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Letter to the Editor: Author Response to Reader's Comments to Fitzgerald Jones et al., Top Ten Tips Palliative Care Clinicians Should Know About Delivering Antiracist Care to Black Americans (DOI: 10.1089/jpm.2021.0502)

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Dear Editor:

We appreciate the opportunity afforded us by Dr. Curseen and Dr. Bullock to engage in a discourse on antiracism and palliative care prompted by our article, *Top Ten Tips Palliative Care Clinicians Should Know About Delivering Antiracist Care to Black Americans*. We hoped for this article to both contribute to evolving literature and spark a continued dialogue to address racism in serious illness care. We are grateful for the many important points raised in this letter, including that all clinicians must sustainably adopt and demonstrate antiracist competencies.

The observation that *The Journal of Palliative Medicine*'s specialist series is an imperfect way to discuss the complex topic of racism is accurate. Although the ''tips'' format is not ideal, we chose this series because it is one of the largest platforms used by practicing palliative care clinicians. Our article is not intended to be a comprehensive resource or solution.

We would like to emphasize the suggestion of asking patients if they experience racism in the health care system. It may be ideal to broach this subject in a relationship-based context of established safety and trust. To avoid further trauma, it will likely require careful attention to respectful language, therapeutic presence, active listening, and other empathic communication skills. There is also a critical need to support patients and families who decline to answer or discuss this topic. The question is intended to engender an environment of safety and belonging through recognition that we are imperfect clinicians working in flawed health systems.

The responsibility of educating clinicians about racism should not fall on patients and surrogates, and provider sensitization, education, and increasing accountability are required. It is certainly true that more dialogue with key stakeholders is necessary to determine the best approaches to engage patients, surrogates, and clinicians in antiracist serious illness care.

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The practices described by Dr. Curseen and Dr. Bullock are at the leading edge of antiracist care. We look forward to working with them and other colleagues to improve the delivery of palliative care to Black Americans and others who experience racism in health care. Talking about racism can be difficult. With great respect, we recognize the depth and importance of the authors' experience, expertise, and thoughtful response to our article.

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