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RESEARCH ARTICLE

Public Reason in Times of Corona: Countering Disinformation in the Netherlands

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Abstract

Who should decide what passes for disinformation in a liberal democracy? During the COVID-19 pandemic, a committee set up by the Dutch Ministry of Health was actively blocking disinformation. The committee comprised civil servants, communication experts, public health experts, and representatives of commercial online platforms such as Facebook, Twitter, and LinkedIn. To a large extent, vaccine hesitancy was attributed to disinformation, defined as misinformation (or data misinterpreted) with harmful intent. In this study, the question is answered by reflecting on what is needed for us to honor public reason: reasonableness, the willingness to engage in public discourse properly, and trust in the institutions of liberal democracy.

Keywords: COVID-19; disinformation; information; misinformation; political public domain; public discourse; public reason; reasonableness; the Netherlands; vaccine hesitancy

Introduction

On February 17, 2021, nearly one year after the first reported death caused by COVID-19 in the Netherlands, an official of the Ministry of Health sent email messages to the Healthcare Inspectorate. The official had read a tweet about COVID-19 from a general practitioner. The Inspectorate was asked to forward the official's message to Twitter, "Maybe they can block this man." The following day, the official's contact at the Inspectorate replied: "It has been pointed out to me that asking Twitter to block the account might be interpreted as censorship. (…) Would it not be better for a member of the think tank to take up the issue?"[1] At the time of this email exchange, the national COVID-19 vaccination program was slowly getting underway, and parliament was considering extending the nationwide curfew.

To this day, the identity of the physician and why his Twitter account should be blocked are unknown. However, it became clear that a "Think Tank on Disinformation" was already on the lookout for "bogus stories" on vaccination as early as April 2019, well before the COVID-19 pandemic. The think tank, comprised of government officials, communication experts, and public health experts, was an initiative of the Ministry of Health. Its members, whose identities are unknown, also included representatives of commercial online platforms such as Facebook, Twitter, Google, Instagram, LinkedIn, and YouTube.[2]

Dutch investigative journalist Jet Schouten is credited for mapping out the think tank's activities in detail. She traced 16 scientists and physicians who had posts critical of the official COVID-19 policies removed. One physician (and influencer) had a message removed she posted on LinkedIn, with a link to an article in a medical journal on a study into a side effect of a COVID-19 vaccine. The platform informed the physician that "it violated our professional community guidelines." Her messages to other LinkedIn members were accompanied more than once by the following text: "If the content of this message is

unwanted or harmful, please inform us. We will not notify the sender." And finally, her LinkedIn profile was removed twice. LinkedIn informed Schouten not to comment "on the specifics concerning our members for reasons of privacy." Therefore, the journalist could not establish conclusively whether these actions were the direct result of activities of the Think Tank on Disinformation.[3]

In her article, Schouten raised the following intriguing question: who decides what passes for disinformation?[4] Unlike the journalist, I will attempt to provide a *normative* answer to this question. I will do so by reflecting on what is needed for us to honor public reason. To this end, the concept of public reason needs to be explained, and some light must be shed on what it assumes: reasonableness, the willingness to engage in public discourse properly, and trust in the institutions of liberal democracy. But first, I will clarify what "disinformation" means and relate it to the phenomenon of vaccine hesitancy.

Disinformation, misinformation, and information

Definitions of "disinformation" can be found on several websites of the Dutch government. According to the National Coordinator for Counterterrorism and Security (NCTV), "disinformation"—as used by the Dutch government—is "the intentional, often covert, dissemination of misleading information with the purpose of harming or disrupting public debate, democratic processes, the open economy, or national security."[5] This agency also refers to disinformation as "the deliberate dissemination of misleading information, often with malicious intent," which is "spread to influence opinions, make money, or harm our society, democracy, or public health."[6]

Disinformation can negatively impact vital interests, but it does not always consist of misinformation; "rather, it is frequently a combination of facts and fabricated information, or an event taken out of context."[7] The NCTV points out that the underlying idea of disinformation is always to mislead or harm people, "if this is not the underlying idea, then we are talking about misinformation."[8] Although the malicious or harmful intent seems to be the essential difference between disinformation and misinformation, which the NCTV subsequently defines as "false or misleading information that is misunderstood and spread without harmful intent,"[9] the agency does emphasize that misinformation can also be harmful. "The disseminator does not know that the information is false, but the effects can still be harmful."[10] Depending on the content, misinformation can also have harmful effects on public debate, democratic processes, the economy, or public health, and thus on people's lives.

The NCTV perceives the spread of disinformation as a genuine threat, which manifests itself primarily online through manipulated photographs and videos, fake news, deep fakes, misleading messages disseminated by fake accounts (bots, troll farms), etc.[11]

It makes little sense to define "disinformation" and "misinformation" without shedding some light on the meaning of "information." Information is an abstract concept referring to that which has the power to inform. Information (from the Latin verb *informare*: "to shape," "to form," and "to instruct") is closely related to data. However, information should not be misunderstood for it. Data become information *by interpretation.* Data itself, the symbolic representations of numbers, quantities, and facts, are meaningless. Information is data to which meaning is ascribed by someone. Information is data put into a relevant context by someone. That it was 29.6 °C in the Netherlands on September 7, 2023, seems to be information. But it is not; it is mere data. However, suppose you were to compare the temperature on that particular day with all the recorded temperatures on September 7 in the Netherlands in previous years. In that case, it turns out to be a Dutch heat record. And that is information.

"On September 7, 2023, a new heat record was set in the Netherlands" is a purely descriptive statement. Information does not prescribe. On the basis of "On September 7, etc." you do not *know* what to do. Information is not knowledge (yet). Data should not be confounded with information, nor should information be confused with knowledge.

Now, if *information* is understood as *interpreted data*, then *misinformation* is *misinterpreted data.* But not all information is misinformation, and not all misinformation is disinformation. *Disinformation* is nothing but *misinformation* or *data misinterpreted with harmful intent.* It is essential to distinguish well between information, misinformation, and disinformation. Misinformation and disinformation are put

forward as factors contributing to what is referred to as vaccine hesitancy, which—in turn—is seen as a phenomenon explaining declining vaccination rates and the dwindling success of vaccination policies.

Dutch vaccination policy

Officially, the Netherlands has had a national immunization program (NIP) since 1957, although vaccination against diphtheria already began in 1953, followed by the administration of a combination vaccine against diphtheria, whooping cough, and tetanus in 1954. Vaccination against smallpox occurred on a limited scale as early as 1799. Although large-scale vaccination against this disease was carried out in the Netherlands until 1976, smallpox vaccinations were never officially part of the program. Currently, the program provides vaccines that protect against twelve serious infectious diseases: mumps, diphtheria, hepatitis B, haemophilus influenza type b (Hib) disease, human papillomavirus (HPV) cancers, whooping cough, measles, meningococcal disease, pneumococcal disease, poliomyelitis, rubella, and tetanus. These vaccines are administered according to set schedules.[12]

The Minister of Health decides on the program's composition upon the advice of the Health Council, which is based on scientific evidence and epidemiological data. On behalf of the Minister, the National Institute for Public Health and the Environment (RIVM) coordinates the program. It sets its frameworks, develops guidelines, promotes expertise for implementation, coordinates communication about the program, and is responsible for its monitoring and evaluation. In addition, the Institute procures the vaccines, makes them available, arranges their distribution, sends out invitations to participate in the program, and registers and checks the vaccinations and the vaccines administered. Municipalities are responsible for implementing and funding the program, but they have delegated the implementation to the youth health services. In addition, obstetric care providers and pediatricians are also responsible for implementation.[13]

Participation in the NIP is free of charge. Vaccinations not included in the program but offered through the RIVM, such as vaccinations against shingles, chickenpox, or yellow fever, require payment. Vaccinations against influenza and COVID-19 are not part of the program but are provided free of charge to designated groups. Participation in the program is entirely voluntary. Unlike many other European countries, the Netherlands does not have a tradition of general mandatory vaccination, although from 1823 to 1976, vaccination against smallpox was mandatory for school-age children, and there is still mandatory vaccination for military personnel assigned to missions abroad.[14]

Although mandatory vaccination is not legally objectionable, provided certain conditions are met,[15] its introduction is never seriously considered in the Netherlands, not even at the height of the COVID-19 pandemic. What the Netherlands does have in common with many other European countries is that vaccination rates are declining.

Vaccination rates

On September 13, 2023, a national daily paper reported that the NIP's vaccination rate in Amsterdam had gone into free fall. Figures from the municipal health service showed that it had fallen for the third year in a row. Before 2020, the average vaccination rate for children up to two years old was consistently above 90%. In 2021, it dropped to 88.7%, and 2022 figures show it was 83.3%. Vaccination rates among preschoolers, primary pupils, and teenagers showed similar trends. In one district, the vaccination rate for mumps, measles, and rubella had fallen to 71% at age two.[16] This puts the vaccination rate in Amsterdam even further below 90%, the standard set by the World Health Organization (WHO) for most vaccinations. A high vaccination rate is necessary to continue protecting people against serious infectious diseases and to prevent outbreaks. Large groups of unvaccinated people living near each other make for an even greater public health risk. Once these figures had become public, the Amsterdam councilor responsible for healthcare said that he feared outbreaks of measles and a comeback of poliomyelitis.[17]

Nationwide, vaccination rates are also declining. The NIP vaccination rate has been declining since 2015. In its 2022 annual report, the RIVM noted that it had fallen yet again. In 2022, it was 2%–5% lower than the previous year.[18] For most vaccinations, the rate was just below the 90% mark. It was clear, however, that for measles, the WHO standard of 95% (needed for its eradication) was not met, nor was the WHO target rate for HPV vaccination to accelerate the eradication of cervical cancer. The RIVM found these percentages alarming.[19]

The 2022 annual report also included the results of a poll conducted among parents about their views on the NIP. Such a poll had also previously been done in 2013.[20] It found that although most parents had a favorable opinion of the program in 2022, there were indications that they had become more pessimistic about vaccinating, a trend seen in other Western countries as well.[21] According to the researchers, this could be due to "the spread of (dis)information during the COVID-19 pandemic."[22] Still, it was also considered possible that parents already had a more negative view of vaccination before the pandemic.[23]

Vaccine hesitancy

In a country like the Netherlands, declining vaccination rates and decreasing enthusiasm for vaccination indicate increasing vaccine hesitancy. "Vaccine hesitancy" refers to delay in acceptance or refusal of vaccines despite the availability of vaccination services. It is a complex, context-specific phenomenon, varying across time, place, and vaccines. It is defined by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) as "behaviour, influenced by a number of factors including issues of confidence (level of trust in vaccine or provider), complacency (do not perceive a need for a vaccine, do not value the vaccine), and convenience (access)."[24] According to SAGE, vaccine-hesitant individuals are a heterogeneous group that is indecisive in varying degrees about specific vaccines or vaccination in general.[25] The WHO identified vaccine hesitancy as one of the top 10 threats to global health in 2019.[26]

The phenomenon has been studied extensively. Although participation in its NIP is entirely voluntary and free of charge, the Netherlands succeeded in achieving exceptionally high vaccination rates. In 2013, it was reported to be between 92% and 99% for all NIP vaccinations except HPV.[27] Nevertheless, the country is no stranger to vaccine hesitancy, and it has experienced several outbreaks of vaccine-preventable diseases. There have been epidemics of poliomyelitis (1992–1993), measles (1999–2000), rubella (2004–2005), mumps (2007–2008), and again measles in 2013.[28]

Most outbreaks were confined to the orthodox Protestant minority in the Netherlands, which has about 250,000 members, approximately 1.5% of the population. This minority primarily resides in the so-called Bible Belt, a rural area stretching from the northeast to the country's southwest. Since religion is not registered in the national vaccination register, the vaccination coverage within the group has always been unknown. However, in 2012, it was estimated to be about 60%,[29] which was reflected in low seroprevalence of antibodies against poliomyelitis, measles, mumps, and rubella among orthodox Protestants, especially among younger age-groups.[30] The study also showed that vaccination acceptance varied widely between the various denominations, from less than 25% in highly conservative denominations to more than 85% in denominations with a low level of religious conservatism. Based on religious arguments, some members accept vaccination, while others do not. It is thought that those who refuse do so on the basis of particular "fatalistic" interpretations of the doctrine of divine providence.[31]

However, research also suggests that many do not choose deliberately but merely follow family traditions.[32] Vaccination coverage among orthodox Protestants also increases over time. A study found an increase in coverage between the generation of respondents' parents (40.1% vaccinated) and respondents themselves (55.3% vaccinated). A further increase in the next generation was thought most probable as about 65% of respondents have vaccinated their children or intend to vaccinate their future children.[33] Therefore, it is improbable that the steep drop in Dutch vaccination rates since 2015 can be attributed to this traditionally hesitant group.

Again, declining vaccination rates occur in other Western countries as well. In 2016, the European Centre for Disease Prevention and Control (ECDC) identified a wide variety of determinants of vaccine hesitancy. These determinants were categorized following the SAGE model.[34]

Contextual influences include the social, cultural, historical, economic, environmental, institutional, and political factors that might be of influence. The most commonly reported contextual influence on vaccine-hesitant populations was conspiracy theories, which include a fear that vaccines are introduced "to serve the economic and/or political interests of pharmaceutical companies, Western countries, governments, and a belief that vaccines are implemented as a strategy to reduce world population." Religious fatalism (beliefs that "God's decisions are to be trusted" or that humans are created as they should be and that vaccines are not needed) was also reported. Other determinants in this category are negative exposure in the media (hearing, reading, or seeing negative rumors and myths about vaccines in the general media) and the perception that vaccines are being forced upon the population and violate human rights.[35]

Individual and group influences include personal perceptions of, or beliefs about, vaccines and influences from the social environment. The most commonly reported determinant was the belief that vaccines are unsafe, that they can cause severe diseases and side effects, that their long-term effects are unknown, that risks outweigh benefits, and that they contain dangerous adjuvants. Frequently reported was the belief that there is a very low risk of getting the diseases vaccines protect against or suffering severely from its symptoms. Also noted were perceptions that vaccines are ineffective and do not prevent the disease, as were a general mistrust in institutions, specifically in the provision of health services and health systems. Other reported determinants in this category were the belief that individuals are healthy enough and that their immune system is strong enough not to require vaccination, that vaccination is not natural, and that alternative prevention methods such as homeopathy are preferable and the view that childhood infectious diseases can be beneficial for building immune resistance and should therefore not be prevented. Fear of injection and having had a negative previous experience with vaccines (personal or from family and friends) were also identified as determinants.[36]

Finally, some individuals did not perceive a medical need for certain vaccines. Another determinant was a lack of recommendations or inconsistent advice from healthcare providers. Sometimes, refusal appeared to be the response to the vaccine's novelty and the consequent fear of insufficient testing and knowledge.[37]

Studies on vaccine hesitancy during the COVID-19 pandemic have been conducted. In November 2020, Troiano and Nardi performed a PubMed search for original peer-reviewed articles of studies published during the pandemic reporting information about vaccine hesitancy.[38] Based on fifteen studies, their narrative review reported an overall high hesitancy toward COVID-19 vaccines.[39] Their findings are consistent with those of Biswal et al., reported in a more recent review, which included 82 studies. Although they listed some determinants particular to COVID-19 vaccines, the determinants they found did not essentially differ from those identified by the ECDC.[40]

Vaccine hesitancy was increasing well before the COVID-19 outbreak. During the pandemic, particularly during the early stages of the outbreak, misinformation became a genuine concern, so much so that the WHO coined the term "infodemic."[41] Social media, in particular, provided platforms for COVID-19 misinformation. In 2020, Kouzy et al. found that 24.8% of all included tweets about the COVID-19 pandemic (673) contained misinformation.[42] In the same year, a study revealed that about 15% of the Dutch population believed the virus was a biological weapon made in a laboratory.[43] One group of anti-vaxxers in particular, called Viruswaarheid ("Virus Truth," which had started out as Viruswaanzin or "Virus Madness"), was particularly skeptical of official COVID-19 policies.[44]

It should be no surprise that the authorities felt something needed to be done. The rapid spread and multiplication of misinformation on social media could severely affect their handling of the pandemic.

Public reason

As a result of the rapid increase in infections and the equally rapid rise in deaths, governments worldwide were prompted to take measures severely restricting the exercise of fundamental freedoms: lockdowns, social distancing, isolation, face masks, curfews, travel restrictions, mandatory vaccination, etc. Although the strategy of the Dutch government on pandemic control was initially criticized (for its refusal to

acknowledge the role of asymptomatic spread and the role of face masks in preventing spread, as well as the lack of testing capacity, especially during the first half of 2020), the measures taken in the Netherlands did not essentially differ from those taken elsewhere in Europe.

In another respect, however, the country stood out. Following the imposition of a nationwide 9:00 PM–4:30 AM curfew, the worst riots in 40 years broke out across the country. Although nonviolent protests against the government's prevention measures had taken place on several occasions prior to its announcement on January 20, 2021, illegal demonstrations against the curfew in Amsterdam and Eindhoven escalated into violent riots in response to police interventions. Calls to riot were subsequently spread on social media, leading to violent rioting in other cities and towns as well, with looting, large-scale destruction of property, and the arrests of hundreds of individuals as outcomes. The violence was widely reported in the foreign press.[45] The curfew was finally lifted on April 28, 2021.

How can measures as restrictive as the ones taken during the COVID-19 pandemic be rightly imposed on all of us? Public reason is seen by many as the relevant standard to evaluate rules and to govern individual conduct. Public reason requires that our political and moral rules be justifiable to, or acceptable to, all those to whom the rules are meant to apply. Jonathan Quong portrays public reason as a middle ground between consent and truth.[46] Public reason is not about identifying those rules to which people already (actually or implicitly) consent. Nor does it attempt to define those rules that could be justified to, or acceptable to, each person as simply those rules that are true.[47]

As a concept, public reason is based on two assumptions. First, no one is naturally subject to any other person's political or moral authority, and all are equally situated concerning this freedom from the natural authority of others.[48] In this sense, we are all free and equal. Second, fundamental disagreements can and do exist between us; disagreements that do not result from prejudice, self-interest, or irrationality, but arise from the normal functioning of human reason.[49] These disagreements may stem from the various comprehensive moral, philosophical, and religious doctrines free and equal persons (as utilitarians, Kantians, Muslims, Roman Catholics, etc.) adhere to.

The philosophical theory primarily associated with the concept of public reason is that of John Rawls. He portrays public reason as a political idea ultimately grounded in the value of justice. Ideally, according to Rawls, society is a fair system of social cooperation of free and equal citizens. This ideal "provides a publicly recognized point of view from which all citizens can examine before one another whether their political and social institutions are just."[50] By showing that the principles regulating our political and social institutions can be the subject of public reason, we can know that these are fair and, therefore, just.

The scope of Rawls's notion of public reason is limited. On his account, the idea only applies to constitutional essentials (i.e., the principles structuring the government and the political process and the fundamental rights and liberties of citizens) and matters of basic justice (i.e., principles regulating the distribution of important resources such as income, wealth, and education, not covered by the basic rights and liberties).[51] It does not extend to "all the questions to be settled by the legislature within a constitutional framework."[52]

Now, one could seriously question why the scope of public reason should be restricted this way. Is it possible to distinguish between constitutional essentials and matters of basic justice on the one hand and questions to be settled by the legislature on the other? Is not everything governments in liberal democracies undertake in one way or another impacting the exercise of basic rights and liberties of citizens and the distribution of important resources?

I consider it unreasonable to extend public reason to *all* the questions to be settled by the legislature within a constitutional framework. Equally, I think it is unreasonable to assume that all questions to be settled by the legislature can do *without* public reason. A compromise seems most reasonable to me. Many questions to be settled by the legislature can probably do without. But what about measures to be decided upon by the legislature that severely restrict the exercise of citizens' basic rights and liberties? And what about measures relating to the distribution of absolutely vital resources? Would it not be naïve to assume that such issues are dealt with once the legislature has created rules allowing such measures?

Let us consider this assumption. During the pandemic, government measures had a huge direct impact. Some measures (social distancing, face masks, travel restrictions, lockdowns, curfews, etc.)

severely restricted the exercise of citizens' fundamental freedoms, while others (e.g., allocating scarce IC units and prioritizing recipients for vaccination) were clearly related to basic justice.

According to Rawls, the ideal of society as a fair system of social cooperation of free and equal citizens requires *reasonableness* on the part of citizens: "Citizens are reasonable when, viewing one another as free and equal in a system of social cooperation over generations, they are prepared to offer one another fair terms of cooperation (defined by principles and ideals), and they agree to act on those terms, even at the cost of their own interests in particular situations, provided others also accept those terms."[53]

This preparedness requires us to imagine ourselves as citizens first and foremost. Behind the veil of ignorance—Rawls's famous metaphor used in his explanation of what it takes to consider objectively how society, in essence, should function—we are free and equal citizens, and nothing more. According to Rawls, we must "nullify the effects of specific contingencies which put men at odds and tempt them to exploit social and natural circumstances to their own advantage."[54] It is assumed that we—the parties behind the veil—do not know certain facts: we do not know our place in society, our class position or social status, our fortune in the distribution of natural assets and abilities, and our intelligence and strength. We do not know our conception of the good, the particulars of our rational life plans, or even the special features of our psychology. We do not even know our own society's particular circumstances (its economic or political situation, level of civilization, and culture).[55]

However, the veil of ignorance does not cover all facts. Collectively, we know the general facts about our society, the basis of social organization, and the laws of human psychology. Concerning general laws and theories, we are all-knowing. Our knowledge also extends to what people generally believe, the value systems they endorse, and what lives they choose to live. Collectively, there is full knowledge of the multitude of reasonable, though irreconcilable, comprehensive moral, philosophical, and religious doctrines.[56]

Regarding health and health needs, Leonard Fleck has pointed out that the veil of ignorance is a very apt figure of speech indeed. Most of us are actually ignorant about our future health and our future health needs most of the time.[57] There is nothing imaginary about that ignorance. It is not an assumption of a thought experiment; we do not know what, for us individually, the future holds in terms of illness, condition, accidents, and available healthcare. In fact, many of us are even unaware of our present health status.

The COVID-19 pandemic was unforeseen. At the time of the outbreak, no effective vaccines existed. Drastic measures were taken to prevent the spread of the virus. Once vaccines were ready to be made available to the public, vaccination policy became the subject of debate. In the Netherlands, it was decided not to introduce mandatory vaccination and to maintain the traditional vaccination policy. It can be demonstrated without much difficulty that if measures and the laws allowing them are so interfering, public reason is called upon even after settlement by the legislature.

As a citizen of the Netherlands, I respect my fellow citizens. However, I cannot comprehend the refusal by some to get inoculated against COVID-19 with an evidence-based, safe, and effective vaccine to protect themselves and others. The reasons they come up with as orthodox Calvinists are beyond me. Although I really believe they should be vaccinated, I would consider it unreasonable if I were to want our government to change its policies and make vaccination mandatory for everyone. On the other hand, I would consider it profoundly unreasonable if they thought that our government should no longer make the vaccine available to those who—like me—want to protect themselves in this way. Since they do not, the respect is apparently mutual. The current Dutch law on vaccination seems justifiable or acceptable to all of us. Its rules are rules we can apparently assent to as reasonable people. They must be fair. If we could not assent to the rules after their enactment, the matter would simply not be settled.

But what does it mean to reason or justify *publicly*?

Reasonableness and the political public domain

Rawls identifies what is publicly justified with what reasonable citizens will assent to. Gerald Gaus referred to this as Rawls's "reasonable people thesis."[58] Rawls assumes that reasonable citizens (1) respect

one another as free and equal; (2) are prepared to offer one another fair terms of cooperation; (3) agree to act on those terms; (4) may have fundamentally different views on an issue because they hold different things to be true according to their respective doctrines; (5) adhere to comprehensive, moral, philosophical, or religious doctrines that are reasonable, and, therefore, do not rule out respect and cooperation in advance, and do not provide perspectives standing in the way of achieving fairness. Needless to say that, according to Rawls's understanding of liberal democracy, many doctrines exist in liberal democracies, but they cannot be but reasonable.

As I argued, it is reasonable to assume that public reason is not limited to constitutional essentials and matters of basic justice. It extends to *some* questions to be settled by the legislature within a constitutional framework as well. The rules it comes up with when addressing these issues require public justification, too. To justify publicly, reasonable people cannot but rely on the methods of reasoning accessible to others and on the basis of facts not covered by the veil of ignorance. This is referred to by Gaus as the *accessibility condition*.[59]

Can that condition be fulfilled? Without its fulfillment, public discourse is inconceivable. Only public deliberations make agreements feasible.

In liberal democracies, deliberations occur in what Habermas referred to as the *political public domain* ("Öffentlichkeit").[60] Recently, Habermas pointed out that this domain is undergoing structural changes yet again. The printed book, the medium that once proved essential for rational discourse in the early stages of Western democracy, had gradually been replaced by mass media (journals, newspapers, radio, and television) in the centuries that followed. Nowadays, these media are progressively giving way to new (online) media.[61] The *mediocracy* is being transformed into what is referred to by Byung-Chul Han as *infocracy*.[62]

Habermas noticed that the printed book and the political public domain were closely linked: "With a general readership consisting mainly of city dwellers and members of the middle-class, which is not confined to the Republic of letters (…) a relatively dense network of public communication emerges, as it were, from the heart of the private sphere."[63] Without the printed book, without its reasoning readership, the Enlightenment would not have occurred. Discourse is logically coherent in a culture dominated by the printed book, "social discourse is generally characterized by a coherent, orderly arrangement of facts and ideas."[64]

In his recently published update (2022) of *Strukturwandel der Öffentlichkeit* (1962), Habermas analyzes how the digitally transformed media structure influences the political process. He notices that the platform character of the new media increasingly contributes to the blurring and fragmentation of the political public sphere. Especially among those who use social media exclusively, semipublic, fragmented, and inward-oriented discourse is spreading, severely distorting the perception of the political public domain. Seen from those semiprivate, semipublic virtual spaces of communication, the inclusive character of the political public sphere, formerly visibly separated from the private sphere, is vanishing.[65]

According to Habermas, online media platforms do not merely add (dramatically) to the number of media. Their advent is also a qualitative rupture in the history of man and media comparable to the introduction of the printed book. Unlike publishers, traditional newspapers, and radio and television programs, the platforms do not filter and edit. They do not offer their users a substitute for professional selection and substantive discursive inquiry based on generally accepted cognitive standards. And just as the printing press turned everyone into a potential reader, the new platforms transform their users into potential authors. As a result, boundless communication networks arise spontaneously around specific themes ("trending topics") or persons ("influencers"), which can spread centrifugally and densify simultaneously into communication circuits dogmatically closed off from one another, resulting in countless very noisy "self-rotating echo chambers" of like-minded people.[66] And that severely hampers the building of political opinion and will.

Han, who created his own update of Habermas's classic, is more specific. He, too, notices the centerless rhizomatic structure of the new digital media and the disintegration of the political public domain into countless semiprivate and semipublic spaces, distracting us from themes relevant to society as a whole.[67] The political public domain is endangered by what Han (following the WHO) refers to as an *infodemic*: the viral spread and multiplication of information.[68]

An insightful albeit distressing phenomenology of information precedes Han's analysis of the infocracy. First, information has a very brief span of actuality. According to Han, it lacks temporal stability. Its chronic instability fragments our perception and disturbs the cognitive system, and its inherent urge to accelerate replaces the more time-intensive cognitive practices of experience, science, and the accumulation of knowledge.[69] Second, because of its very brief span of actuality, information atomizes time. It reduces time to a mere sequence of "now moments." In this, Han notices, it differs from the narrative, which generates temporal continuity. The volatility of information is not conducive to democracy, Han concludes, since discourse is an inherently time-intensive practice.[70] Third, rationality itself is time-intensive. Rational decisions are tailored to the long term. They are preceded by reflections that stretch beyond the moment into the past and the future. However, as Han points out, the urge to communicate ever faster deprives us of rationality. Under time restraints, we divert to intelligence, and intelligent action is aimed at short-term solutions and successes.[71] Fourth, in this day and age of infocracy, rational discourse is threatened by affective communication. The information with the greatest potential to arouse is most often conclusive. According to Han, fake news generates more attention than facts. Tweeting politicians do not attract attention if they stick to the facts.[72] Fifth, the infocracy incites instrumental action aimed at success. Longstanding political visions, comprehensive political agendas, and deeply ingrained political convictions and principles are sacrificed to short-term political impact and opportunism.[73]

As a result, political discourse is in danger of being reduced to an exchange of information conveyed by tweets and memes. Democracy, however, is slow and tedious. The infodemic subverts the democratic process. Arguments and justifications cannot be shared by tweets and memes spreading and multiplying with viral speed. Information has its own logic and its own temporality, which are at odds with the logic and temporality of discourse. According to Han, information has its own dignity, "a dignity beyond truth and falsehood."[74] Disinformation and misinformation are information first and foremost. They impact long before any verification process can be initiated, "information rushes past the truth and cannot be ascertained by it."[75] On a somber note, he concludes that any attempt to counter the infodemic with the truth is doomed to fail; it is *truth-resistant.*[76]

Again, it is reasonable to assume that public reason also extends to *some* questions to be settled by the legislature within a constitutional framework. For these questions, too, publicly justified is what reasonable citizens will assent to. But, if we are to believe Habermas and Han, facts and ideas are less and less coherently arranged, and the possibilities for substantive discursive inquiry based on generally accepted cognitive standards seem to wane. Nowadays, the structure of the political public domain is such that the accessibility condition proves very challenging to meet.

So, if it has become that difficult for reasonable people to engage in proper public discourse, was the Dutch government then correct in setting up a secretive committee suppressing misinformation and blocking disinformation to further its COVID-19 policies?

Who should decide?

Before considering the merits of the Dutch government's actions, it should be pointed out that the scientists and physicians who had their posted information suppressed or blocked had communicated in ways typical to infocracy. General practitioners not agreeing with the official policy to make the Pfizer vaccine available to children aged 12–17 should have known that this policy was decided upon by their own professional body, where proper discourse had taken place. The decision on what to do professionally had not come about lightly.

When determining the standards members of a professional group must adhere to in their professional lives, a medical professional body follows elaborate, transparent, and participatory procedures geared at finding the most acceptable interpretation of the available data and determining the most appropriate course of action. The standards thus determined apply to all group members, including those who disagree. When it has been decided by their representing body that GPs (general practitioners) ought to prescribe drug X for patients diagnosed with the condition *a*, all GPs should follow that rule

unless an individual GP has sound medical reasons not to prescribe it to a particular patient. Individual GPs who do not prescribe X to all their patients with *a* because they believe it is the wrong thing to do violate the standard set by their peers and act unprofessionally. A GP who sends emails to the parents of all children aged between 12 and 17 in their practice informing them that little is known about the long-term effects of the Pfizer vaccine or posts messages to that effect on social media acts unprofessionally when another course of action is determined by their professional body. On top of that, such a GP is unwilling *to engage in public discourse properly*. A *reasonable* GP should have made their reservations known when they and their peers were discussing the professional course of action.

However, wrongs do not justify wrongs. The government should not have responded in infocratic ways. Those who posted messages on social media criticizing its handling of the pandemic more than likely did not believe they had misinterpreted their data. And although the information they shared in this way may have been (very) harmful, it is extremely unlikely that they did so with harmful intent. If they did, they would have known that the information they shared was misinformation. On that note, even the most avid conspiracy theorist can hardly be accused of spreading disinformation. Acting in the way the Dutch government did is giving evidence of fundamental distrust toward its citizens. At best, it will affirm already existing distrust toward the government on their part. Citizens should not be treated as agents maliciously spreading subversive disinformation at the behest of a hostile foreign party. *Reasonable* government officials should not act in this way. The government, too, must be willing to engage in public discourse properly.

Leaving aside the challenges evoked by infocracy, it is essential to point out—as Gaus did—that public reasoning is almost by definition inconclusive. Even when the accessibility condition is met, reasonable people are not prevented from (1) "arriving at beliefs that are not justified by their own systems," and (2) failing "to be persuaded by normatively valid (from their own perspective) reasoning that conflicts with the heuristic."[77] In other words, reasonable people are very capable of believing what is not well justified and failing to believe what is well justified.[78] However, disputes based on inconclusive reasoning can be ended because the practical issue about what is to be done can be resolved. These disputes are resolved by umpires and, in liberal democracies, as Gaus reminded us,[79] by governments acting as such in their legislative, executive, and adjudicative capacities in accordance with the basic principles of liberal democracies. Most of our public justifications are probably inconclusive. Still, as long as we can believe that this umpire resolves disputes in a publicly justified way, we will obey. When we conclude that our government no longer performs that function, only then our commitment to public reason can no longer bind us to obedience.[80]

By doing what it did, the Dutch government did precisely what it should not do. Instead, it should have displayed *trust* in its own institutions. A *reasonable* government should have demonstrated that its institutions can foster proper public discourse, that its decisionmaking procedures are participatory and transparent, and that its decisionmakers can be held accountable.

Notes

1. Schouten J. 'Desinformatie' werd gewist. Maar wie besloot wat? ('"Disinformation" was erased. Who decided what?'). *NRC*, April 26, 2023; available at https://www.nrc.nl/nieuws/2023/04/25/desinformatie-over-vaccins-werd-gewist-maar-wie-besloot-wat-a4163066 (last accessed 10 Oct 2023)
2. See note 1, Schouten 2023, at 6.
3. See note 1, Schouten 2023, at 7.
4. See note 1, Schouten 2023, at 7.
5. Nationaal Coördinator Terrorismebestrijding en Veiligheid (NCTV). Wat is desinformatie? ('What is disinformation?'). Den Haag; Ministerie van Veiligheid en Justitie; undated; available at https://www.nctv.nl/onderwerpen/desinformatie (last accessed 10 Oct 2023)
6. See note 5, NCTV.
7. See note 5, NCTV.
8. See note 5, NCTV.
9. See note 5, NCTV.

10. See note 5, NCTV.
11. See note 5, NCTV.
12. Rijksinstituut voor Volksgezondheid en Milieu (RIVM), Over het Rijksvaccinatieprogramma ('On the National Immunization Program'). Den Haag; Ministerie van Volksgezondheid, Welzijn en Sport; undated, available at https://rijksvaccinatieprogramma.nl/over-het-programma (last accessed 10 Oct 2023)
13. See note 12, RIVM.
14. Wet Immunisatie Militairen ('Act on Immunization of Military Personnel'); available at https://wetten.overheid.nl/BWBR0002117/1998-01-01 (last accessed 10 Oct 2023)
15. European Court of Human Rights April 8, 2021, appl. no. 47621/13, 3867/14, 73094/14, 19298/15, 19306/15 43883/15 (*Vavricka and others v. Czech Republic*)
16. Hielkema D. Risico op uitbreken neemt toe door gedaalde vaccinatiegraad in Amsterdam ('Risk of outbreak increases because of decreased vaccination rate in Amsterdam'). *Het Parool*, September 13, 2023; available at https://www.parool.nl/amsterdam/risico-op-uitbraken-neemt-toe-door-gedaalde-vaccinatiegraad-in-amsterdam-wethouder-is-zich-kapot-geschrokken~b83aa870/ (last accessed 10 Oct 2023)
17. See note 16, Hielkema 2023.
18. Rijksinstituut voor Volksgezondheid en Milieu (RIVM), *Vaccinatiegraad en jaarverslag Rijksvaccinatieprogramma Nederland 2022*. Bilthoven: RIVM; 2023, at 38–41.
19. See note 18, RIVM 2023, at 38–41.
20. Harmsen I. Vaccinating: *Self-evident or Not? Development of a Monitoring System to Evaluate Acceptance of the National Immunization Program*. Maastricht: Maastricht University; 2014.
21. See note 18, RIVM 2023, at 20.
22. See note 18, RIVM 2023, at 20.
23. See note 18, RIVM 2023, at 24.
24. MacDonald N, Skola J, Liang X, Chaudhuri M, Dube E, Gellin B. Vaccine hesitancy: Definition, scope and determinants. *Vaccine* 2015;**33**:4161–4164, at 4163.
25. See note 24, MacDonald et al. 2015, at 4161–4162.
26. World Health Organization (WHO). *Ten Threats to Global Health in 2019* 2019. available at https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019 (last accessed 10 Oct 2023).
27. Rijksinstituut voor Volksgezondheid en Milieu (RIVM). *Vaccinatiegraad Rijksvaccinatieprogramma Nederland. Verslagjaar 2013.* Bilthoven: RIVM; 2013; available at https://www.rivm.nl/publicaties/vaccinatiegraad-rijksvaccinatieprogramma-nederland-verslagjaar-2013 (last accessed 10 Oct 2023)
28. Spaan H, Ruijs W, Hautvast J, Tostmann A. Increase in vaccination coverage between subsequent generations of orthodox Protestants in The Netherlands. *European Journal of Public Health* 2017;**27**:524–530, at 524.
29. See note 28, Spaan 2017, at 524.
30. See note 28, Spaan 2017, at 525.
31. See note 28, Spaan 2017, at 527.
32. See note 28, Spaan 2017, at 528
33. See note 28, Spaan 2017, at 526.
34. European Centre for Disease Prevention and Control (ECDC). *Let's Talk About Hesitancy*. Stockholm: ECDC; 2016; available at https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/lets-talk-about-hesitancy-vaccination-guide.pdf (last accessed 10 Oct 2023)
35. See note 34, ECDC 2016, at 2–6.
36. See note 34, ECDC 2016, at 4.
37. See note 34, ECDC 2016, at 4–5.
38. See note 34, ECDC 2016, at 5.
39. Troiano G, Nardi A. Vaccine hesitancy in the era of COVID-19. *Public Health* 2021;**194**:245–251.
40. Biswal R, Saleh Alzubaidi M, Shah U, Abd-Alrazaq A, Shah Z. A scoping review to find out worldwide COVID-19 vaccine hesitancy and its underlying determinants. *Vaccines* 2021;**9**:1243.

41. World Health Organization (WHO). Infodemic. Undated; available at https://www.who.int/health-topics/infodemic#tab=tab_1 (last accessed 10 Oct 2023)
42. Kouzy R, Abi Jaoude J, Kraitem A, El Alam M, Karam B, Adib E, Zarka J, Traboulsi C, Akl E, Baddour K. Coronavirus goes viral: quantifying the COVID-19 misinformation epidemic on Twitter. *Cureus* 2020;**12**, 3:e7255.
43. Hameleers M, Vliegenthart R. Desinformatie: De verspreiding en effecten van desinformatie tijdens de COVID-19-pandemie. In: WRR/KNAW. *COVID-19: Expertvisies op de gevolgen voor samenleving en beleid*. Den Haag; WRR/KNAW; 2021, at 60–67; avalaible at https://www.wrr.nl/publicaties/publicaties/2021/07/15/covid-19-expertvisies-op-de-gevolgen-voor-samenleving-en-beleid (last accessed 10 Oct 2023)
44. Visser M. Tegenstanders noemen het een wappieclub, zelf zien ze zichzelf als het Verzet: dit is Viruswaarheid ("Opponents call them a fools' club. They see themselves as the Resistance: this is Virus Truth"). *Trouw* 2021 Feb 16; available at https://www.trouw.nl/binnenland/tegenstanders-noemen-het-een-wappieclub-zelf-zien-ze-zich-als-het-verzet-dit-is-viruswaarheid~bd3e42837/ (last accessed 10 Oct 2023)
45. BBC News. Covid: Dutch curfew riots rage for third night. 2021 Jan 26. https://www.bbc.com/news/world-europe-55799919 (last accessed 10 Oct 2023)
46. Quong J. Public Reason. In: Allen C, Kim H, Oppenheimer P. *Stanford Encyclopedia of Philosophy*. Stanford: Stanford University Press; 2022; available at https://plato.stanford.edu/entries/public-reason/ (last accessed 10 Oct 2023)
47. See note 46, Quong 2022, at 3–4.
48. See note 46, Quong 2022, at 1.
49. See note 46, Quong 2022, at 4.
50. Rawls J. *Political Liberalism*. New York: Columbia University Press; 1996, at 9.
51. Rawls J. *Justice as Fairness: A Restatement*. Cambridge, MA: Harvard University Press; 2001, at 91.
52. See note 51, Rawls 2001, at 91.
53. See note 50, Rawls 1996, at xliv.
54. Rawls J. *A Theory of Justice*. Cambridge, MA: The Belknap Press of Harvard University Press; 1971, at 136.
55. See note 54, Rawls 1971, at 137.
56. See note 54, Rawls 1971, at 145–147.
57. Fleck L. *Precision Medicine and Distributive Justice. Wicked Problems for Democratic Deliberation*. Oxford: Oxford University Press; 2022, at.154.
58. Gaus G. *Justificatory Liberalism. An Essay on Epistemology and Political Theory*. Oxford: Oxford University Press; 1996, at 131–136.
59. See note 58, Gaus 1996, at 132.
60. Habermas J. *Strukturwandel der Öffentlichkeit: Untersuchungen zu einer Kategorie der bürgerlichen Gesellschaft*. Frankfurt am Main: Suhrkamp Verlag AG; 1990.
61. Habermas J. *Een nieuwe structuurverandering van het publieke domein*. Den Haag: Boom; 2023 at 47–53.
62. Han Byung-Chul. *Infocratie. Digitalisering en de crisis van de democratie*. Utrecht: Uitgeverij Ten Have/De Nieuwe Wereld; 2022.
63. See note 61, Habermas 2023, at 13.
64. Postman N. *Wij amuseren ons kapot. De geestdodende werking van de beeldbuis*. Houten: Het Wereldvenster; 1986, at 56.
65. See note 61, Habermas 2023, at 11, 29.
66. See note 61, Habermas 2023, at 41, 47, 53.
67. See note 62, Han 2022, at 30.
68. See note 62, Han 2022, at 30.
69. See note 62, Han 2022, at 30–31.
70. See note 62, Han 2022, at 31.
71. See note 62, Han 2022, at 31–32.

72. See note 62, Han 2022, at 32.
73. See note 62, Han 2022, at 32–33.
74. See note 62, Han 2022, at 39.
75. See note 62, Han 2022, at 40.
76. See note 62, Han 2022, at 40.
77. See note 58, Gaus 1996, at 136.
78. See note 58, Gaus 1996, at 136.
79. See note 58, Gaus 1996, at 189.
80. See note 58, Gaus 1996, at 294–295.

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