



support for
veterans

CARING FOR OUR HEROES:

VETERANS AND END-OF-LIFE CARE

THE GREATEST MILITARY LOSSES of life today are not taking place on the battlefield, but at the deathbeds of America's veterans. More than 50,000 veterans die each month, representing roughly 28 percent of all the deaths in the United States.

Veterans often take great pride in their service, seeing it as a period of time when they did something meaningful in the world. However, not all veterans see their service as positive or as having made any difference. This has resulting complications, especially for veterans in hospice. Understanding how veterans view their service, whether it is positive or negative, has implications for how they view their life and their death.

WHAT'S DIFFERENT FOR DYING VETERANS?

Through her experience as clinical coordinator at the Bay Pines VA Medical Center in St. Petersburg, Fla., Deborah Grassman has closely observed some important differences and lessons for providing end-of-life care to veterans. "It's only in the past ten years that we have started to realize that many things can influence a veteran's death," she says. Factors influencing veterans' experiences at the end-of-life include age, whether enlisted or drafted, branch of service, rank and combat or POW experience.

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Grassman presents a powerful and informative educational session on how health care professionals can attend to those differences. She has given the presentation to rapt professional audiences locally, nationally and in a recent VA educational teleconference.

"If veterans have seen combat, they have seen horrific things," Grassman says. Some are able to integrate that experience into their lives and as a result may be better equipped psychologically to cope with their own deaths. "These veterans are role models for how to have a good death, and in a death-denying society, that's important," she says. Still others suffer from post-traumatic stress disorder (PTSD), with symptoms that can include social isolation, alcohol abuse, and anxieties.

For some veterans, the effect of combat experience may remain buried for years, emerging only when the veteran is very sick and dying. In these cases, veterans may experience anxiety, agitation and resurrected memories connected to war experiences, Grassman says. Their medical caregivers need to differentiate these symptoms and treat them appropriately.

Doug Weadick, chaplain for the hospice unit at the Orlando, Fla., VA Health Center, has made similar observations. He notes, "When you're dying, you look back on significant events. Combat is a form of intimacy—very

Over 37 percent of the veteran population is 65 years old or older, compared with 13 percent of the general population.

There is a sigh of relief for veterans who meet others like themselves on the hospice unit.

traumatic, life changing. It defined who they were and became. What I see is that they [veterans] want to process these events at the end of their lives.”

Weadick says there is almost an audible sigh of relief for veterans who meet others like themselves on the hospice unit. “They’re home—they’re with people who have gone through the same things. They don’t have to share their war stories. They just know the other person has gone down the same path.”

Health professionals caring for veterans at the end-of-life should keep these factors in mind:

- » The veteran’s experience with military culture and the camaraderie of other veterans.
- » A culture of stoicism that might prevent veterans from admitting to being in pain, or from asking for pain medication.
- » The causes of terminal agitation, which may be related to PTSD or to disease-related terminal restlessness.
- » The possibility of paradoxical reactions to medications.

“I’ve seen many variations on these themes,” says Dr. James Hallenbeck of the VA Palo Alto hospice unit. “I try to teach doctors on our unit to establish a relationship that starts with respect for the veteran. They were part of an

experience that those who weren’t there can’t imagine. For a lot of our veterans, it’s just polite to say, ‘What branch of the service were you in?’ If you acknowledge that aspect of their lives, you have a better chance of establishing respect and a connection,” he says.

THE PERSONAL TOUCH: CONNECTING WITH VETERANS

Many Evercare Hospice sites honor veterans and their families with special visits on important military occasions.

“Our program started on Memorial Day 2009,” explains Atlanta Volunteer Coordinator Dee Zeitounian. “We visited several of our hospice patients in hospitals and nursing homes and presented them with a special plaque recognizing their contributions. It was a wonderful day, with all of the veterans being so proud and so grateful. They really appreciated being remembered and thanked for their service.”

The visits were made even more memorable because of the hospice volunteers who attended. [Irene] is an U.S. Army Captain and Evercare Hospice volunteer, and she took part in all the patient visits. “The veterans were thrilled to have an active military person come in uniform and spend time with them,” Dee says. “We’re so lucky to have someone like Irene who not only volunteers, but who brings other active military men and women on these visits. It really means a lot to our patients, to be able to share memories with someone who is serving our country today.” ❖



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* Unique Health Risks and Implications for America's Veterans

Each group of veterans who have served in a war or conflict have experienced a unique set of health risks. These exposures and experiences can surface as veterans age and directly affect their end-of-life care needs. Below are common health risks and implications for veterans of five major military events:

World War II

As "Atomic Vets," World War II veterans were the first to serve in the nuclear age. Exposure to radiation has been associated with a number of disorders including leukemia, various cancers and cataracts. Unique health risks for World War II veterans include:

- » Tuberculosis, rheumatic fever and hepatitis
- » Frostbite/cold injury
- » Mustard gas testing
- » Exposure to nuclear weapons and nuclear cleanup.

Korean War

Cold injuries, including frostbite and immersion (trench) foot, were a major medical problem for U.S. personnel. These cold-related problems may worsen as veterans grow older and develop complicating conditions such as diabetes and peripheral vascular disease, which place them at higher risk for late amputations. Unique health risks for Korean War veterans include:

- » Cold Injury
- » Exposure to nuclear weapons
- » Chemical warfare experiments

Vietnam

Vietnam was the first war in which the U.S. failed to meet its objectives. This situation magnified the stress associated with Vietnam veterans' combat experiences. Vietnam veterans are now 50 to 75 yrs old; by 2014, 60 percent of

these veterans over age 65. Unique health risks for Vietnam veterans include:

- » Length and time of service
- » Mental health issues
- » Environmental hazards and exposure to Agent Orange
- » Infectious diseases, including Hepatitis C

Gulf War

While there are not specific syndromes or illnesses associated with Gulf War veterans, they experience multi-symptom-based medical conditions more often, including ALS, fibromyalgia, chronic fatigue syndrome and multiple chemical sensitivity. Unique health risks for Gulf War veterans include:

- » Psychiatric illnesses, particularly post traumatic stress disorder (PTSD), anxiety, depression and substance abuse
- » Exposure to smoke
- » Contact with chemical or biological agents

Operation Enduring Freedom/Iraqi Freedom

U.S. troops who have served in Afghanistan, Pakistan and neighboring countries of the former Soviet Union have greater exposures to environmental hazards, including raw sewage, contaminated water and food, air pollution and severe sand and dust storms. Other health risks for these veterans include:

- » Infectious disease
- » Cold injury
- » Combined penetrating, blunt trauma, and burn injuries (blast injuries)
- » High altitude illnesses

Questions?

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