

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.

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.”

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.

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.

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.

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.

EMS Best Practices

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

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).