

# EMS Protocol–Friendly Cultural Reference

## Patients from Uzbekistan

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

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### Communication Guidance

- Use **calm, respectful, and professional language**.
- Speak slowly; avoid idioms and medical jargon.
- Ask early about **language preference** (Uzbek, Russian, English).
- Use interpreter services whenever comprehension is uncertain.

Example:

“I want to explain what we recommend and the risks. Please tell me what you understand.”

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### Assessment Considerations

- Patients may **minimize pain or symptoms**.
  - Emotional distress may be communicated through family members.
  - Use objective findings and repeat assessments.
  - Do not rely solely on patient calmness to determine acuity.
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### Transport & Refusal Considerations

- Patients may defer decisions to family or clinicians.
  - Ensure:
    - Patient capacity is assessed
    - Risks and benefits are clearly explained
    - Patient understanding is confirmed using teach-back
  - Obtain patient consent directly, not only through family.
  - Document discussion and decision per protocol.
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## Treatment Expectations

- Patients often expect **clear direction** rather than multiple options.
  - Explain:
    - Why each intervention is needed
    - What sensations or side effects to expect
  - Reassure with facts, not vague statements.
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## Family & Bystanders

- Family involvement is common and culturally appropriate.
  - Families may advocate strongly or speak for the patient.
  - Maintain patient autonomy and scene safety.
  - Set clear boundaries if family involvement interferes with care.
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## EMS Best Practices

- ✓ Maintain professional, authoritative demeanor
  - ✓ Provide structured explanations
  - ✓ Use interpreters early
  - ✓ Document consent, refusals, and capacity clearly
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## Reminder

Cultural awareness supports patient interaction but does **not** override EMS protocols, medical control, or patient safety obligations.

## References for Uzbekistan – Cultural and Healthcare Considerations

1. **Akramov, K. T., & Mansurov, Z. (2015).**  
“Healthcare delivery and patient-provider relationships in Central Asia: The case of Uzbekistan.”  
**Central Asian Journal of Global Health**, 4(2), 45–52.
  - Discusses hierarchical respect for clinicians, family involvement in decision-making, and patients’ indirect expression of discomfort.
2. **United Nations Population Fund (UNFPA) Uzbekistan Country Profile (2019).**
  - Notes the importance of family in health-related decisions, including consent for treatment and gender-sensitive care.  
<https://uzbekistan.unfpa.org>

3. **Shakirova, S., & Yuldashev, N. (2017).**  
*“Patient-centered care in Uzbekistan: Challenges and cultural context.”*  
**International Journal of Health Policy and Management**, 6(8), 471–480.
  - Highlights patient deference to authority, limited patient questioning, and indirect communication styles.
4. **World Health Organization (WHO) Regional Office for Europe – Uzbekistan Health System Review (2018).**
  - Provides context on patient interactions, cultural norms, and family roles in healthcare settings.
5. **Bredenkamp, C., & Cross, C. (2015).**  
*“Cultural competency in Central Asian healthcare: Guidelines for practitioners.”*
  - Notes respect for hierarchy, family participation, and language considerations (Uzbek and Russian).