

Critical analysis of communication strategies in public health promotion: An empirical-ethical study on organ donation in Germany

Solveig Lena Hansen¹  | Larissa Pfaller² | Silke Schicktanz¹ 

¹Department of Medical Ethics and the History of Medicine, University Medical Centre, Göttingen, Germany

²Department of Sociology, Friedrich-Alexander-University Erlangen-Nuremberg, Erlangen, Germany

Correspondence

Solveig Lena Hansen, Department of Medical Ethics and the History of Medicine, University Medical Center, Humboldtallee 36, 37073 Göttingen, Germany.
Email: solveig-lena.hansen@medizin.uni-goettingen.de

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Abstract

Given the need for organs, public organizations use social marketing strategies to increase the number of donors. Their campaigns employ a variety of moral appeals. However, their effects on audiences are unclear. We identified 14 campaigns in Germany from over the last 20 years. Our approach combined a multimodal analysis of categorized posters with a qualitative analysis of responses, collected in interviews or focus groups, of 53 persons who were either skeptical or undecided about organ donation. The combined analyses revealed that the posters failed to motivate laypersons in general to donate, and were even less effective on skeptical or undecided individuals. We explain this in terms of the types of moral messages found on posters and the limits of such social marketing strategies. Furthermore, we discuss certain ethical aspects of organ donation campaigns pertaining to communicating norms and trust in public institutions.

KEYWORDS

altruism, Germany, health communication, organ donation, trust

1 | INTRODUCTION

In many countries, donation organizations use video clips, websites and billboards to frame organ donation (OD) as a socially welcome act. These organizations employ social marketing techniques to alter the behaviour of targeted audiences, primarily those who are unwilling to donate or who are still undecided. In contrast to most other fields of health communication, such as HIV prevention, organ donation campaigns (ODCs) address people in the interest of others, the organ recipients.

In so-called 'opt-out countries', such as Spain and Austria, citizens are presumed to be potential donors as long as they do not explicitly refuse. In contrast, 'opt-in countries' require consent or

authorization for OD. Most opt-out countries have higher OD rates than opt-in countries, where four factors, often intermingled, largely explain attitudes to OD: psychological reasons,¹ cultural concepts of the body and/or death,² structural problems within the medical sys-

¹Falomir-Pichastor, J. M., Berent, J. A., & Pereira, A. (2013). Social psychological factors of post-mortem organ donation: A theoretical review of determinants and promotion strategies. *Health Psychology Review*, 7(2), 202–247.

²Pfaller, L., Hansen, S. L., Adloff, F., & Schicktanz, S. (2018). 'Saying no to organ donation': An empirical typology of reluctance and rejection. *Sociology of Health and Illness*, 40(8), 1327–1346; Sharp, L. A. (2006). *Strange harvest: Organ transplants, denatured bodies, and the transformed self*. Oakland, CA: University of California Press; Fox, R. C., & Swazey, J. P. (1992). *Spare parts. Organ replacement in American society*. New York, NY: Oxford University Press.

tem,³ and the legal model of consent. There is no evidence that one factor alone can explain the differences in donation rates.

Against this background, it is very likely that countries with low donation rates have strong incentives to invest in ODCs. Our case of an opt-in country is Germany, where current ODCs promote OD cards that document the holder's decision to donate organs after the determination of brain death. When the deceased's wishes are unknown, relatives are asked to decide on their behalf.⁴ Statistics show, however, that in such cases only two-thirds of relatives agree to donation.⁵ Thus, it seems more promising to appeal directly to citizens to sign up for themselves, in order to avoid the possibility that relatives will reject a donation because of uncertainty.

In Germany, providing unbiased information on OD is a legal requirement, but there is also a legal mandate to promote the Germans' willingness to donate organs.⁶ The German Ministry of Health (BMG) gives the Federal Institute for Health Education (BZgA) several million euros to support its display of large posters at bus stops, on billboards and in clinics, and its broadcast of public service announcements (e.g. 7.5 million in 2014 and 6.5 million in 2015).⁷ A campaign's posters are the public face of OD.⁸ ODCs can have a variety of aims:⁹ raising awareness for OD, providing information on OD, and persuading people to become potential donors. Some campaigns have all three aims; others, only one. These aims reflect different moral presumptions. Raising awareness is seen as ethically unproblematic; therefore, discussions about this aim focus mostly on practical concerns.¹⁰ Ethical concerns raised ask about the justification or moral limits of just providing information versus persuasion. According to one common position, it is legitimate in times of organ shortage to persuade people towards OD.¹¹ This position is utilitarian in nature. Here, blaming or inducing guilt in people is morally right if it has a big enough prosocial effect on their behaviour. This is, probably, what can be expected from education campaigns that support policies of mandatory or automatic donations.¹² From this per-

spective, OD after death saves others' lives, so persuasion by using elements of nudging is unproblematic. However, a utilitarian perspective would probably also value respect for self-determination and would likely reject direct physical coercion, such as in forced donations. In addition, a utilitarian perspective argues that, if a person explicitly does not consent to donation, it is in the 'public interest' to respect 'their wishes when alive as to affairs after death'.¹³

Utilitarian approaches in the tradition of John Stuart Mill, which strongly argue for the right to self-determination from a liberal perspective and consider practical deliberation as evidence of moral decision-making, would very likely stress the importance of accurate information. More generally, unintended countereffects that might result in long-term social resistance and social disaffirmation, such as 'message fatigue',¹⁴ seem undesirable from this perspective.

Others have argued that the decision to donate should be based on unbiased information that respects the individual's right to self-determination.¹⁵ This position can be justified within deliberative-deontological or discourse ethics approaches. These approaches are critical of persuasive techniques. According to these perspectives, decisions about life and death, including OD, should be made on the basis of unbiased information out of respect for individual autonomy. In the sense of Kantian ethics, autonomy means to act according to personal maxims, whose universal acceptance one reasonably assumes. This understanding requires communication that empowers reflection as long as it does not undermine or manipulate people's reasonable judgments. Because attempts to influence risk precisely this sort of manipulation, strict Kantians would probably reject such communicative strategies. Other approaches that value personal autonomy highly¹⁶ would argue for certain restrictions on manipulation and pressure in health communication, because they affect the ability of individuals to make independent decisions. From this perspective, triggering strong emotions such as fear or shame by manipulation can subtly undermine the capacity for individual, rational decision-making.

A third, more intermediate position holds that it is only ethical to use persuasive techniques to reduce or eliminate wrong bias; otherwise, any method of changing people's beliefs needs to be evidence-based, namely unbiased, honest, rational and context-sensitive.¹⁷ Whether certain beliefs and attitudes towards OD (for instance, regarding the concept of brain death or the usage of body parts) are wrong or biased is not always easy to clarify if one accepts that there

³Jawoniyi, O., Gormley, K., McGleenan, E., & Noble, H. R. (2017). Organ donation and transplantation: Awareness and roles of healthcare professionals - A systematic literature review. *Journal of Clinical Nursing*, 27(5-6), e726-e738.

⁴§4 I TPG (German Transplantation Law).

⁵Deutsche Stiftung Organtransplantation (2016). *Jahresbericht Organspende und Transplantation in Deutschland*. Frankfurt. <https://www.bundestag.de/en>

⁶§1 I TPG.

⁷Deutscher Bundestag. (2016). Unterrichtung durch die Bundesregierung: Zweiter Bericht der Bundesregierung über den Fortgang der eingeleiteten Reformprozesse, mögliche Missstände und sonstige aktuelle Entwicklungen in der Transplantationsmedizin. Berlin, Germany: Drucksache 18/7269.

⁸Chien, Y. H. (2014). Organ donation posters: Developing persuasive messages. *Online Journal of Communication and Media Technologies*, 4(4), 119-135.

⁹Morgan, S. E., & Miller, J. K. (2009). Beyond the organ donor card: The effect of knowledge, attitudes, and values on willingness to communicate about organ donation to family members. *Health Communication*, 14(1), 121-134; Rady, M. Y., McGregor, J. L., & Verheijde, J. L. (2012). Mass media campaigns and organ donation: Managing conflicting messages and interests. *Medicine, Health Care and Philosophy*, 15(2), 229-241.

¹⁰Noakes, A. (2019). Raising awareness of organ donation. *Journal of Health Visiting*, 7(7). doi: 10.12968/johv.2019.7.7.330

¹¹Chouhan, P., & Draper, H. (2003). Modified mandated choice for organ procurement. *Journal of Medical Ethics*, 29, 157-162.

¹²Thaler, R. H., & Sunstein, C. R. (2009). *Nudge: Improving decisions about health, wealth and happiness*. London, U.K.: Penguin.

¹³Harris, J. (2003). Organ procurement: Dead interests, living needs. *Journal of Medical Ethics*, 29, 130-134, p. 131.

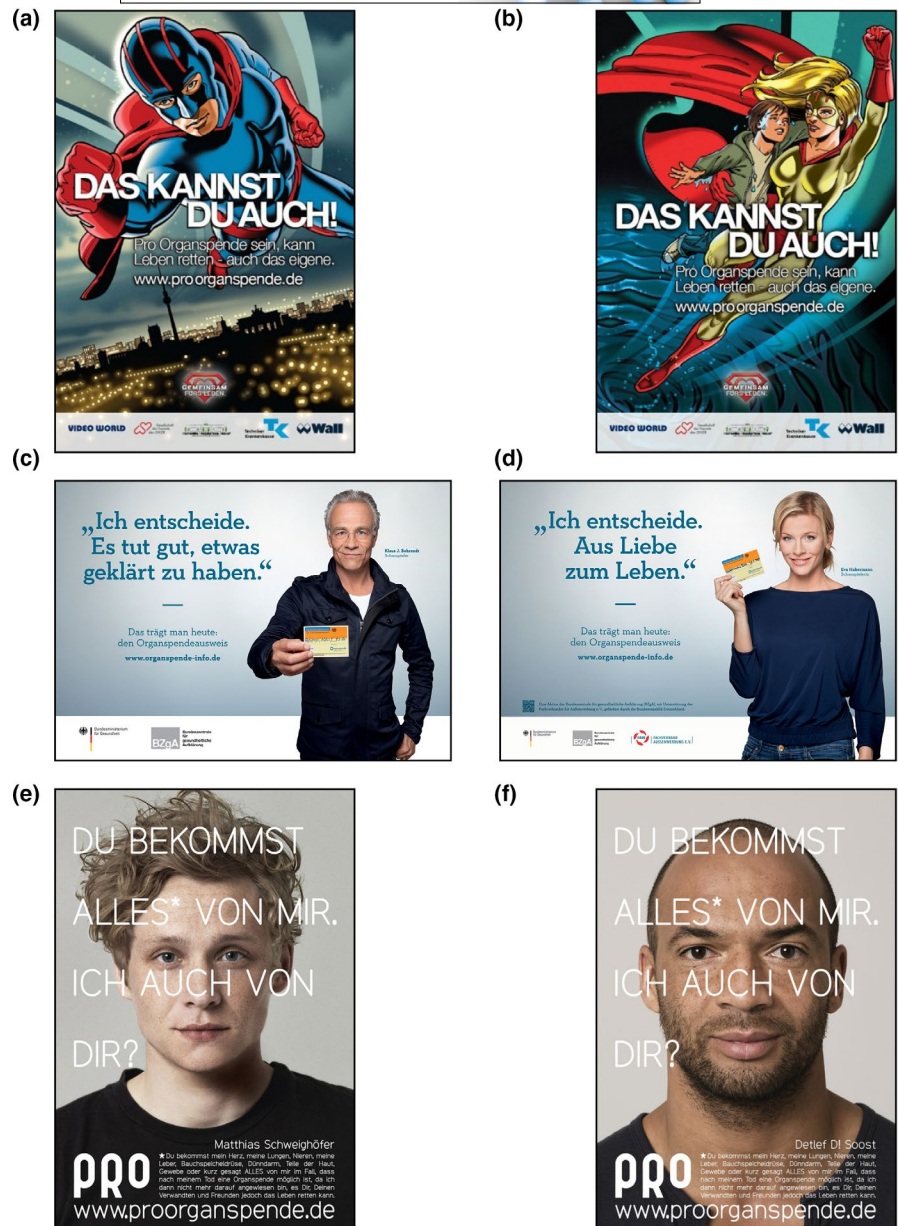
¹⁴Kim S., & So, J. (2018). How message fatigue toward health messages leads to ineffective persuasive outcomes: Examining the mediating roles of reactance and inattention. *Journal of Health Communication*, 23(1), 109-116.

¹⁵Rodríguez-Arias, D., & Morgan, M. (2016). Nudging deceased donation through an opt-out system: A libertarian approach or manipulation? *American Journal of Bioethics*, 16(1), 26-28.

¹⁶Buss, S., & Westlund, A. (2018). Personal autonomy. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*. Retrieved from: <https://plato.stanford.edu/archives/spr2018/entries/personal-autonomy/>.

¹⁷Shaw, D., & Elger, B. (2013). Evidence-based persuasion. An ethical imperative. *JAMA*, 309(16), 1689-1690.

FIGURE 1 Prototypical organ donation posters used for empirical-ethical analysis



are underlying anthropological assumptions regarding life, death and the human body that are not mere medical facts.

To date, the ethical discussion has occurred largely independently of empirical explorations. As a result, how groups actually respond to such messages has rarely been analysed. This is the gap that this paper fills.

In theory, ODCs address the skeptical and encourage the undecided to change their minds.¹⁸ However, there is a gap between those who are theoretically in favour of OD and those who actually decide to be a potential organ donor. Against this background, we assume that most ODCs target those who already have positive attitudes towards donation but remain passive. This group is encouraged to obtain a donor card and sign it in favour of donation. Topics

that are particularly relevant for skeptics, such as concepts of the body, the determination of death, or other socio-cultural reasons for reluctance, are rarely addressed in ODCs.¹⁹ Our research analyses how the skeptical and undecided respond to ODCs.

2 | METHODS

We carried out an in-depth analysis of the content of various ODC posters, including their moral messages. We also collected empirical data from participants in focus groups and from individual interviews to determine how they perceived the posters. We were then able to use an innovative combination of methods to triangulate the

¹⁸Rychetnik, L., Frommer, M., Hawe, P., & Shiell, A. (2002). Criteria for evaluating evidence on public health interventions. *Journal of Epidemiology & Community Health*, 56(2), 119–127.

¹⁹We have already given an empirical-ethical analysis of skepticism and reluctance in organ donation elsewhere. See Pfaller et al., op. cit. note 2.

Pictorial mode	
Vectors	Lines that connect elements to form a gestalt and thereby indicate a narrative structure embedding actor and goal
Distance	How close or far something appears to the viewer (through close-up, mid-shot, or complete view)
Point of view	The perspective (frontal, side, etc.) from which something is shown
Contact	How an imaginary relationship is established between portrayed testimonials and the viewer
Salience	How elements are emphasized or highlighted, e.g., with colour or shape
Modality	Reality value of a picture
Linguistic mode	
Speech act	Pragmatic function of a poster's propositional content.
Argumentative role	Supposed aim of the speech act, which the image supports.

TABLE 1 Most important categories used for multimodal analysis in the German study on reluctance regarding organ donation

qualitative data from a limited sample of participants with an in-depth analysis of the material based on ethical and multimodal categories of communication. In the following, we describe the limitations of each method in order to achieve a more reliable methodology.

We first collected materials from various donation institutions through a systematic search of web archives. For this paper, however, we focus only on ODC posters and exclude online social marketing as well as personal interactions. This allows for an in-depth comparison of ODC posters. Ever since the implementation of the German transplantation law in 1997,²⁰ such posters have been used nationwide to raise public awareness and inform the public about OD. We also conducted background expert interviews with members of some relevant public institutions in order to gather information on the design, conduct and financing of their campaigns.

We identified 14 distinct campaigns involving 86 posters from 1996 to 2016. We selected three campaigns, taking two posters from each (see Figure 1). Each of the six posters uses one of the most common moral appeals for OD that occur in the general discussion: (1) OD is altruistic,²¹ (2) making a pro-OD decision is a prima facie duty,²² and (3) the social norm of reciprocity requires deciding in favour of OD.²³ This moral spectrum followed Joralemon and Cox,²⁴ who systematically analysed major models for acquiring organs, mapping models onto a spectrum that ranged from voluntary decisions to coercion.

Our methodological aim was to improve on existing studies of health communication by evaluating image-text interactions. We

have already published the steps of our methodology and a detailed analysis of the variety of moral messages elsewhere.²⁵ To date, most studies have used content analysis, which does not differentiate between text and image.²⁶ When interpreting their subject matter, these studies have applied categories from textual analysis. However, understanding the visual-verbal speech acts through which posters convey their moral messages requires a multimodal approach.²⁷ Theories of multimodality explain modes of communication as 'social resources' for creating meaning.²⁸ Analyses drawing on these theories focus on the interplay of at least two modes of communication, for instance linguistic and pictorial modes (see Table 1 for analytic categories). In this way, one can examine how an image supports, subverts, or even contradicts, a verbal message.²⁹ Images both represent the world and shape our experiences of it.

The concept of speech acts is widely accepted in linguistics and philosophical theory.³⁰ Our analysis draws on these core ideas. However, the theory does not provide any analytic approach for images. In multimodal communication, there might be speech acts of assertion, for example 'Every day, three people die due to organ shortage', below a picture of someone refusing to fill in a donor card. The speech act itself is assertoric; however, in combination with the picture, it might have a blaming effect on people who do not want to donate. In order to analyse such complex processes of meaning-making, we differentiated between a speech act's pragmatic function and

²⁰TPG as amended on November 5 1997.

²¹Moorlock, G., Ives, J. & Draper, H. (2014). Altruism in organ donation: An unnecessary requirement? *Journal of Medical Ethics*, 40, 134–138. The authors discuss altruism and organ donation with special regard to the following report: Nuffield Council on Bioethics. (2011). *Human bodies: Donation for medicine and research*. London, U.K.

²²Dufner, A., & Harris, J. (2015). Trust and altruism. Organ distribution scandals: Do they provide good reasons to refuse posthumous donation? *Journal of Medicine and Philosophy*, 40(3), 328–341.

²³Schweda, M., Wöhlke, S., & Schicktanz, S. (2009). Understanding public scepticism towards organ donation and its commercialization: The important role of reciprocity. *Transplantation Proceedings*, 41, 2509–2511.

²⁴Joralemon, D., & Cox, P. (2003). Body values: The case against compensating for transplant organs. *Hastings Center Report*, 33(1), 27–33.

²⁵Hansen, S. L., Eisner, M. I., Pfaller, L., & Schicktanz, S. (2018). 'Are you in or are you out?!' Moral appeals to the public in organ donation poster campaigns – a multimodal and ethical analysis. *Health Communication*, 33(8), 1020–1034.

²⁶Guttman, N., & Ressler, W. H. (2001). On being responsible: Ethical issues in appeals to personal responsibility in health campaigns. *Journal of Health Communication*, 6(2), 117–136.

²⁷Kress, G., & Van Leeuwen, T. (2006). *Reading images: The grammar of visual design* (2nd ed.). London, U.K.: Routledge.

²⁸Kress, G. (2010). *Multimodality. A social semiotic approach to contemporary communication*. London, U.K.: Routledge.

²⁹Stöckl, H. (2009). The language-image-text. Theoretical and analytical inroads into semiotic complexity. *Arbeiten aus Anglistik und Amerikanistik*, 34(2), 203–226.

³⁰Searle, J. R. (1969). *Speech acts: An essay in the philosophy of language*. Cambridge, U.K.: Cambridge University Press.

TABLE 2 Overview of sample (focus groups and interviews, $N = 53$) in the German study on reluctance to organ donation

Group	Participants	Composition and attitudes
FG 01	3 males	All in their 30s, high educational level; undecided or skeptical
FG 02	2 females	38 and 44 years old, high educational level; opposed or skeptical
FG 03	2 females and 1 male	40–86 years old, high educational level; opposed
FG 04	3 females and 3 males	31–65 years old, all volunteers in the health sector, lower and higher educational levels; most in favour
FG 05	3 females and 1 male	62–76 years old, high educational level; skeptical or opposed
FG 06	6 females and 3 males	52–68 years old, middle to high educational levels, most know each other; most opposed
FG 07	3 females and 2 males	26–46, all in public relations; opposed, undecided, and in favour
FG 08	3 females and 2 males	Students, in their 20s; organize events to promote OD
FG 09	5 females and 1 male	Students, in their 20s; undecided
Interviews	6 females and 4 males	23–63 years old; 5 opposed and 3 in favour

its argumentative role. While only a poster's verbal speech act has a pragmatic function, the image is the strongest indicator of the verbal speech act's argumentative role, as Cattani³¹ pointed out in her development of speech act theory. By reconstructing a poster's moral message, the analysis aimed at uncovering its *potential* effects based on our theoretical assumptions. However, its *actual, spontaneous* effects could be identified only by collecting the concrete responses of viewers. To allow for a broad variety of participants, we conducted interviews and focus groups in five German cities in 2015 and 2016.³²

We recruited participants through snowball sampling, using leaflets, posters, and announcements in certain online forums and organizations. All material was text-based, giving general information about the study, contact persons, aim, and funding. Deliberative sessions within the project's team and associates guaranteed non-persuasive recruitment. We recruited until we achieved a theoretical saturation in our analysis of collected data. We especially wanted to include the skeptical and the undecided, because they are probably particularly important target groups for social marketing strategies but are rarely included in empirical and ethical analyses.³³ We also conducted small focus groups (of only two to three members) and individual interviews because they allowed us to sample uncertainties, disappointments, fears and vulnerabilities that are not easily voiced in a larger group.

We included 53 participants in the sample—33 females and 20 males. Ages ranged from 21 to 86 years, with an average of 46

years.³⁴ Participants had a broad range of attitudes towards OD, including for example skepticism, uncertainty, discomfort, helplessness, guilt, interest in the topic, and unequivocal approval (although some willing organ donors were still ambivalent about the practice).³⁵ We identified four positions of reluctance towards OD in the sample: (1) feeling uninformed and therefore refusing to make any decision, (2) mistrust in the system, (3) non-acceptance of brain death as the criterion of death, and (4) a desire for bodily integrity³⁶ (for a sample overview see Table 2).

We did not find any differences in reactions with regard to age or gender. Most participants were German, highly educated, and either Christian or non-religious.

We found a way to address the sensitive issue of OD that followed the main principles of qualitative research, openness and communication³⁷. We created an open interview situation, gave participants the time they needed to think, and employed a respectful style of communication so that participants would not feel judged when expressing their thoughts and feelings. We employed the same semi-structured questionnaire in both focus groups and individual interviews.³⁸ Group discussions and interviews were audiotaped, and the recordings transcribed. The data were analysed according to qualitative content

³¹Cattani, A. (2011). Argumentative mechanisms in advertising. *Forum Artis Rhetoricae*, 1, 85–105.

³²The study was approved by the institutional review board (IRB) of the University Medical Center Göttingen, Germany.

³³Hansen et al. (2018), op. cit. note 26.

³⁴For sample details, see Table 2.

³⁵Thus, interestingly, even people who decided to be potential organ donors expressed suspicions about the organ donation system. In these cases, however, the attitude that organ donation as such must be regarded as morally correct prevails.

³⁶Pfaller et al., op. cit. note 2.

³⁷Mruck, K., & Mey, G. (2000). Qualitative research in Germany. *Forum: Qualitative Social Research*, 1(1). Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1114/2467>

³⁸See attachment 1: Questionnaire.

analysis³⁹ using MaxQDA software. For publication, all material was pseudonymized. We coded all responses according to the posters' employment of both linguistic and pictorial modes. With regard to the linguistic mode, we noted responses to the speech act and its argumentative role, such as feeling moral pressure. With regard to the pictorial mode, we noted responses to the elements of images, such as their point of view, distance, and contact with viewers. Of particular interest were evaluative responses that concerned the interplay of the two modes, especially responses to the moral message of posters conveyed through text-image interaction.

In the final stage of the analysis, which we present here, we interrelated our multimodal analysis of the posters with the participants' reactions. In doing so, we reconstructed the posters' actual effects and compared them with the potential effects, which we analysed from the perspective of multimodality. In the following, we summarize the comparative findings and illustrate them with significant examples from the empirical material. It was crucial for us to uncover the spectrum of attitudes and opinions and to generalize them for the selected campaigns. By linking these empirical results back to our theoretical preliminary considerations, we aim to create an empirically well-founded ethical analysis. The individual statements quoted here are therefore of an exemplary nature. At the same time, they paradigmatically express the participants' attitudes towards the respective poster.

3 | RESULTS

In the following, we present the responses of participants to three models: 'being an altruistic hero', 'deciding as conforming behaviour', and 'following the logic of organ reciprocity'. In brief, we found that viewers perceived each poster's message to convey a moral imperative, such as a *duty* to donate. However, the perceived strength or weakness of the imperative varied according to the interplay of text and image.

3.1 | Being an altruistic hero: Not a role model for everyday life

In 2009, the foundation Pro Society (PS) initiated its first campaign, supported by prestigious sponsors and partners, such as the German Heart Institute Berlin (DHZB). The campaign was entitled 'You can do this, too!' and was designed in the style of a comic book. The campaign's posters (Figures 1a,b) portray superheroes. The alter egos of superheroes are often shy, ordinary people, and the campaign suggested that, similarly, donors are heroic behind their ordinary-seeming lives. In one poster, a male superhero patrols the sky, protecting the world from anything bad that might happen. In the other, a female superhero saves a child from drowning. The viewers perceive both figures in their entirety. The testimonials do not look directly at them. Revealing numerous vectors, the images seem to show a lot

of action. The main speech acts of both posters are assertoric: they state, 'You can do this, too!' However, their argumentative role might be optative, like an imperative: 'Be a person who acts in the interest of others'. Both posters suggest that donating organs saves helpless people from catastrophe.

How did our participants actually perceive the appeal? Their reactions showed that the pictorial mode in particular hindered acceptance of this offer. Because the superheroes did not make eye contact with the viewers, they established no relationship with them. No participant evaluated how the depicted testimonials felt or what they had in mind, demonstrating that they did not feel addressed by them. Indeed, we found explicit expressions of not being involved in the communication: '*This one doesn't bother me*' (Ms. Neumann, 59, FG 03). According to our interpretation, these posters' comic style elicited a positive overall evaluation, but participants felt little moral pressure, assessing them as pleasant: '*I find it very positive, it doesn't make me feel guilty*' (Ms. Wolf, 38, FG 02) and '*not so stressful*' (Ms. Klein, 44, FG 02). At the same time, however, many participants found the comic style inappropriate and perceived the campaign as taking neither its subject nor its audience seriously: '*It's life and not science fiction*' (Ms. Hartmann, 51, FG 04). They perceived the posters as unrealistic and their aim as too obvious; therefore, they were '*totally amiss*' (Mr. Zimmermann, 86, FG 04). In their view, the comic style undermined the seriousness of the appeal and inadequately portrayed OD's moral and social complexity. In addition, all age groups interpreted the posters as being '*directed at children*' (Ms. Schröder, 40, FG 03). So, again, viewers did not feel they were being targeted. Participants also claimed that, because of their style, these posters made it easy for viewers to acknowledge the value of OD but also to decline to take part: '*You have to imagine the negative aspects for yourself. Like if I don't do it, I'm not a hero. But not to be a hero is not as bad as letting someone die or something. I mean, most people are not heroes*' (Mr. Richter, 37, FG 01).

Here, the communication strategy is to present the altruistic hero as a 'role model',⁴⁰ who is selfless and helps others in need to a greater extent than usual. However, because the posters portrayed OD as extraordinary heroism, rather than as a binding moral duty for daily lives, they did not guide their viewers towards concrete action. Being a superhero was not desired and did not have any practical implications for an ordinary person. Thus, these posters failed to address their message to participants, who, consequently, did not feel morally bound.

3.2 | Deciding as conforming behaviour: A virtuous act of a self-determining citizen

After an important revision of the German transplantation law in August 2012,⁴¹ health insurance companies regularly sent informa-

³⁹Mayring, P. (2000). Qualitative content analysis. *Forum Qualitative Social Research*, 1(2). doi: 10.17169/fqs-1.2.1089.

⁴⁰Merton, R. K. (1968). *Social theory and social structure*. New York, NY: Free Press, p. 356f.

⁴¹TPG as amended on August 1, 2012

tion on OD to all insurees. Despite this, the absolute number of post-mortem donors has kept dropping. After the revision, the BZgA and the BMG took over responsibility for providing information on OD. Their information focused on the process of deciding about donation. The BZgA and BMG ran their first cooperative campaign entitled 'Decisional Solutions' in 2014.

In two exemplary posters, we see two well-known German actors, one male and one female, proudly holding up oversized OD cards (Figure 1c,d). The cards' large size, orange colour, and central location in the posters attract the attention of viewers. Both testimonials appear before a neutral grey background, looking directly at the viewer (i.e., making a demand). But the verbal–pictorial messages of the two posters entail different sorts of appeal. The male's speech act is assertoric: 'I decided. It feels good to have sorted something out.' The female's is also assertoric, but it also plays the argumentative role of endorsement: 'I decided. Based on my love of life.' The first expresses how rewarding it is to make committed personal decisions about confusing matters. In the second, we recognize an altruistic understanding of OD as a supererogatory act (i.e. an act that is beyond the call of duty). In the small print, however, the second's speech-act is commissive, promising recognition for those who fill in the donation card positively: 'This is in fashion these days: the organ donation card.' Thus, the moral appeal is to *decision-making as conforming behaviour*.

How did the moral appeal affect viewers? Most participants appreciated what they described as the neutrality of these testimonials. They also appreciated that this campaign made the individual's decision the centre of attention. Ms. Wolf (38, FG 02), for example, commented, 'I prefer the slogan *'It is good to have sorted things out'* because I think it's similar to topics like abortion or assisted suicide. These things need to be sorted out personally... That's why I kind of like this campaign; it's objective'. Mr. Koch (32, FG 01) described the posters as 'very neutral'. Mr. Bauer (33, FG 01), who identified the authors ('Down there you can see *'Ministry for Health' and so on'*'), found the campaign 'official and reliable'. At the same time, participants criticized the campaign for its superficial character. Moreover, they disapproved of its subtle attempt to use a technique of commercial marketing to influence their thinking about OD. For example, referring to the smiling female testimonial and her statement, Mr. Braun (36, FG 04) said, 'Well, when I look at her, I think one gets the impression that she said *'yes'*'. The reactions of the participants document the ambivalence produced by the campaign: it captivates with a neutral appearance, which at second glance proves to be merely superficial. The text–image interaction reveals a demanding effect. Participants' feelings in response to these posters made it strikingly evident that they perceived the appeal to social conformity as morally loaded; the posters presented the behaviour they sought to motivate as morally desirable in everyday life. For example, Ms. Fischer (34, Interview no. 04, ambivalent) said, 'It looks like it is cool and totally normal and easy. ... I wish I were that relaxed'.

Precisely because it referred to social conformity, this campaign triggered reactions that depended on the viewer's status as

in or out of the community of organ donors. From an empirical–ethical interpretation, the holding up of oversized OD cards says not only, 'Look, I decided. You should decide too', but also, 'Look, I'll show you what is on my OD card'. This makes use of the fact that even though donor cards in Germany include a 'no' option, the majority of those who have filled out the card decide in favour of donation.⁴² These posters make their characters' decisions visible to viewers, but that might also be a form of social pressure because a 'yes' is more acceptable, and therefore more easily shown in public, than a 'no'. So, they may make the skeptical feel embarrassed about making their decision public.⁴³ From an ethical–analytical point of view, this campaign was not morally neutral, even though the 'yes' and 'no' on the pictured OD cards are not visible. This ambivalence is reflected in the answers of our participants. The posters appear neutral, but subliminally they tell people not only to fill in the card and carry it with them but also to become donors. Thus, we could reconstruct social feelings such as being encouraged (as a donor) or devalued (as a non-donor). For example, Mr. Günther (21, FG 09), who was in favour of OD, said, 'If I had an organ donor card, I would say, *'Great! I'm in. I belong to the club'*. That's what the messages here convey. If I did not have one..., I would feel like being— that's a bit extreme, but—excluded. ... But when I see these campaigns, I feel encouraged.' In the reactions of more reluctant people, like Ms. Neumann (59, FG 03), we found the norm of social conformity expressed as 'a reversed burden of proof. ... It seems to be a normal condition that organs are explanted'. Or, as Ms. Werner (65, FG 05) stated, 'To a sentence like *'It is good to have sorted things out'*, you can't say anything but *'Yes'*'. Thus, these posters had a 'seductive' effect (86, FG 04) or a 'social pull' (Ms. Schmitz, 62, FG 05). In fact, they risked generating a feeling of 'social compulsion' (ibid.). Therefore, some participants felt guilty, ashamed, or like a 'bad person' (Ms. Fischer, 34, Interview no. 04, ambivalent). These responses also documented the mechanisms of *social control* through which these posters' appeal worked. Violating internalized moral rules generates the feeling of guilt towards oneself and the feeling of shame towards others. These feelings function as inner sanctions and thereby assure social conformity.⁴⁴ Mr. Richter's (37, FG 01) interpretation—'You just have to do it; otherwise, you don't love life'—may illustrate the norm of social conformity's forcefulness.

In summary, the posters portray carrying a donor card as part of a conscious lifestyle. When expressed by a good-looking and likable celebrity, this message conveys a psychologically binding appeal to *social conformity*.

⁴²BZgA (2018). Wissen, Einstellung und Verhalten der Allgemeinbevölkerung (14 bis 75 Jahre) zur Organ- und Gewebespende. Bundesweite Repräsentativbefragung 2018 – Erste Studienergebnisse. Retrieved from https://www.organspende-info.de/sites/all/files/files/Infoblatt%20Organspende_180528_Final.pdf

⁴³Pfaller et al., op. cit. note 2.

⁴⁴Parsons, T., & Shils, E. A. (1951). *Toward a general theory of action: Theoretical foundations for the social sciences*. Cambridge, MA: Harvard University Press; Durkheim, E. (1997). *The division of labor in society*. New York, NY: Free Press.

3.3 | Organ reciprocity: Following the logic of the donors club

Pro Society, which conducted the altruistic hero campaign in 2009, favoured a very different moral message in 2010, when its campaign slogan was 'You get everything from me'. On these posters (Figures 1e,f), we see a famous actor and a well-known dancer, both thirty-something years old. Written across their faces in clean, white lettering are two sentences: 'You will get everything from me. Will I get the same from you?' In the small print at the bottom, they specify the organs we will get from them in case of need: heart, lungs, kidneys, liver, pancreas, intestine, skin tissue, and several other tissues.

The images are missing any vectors. Each features a close-up of a demanding face with a piercing expression looking directly at the viewer. Text and image are in black, white and grey. The speech act is commissive; that is, it expresses a promise that binds the speaker: 'You will get everything from me'. The subsequent question—'Will I get the same from you?'—is a call for reflection. Thus, the moral appeal of these posters is to *organ reciprocity* within the club of organ donors, and they express displeasure towards those who refuse. The underlying message is that we should all follow the Golden Rule, i.e., donate, because we would all want an organ if we needed one.

How does this moral appeal affect viewers? Responses showed that participants evaluated the appeal and its representation of potential donors positively. Mr. Weiß (24, FG 08) said, 'I like the idea of reciprocity. Like, 'Are you ready to do your bit, too?', and Ms. Fischer (34, Interview no. 04, ambivalent) called the idea 'nice'. Participants reacted to the stern face and piercing gaze of the testimonials by asking, 'What do they want from me?' (Ms. Becker, 23, Interview no. 7, in favour). We found that the majority of responses to the testimonials attributed certain feelings or motivations to them. Thus, they established a strong relationship with participants. The posters' moral appeal affected viewers directly, even to the extent that some perceived it as 'aggressive' and 'in your face' (Ms. Fischer, 34, Interview no. 04, ambivalent).

The strongly emotive pictures match with a commissive speech act. The interaction of text and image, the firm contact the latter establishes, and its direct, demanding gaze underscore the speech act: 'This is a direct instruction or a direct appeal to me, and I'm supposed to do it. ... I am looked at directly and also directly addressed' (Ms. Becker, 23, Interview no. 07, in favour). The direct gaze at the viewer and explicit appeal to 'You' made participants feel that they had a moral duty to donate. Thus, participants felt morally addressed but also under pressure, manipulated, pushed and obligated. As Ms. Neumann (49, FG 03) summarized her thoughts, 'Even how he looks. Oh my gosh! That is the kind of blackmailing and manipulation I was talking about'. Participants evaluated the posters negatively, and the most common moral reaction was aversion. Participants experienced a 'demand' (Ms. Fischer, 34, Interview no. 04, in favour) being made of them, which triggered feelings and a 'bad conscience' (ibid). They experienced the moral message as group pressure. Therefore, participants felt that it would be hard to articulate reluctance about

OD against the mainstream: 'The way this is presented feels like group pressure to me. It is like he would say to a young girl 'I love you. If you love me, then you have to sleep with me.' How can she say 'no'? How to defy? ... This feels terrible to me' (Ms. Neumann, 49, FG 03). Ms. Schröder (40, FG 03) added, 'Confronted with these posters, you have to be more courageous to say 'No, I don't want to donate organs.''

Overall, this particular campaign justifies its appeal by the binding principle of reciprocity in social interaction. It is visible through the participant's responses to the face-to-face communication. The convincing message of reciprocity is rooted in 'the creation and stabilization of social relations'.⁴⁵ Thus, these posters' moral appeal to organ reciprocity engages the social grammar of interaction and requires compliance from the viewer. Therefore, this campaign produced the greatest sense of moral duty in participants.

4 | DISCUSSION

In the following discussion, we analyse from an ethical-theoretical perspective how the positions of the participants towards the ODC can be rationalized.

Participants perceived the demand for reciprocity from celebrities (*You get everything from me*) as imposing the most binding moral duty, but they also expressed the strongest reluctance. At the other end of the spectrum, a comic-book appeal to heroic altruism provoked no real moral criticism, but it also failed to motivate participants because it presented the decision to donate as simple (*You can do this, too*) and glorified the situation of 'being a superhero'. Most participants saw the *Decisional solutions* campaign as neutral at first sight but very persuasive on a closer look. However, its appeal to the fashion of donating also provoked worries that those hesitant to donate would be deprived of their chance to act as self-determining citizens who act responsibly toward the community.

Expressing moral duties in various ways, the ODCs encouraged those who were already willing to donate, but failed to motivate others, especially those who were skeptical or unsure. In the following we discuss two ethical aspects of our results, namely communicating norms and trust in public institutions, which we think are of innovative relevance for future discussions on ODCs.

4.1 | Communicating norms

Participants perceived the reciprocity invoked in the *You get everything from me* campaign as demanding a commitment from them. This campaign portrayed OD in terms of a conjoint norm:⁴⁶ the pow-

⁴⁵ Adloff, F., & Mau, S. (2006). Giving social ties. Reciprocity in modern society. *European Journal of Sociology*, 47(1), 93–123.

⁴⁶ Coleman, J. S. (1990). *Foundations of social theory*. Cambridge, MA: Harvard University Press.

erful social norm of reciprocity. This norm is depicted as a standard that applies to everyone and, as such, binds both viewers and beneficiaries. The campaign appealed to viewers as members of a community of shared norms and values.⁴⁷

As other scholars have argued, this norm of gift-giving is very dominant in OD discourses.⁴⁸ Our analysis of the campaign material shows that organizations and institutions of health communication still convey such norms, thereby iterating and consolidating them.⁴⁹ As a social resource of organizations, ODC posters contribute to what the public considers morally acceptable and commendable behaviour.

The *Decisional solutions* campaign also portrayed OD in terms of a conjoint norm: social conformity. As social beings, viewers want to be in fashion, part of the in-group; they should therefore identify with these cardholders, who have embraced the widely accepted importance of deciding to be a potential donor. That is, viewers are admonished to accept the social importance of both decisiveness and OD, and in so doing to embrace a new, and exemplary, lifestyle. Both posters of this campaign appeal to the viewers' feelings of moral duty by addressing them as self-determining citizens; they are asked to act as modern subjects who shape their lives by making their own decisions. However, through the appeal, the campaign suggests that the right decision of a self-determining citizen is in line with the public's interest.

According to these interpretations, anyone who declines to become an organ donor is refusing to accept one of the community's rules for living together. Furthermore, social control through sanctions is necessary for maintaining conformity.⁵⁰ Thus, the effects of social standardization become particularly evident when people do not comply with, or even reject, a social standard. Those who do not want to follow the community's accepted social norms feared becoming outsiders.⁵¹

Unlike *You get everything from me* and *Decisional solutions*, the *You can do this, too* campaign grounds its main slogan in a disjoint norm, which is heroic altruism. Such heroic altruism is an extraordinary self-sacrifice towards strangers. It follows an impartial understanding of altruistic actions, such as 'a willingness to act in consideration of the interest of other persons, without the need of ulterior motives'.⁵² Such accounts conceptualize altruism in a very general (impartial) way. The norm of impartiality does not consider whether altruistic actions directed towards close relatives might differ (in motives or expectations) from altruistic actions towards strangers. One can also assume that a prospective donor who has a close

relative waiting for an organ will be less impartial towards the system than somebody who has no experience with the consequences of organ failure.⁵³ As this example shows, the impartial understanding of altruism is problematic, because 'impartiality is radically hostile to one's own particular attachments and projects, which one is not permitted to prioritize over one's obligation to act impartially for the benefit of all'.⁵⁴ The heroic framing of altruism in this campaign might even stress the interpretation of a radical selflessness one risks one's own life to save another. Our analysis explains that in real life, a general appeal to such a type of altruism is rather pointless. Rather than abstract appeals to heroic altruism, appeals to solidarity and prosocial behaviour might be more effective.⁵⁵

The campaign depicts potential organ donors as heroes, by demonstrating their will and capacity to help others in need. Herein lies a pitfall of this particular campaign: as one participant noted, 'most people are not heroes' (see above). When ordinary people act heroically, they go far beyond usual norms of prosocial behaviour or an everyday altruism. McBride and Seglow argued convincingly that 'a lifeguard who saves a drowning swimmer seems less altruistic than another swimmer who sets out to do the same'.⁵⁶ A lifeguard acts altruistically in a very broad sense, as such actions would be the lifeguard's professional duty. Other swimmers, risking their own lives and not having been trained for such a job, do not have a duty to rescue any drowning person. If they still do, they act altruistically in a narrow sense, which is supererogatory.⁵⁷

People who see no significant self-sacrifice or cost in being an organ donor are likely to support this heroic framing in the context of transplantation medicine: for them, an organ donor can act like the superhero, namely other-directed, without any moral work, further reflection, or individual sacrifice. Such positions might even argue that everyone has a duty to donate organs.

However, this heroic framing fails for skeptical, reluctant, and even undecided people, for whom donating organs involves greater costs than it does for donation proponents.⁵⁸ This is because whether we see a duty to help is, as Miller notes, 'strongly influenced by contextual factors such as the cost of helping, perceptions of the person in need, and the number of other people who are in a position to offer help'.⁵⁹ In order to become a donor, skeptical, undecided and reluctant people need to overcome internal conflicts before they can say 'yes'. Hard moral work, further reflection and in some cases even individual sacrifice are

⁴⁷Lock, M., & Crowley-Makota, M. (2008). Situating the practice of organ donation in familial, cultural, and political context. *Transplantation Reviews*, 22(3), 154–157.

⁴⁸Gerrand, N. (1994). The notion of gift-giving and organ donation. *Bioethics*, 8(2), 127–150.

⁴⁹Shaw, R. (2017). The notion of the gift in the donation of body tissues. *Sociological Research Online*, 13(6), 41–50. doi:10.5153/sro.1832.

⁵⁰Popitz, H. (1980). *Die normative Konstruktion von Gesellschaft*. Tübingen, Germany: Mohr Siebeck.

⁵¹Pfaller et al., op. cit. note 2.

⁵²Nagel, T. (1970). *The possibility of altruism*. London, U.K.: Oxford University Press, p. 1.

⁵³Moorlock et al., op. cit. note 22.

⁵⁴McBride, C., & Seglow, J. (2003). Introduction: Egoism, altruism, and impartiality. *Res Publica*, 9, 213–222, p. 217.

⁵⁵For this debate see: Saunders, B. (2012). Altruism or solidarity? The motives for organ donation and two proposals. *Bioethics*, 26(7), 376–381; Moorlock et al., op. cit. note 22.

⁵⁶McBride & Seglow, op. cit. note 58, p. 215f.

⁵⁷McBride & Seglow, op. cit. note 58.

⁵⁸Saunders, op. cit. note 59.

⁵⁹Miller, D. (2002). 'Are they my poor?' The problem of altruism in the world of strangers. *Critical Review of International Social and Political Philosophy*, 5(4), 106–127, p. 106.

necessary. For some people, in Miller's words, the 'cost for helping' is just too high. When asked to become a donor, the moral imperative these people perceive to 'save' lives confronts a feeling of unbearable violation of their personal bodily integrity.⁶⁰ When the speech act asserts: 'You can do it, too!', demanding that they help others in need, their answer is: 'You are wrong—I cannot do it. I am different from this hero.' Together with the comic style, this is the main reason these posters did not convince our participants.

For reluctant persons, deciding to become a donor is something very costly. Their standpoints, in particular, provide solid ground to see OD as supererogatory. For people in favour of OD, however, this campaign's argument that, in effect, everyone has superpowers conveyed a duty to donate.

From an ethical point of view, there is a second point worth mentioning with regard to the *You can do this, too* campaign, although this was not explicitly mentioned by our participants. Besides the main slogan, the campaign also states: 'Being in favor of donation can save lives—including your own'. Consequently, it not only appeals to heroic altruism for the sake of others but also highlights the opportunity to receive a donated organ if necessary. However, it is precisely the implicit promise of gaining an advantage by adopting a pro-donation attitude that opens these two campaigns to criticism—because the promise is false. According to Germany's opt-in law (Section 3 above), organs are allocated only according to medical urgency and the chances of successful transplantation (e.g. matching and tissue typing). Thus, no donor can rely on the calculation of receiving an organ, if needed, in return. Any ethical position that argues for the right to self-determination and considers practical deliberation to be evidence of moral decision-making would have to oppose this method of communicating norms in combination with false promises.

Summing up, it is important to reflect that in all three cases these institutions make strategic use of the norms of altruism, reciprocity and decision-making. As our results demonstrate, the skeptical and undecided cannot morally relate to such messages—meaning that they would be able to find, in a fair discourse, moral reasons to accept (or reject) the norm. Rather, these messages, in combination with the images, manipulate the viewer by making strategic use of social norms.

4.2 | Trust in public institutions

Participants' criticism pertained to campaigns' attempts to influence viewers, while few criticized OD itself. According to this perception, the posters aimed at increasing donations, not at informing viewers about the topic. Without doubt, the posters' main aim was to raise public awareness and not to provide detailed information. However, our findings indicate that people are very sensitive to the ways the posters are framing information and debates.

This sensitivity can be elaborated best by the underlying practice of trust.⁶¹ Often, the particular role communication plays in public trust—through, for instance, ODCs—is seen in an instrumental way. According to this logic, an increase of information leads to transparency, which leads (automatically) to trust, which will then most likely increase people's willingness to donate: 'The more accurate the information available, the more accurate the anticipation of future eventualities and the more appropriately directed the trust'.⁶² However, not only transparency as an epistemic part of reliability, but also trust in the moral integrity of the main actors is relevant. In the past, scandals in the transplantation system have indicated a need for more and more transparent information.⁶³ If viewers detect incomplete, false, or manipulative information in public campaigns then this can have unintended countereffects regarding the transplantation system. These possible countereffects reflect the very nature of trust.

By trusting, a person ('trustor') exposes herself to a source of insecurity because she assumes that the trusted person ('trustee') will act in accordance with her interests and values. Because there is no guarantee that the trustee will do so, the trustor makes herself vulnerable to the trustee. A trustor can admit to herself this vulnerability in light of her optimistic assumption that the trustee will live up to her trustful expectations. If so, the trustor accepts her 'vulnerability to another's possible but not expected ill will (or lack of good will)'.⁶⁴ Although trust grants the trustee considerable discretionary power (ibid.), the trustee is morally bound by the trustor's optimistic expectation that this power will be used responsibly. Moreover, the trustee risks fostering distrust if he uses his power irresponsibly.

It is important to note that communicational interventions such as ODCs follow some 'implicit expectations'⁶⁵ of public discourse with regard to trust. Specifically, when institutions are in need of support, for example of potential donors, they implement campaigns or other interventions. These institutions take for granted that their goals are relevant to the public and cannot be solved by individual action or experts alone. They also consider their goal to be so important that they are willing to expose their practices to public scrutiny.

This may be of only minor relevance to people who need more information to make a decision. More transparency and correct information might help this particular group to make a decision. From a moral point of view, they assume that their values will be respected

⁶¹For an elaboration on the relationship between trust and organ donation, see Hansen, S. L., & Beier, K. (2021). Appealing to trust in donation contexts: Expectations and commitments. In S. L. Hansen, & S. Schicktanz (Eds.), *Ethical challenges of organ transplantation. Current debates and international perspectives*. Bielefeld: transcript. (forthcoming)

⁶²Brown, S. J. (2018). Autonomy, trust and ante-mortem interventions to facilitate organ donation. *Clinical Ethics*, 13(3), 143–150.

⁶³Hoeyer, K., Jensen, A. M., & Olejaz, M. (2015). Transplantation as an abstract good: Practising deliberate ignorance in deceased organ donation in Denmark. *Sociology of Health and Illness*, 37(4), 578–593.

⁶⁴Baier, A. (1986). Trust and antitrust. *Ethics*, 96(2), 231–260, p. 235.

⁶⁵Johannsen, R. L., Valde, K. S., & Whedbee, K. E. (2008). *Ethics in human communication*. Long Grove, IL: Waveland Press, p. 12.

⁶⁰Pfaller et al. 2018, op. cit. note 2.

by the transplantation system, and they are willing to make themselves vulnerable to the trustees.

Others adopt the attitude that the trustee will not respect their values. They are the distrusting group. According to Hawley,⁶⁶ distrust arises from such an 'expectation of unfulfilled commitment'. Thus, the distrust of skeptical persons lies in the expectation that transplantation medicine will violate its responsibility to respect their gut feelings about bodily integrity and the moment of death.⁶⁷ They do not see that trust in the medical system and the public institutions administering OD will enhance their range of options. Rather, they distrust the OD system because they expect harm from it, viz. in the form of infringement of their interests, manipulation, priority given to organ donation over preserving life, and much more. Thus, their distrust is based on their expectation that transplantation medicine will violate its responsibility to respect their preferences and vulnerability. False or misleading information might even trigger or consolidate these forms of distrust. Whether just correct information can rebuild trust in such cases where distrust already exists is another crucial question. Based on the fine-grained critique our respondents showed towards ODCs, this seems rather unlikely.

Designing campaigns according to an assumed information deficit risks laying a heavy moral burden on the public by holding it responsible for the shortage of organs. National and international evidence suggests that there are more reasons for organ shortage than 'just' insufficient public willingness to donate. As internal factors, these reasons are also located in OD systems.⁶⁸ Not only can medical professional also be reluctant to OD; there are also problems in clinical infrastructure (lack of time and resources, for example, to report cases of brain death).⁶⁹ However, this is not publicly known and is rarely accepted as an explanation. Rather, a deficit of information has been the primary explanation for the reluctance to donate.⁷⁰ Given that there are also internal reasons for the organ shortage, it seems both inadequate and morally inappropriate to hold the public solely responsible. In order to be morally justified in blaming the public for the organ shortage, no other factors should be involved.⁷¹ Transferring these factors into a public discourse might increase trust in public institutions.

From our perspective, publicly funded institutions that convey biased information risk undermining public trust in OD rather than

increasing public support for it. Our findings suggest that the undecided—and also the skeptical—would endorse an open and informative discourse on all aspects of OD. For them, OD differs from other subjects of health education, such as the prevention of HIV or nutrition. Rather, it is comparable to controversial moral issues. It is because the posters that we presented did not contribute to such a discussion that they failed to motivate the skeptical and undecided among our participants. Whether ODCs would change skeptical positions into supporter positions when building up long-standing trust or directly addressing different anthropological assumptions, remains another question.

5 | CONCLUSION AND FURTHER DIRECTIONS

As print and internet health campaigns increase in number, it becomes practically, methodologically and morally important both to consider how public institutions use their pictorial and verbal content as social resources and to assess their ethical pitfalls and perils.

One moral-practical issue concerns the question of whether the use of public financial resources is justified in relation to the effectiveness of campaigns. What strikes us is that, according to our best knowledge and based on the expert interviews with representatives of the respective public institutions, no one has systematically evaluated their effectiveness, even though methods for doing so exist. In light of this concern, we question whether spending public funds on ODCs that promote OD is justifiable without also addressing the worries of dissenters.

Because our methodology pays particular attention to the potential effects of such communication on the viewer, it helps us to analyse the hidden moral messages, ambiguity, and false information conveyed in health campaigns. This is also helpful in anticipating responses to multimodal health communication. In the future, our empirical and ethical results may help to improve strategies. If third-party interests are taken into account, which are obvious in OD, vaccination, bio-banking, or research participation, ethical advice is particularly relevant.

Our analysis also shows that health campaigns are always part of a broader discourse. In Germany, ODCs trace the country's organ shortage back to an information deficit and the public's unwillingness to donate. This discourse tends to ignore people's socio-cultural embeddedness, which complicates autonomous decision-making in complex public health issues.⁷² Our results show that, especially for target groups that consider bodily integrity, trust, and brain death to be important moral issues, messages appealing to social norms are rather ineffective.

From a general ethical perspective, it must be discussed whether the (liberal) state has the right to impose certain messages

⁶⁶Hawley, K. (2014). Trust, distrust and commitment. *Nous*, 48(1), 1–20, p. 1.

⁶⁷Truog, R., Pope, T. M., & Jones, D. S. (2018). The 50-year legacy of the Harvard report on brain death. *JAMA*, 320(4), 335–336.

⁶⁸Jawoniyi et al., op. cit. note 3.

⁶⁹Nashan, B., Hugo, C., Strassburg, C. P., Arbogast, H., Rahmel, A., & Lilie, H. (2017). Transplantation in Germany. *Transplantation*, 101(2), 213–218; Hvidt, N. C., Mayr, B., Paar, P., Frick, E., Forsberg, A., & Büsing, A. (2016). For and against organ donation and transplantation: Intricate facilitators and barriers in organ donation perceived by German nurses and doctors. *Journal of Transplantation*, 3454601. doi: 10.1155/2016/3454601.

⁷⁰See, for a recent example Levy, M. (2018). State incentives to promote organ donation: Honoring the principles of reciprocity and solidarity inherent in the gift relationship. *Journal of Law and the Biosciences*, 398–435. doi: 10.1093/jlb/lxy009.

⁷¹See for a general discussion: Martin, M. W. (2001). Responsibility for health and blaming victims. *Journal of Medical Humanities*, 22(2), 95–114.

⁷²Wardrobe, A. (2015). Relational autonomy and the ethics of health promotion. *Public Health Ethics*, 8(1), 50–62.

on its citizens. Given that the current German legal framework for OD ensures the right to make a free, informed, and well-considered decision, ODC posters should communicate unambiguous messages. Again, it is important to recognize that ODCs differ from many other public health campaigns. Whereas regular cancer screenings, for instance, target the health interests of their audiences, ODCs promote a public good, or prosocial behaviour. Given the disagreements over the morally sensitive issue of OD, which include allocation, definitions of death, and the expanding list of transplantable organs (such as the face or uterus), we must critically discuss the desirability and effectiveness of social marketing in fields such as OD. Fostering autonomous decision-making is especially relevant for the skeptical and undecided, for whom OD and the determination of brain death are contested.⁷³ From a discourse ethics understanding of health communication, any instrumental education of the public should be avoided, even if it addresses a morally loaded concept such as health.

We hope that our research helps to reflect the role of promotion strategies within national health systems. Using the methodology of this study in intercultural research would assist in identifying the peculiarities of the German situation and in understanding how moral appeals, health communication, public policy, and law interact. Therefore, and apart from the moral lessons of ODCs as a dominant pattern of moral discourse, we recommend more ethical-empirical research that includes, and seeks to understand, the moral feelings of citizens.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

ORCID

Solveig Lena Hansen  <https://orcid.org/0000-0003-3288-5272>

Silke Schicktanz  <https://orcid.org/0000-0001-9627-752X>

AUTHOR BIOGRAPHIES

Solveig Lena Hansen is a postdoctoral researcher at the University Medical Center Göttingen, Germany. Her research focuses on organ transplantation, stem cells and obesity. She also specializes in the field of narrative and communication bioethics.

Larissa Pfaller is a research associate at the Institute of Sociology at the Friedrich-Alexander-University Erlangen-Nürnberg, Germany. She is especially interested in cultural sociology and qualitative methods.

Silke Schicktanz is a professor in cultural and ethical studies of biomedicine at University Medical Center Göttingen, Germany. Her expertise is in cross-cultural bioethics, public and patient engagement, and empirical bioethics.

SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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⁷³Miller, F., & Truog, R. (2008). Rethinking the ethics of vital organ donations. *Hastings Center Report*, 38(6), 38–46.