now is the time to respond to audiences' desire for a higher proportion of positive news, collaborative journalism, and non-pandemic stories. Now is the time to revise journalistic codes of ethics to account for the power of the pandemic.

Limitations

At the time of writing, the Covid-19 pandemic is still new and some references are pre-prints and may be subject to retraction or editing. This chapter does not claim to be exhaustive and selections of examples are informed by the Australian setting of the author. Many stories of individual nations, events, and journalists cannot be included. The chapter does not provide the space to discuss the joy of reporting on iso-creativity.

Acknowledgments

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