



## How Do We Talk About Racism With Our Patients and Families?

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We are becoming increasingly aware of the impact of racism on all aspects of health—physical, mental, and emotional. But should we talk about this with our patients and families? And if so, how should we do this in a respectful, positive way?

This month, *Pediatrics* is early releasing an article and accompanying video abstract by Dr. Shawnese Clark and colleagues at Northwestern University and 10 US institutions, entitled “Guidance on Conversations About Race and Racism in Pediatric Clinical Settings” ([10.1542/peds.2023-063767](#)).

The authors convened 33 experts to develop consensus recommendations about how to approach these conversations about race and racism during pediatric visits. Experts included researchers, clinicians, public health analysts, psychologists, educators, parents, and adolescents. They used a modified Delphi process (which is a commonly used consensus-building technique).

Because there is so much rich information in this article, I won’t be able to discuss all of the themes. However, here are some highlights of the themes, which were broken up into the categories of what should happen before, during, and after any conversation about race and racism:

Before the conversation:

- Understand the systemic nature of racism, the history of racism in medicine, and ongoing policies that perpetuate racism. This may require reading or training, and the authors have provided references that will be a good start.

- Recognize your own privilege in society.
- Learn about race and racism, and how to talk about race and racism to children of different ages.
- Know what the priority is. If the parent is worried about a child's illness, that might not be the time to talk about this.
- Consider an approach where you talk about race and racism a little at a time, and perhaps tie it in with a current health concern.

During the conversation:

- Set the tone by explaining why you want to talk about this and asking if this is something that the patient and family wants to discuss.
- Actively listen and learn from what the patient and family are saying.

The authors also discuss how there may be short- and long-term benefits that are realized after the conversation. They also are frank about how these discussions may be harmful if the clinician has not had training or is uncomfortable with the topic, and they suggest that clinicians practice talking about this topic with colleagues before they try to talk to a patient and family about this topic.

Of course, not all patients and families will want to talk about this. There also may not be time during the visit to talk about this. But if there are opportunities, this article begins to lay the groundwork for how these conversations might happen.

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