Palliative Care for Veterans

Peter Yarbrough, MD
April 15, 2016
Objectives

• Where do our Veterans get care?
• What resources are available for our Veterans?
• Veterans End-of-Life benefit
• PTSD
• Specific Resources
Context

- VA is the nation’s largest healthcare system
- 1 out of 4 dying Americans is a Veteran
- Many Veterans get care outside of the VA and are eligible for VA benefits – can be helpful when navigated end of life
Where Do Our Veterans Get Care

The Number of Veterans That Use VA Health Care Services: A Fact Sheet

Erin Bagalman
Analyst in Health Policy

June 3, 2014
<table>
<thead>
<tr>
<th>Year</th>
<th>Total Veteran Population</th>
<th>VA-Enrolled Veterans</th>
<th>Patients Using VA Health Care During the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2001</td>
<td>26,092,046</td>
<td>5,124,168</td>
<td>3,890,871 Veterans</td>
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<td>356,333 Non-Veterans</td>
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<td>6,248,949</td>
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<td>4,713,583 Veterans</td>
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<tr>
<td></td>
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<td>453,250 Non-Veterans</td>
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<td>7,655,562</td>
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<td>445,322 Non-Veterans</td>
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<td>523,110 Non-Veterans</td>
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<td>5,582,171 Veterans</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>584,020 Non-Veterans</td>
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<tr>
<td>FY2012</td>
<td>22,328,279</td>
<td>8,762,548</td>
<td>5,680,374 Veterans</td>
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<tr>
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<td></td>
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<td>FY2013</td>
<td>21,972,964</td>
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<td>5,803,890 Veterans</td>
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<td>FY2014</td>
<td>21,619,731</td>
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<td>5,908,042 Veterans</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>708,921 Non-Veterans</td>
</tr>
</tbody>
</table>

**Total Patients:** 6,616,963
First: A Little History

- Prior to Civil War – about 80,000 Veterans
- Following Civil War – 2,000,000 (not including Confederate soldiers)
History

• 1930 – Veterans Affairs created to consolidate veteran services

• Following WWII, VA overwhelmed with influx of Veterans and created Medical School Affiliations
VA Mission

• Care for Veterans
• Training – 2/3 of American-trained physicians have some training at a VA
• Research
• Contingency help for Department of Homeland Security
• Address Homelessness – 1/3 of Adult homeless are Veterans
History – Why Does It Matter?

• The VA has established itself as committed to providing care for our Veterans
• Palliative Care and End-of-Life services reflect this commitment through services and research to veteran-specific needs
History – but wait you say

VA Hospitals Scandal
CBS News' investigation into VA Medical Centers and deaths of patients due to long waits for care

Latest

Accident or crime? VA worker charged over death
Case of Fredrick Harris, charged with manslaughter in 2013 death of Air Force vet Charles Johnson in La., is now political fodder
On MARCH 6, 5:11 PM

Employee bonuses in question at embattled VA
The Department of Veterans Affairs paid out $100.43 million in performance bonuses to employees in 2014 — even though several of them were under investigation or accused of mismanagement
On NOVEMBER 11, 7:01 PM / 26 COMMENTS

Wait Times Scandal
Facing VA scandal, Obama stresses "sacred obligation" to veterans

Hagel: "Someone has to be accountable" for VA health care crisis
Rest Assured

Original Article

End-of-Life Care for Older Cancer Patients in the Veterans Health Administration Versus the Private Sector

Nancy L. Keating, MD, MPH\textsuperscript{1,2}; Samuel R. Bozeman, MPH\textsuperscript{3}; ar

Cancer 2010

Extreme Makeover: Transformation of the Veterans Health Care System

Kenneth W. Kizer\textsuperscript{1} and R. Adams Dudley\textsuperscript{2}

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Key Words
Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care

Evaluated stage IV colon cancer and lung cancer patients receiving care at the VA compared to CMS control (~3,000 patients in each group)

- 4.6% v. 7.5% received chemotherapy in the last 14 days of life
- 12.5% v. 19.7% received ICU care within 30 days of death.
A Recent Veteran

• 79 yo Veteran admitted to my service with heart failure, valvular heart disease, 3v CAD, inability to care for self, angry, history of alcohol abuse, depression, and dementia not wanting to be in the hospital and without the ability to make medical decisions.

• Family decides hospice is consistent with his wishes. Medically meets criteria.

• Family cannot care for him at home.

• What to do?
VA Palliative Care

• Palliative Care Services provide inpatient and outpatient Palliative Care consultations.
• Chronic pain and symptom management.
• For patients referred to hospice, VA partners with community hospices to provide care.
  – Hospice diagnosis signed off by VA Palliative Care provider
VA End-of-Life Contract

• For veterans who meet eligibility, have a certified hospice diagnosis and cannot have care provided at home, the VA will contract with nursing facilities to provide end of life care.

• Criteria
  – Enrolled in the VA
  – Hospice diagnosis certified by VA provider
  – Hospice within Veteran’s goals
A Recent Veteran

• After decision made for Hospice, social worker was contacted and helped to facilitate contract with local nursing facility for end-of-life care.

• Patient discharged the next day.

• What about Veterans who receive care outside of the VA?
Accessing VA Palliative Care

• Contact Palliative Care social worker for any questions – Carly Alleman
• Some veterans are already enrolled in the VA which makes this process straightforward.
• Others have never enrolled, but are eligible to do so.
• Enrollment and end-of-life contract can occur during hospitalization.
Resources

• We Honor Veterans Website
  – http://www.wehonorveterans.org/

• 2010 Partnership between NHPCO and Department of Veterans Affairs
Unique Needs of Veterans at End-of-Life

For Immediate Release:
August 8, 2013

We Honor Veterans Program Specializes in Meeting Unique Needs of Veterans at End-of-Life

New Report Documents Achievements of Joint NHPCO and VA Effort

(Alexandria, Va) – One out of every four dying Americans is a Veteran. Veterans often carry experiences from their service that present unique challenges, and unfortunately, many of them may not know about or have access to hospice and palliative care. In an effort to address these concerns and respond to the needs of Veterans, the National Hospice and Palliative Care Organization partnered with the Department of Veterans Affairs in 2010 to create a program called, We Honor Veterans.
Hospice-Veteran Partnerships

What are Hospice-Veteran Partnerships?
Hospice-Veteran Partnerships (HVP) are coalitions of Department of Veterans Affairs (VA) facilities, community hospices, State Hospice Organizations, and others working together to ensure that excellent care at the end of life is available for our nation’s Veterans and their families. These coalitions may be community-based or statewide and may function independently or within an existing structure. HVP is a national program of the Department of Veterans Affairs (VA) Hospice and Palliative Care Initiative.

Why form HVPs?
The mission of HVP is to establish an enduring network of hospice and VA professionals, Veterans, volunteers, and other interested organizations working together to provide quality services through the end of life for Veterans. The purpose of HVP is to provide leadership, technical assistance, and program development recommendations aimed at:

- Improving Veterans’ access to hospice and palliative care across all sites and levels of care to assure that every Veteran is able to receive hospice care at the time and place of need
- Strengthening the relationships between community hospice and VA facilities
- Initiating comprehensive end-of-life community engagement plans designed to reach Veterans

Who should be a member of HVP?
Suggested members of HVP include:

- State Hospice Organizations
- community hospices
- VA facilities
- State Veterans Homes
- Veterans Service Organizations
- Veterans
- military hospitals
- established end-of-life coalitions in the state
Needs by War or Trauma

Being knowledgeable about wars and traumas can help hospice professionals understand how veterans view their end of life experience.

**WWII**
The U.S. entered the war in December 1941 following the attack on Pearl Harbor. Before it was over, Americans had fought on the continents of Europe, Asia, and Africa and in the Atlantic and Pacific Oceans.

**Korea**
The Korean War began on June 25, 1950 when North Korea, under a communist government, invaded South Korea.

**Peacekeeping (Cold War)**
The Cold War generally refers to the period of tension between the U.S., its allies and the Soviet bloc from the end of World War II in 1945 until the collapse of the Soviet Union in the 1990s.

**Vietnam**
The Vietnam War was one of the longest and most unpopular wars in which Americans ever fought. The first combat troops arrived in 1965 and fought the war until the cease-fire of January 1973.

**Gulf War**
The 1991 Gulf War was considered a brief and successful military operation with few injuries and deaths of U.S. troops.

**Afghanistan (OEF & OIF)**
Following the September 11, 2001 terrorist attacks on the World Trade Center and the Pentagon, the United States responded by deploying military personnel in Southwest Asia.

**Former POWs**
More than one-half million Americans have been captured and interned as Prisoners of War since the American Revolution.
WWII

“World War II (1939-1945) killed more people, destroyed more property, disrupted more lives, and probably had more far reaching effects than any other war in history.”

-World Book Encyclopedia

December 7, 1941 - December 31, 1946
Total who served in all Armed Forces: 16,112,566
Battle Deaths: 291,557
Wounded: 671,846
Medals of Honor: 433

WWII Veterans today are all over 70 years old and subject to all the diseases of aging: cardiovascular diseases, cancer, dementias of the Alzheimer’s type, etc. However, in the early 1940’s, they were among the nation’s fittest and participated in modern warfare that coincided with major advances in modern medicine.

The U.S. entered the war in December 1941 following the attack on Pearl Harbor. Before it was over, Americans had fought on the continents of Europe, Asia, and Africa and in the Atlantic and Pacific Oceans. At various times, their service was carried out under severe winter conditions, in the harshest of deserts, and in the hottest, most humid tropical climes. Those who joined up or were drafted were in the military for the duration, however long that might be. The war in Europe ended on May 8, 1945, when the Germans surrendered at Reims in France. The war continued in the Pacific for three more months. However, following the dropping of the first atomic bomb on Hiroshima on August 6 and a larger bomb on Nagasaki two days later, the Japanese surrendered aboard the USS Missouri in Tokyo harbor on September 2, 1945.

World War II Veterans were also the first to serve in the nuclear age and American POWs were employed in the clean-up of Hiroshima and Nagasaki, thus becoming the first “atomic vets.” Over 350,000 women served with a peak strength of 271,000 representing 2% of the personnel in uniform, compared to the approximately 15% now in the military.
Vietnam War Health Risks

Environmental Hazards
In addition to the risks inherent to combat, troops experience many environmental hazards. Pesticide and herbicide spraying was commonplace. In addition, Vietnam is a tropical country with high temperatures, high humidity and a monsoon climate. Approximately 20 million gallons of herbicides were used in Vietnam between 1962 and 1971 to remove unwanted plant life and leaves which otherwise provided cover for enemy forces during the Vietnam Conflict.

Infections and Diseases
Many troops were unable to get dry for days, opportunities for bathing were infrequent, and skin hygiene was poor. Bacterial and fungal infections of the feet were a major cause of temporary disability. Skin disease was a leading cause of outpatient visits and hospitalization.
Tropical diseases were frequent. Malaria was the most important. Over 40,000 cases of Malaria were reported in Army troops alone between 1965 and 70 with 78 deaths. However, this was less than had been seen in earlier wars because of the effectiveness of weekly medication.
Throughout the war, disease accounted for 70.6% of all admissions with the remaining approximately equally divided between battle casualties (15.6%) and non-battle injury (13.8%). These increased survival rates were attributed to rapid evacuation, the ready availability of whole blood and well-established semi-permanent hospitals.
Agent Orange
The name “Agent Orange” came from the orange stripe on the 55-gallon drums in which the herbicide was stored. Shortly following their military service in Vietnam, some Veterans reported a variety of health problems and concerns which some of them attributed to exposure to Agent Orange or other herbicides.

VA now recognizes eight conditions which are presumed to be related to service in Vietnam for the purposes of establishing service-connection: soft tissue sarcoma, non-Hodgkins lymphoma, Hodgkin’s disease, chloracne, porphyria cutanea tarda, respiratory cancers, multiple myeloma, prostate cancer, acute peripheral neuropathy, and spina bifida in offspring.

The Department of Veterans Affairs has developed a comprehensive program to respond to these medical problems and concerns. The principal elements of this program include quality health care services, disability compensation for Veterans with service-connected illnesses, scientific research and outreach and education.
Hepatitis C Virus (HCV)
Vietnam Health Risks

• VA now recognizes eight conditions which are presumed to be related to service in Vietnam for the purposes of establishing service-connection: soft tissue sarcoma, non-Hodgkins lymphoma, Hodgkin’s disease, chloracne, porphyria cutanea tarda, respiratory cancers, multiple myeloma, prostate cancer, acute peripheral neuropathy, and spina bifida in offspring.
Specific Populations

Regardless of the situation, all Veterans deserve to receive compassionate, quality care at the end of life. These special populations are prone to complications so it is important to be informed of their unique needs.

Homelessness
On any given night, more than 57,000 Veterans are without shelter and lack basic healthcare.

Rural Veterans
Nearly 40% of enrolled Veterans live in areas that are considered rural, where community hospices and VA palliative care programs are not readily available.

Substance Abuse Disorder
Veterans aged 18 to 25 were found to have a much higher rate of substance abuse disorder.

Post-Traumatic Stress Disorder
The United States National Comorbidity Survey Replication (NCS-R), conducted between February 2001 and April 2003, found that the estimated lifetime prevalence of PTSD among Vietnam Veterans was 30.9% for men and 26.9% for women.

Sexual Trauma
About 1 in 5 women and 1 in 100 men seen in VA facilities respond "yes" when screened for military sexual trauma.

American Indians/Alaska Natives
American Indian and Alaska Native (AIAN) Veterans have lower incomes, lower educational attainment, and higher unemployment than Veterans of other races.
Common Veteran Mental Health

- PTSD
- Military Sexual Trauma – MST
- Substance abuse
- Homelessness
Post-Traumatic Stress Disorder: Implications for Primary Care

Independent Study Course
Revised: March 2002
PTSD

Overview

Posttraumatic Stress Disorder (PTSD) is a disorder that can occur after you have experienced a traumatic event. PTSD symptoms usually start soon after the traumatic event, but may be delayed several months or years. Symptoms also may come and go over many years. If the symptoms last longer than 4 weeks, cause you great distress, or interfere with your work/home life, you probably have PTSD. Symptoms of PTSD include reliving the event, avoiding places or things that remind you of the event, a shift to more negative thoughts and feelings, feeling numb, and feeling keyed up (also called hyperarousal). If you think you have PTSD, it is important to get treatment. There are good treatments available for PTSD -- treatment can help you get better.

Screening

You may be wondering if you have symptoms of PTSD. In order to develop PTSD, a person must have...
PTSD

• Anxiety disorder that can occur after a traumatic event:
  – Combat or military exposure
  – Abuse
  – Assault
  – Accidents
  – Disasters
Post-traumatic stress disorder (PTSD) is a mental disorder resulting from exposure to an extreme traumatic stressor. PTSD has a number of unique defining features and diagnostic criteria, as published in DSM-IV. These Criteria include:

Criterion A – Exposure to a traumatic stressor
Criterion B – Re-experiencing symptoms
Criterion C – Avoidance and numbing symptoms
Criterion D – Symptoms of increased arousal
Criterion E – Duration of at least one month
Criterion F – Significant distress or impairment of functioning
Post Traumatic Stress Disorder

Triggers:
- Environment
- Sensory experience
- Others

Re-experience the event
- Nightmares
- Flashbacks
- Hallucinations
- Intrusive thoughts

Avoidance
- Emotional numbing
- Detachment/isolation
- Avoid triggers & thoughts
- ↓ interests
- Sense of a foreshortened future

Hyperarousal
- Hypervigilance
- Insomnia
- Difficulty concentrating
- Angry outbursts
- ↑ startle response
PTSD Prevalence

Trauma Often Leads to PTSD and Other Impairment

- The percentage of those exposed to traumatic stressors who then develop post-traumatic stress disorder (PTSD) can vary depending on the nature of the trauma. In one major U.S. epidemiological study (Kessler et al., 1995), lifetime prevalence rates of PTSD following specific types of trauma were:

<table>
<thead>
<tr>
<th>Type of Trauma</th>
<th>Men</th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td>combat</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>rape</td>
<td>65%</td>
<td>46%</td>
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<tr>
<td>life-threatening accident</td>
<td>6%</td>
<td>9%</td>
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<tr>
<td>physical attack</td>
<td>2%</td>
<td>21%</td>
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</table>

- About one in 12 adults experiences PTSD at some time during their lifetime (women = 10.4%; men = 5%; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Women are twice as likely as men to develop PTSD following exposure to traumatic events.
PTSD

• Affects about 30% of men and women who spent time in war zones
• Increased mortality for Vietnam Vets
• Increased rates of substance abuse
• Increased psychosocial problems
• Increased medical diagnoses
• Greater pain intensity
# PTSD – Co-Morbid Conditions

## TABLE 2
MOST COMMON CO-MORBID DISORDERS ASSOCIATED WITH PTSD

<table>
<thead>
<tr>
<th>Gender</th>
<th>Disorder</th>
<th>Civilians (%)</th>
<th>Vietnam Veterans</th>
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<td></td>
<td></td>
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<td>Lifetime</td>
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<tr>
<td>Males</td>
<td>Alcohol abuse/dependence</td>
<td>51.9</td>
<td>75</td>
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<td></td>
<td>Major Depressive Episode</td>
<td>47.9</td>
<td>20</td>
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<tr>
<td></td>
<td>Conduct Disorder</td>
<td>43.3</td>
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<td></td>
<td>Drug Abuse/Dependence</td>
<td>34.5</td>
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<tr>
<td></td>
<td>Generalized Anxiety Disorder</td>
<td>44</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>Major Depressive Episode</td>
<td>48.5</td>
<td>42</td>
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<td>Simple Phobia</td>
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<td></td>
<td>Social Phobia</td>
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<td>Alcohol Abuse/Dependence</td>
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<tr>
<td></td>
<td>Generalized Anxiety Disorder</td>
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<tr>
<td></td>
<td>Dysthmic Disorder</td>
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</table>
Course of PTSD

- *JAMA Psychiatry* 2015 study with 25 year follow up from original study
- National Vietnam Veterans Longitudinal Study – 2348 Veterans
- Studied theatre veterans v. non-theatre (era)
- Original Study at 10 years – PTSD 15.2%
- Current Study – 4.5-10.8%
- 271,000 Vietnam veterans with PTSD or sub-threshold PTSD, 1/3 with MDD (40 years later)
PTSD - MST

In contrast to the “typical” male VA patient with PTSD who is most likely to have developed the disorder following some form of combat-related trauma, the “typical” female VA patient with PTSD is more likely to have experienced some form of sexual trauma. Therefore, it is important for providers working with women veterans to have a familiarity with the particular issues associated with sexual trauma.

In VA, *not* asking about sexual trauma is no longer an option. VHA has recently mandated that all veteran patients – **men and women** – be screened for the presence of military sexual trauma. This directive was in response to a Congressional bill mandating

- 13% of women report sexual assault at some time in their life.
- 23% of women veterans who had used VA services reported experiencing a sexual assault while in the military.
PTSD and Aging

• “Every clinician I know who has worked with older vets has talked about having a number of these cases – people who have never had problems with PTSD and then suddenly, in old age, have come in for treatment.”
  • Paula Schnurr, PhD

• “Older people are especially vulnerable and susceptible to the effects of different stressors, many of which may exacerbate latent PTSD symptoms, even after years of being relatively asymptomatic.”
  • *Psychotherapy* 1995
PTSD and Aging

• University of Michigan study showed 38% of veterans >60 years old had significant PTSD symptoms regardless of era of service.

• “We were surprised by the high prevalence of PTSD among older veterans. There has been a lot of emphasis on PTSD in returning vets, but it looks as though perhaps this older population of service members have been left behind.”
  – Dr. Helen Kales, MD
PTSD and Aging

• “It was interesting to us that those whose service was a long time ago – in some cases more than 50 years ago – were just as likely as their younger counterparts to be expressing these symptoms.”
  — Dr. Helen Kales, MD
PTSD and End-of-Life

• Terminal illness may be risk factor for re-emergence of symptoms
• Can present with delirium/hallucinations
• Goals of care should include reduction in PTSD symptoms
• Can present as spiritual distress – chaplain involvement
PTSD - Screening

“Have you ever had an experience that was so frightening, horrible or upsetting that, in the past month, you...

• have had nightmares about it or thought about it when you did not want to?”
• tried hard not to think about it or went out of your way to avoid situations that reminded you of it?”
• were constantly on guard, watchful or easily startled?”
• felt numb or detached from others, activities or your surroundings?”

• Positive if any two items or hyper-arousal alone.
PTSD - Treatment

- Mental health assessment
- Individual counseling
- Group support
- Medications – SSRIs

- Treatment is beyond scope of this talk, but recognize that treatment exists.
PTSD – What Can You Do?

• Recognize PTSD and MST as common events for Veterans.

• Familiarize yourself with VA resources for PTSD – both improving your knowledge, but also knowing that the VA has resources to help care for these Veterans.

• End-of-life goals should include addressing PTSD symptoms.
Hospice and Military

**Hospice**
- Dependency
- Reconnect with others
- Life review, reminisce, openly grieve
- Encourage self-determination and choice

**Military**
- Interdependence
- Hierarchical organization
- Culture of stoicism; downplay suffering
- Give orders, follow orders
Hospice and PTSD

Hospice

- Dependency
- Reconnect with others
- Reminisce; Life review
- Multiple checks by staff
- Legacy-building

PTSD

- Need for control
- Isolation; family may not know about trauma
- May avoid reminiscing (possible triggers)
- Need predictability, privacy
- Wish to forget
- Difficulties with authority figures
Summary

- Veterans commonly receive care outside of the VA
- The VA is committed to providing care for Veterans
- You are encouraged to inquire about the Veteran’s benefits – end-of-life, service connection for certain illness
- Veterans end of life benefit is awesome
- Mental health, and in particular PTSD, is a significant issue for Veterans and can have an increase in symptoms at the end of life
- Involve social work and chaplain in care to help address above issues
Resources

• Salt Lake City VA Palliative Care Social Worker
  – Carly Alleman, CSW
  – 801 582-1565 x3075
  – Carly.alleman@va.gov

• We Honor Veterans Website
  – http://www.wehonorveterans.org/

• PTSD Website