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# The polarised discourse around face masks is hindering constructive debate

## We need open and nuanced discussions about research findings on public health and social interventions

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It has been both fascinating and disheartening to observe heated debates among academics about the use of face masks and various other covid-19 related issues, particularly on social media and mostly from the UK and North America. Large and vocal parts of the academic community seem to be split into two groups holding completely incompatible views, with each side equally convinced that they are right. This area of contention makes a constructive exchange of views and joint reflection almost unachievable, since facts and research findings have limited impact when positions are fixed from the outset.

The lack of nuance from many or most participants, the frequent personal attacks on individuals, and the often harsh wording exchanged makes the discourse on face masks different to what we are typically used to, or aim for, in academia. After receiving several strong responses from researchers and health professionals when they published a study on face masks, the editors of the *Annals of Internal Medicine* stated that the issue has become a “controversial, emotionally laden topic.”<sup>1</sup> Certainly, researchers across the globe have supported or opposed the use of face masks since the beginning of the covid-19 pandemic. But after conducting our study in Norway (doi:10.1136/bmj-2023-078918),<sup>2</sup> the general impression was that most researchers there did not hold such a rigid position, and that it is possible to debate the effectiveness of face masks without the risk of rejection. The contrasting and strongly held positions that dominate the discourse in some other countries would qualify as fringe views in our setting. Instead, a Norwegian researcher might say something like “Masks are probably helpful, but I don’t know how important they are in reducing the spread of covid-19”—a nuanced position that would be considered mainstream here.

From experience, we have learnt that suggesting uncertainty about the effectiveness of face masks is frowned on by colleagues from the more polarised parts of the research community. You are either viewed as a selfish, ignorant anti-masker, or a so-called sheep that impulsively accepts whatever the authorities or leaders say. Dejected, you keep your views to yourself—in sharp contrast with the basic academic principles you would normally adhere to, of encouraging an open debate around opposing views. Perhaps most dishearteningly, many of the debaters are our friends, colleagues, and academic role models.

But how did the discourse on face masks and other covid-19 related issues get off on the wrong foot, and

why does it continue to stumble? Both sides of the debate seem to follow the standard approach of those who are ideologically convinced that they are right. Every piece of research or information is used to support their view and anyone who questions their position is scorned. Part of the explanation might be that the exchange of views largely takes place on social media platforms, which facilitate a more polarised debate.<sup>3</sup>

A contributing factor as to why polarisation seems to have been less prominent in Norway could be that the health authorities more openly discussed uncertainties around the effectiveness of public health and social interventions during the pandemic,<sup>4</sup> thereby creating a climate where people could have diverging opinions without being assumed to be ignorant or having bad intentions. For example, in our campaign to recruit participants for our face mask study,<sup>2</sup> we had posters on public transport that read “In doubt about how well face masks work? So are we,” signed by the Norwegian Institute of Public Health.

As *The BMJ* publishes the findings from our randomised trial showing that wearing surgical face masks in the community reduces the incidence of self-reported respiratory symptoms consistent with respiratory infections,<sup>2</sup> we know exactly what to expect. Mask non-believers will describe the effect size as too small to be of interest, and they will intensively highlight any source of potential bias that might have inflated the results in the wrong direction. Of course, the mask believers will do the same but in the opposite direction. We welcome a nuanced debate around the potential biases and the interpretation of our study findings. This debate would benefit from the engagement of people without strong preconceptions or academic competing interests related to face mask use and from others who have not been entrenched in social media debates. Certainly, our findings do not provide the definitive answer about the usefulness of face masks.

We expect a predictable response to our trial findings, however, and not the academic debate we would want and strive for. Hopefully we will be proven wrong.

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