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
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%)

[www.va.gov/vetdata](www.va.gov/vetdata)
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
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

(Davidson, 2015)
Veterans Among Us
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
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
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

  - 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
Stoicism may play a significant role in symptom management.
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
- VA Pain Initiatives for Chronic Pain
- Cyber-seminars
  - hsrdr.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

- PTSD
- Anxiety
- Depression
- Substance Abuse
#DAILYSNIPPET: VETERANS MAKE UP 1 OF EVERY 3 OF THE MALE HOMELESS POPULATION

Source: National Coalition for the Homeless
Design by: Justin McAfee
Percentage of veterans with a substance use disorder

- POST-2001: 15%
- 1990-2001: 9%
- 1975-1990: 7%
- 1961-1975: 5%
- PRE-1961: 3%
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:
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.
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

* Gulf War: Desert Shield & Desert Storm: Response to Invasion of Kuwait by Iraq: 1991
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
Combat Response Trajectory

(Grassman, 2008)

War Trauma

- Full Integration and Healing
- Apparent Integration: May be Delayed or Subclinical PTSD
- No Integration: PTSD
The trauma is **re-experienced** in one or more of the following ways:

- Intrusive **reollections** (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  

- 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
  

  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

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Spiritual Distress?
An overlooked, unassessed wound that separates one from their own sense of self.

Loss without Mourning.

Guilt without Forgiveness.

“Soul Injury”
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
  
  5 questions: avoidance, nightmares, numbness, hyperarousal, guilt

- Referrals
- VA resources
Veterans Outside the VA system

Very limited research

- 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 are 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

www.cem.va.gov/bbene_burial.asp
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
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.
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
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
Ritual in the VA

“Thank you for your service.”
Veterans Legacy & Memorial Projects

Memorial Services
Bereavement Books
Taps Ceremonies
References


Reaching out to best serve our veterans together

Thank you!