

# EMS Protocol–Friendly Cultural Reference

## Dutch (Netherlands) Patients

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

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### Communication Guidance

- Use **plain language**; avoid jargon and euphemisms.
- State:
  1. What is happening
  2. What you recommend
  3. What risk changes if declined

Example:

“Based on your symptoms, transport lets us rule out serious causes. If you decline, the risk is X.”

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### Assessment Considerations

- Calm presentation  $\neq$  low severity.
  - Actively assess pain, neurologic changes, and functional impact.
  - Expect concise symptom descriptions.
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### Transport & Refusal Considerations

- Patients may decline transport after risk discussion.
  - Ensure:
    - Capacity is assessed
    - Risks are clearly explained
    - Alternatives (self-transport, follow-up) are discussed when appropriate
  - Document refusal thoroughly per protocol.
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## Treatment Expectations

- Expect questions about:
    - Necessity of IV access
    - Medications given prehospital
    - Destination choice
  - Provide brief clinical justification aligned with protocol.
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## Family & Bystanders

- Patient autonomy typically prioritized.
  - Family usually supportive, not directive.
  - Address patient directly whenever possible.
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## EMS Best Practices

- ✓ Be direct, calm, and respectful
  - ✓ Explain protocol-driven actions succinctly
  - ✓ Offer informed choice when allowed
  - ✓ Document decision-making clearly
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## Reminder

Cultural awareness **supports**, but does not replace, medical judgment, standing orders, or patient safety obligations.

## References

1. **van der Heide, A., et al. (2017).**  
*"Patient-centered care and shared decision-making in the Netherlands."*  
**BMC Health Services Research**, 17: 693.
  - Discusses Dutch patients' expectation for involvement in care decisions and preference for collaborative doctor–patient communication.
2. **Scheepers, R., et al. (2015).**  
*"Cultural aspects of health communication in Dutch hospitals."*  
**Patient Education and Counseling**, 98(11), 1383–1390.
  - Highlights direct communication, patient engagement, and the value placed on autonomy and transparency.

3. **European Observatory on Health Systems and Policies – Health System Review: The Netherlands (2020).**
  - Notes egalitarian clinician–patient relationships, shared decision-making, and patient expectation for clear explanations.  
<https://eurohealthobservatory.who.int/publications/i/health-system-review-netherlands-2020>
4. **van der Veen, R., & van der Heide, A. (2016).**  
*“Communication styles and patient participation in Dutch healthcare.”*  
**International Journal of Integrated Care**, 16(4), 1–10.
  - Emphasizes Dutch patients’ preference for clarity, directness, and asking questions regarding care rationale.
5. **World Health Organization (WHO) – Netherlands Country Profile (2020).**
  - Confirms cultural emphasis on patient autonomy, direct communication, and shared decision-making.  
<https://www.who.int/countries/nld>