

End of Life Issues for Veterans

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Objectives

- ◆ Evaluate the impact of military service on care needs of dying veterans
- ◆ Review VA benefits available to veterans & care providers



Veterans: Demographics

2016: 28.26 million veterans

- **Vietnam veterans** comprise the largest group:
8.4 million (31.7%) (now averaging 64-74 years old)
- **WWII veterans** next largest with 5.7 million (21.7%)
- **Korea conflict veterans** 4.0 million (15.3%)
- **Gulf war era** 3.0 million (11.5%)

VA National Survey, 2010

- Age > 55 years.....64%
- Gender male.....92%
- Race Caucasian.... 85%
- Were in combat..... 34%

- 1 in 4 people dying is a veteran

Changing Demographics

The Veteran population is projected to decrease:
18.6 million in 2017 to:
12.9 million in 2040.

The proportion of minorities among all Veterans
will increase:
23 percent to **34 percent.**

Source: VetPop 2016, Dept of Veterans Affairs

Who will care for these veterans?

- **10-15%** of veterans receive medical care at VA Facilities
- **4%** of veteran deaths occur in VA hospitals and NHs

85-90% of the care of veterans is in community clinics, hospitals, nursing homes and hospices

Veterans Among Us



Value of a Military Assessment

Goal: to identify vets & evaluate impact of service

1. Allows for “**Veteran-centered**” care
2. Facilitates diagnosis, assessment & treatment of **Veteran specific issues**
3. Links Veteran to financial entitlements and specialized VA and other **Veteran resources**

Military History Pocket Card

Military Health History
POCKET CARD FOR CLINICIANS

Veterans' Health Concerns

Environmental Exposures

Asbestos	Ionizing & Non-ionizing Radiation
Burn Pit Smoke	Jet Fuel
Contaminated water	Lead
(benzene, trichloroethylene, vinyl chloride)	Mustard Gas
Endemic Diseases	Nerve Agents
Hexavalent Chromium	Particulate Matter
	Pesticides
	TCDD & other dioxins

Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn (OEF/OIF/OND)

Animal Bites/Rabies	Mental Health Issues
Combined Penetrating	Multi-Drug Resistant Acinetobacter
Blunt Trauma	Reproductive Health Issues
Burn Injuries (Blast Injuries)	Spinal Cord Injury
Dermatologic Issues	Traumatic Amputation
Embedded Fragments (shrapnel)	Traumatic Brain Injury
Leishmaniasis	Vision Loss

Gulf War (Operation Desert Shield/Operation Desert Storm)

Chemical or Biological Agents
Depleted Uranium (DU)
Dermatologic Issues
Immunizations
Infectious Diseases (i.e., Leishmaniasis)
Oil Well Fires
Reproductive Health Issues

Vietnam, Korean DMZ & Thailand

Agent Orange Exposure	Hepatitis C
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Cold War

Nuclear Weapons Testing (Atomic Veterans)

WWII & Korean War

Cold Injury
Chemical Warfare Agent Experiments
Exposure to Nuclear Weapons (Including Testing or Cleanup)

Asking the questions on this card...

...will provide you with information helpful in understanding patients' medical problems and concerns, and in establishing rapport and therapeutic partnerships with military service members and Veterans. Answers may also provide a basis for timely referral to specialized medical resources.

Always start by asking permission.
This allows the Veteran to feel in control of the conversation. Some experiences may be difficult or painful for the patient to discuss at the moment. By asking permission to ask questions, you have opened the door for them to discuss those issues later.

Office of Academic Affiliations
www.va.gov/oa/pocketcard/

Office of Public Health
www.publichealth.va.gov/exposures

War-Related Illness and Injury Study Center
www.warrelatedillness.va.gov

Veterans Health Initiative Independent Study Courses
www.publichealth.va.gov/vethealthinitiative/

Information for Veterans: Compensation and Pension Benefits
www.benefits.va.gov/compensation/

IB 10-463, P96532
March, 2014

Veterans Health Administration
Office of Academic Affiliations

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

http://www.va.gov/oa/pocket_cards.asp

**Do
Veterans
Have A
Different
Experience
at the
End of Life?**



End of Life Issues For Veterans:

General Issues

Veteran Specific Issues



General EOL Issues

Four Domains of Care

Physical

**Psychological-
Emotional**

Social

Spiritual

A photograph of a field filled with numerous American flags on poles, arranged in rows. The flags are waving in the breeze. In the background, there is a large, dark green tree and a clear sky. The overall scene is patriotic and solemn.

Veteran Specific Issues

Military Influences that Might Affect EOL Experience

- Branch of Service
- Enlisted vs Drafted Service
- Age of Entry into Service



Military Influences that Might Affect EOL Experience

- Time of Service
- Experience with combat

War time Experience

Grasman, 2008

World War II- Heroes

Entire country united in mission

Community supports: American Legion-VFW-DAV



Korean Conflict

- **Korea: United Nations Conflict: 1950-1955**
 - Shorter duration
 - “Police Action”
- Vets Largely Ignored



Vietnam

Nation Divided: 1964-1974

- Television revealed brutality of war.

Soldiers had limited commitment:

- Politics and purpose not always understood.
- Short tours of duty, younger soldiers

Vietnam

Guerilla war = no safe space.

War was lost.

Returning Vets: often felt conflicted, shamed
No opportunity to debrief



Gulf – Iraq - Afghanistan

- EOL issues still undefined.
- Increasing awareness of mental health issues: PTSD, sexual assault, suicide.
- Vets living with traumatic injury (IEDs)
 - Amputation
 - Traumatic Brain Injury

Issues Unique to Veterans at EOL

- 1. Symptom management**
- 2. Unique psychological & mental health issues**
- 3. Accessing services & benefits**

“A Few Good Men”

Stoicism may play a significant role in symptom management



Pain Management in Veterans

Non-malignant pain common:

44% vets have chronic pain after combat

- (26% in general population)

15% use opioids after deployment

- (4% in general population) JAMA, 2014

Developing evidence base

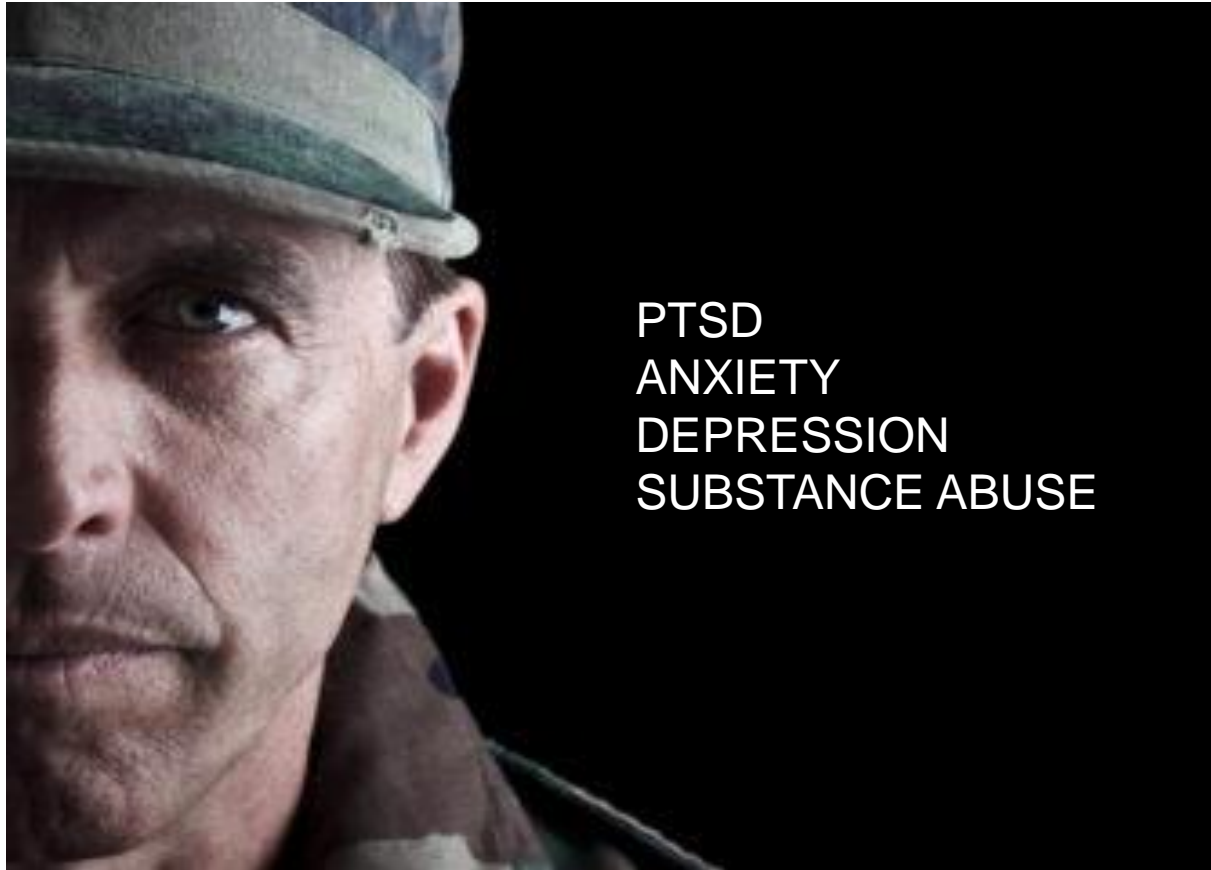
- VA National Pain Research Initiatives
 - [Research.va.gov/pubs/docs/va_factsheets/Pain.pdf](https://research.va.gov/pubs/docs/va_factsheets/Pain.pdf)
- VA Pain Initiatives for Chronic Pain
- Cyber-seminars
 - hsrd.research.va.gov/cyberseminars/catalog-search.cfm

Pain & Veterans: The Cutting Edge

- **VA/DOD National Initiatives**

- At the forefront of **safe prescribing movement**
 - Joint NIH/VA 5 year 21.7 \$ million study on **non-pharm techniques.**
 - **Interdisciplinary** focus
 - **Internet outreach** to patients
 - **Battlefield Analgesia Initiatives:**
 - Battlefield Acupuncture Certification
 - Battlefield PCA research

Mental Health Issues



HOMELESS VETERANS

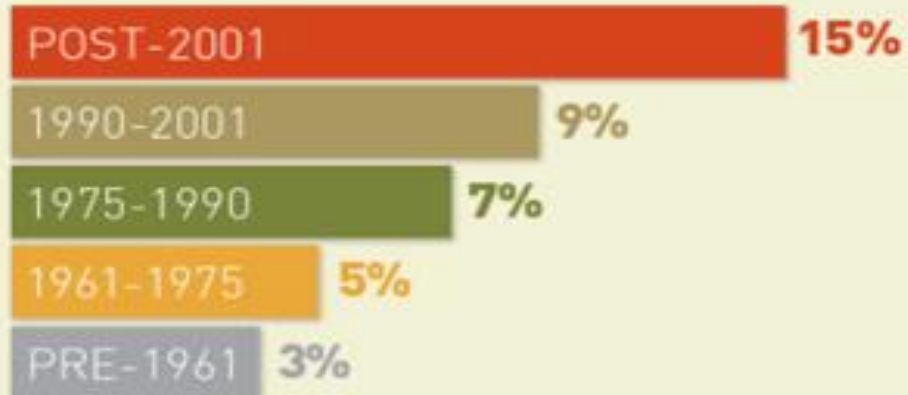
**#DAILYSNIPPET: VETERANS MAKE
UP 1 OF EVERY 3 OF THE MALE
HOMELESS POPUATION**

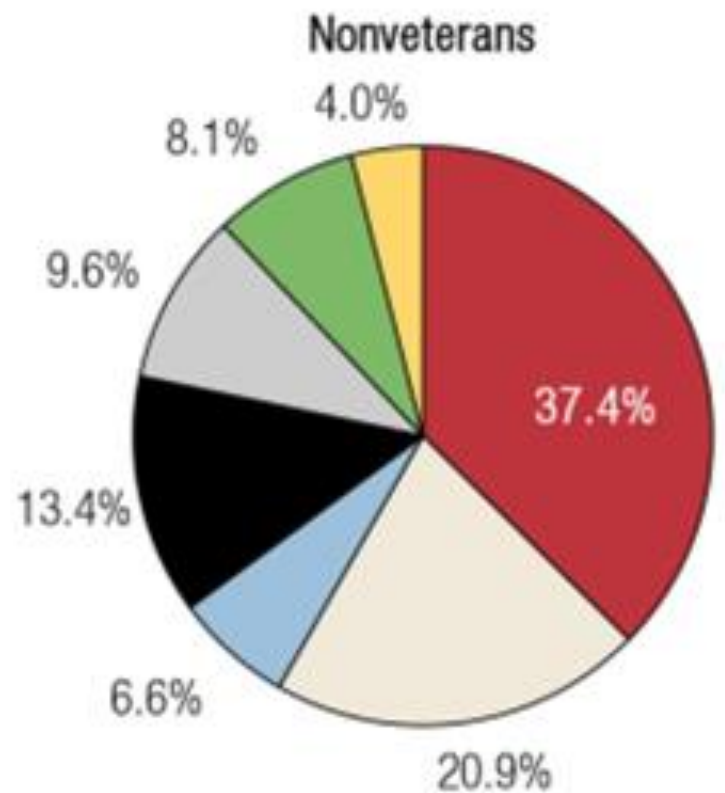
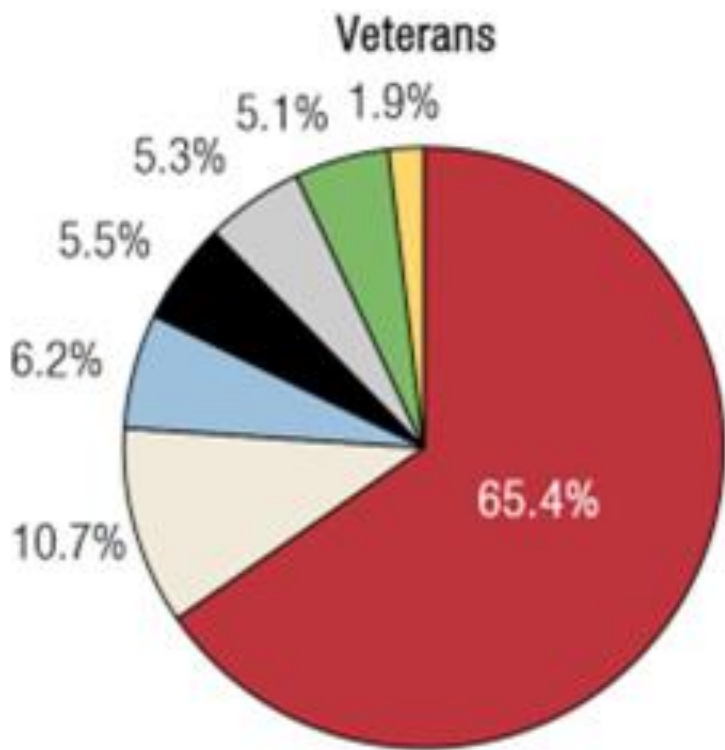


Source: National Coalition for the Homeless

Design by: Justin McAfee

Percentage of veterans with a substance use disorder





-  Alcohol
-  Heroin
-  Cocaine
-  Marijuana
-  Other opioids and synthetics
-  Methamphetamine
-  All other

A dark silhouette of a person's head and shoulders in profile, facing right. The person appears to be wearing a helmet or some form of protective gear. The silhouette is set against a light, gradient background.

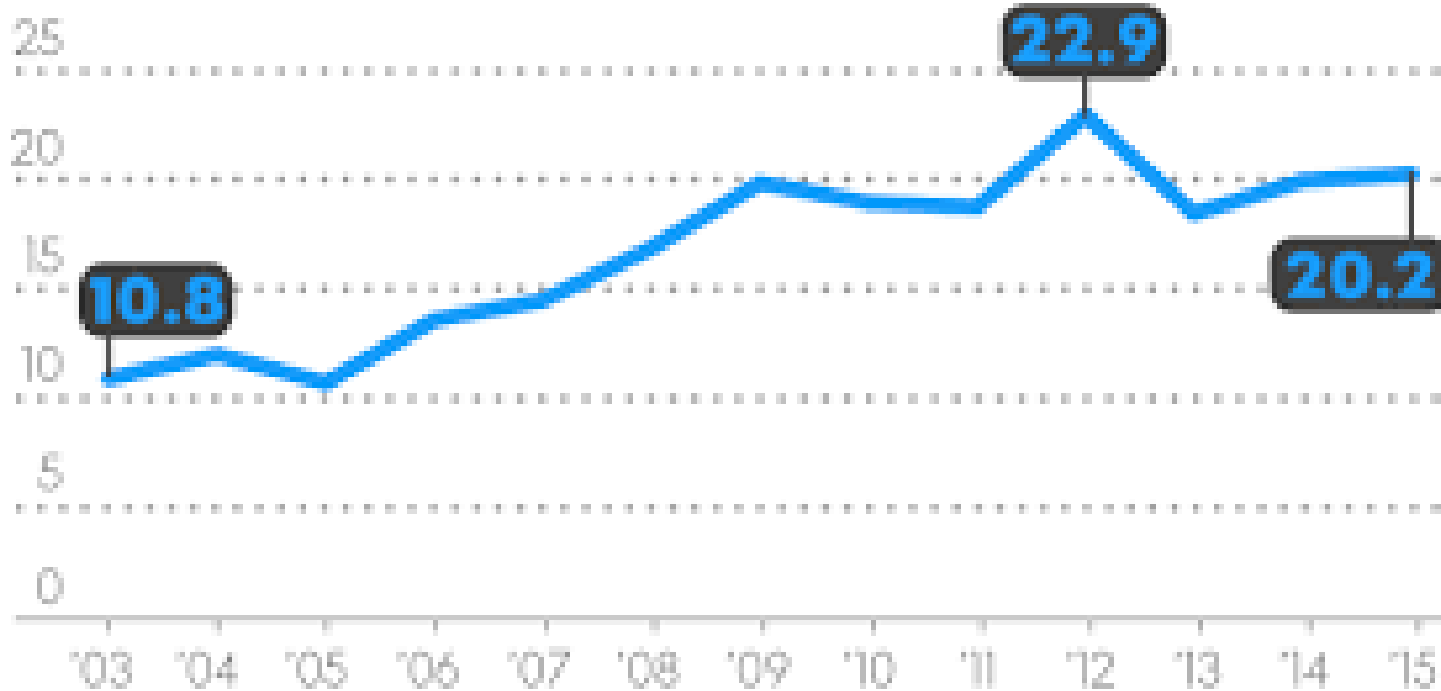
20%

of suicide deaths
annually in the U.S.
are **military
veterans.**

Suicide in the Military

SUICIDE RATE, U.S. MILITARY

Per 100,000, all military service branches:





ALL U.S.

27.3%

increase in suicide rate

VA CARE

SAVES LIVES



VETERANS w/ VA CARE

16.1%

decrease in
suicide rate

In contrast to U.S. Males, rates of suicide among male VHA users aged 35-64 years have decreased according to VA's current data report.

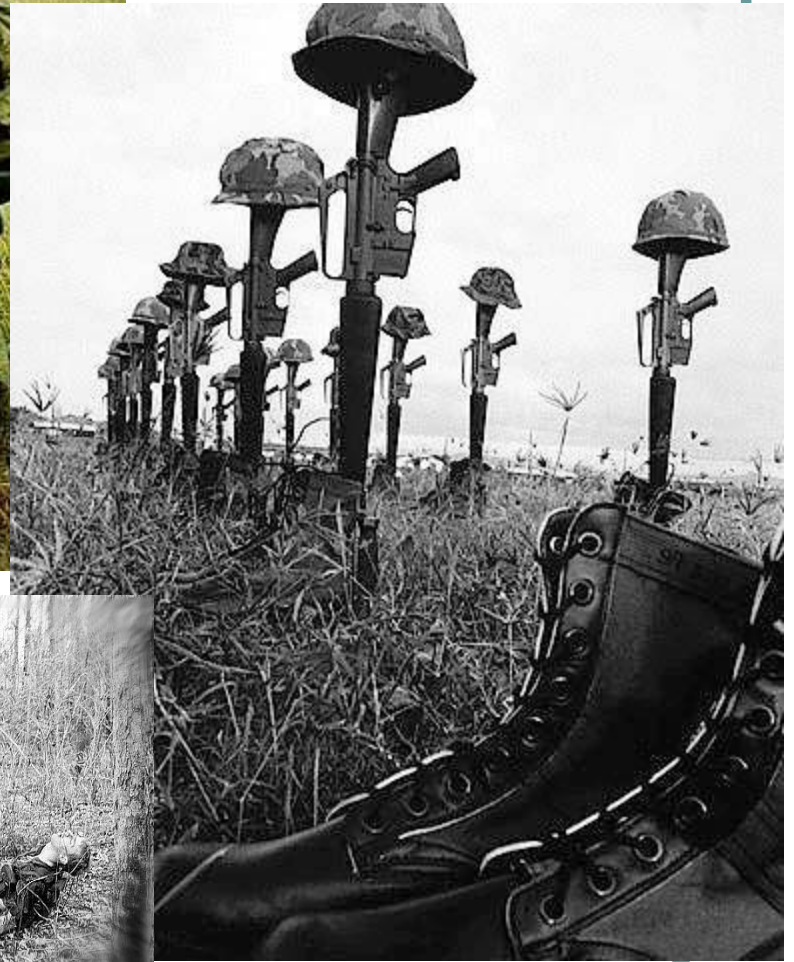
VA



U.S. Department of Veterans Affairs

Veterans Health Administration

Combat



Post Traumatic Stress Disorder

MILITARY VETERANS SUFFERING FROM PTSD

31% of Vietnam veterans

20% of Iraq war veterans

11% of Afghanistan veterans

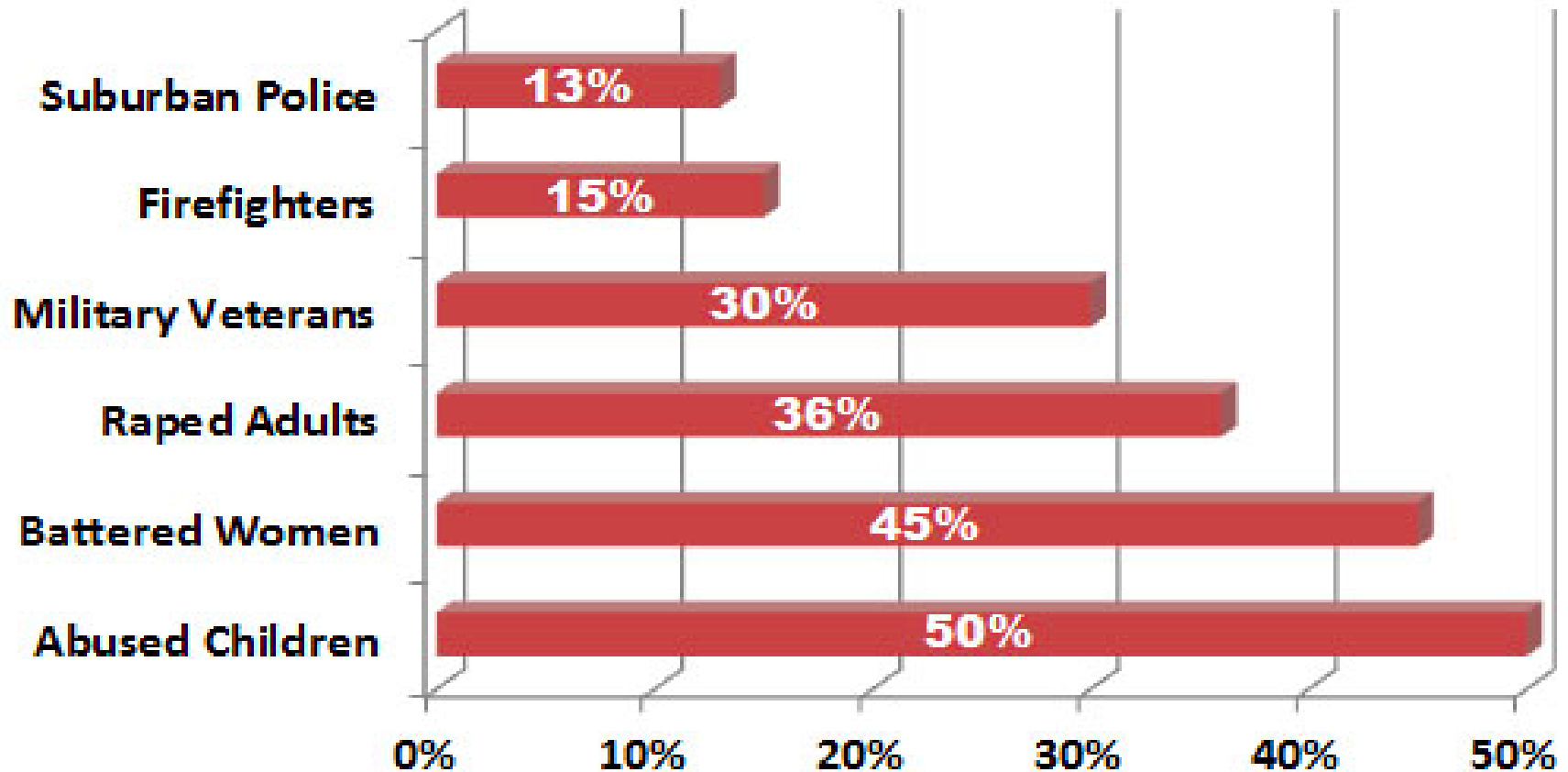
10% of Gulf War veterans

PTSD is an Anxiety Disorder

- Diagnostic Criteria (DSM-IV-R)
 - **Exposure to a traumatic event**
 - **Re-experiencing**
 - **Avoidance**
 - **Hyper arousal**
- Symptoms persist for > 1 year and cause functional impairment
- Acute, chronic, delayed onset

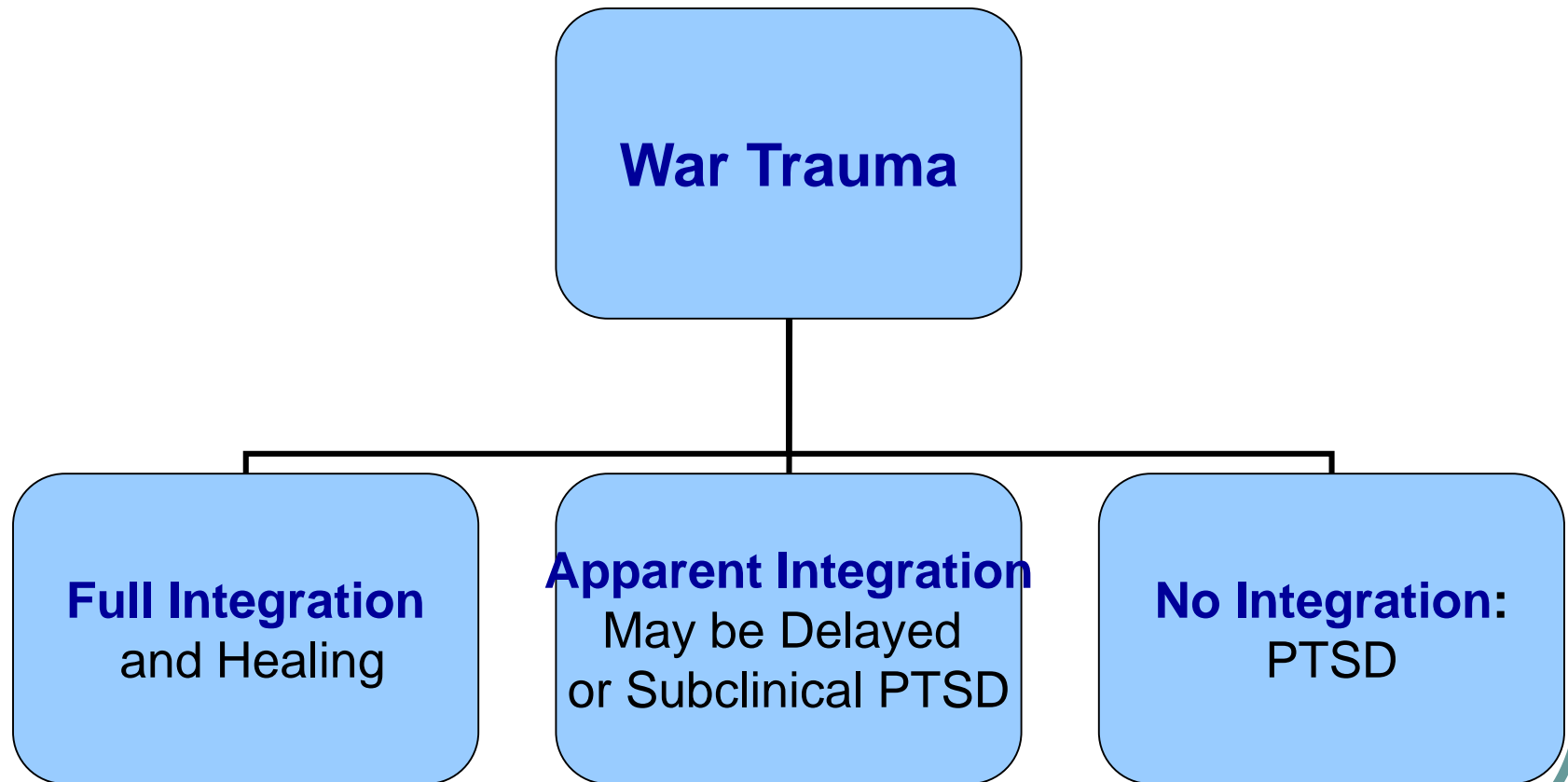
PTSD in Different Populations

PTSD Occurrence



Combat Response Trajectory

(Grassman, 2008)



PTSD: Clinical Implications

- The trauma is **re-experienced** in one or more of the following ways:
 - Intrusive **recollections** (thoughts, images, perceptions)
 - Distressing **dreams**
 - **Flashbacks** – acting or feelings like the event is recurring
 - **Distress** in response to internal or external cues / reminders of the traumatic event
 - **Physiological reactivity** to cues

PTSD: Clinical Implications

- Persistent symptoms of increased **arousal** as indicated by two or more of the following:
 - Difficulty falling or staying asleep
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Hypervigilance
 - Exaggerated startle response

The Consequences of Trauma

- Combat exposure re: to increased likelihood of recent drug use
Reifman & Windle, 1996
- Increased severity of PTSD symptoms re: to increased relationship distress – emotional numbing key sx
Riggs, et al, 1998
- Shame, guilt, self-hatred & remorse assoc with committing atrocities
Singer, 2004
- Exposure to fatal violence re: to weakening of religious faith among Vietnam combat veterans
Fontana & Rosenheck, 2004

Implications for Care at End of Life

- PTSD in elderly can impair ability to deal with subsequent life stress and to negotiate the developmental stages of late life successfully

Weintraub, D., & Ruskin, P.E. (1999)

Less likely to have active family – **isolated** lifestyle

Provider-patient relationships/**trust** issues

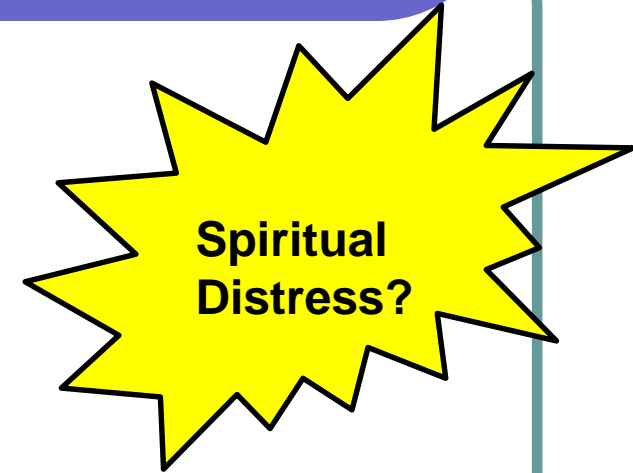
Delirium or flashback

Medication issues/**substance use**

Vietnam related illnesses (Agent Orange Exposure)

Combat Response Trajectory

(Grasman, 2008)



War Trauma

**Full Integration
and Healing**

Apparent Integration
May be Delayed
or Subclinical PTSD

**No Integration:
PTSD**

An overlooked, unassessed wound that separates one from their own sense of self

Loss without Mourning.

Guilt without Forgiveness.



“Soul Injury”

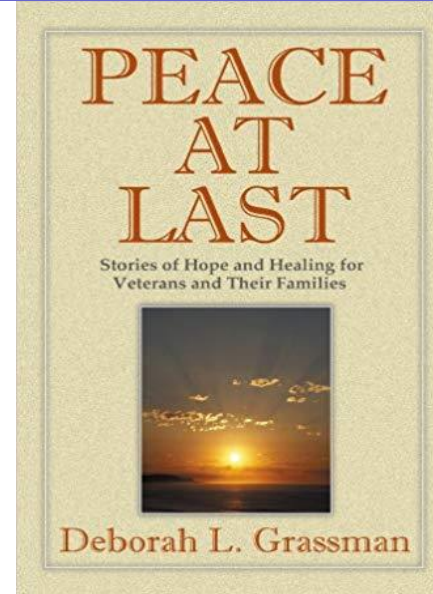
Opuspeace.org

Resources for Extra Reading

Peace At Last: Stories of Hope and Healing for Veterans

And Their Families

Deb Grassman



Caring for a Veteran: Understanding Their Unique Needs and Your Own

Pat McGuire

<https://opuspeace.org/BlankSite/media/Documents/Pamphlets/Dignity-Family.pdf>

Normative Integration of Trauma

- Late-Onset Stress Symptomatology (LOSS)
- Late Adulthood Trauma Re-engagement (LATR)

(Davison, et al, 2016)

PTSD Screening

- Assess wartime experiences
- “Did you see combat?”
- “You must have experienced some really difficult times – are there any that still bother you?”
- **VA PC-PTSD screening tool**

<http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp> 5 questions:

avoidance, nightmares, numbness, hyperarousal, guilt

- Referrals
- VA resources

Veterans Outside the VA system

Very limited research

Prince-Paul, et al (2016) Interviewed 15 veterans: non-VA home hospice

- Most described **greater levels of pre-military trauma**
 - limited pre-military opportunities,
 - fractured relationships or
 - military family as reason for service:
 - **Some had no desire to be honored for service.**
- Many did not connect time in military as a core identity
- Combat vets: survival guilt
- Families may want recognition of service more than patients.

Need to assess, not assume.

Veterans Services

Home Based Primary Care
Home & Attendance (HHA)

VA Hospice

VA Pensions

Education & Training

VA Life Insurance

Burial/Memorial Benefits

Dependents & Survivors Assistance

Veterans Services

Basic Eligibility

- Served in the active military and discharged or released under conditions other than dishonorable
- Reservists and National Guard members may also qualify for VA health care benefits

“Service Connection”

Established when...

“the facts, shown by evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces,”

...or if **pre-existing** such service, was **aggravated** therein...”

High percent Service Connection

- Former prisoners of war
- Vietnam Veterans exposed to Agent Orange
- Atomic veterans
- Gulf War Veterans
- Veterans with ALS
- Hospice patients

Decedent Services

- *Service-Related Death.* **VA will pay up to \$2,000 toward burial expenses for deaths on or after September 11, 2001.**

Non-service connected
deaths: up to \$ 300
Possible transport



Decedent Services

- **Burial benefits available for spouses and dependents** buried in a national cemetery include:

burial with the veteran, & perpetual care, at no cost to the family.

Eligible spouses & dependents may be buried, even if they predecease the veteran.

Decedent Services

- Burial benefits available include:
 - a gravesite in any national cemetery,
 - opening & closing of the grave, perpetual care,
 - a Government headstone or marker,
 - a burial flag, and
 - Presidential Memorial Certificate, at no cost to the family

INPATIENT SERVICES

- All VAMC's have:
 - **inpatient hospice services** as well as palliative care services for all acute care beds
 - Hospice services are available to **any veteran**, regardless of service connection or income, with no co-payment

END OF LIFE CARE FOR VETERANS

HOSPICE BENEFIT

- VA will **provide payment for home hospice care** with appropriate pre-authorization if patient uninsured.
- VA uses locally calculated, Medicare hospice payment rates...
- to purchase a comprehensive package of bundled home hospice services.

Recent Initiatives: The MISSION ACT

- Expands Veterans access to health care in the community,
- and expands benefits for caregivers

- In roll-out phase, fall, 2019

The good news!

There are real people
who can give you information!

1-877-222-VETS

Online enrollment: (Form 1010EZ)

<http://www.va.gov/healthbenefits/apply/>

VA Information and Assistance

- Visit your VA regional office, or
- Call toll-free 1-800-827-1000, or
- Visit the VA web site at <http://www.va.gov>.

Hospice & Pall Care in the VA

VA has been promoting hospice & palliative care since 1992, when it first mandated access to EOL specialty care to all vets.



Pall Care in the VA

- All VAMC:
 - Inpatient hospice services
 - Acute care palliative care consultation
- Hospice is 100% covered, regardless of service connection or income, with no co-payment.

Can be given **with** treatment



VA Palliative Care Initiatives

Most recently targeting those at risk:

- **Rural vets,**
- **Homeless,**
- **Long term care,**
- **ICU,**
- **Tele-palliative care**
- **Primary palliative care**
- **Community outreach**

ELNEC for Veterans

- **ELNEC:** End of Life Nursing Education Consortium
- VA awarded the City of Hope a 3 yr contract in 2010 to educate nurses on how to provide better palliative care for Veterans

Five national train-the-trainer courses were held with 620 nurses & team members, representing over 200 VA facilities

All Online Modules Free!

www.wehonorveterans.org

Interprofessional Palliative Care Fellowships

- Created in 2001 to address the need to prepare the VA workforce to care for Veterans with life limiting illnesses
 - Recognized the need for a team approach to care
 - Six programs funded, including one at Bronx VAMC
 - Fellows include social work, nursing, psychology, medicine & pharmacy

Advance Care Planning Initiative



VA LIFE-SUSTAINING TREATMENT DECISIONS INITIATIVE



U.S. Department of Veterans Affairs

Communication Skills Training

Contracted with Vital Talk Program to provide resources for

- 1: Medical Providers (MDs, NPs, Pas)
2. Interdisciplinary Providers (Social workers, psychologists, chaplains)

Examples of Modules: Training resources, videos, worksheets, cases

Delivering Serious News

GOC: Reframing & Expecting Emotion

GOC: Mapping the Future

GOC: Aligning with Patient Goals

Empathic responses worksheet

<https://www.ethics.va.gov/goalsofcaretraining.asp>

Hospice Veteran Partnership

HVP's: Community-base partnerships to increase veterans' access to hospice care

We Honor Veterans: VA/NHPCO

www.wehonorveterans.org

4 Levels:

Staff Education

Community Education

Policy/Procedures

Partnering with VAs



WE HONOR VETERANS

Caring Professionals on a Mission to Serve.

Ritual in the VA



“Thank you for your service.”

Veterans Legacy & Memorial Projects



Memorial Services
Bereavement Books
Taps Ceremonies



References

Bixby, K.A. & Bateman, J.(2010). Caring for Veterans. *Conversations in Palliative Care*. Pittsburgh, PA: HPNA.

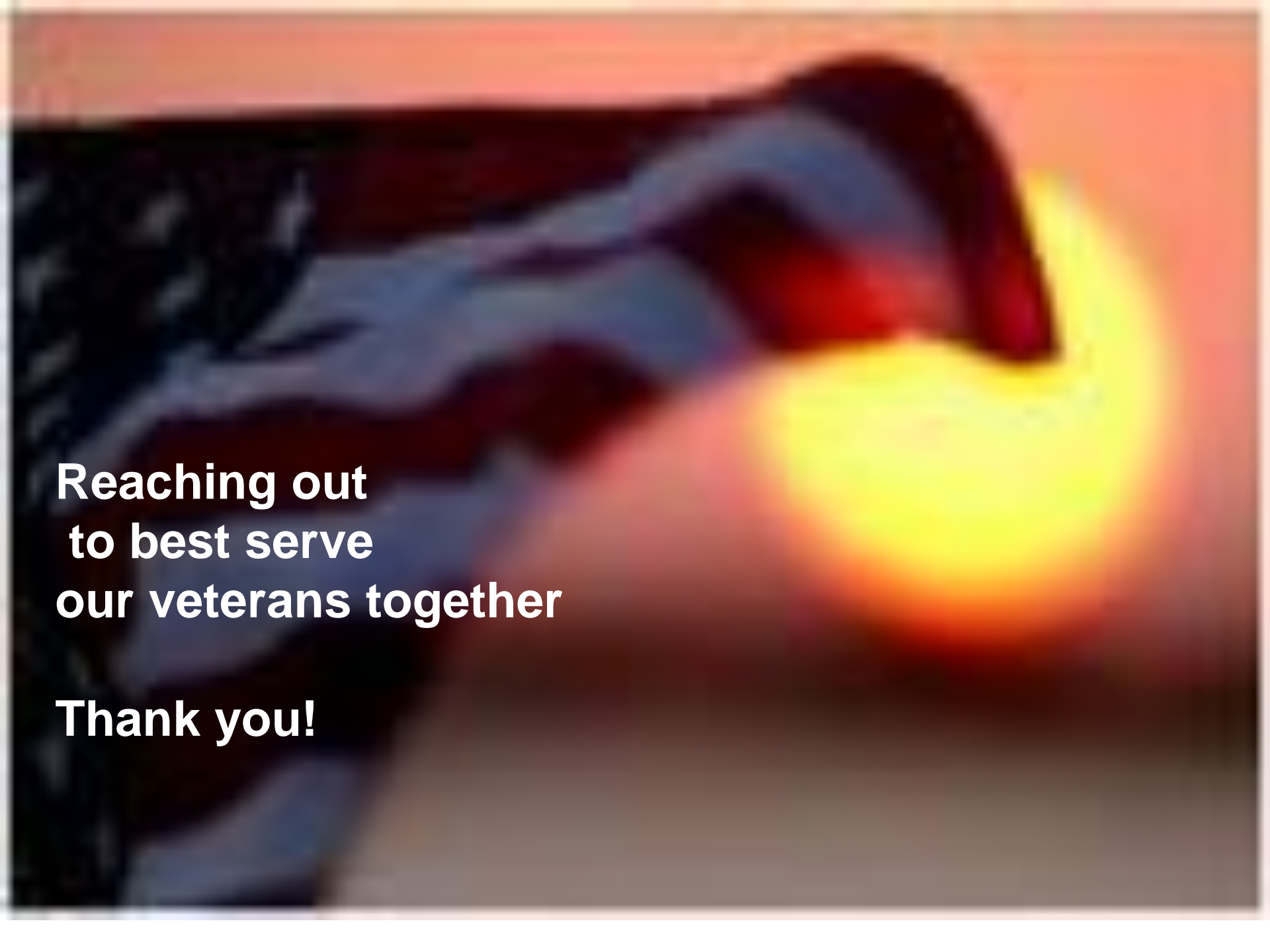
Davison, E.T. et al (2016). From late-onset symptomatology to later-adulthood trauma re-engagement in aging combat veterans: Taking a broader view. *The Gerontologist*, 56(1), 14-21.

Grassman, D.L. (2009). *Peace at Last: Stories of Hope and Healing for Veterans and Their Families*. St. Petersburg, FLA: Vandemere Press.

National Center for Veterans Analysis and Statistics. (2016). Statistics at a Glance. http://www.va.gov/vetdata/docs/Quickfacts/Homepage_slideshow_06_04_16.pdf

Prince-Paul, M. Peereboom, K, Daly, B.j.(2016) Confronting mortality: Narratives of military veterans enrolled in home hospice. *JPHN*, 18(3), 219-226.

Davidson, M.E (2015) Veterans. In Coyle, N, Ferrell, B., & Paice, J. (Eds). *Oxford Textbook of Palliative Care*. NY: Oxford Press.



**Reaching out
to best serve
our veterans together**

Thank you!