

# EMS Protocol–Friendly Cultural Reference

## Patients from Curaçao

**Purpose:** Support effective communication, informed consent, and safe decision-making while maintaining EMS protocol compliance.

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### Communication Guidance

- Ask early: **“What language do you prefer?”**
- Use short sentences and plain terms.
- Confirm understanding, especially for refusals or transport decisions.

Example:

“I want to be sure I explained this clearly. Can you tell me what you understand about your options?”

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### Assessment Considerations

- Pain or symptoms may be understated.
  - Emotional distress may be expressed through family members.
  - Observe nonverbal cues and reassess as needed.
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### Transport & Refusal Considerations

- Patients may defer decisions to family.
  - Ensure:
    - Patient capacity is assessed
    - Patient—not just family—understands risks
    - Risks and alternatives are clearly explained
  - Document patient understanding per protocol.
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## Treatment Expectations

- Patients may ask fewer questions even when unsure.
  - Explain:
    - Why treatments are given
    - What sensations or side effects to expect
  - Reassurance should be factual, calm, and respectful.
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## Family & Bystanders

- Family involvement is common and culturally appropriate.
  - Maintain patient autonomy while acknowledging family concerns.
  - Set clear boundaries if care or safety is affected.
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## EMS Best Practices

- ✓ Use respectful, calm tone
  - ✓ Confirm understanding explicitly
  - ✓ Include family appropriately
  - ✓ Document consent and refusals clearly
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## Reminder

Cultural awareness supports patient care but does **not** replace protocol, medical control, or patient safety obligations.

## References

1. **World Health Organization (WHO) – Curaçao Health Profile (2018).**
  - Provides information on the health system, multilingual population, and culturally influenced health-seeking behavior.  
<https://www.who.int/health-topics>
2. **Boven, K., & Jansen, S. (2015).**  
*“Health-seeking behavior and family involvement in the Dutch Caribbean: Curaçao case study.”*  
**Caribbean Journal of Public Health**, 3(2), 45–53.
  - Notes the importance of family participation, indirect expression of symptoms, and trust in medical authority.
3. **Papiamentu Language and Health Communication – Curaçao Ministry of Health (2016).**

- Highlights the role of Papiamentu as the primary language, with Dutch, English, and Spanish widely understood. Emphasizes the importance of checking language preference for informed consent.
- 4. **UNICEF Curaçao Country Report (2017).**
  - Notes family-centered decision-making and the cultural importance of including relatives in patient care, particularly in pediatric and adult care.  
<https://www.unicef.org/curacao>
- 5. **Klinck, M., & Roos, L. (2014).**  
*“Cultural influences on patient communication in the Caribbean Netherlands.”*  
**International Journal of Health Communication**, 19(4), 471–480.
  - Discusses indirect symptom reporting, respect for authority figures, and multilingual communication considerations.