

LETTER TO THE EDITOR

Response to “Science and Ethics of ‘Curing’ Misinformation”

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In their article, “[Science and Ethics of ‘Curing’ Misinformation](#),” Freiling et al recognize scientific evidence as one of several factors that inform answers to public health policy questions and guidance on individual and social behavior. From this perspective, evaluating interactions between science and other policy-informing factors is likely pivotal for tackling misinformation and improving how sound scientific evidence is received. In this letter, I emphasize interpersonal trust as one of the most important conditions for science to beneficially contribute to societies—especially those that are democratic. Nevertheless, efforts to improve social trust might seem arduous. For instance, Freiling et al assert that rebuilding trust requires addressing underlying etiologies, such as structural inequities, and not simply symptoms. Here, I highlight [participatory methods](#) (ie, iterative cycles of co-creation, co-action, and co-learning that empower communities to create meaningful and sustainable change)^{1,2} as a root cause-focused strategy that scientists and public health practitioners can employ in the near term to build trust and improve the impact of their science and interventions.

It is worth reflecting on the social conditions that best position science, among other factors, to maximally benefit democratic societies. Freiling et al argue that evidence-based claims that do not connect with social preferences and values or align with how people “make sense of information” are less likely to be adopted. Nevertheless, trust might transcend these other conditions, and efforts to build trust could avert the ethical pitfalls of social engineering strategies to [combat misinformation](#) (eg, inoculation and nudging) that the authors emphasize.

For example, an international analysis of countries’ resilience to COVID-19, defined as “the nationwide decay rate of daily cases or deaths from peak levels,” reported a significant, positive correlation between interpersonal trust and country-level pandemic resilience,³ suggesting the importance of social trust in policy and science for public health success.^{4,5} While building trust in society and institutions is a difficult task, often requiring long-term investments, scientists and public health practitioners can implement *daily* changes in their work that contribute to these broader efforts. Using participatory action methods in research and project implementation is one such approach. Stadnick et al engaged underserved community members in decisions about research projects aimed at improving COVID-19 testing and vaccine uptake.⁶ In their work, involving community advisory boards at every step of the project—from framing of research aims and study design to program development—helped build trust with

communities, improved the likelihood of success of public health interventions, and bolstered the impact of the science.⁶ Such lessons can be applied more generally.⁷

Overall, shifting the paradigm of “just follow the science” to “collectively do the science” would help foster relationships that build trust while maximizing the value and utility of science in policy-relevant processes.

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