Peer Review File

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Reviewer A

While the science of communication between healthcare providers, patients, and their family members continues to evolve, not nearly enough is known about how to apply evidence-based practices to these critical conversations with seriously ill patients and their family members. The results outlined here seek fill an important knowledge gap by describing effective communication strategies that providers may utilize when working with patients and families where there is racial or cultural discordance.

While I am extremely enthusiastic about the topic of the study, I have some major concerns about the conceptual underpinnings and core findings that should be addressed before the manuscript is considered for publication. I have outlined these below, along with some more granular questions.

1) First, it would be helpful for the authors to clarify the intended relationship between the concepts of racial discordance and cross-cultural communication in this study. The title of the study seems to imply that the focus is on cross-cultural communication specifically in racially discordant situations. However, throughout the results, provider perspectives are offered on a wide variety of topics including communicating with patients/families with limited English proficiency, or with patients/families of various religious groups, neither of which necessarily invokes a racial (or even cultural) difference between patient and provider. It would be helpful to either re-title the paper (something like "Racial and Cultural Discordance in Serious Neurologic Illness Communication), or to more clearly explain in the results (if true) that all of the cross-cultural perspectives offered by providers were specifically in reference to racially discordant situations.

Reply 1: Thank you for raising these important points to clarify as we queried about both racial and cultural discordant clinical encounters. We decided to simplify the title of the manuscript as well for clarity.

Changes to Text 1: Changes are reflected in lines 1-2, page 1; lines 28 and 32, page 2 and lines 14-15, page 4; lines 42-43, page 5; lines 1-2, page 8 in the tracked changes document.

2) Related to the above, it would be helpful to have the concepts of "culture" and "cross culture" more clearly defined in the Introduction, similar to what is done for racial discordance.

Reply 2: Thank you for your suggestion to define the important concept of "culture" as well as cross-cultural healthcare as the terms pertain to our study.

Changes to Text 2: Changes are reflected in lines 35-38, page 3; lines 6-8, page 4 in the tracked changes document.

3) A huge limitation of this analysis is that patients and their families were not included. Why were only providers interviewed? Racially (or culturally) discordant relationships are inherently two-sided, and because only providers were interviewed we have no idea if the observations offered by the providers are accurate, or if the proposed strategies to mitigate the challenges of cross-cultural communication are ones that would be acceptable or beneficial to the intended recipients. At a minimum, the lack of patient/family perspectives should be included as a limitation. I would also suggest adding an explicit justification to the methods as to why patients and families were not included.

Reply 3: We appreciate your important insight and recognize that patient and caregiver perspectives are critical to understanding communication in patient-provider relationships. We will add the justification to the manuscript text.

Changes to Text 3: Changes are reflected in lines 35-38, page 4 and lines 9-11, page 10 in the tracked changes document.

4) The last line before the Limitations section states that providers must avoid stereotyping, and yet there are several quotes included in the Results that feel as if the study participants are doing just that. Because patients and their families are not interviewed, we do not really have a clear idea of to what degree many of the providers' observations about communication challenges are linked to race and/or culture. For example – in Table 2, the third quote under Theme 2 describes a situation in which a patient ostensibly behaves in a certain way because she is Iraqi. How do we know that this is because of race or culture and not just related to her general personality type? The authors should provide empirical evidence - either corresponding patient/caregiver quotes or other peer reviewed data – to support their assertions about other cultures/races (for example that brain death is not legal death in Japan, that Iraqi culture encourages patients to be deferential, etc.).

Reply 4: We appreciate your feedback and have reviewed the quotations in the manuscript and the Table, removing excerpts that have unclear or stereotyped context.

Changes to Text 4: Table 2 of Illustrative Excerpts reflects the removal of the aforementioned quotation. We have also amended a quotation in lines 20-23, page 6 and added another reference (reference #40 – Terunuma et al, 2021) to line 37-40, page 8 in the tracked changes document.

5) Why weren't bedside nurses included as one of the provider types? I'm not sure anyone has more expertise in the dynamics of communication with patients and families than the nurses who spend 8-12 hours each day engaged in direct patient care. I would recommend adding this as a limitation as well.

Reply 5: Thank you for raising this important point, which we have added to the Limitations section.

Changes to Text 5: The change is reflected in lines 1-4 on page 10 in the tracked changes document.

6) It would be helpful to see the interview guide to give the reader some sense of specifically what was asked – could this be included as a supplement?

Reply 6: We will include the Interview Guide as a supplement file.

Changes to Text 6: Supplement 1 has been added to the manuscript files and reflected in Methods section in lines 29-33, page 4 in the tracked changes document.

7) I applaud the authors for seeking a racially, culturally, and professionally diverse cohort of research participants. While gender is reported for the team of researchers, I do not see a summary of racial or ethnic characteristics, which also feels relevant. Could the authors include a summary of these characteristics as well, perhaps in the Methods where the research team is described?

Reply 7: We appreciate your comment. The racial and ethnic backgrounds of the interviewed cohort are included in Table 1, and we will add details to the text.

Changes to Text 7: Ethnic background information was added to lines 36-38 on page 5 in the tracked changes document.

8) It would also be helpful to have more context about the included providers and the settings in which they provide care/have conversations about serious illness – clinic, wards, ICU, post-op setting, etc.

Reply 8: We have added information about the practice setting and context of the providers' experience with serious illness communication as a whole to the Methods section.

Changes to Text 8: Edits are reflected in lines 41-42, page 4 in the tracked changes document.

9) The Discussion is well written but would benefit from a tighter synthesis of the findings and application to the context of serious neurological illness. I realize that word counts are always a limiting factor, but could the authors include some specific recommendations for how their findings could be applied to discussions of serious neurological illness?

Reply 9: We appreciate your comments and feedback. We have rewritten the Discussion to bring the context of serious neurologic illness into greater focus throughout the section.

Changes to Text 9: We made edits to lines 27-30 and 36-38, page 8; lines 4-6 and 12-15, page 9 in the tracked changes document.

10) Table 2, the first quote under Theme 5 contains the following line: "But I also acknowledge that every physician they see is going to align or have concordance in their ethnicity or racial background." It doesn't seem possible that this, as written, could be true – is this quote correct?

Reply 10: Thank you for bringing our attention to this typo in transcribing the interview excerpt.

Changes to Text 10: The first quote for Theme 5 in Table 2 has been amended according to the audio transcript.

Again, thank you to the authors for their hard work on this important topic. I look forward to reviewing a revised version of this manuscript.

Thank you for your time in reviewing and sharing your insights and feedback on our manuscript.

Reviewer B

Comment: In the text, the citations of references should be in **regular round brackets** and before the full stop. Please check through and revise.

E.g., In the text, the citations of references should be in **regular round brackets** with a space before. Please check through and revise (1).

Reply: The citations throughout the manuscript were revised.

Comment: ***Ref 8*** and ***Ref 33*** are duplicated. Please check and revise.

Reply: The references cited were checked, and the duplicate reference was removed.

Comment: The Declaration of Helsinki is needed. Please supplement it to the ethical statement in both the Methods section and the footnote.

Suggested wording: *"The study was conducted in accordance with the Declaration of Helsinki (as revised in 2013)."*

Reply: The Declaration of Helsinki statement has been added to both the Methods and the Footnote sections.

Comment: We'd like to confirm if the funding is relevant to this study.

Reply: Yes, the listed funding for authors AW and KFG are relevant to this study.