END-OF-LIFE CARE FOR

CE 1.0 HOUR Continuing Education

WW II, Korea, and Vietnam-Era Veterans

Military Veterans have made many sacrifices for our country and deserve high-quality care at end of life. The purpose of this article is to discuss the WW II, Korean and Vietnam Veteran population, and common concerns at the end of life. Areas of focus include spiritual and emotional needs, posttraumatic stress disorder, and pain management. Understanding of military/Veteran culture, the stoic mindset, and moral injury may provide foundational knowledge for nonmilitary home care and hospice clinicians to understand Veteran patients and their families. In addition, resources and other references are offered to enhance the knowledge of Veteran-related care.

In 2011, First Lady Michelle Obama and Dr. Jill Biden launched the *Joining Forces* initiative, intended to spark communities and organizations across the country to support our nation's military, military Veterans, and their families. One focus of the initiative was wellness, which promoted education of healthcare providers on the unique needs of this population. In response to this call, organizations such as the American Association of Colleges of Nursing (AACN), U.S. Department of Veterans Affairs (VA), American Nurses Association (ANA), National

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League of Nursing, and National Organization for Associate Degree Nursing, as well as other stakeholders challenged schools of nursing to take action in making curricular changes. To date, the 660 schools that have made the pledge are listed on the AACN website (AACN, 2017). Professional organizations that have made the pledge are listed on the ANA website (ANA, 2017). Although the program is not active under the current administration, ongoing efforts can still be appreciated.

In 2013, the American Academy of Nursing launched the "Have you ever served in the military?" campaign to facilitate outreach and proper inclusion of military service information being recorded as part of the health history. The goal of the initiative was to improve the overall quality of healthcare provided to Veterans and their families. The Military Health History Pocket Card for Clinicians (U.S. Department of Veterans Affairs, 2015a) is another example of how organizations have supported the need for civilian healthcare providers to ask about military service (Figure 1). This pocket card, which can be printed or downloaded as a mobile application provides questions to ask Veterans in order to determine healthcare needs or concerns. The information provided on the card can also be used to help establish rapport with this patient population.

Two other programs have developed in recent years related to Veterans and end-of-life (EOL) care. *We Honor Veterans* program is a collaborative effort of the VA and the National Hospice and Palliative Care Organization to provide organizations with the educational tools and resources needed to enhance quality, Veteran-centered, palliative, and EOL care (National Hospice and Palliative Care Organization, n.d.). The End-of-Life Nursing Education Consortium (ELNEC)—for Veterans is also a collaboration of the VA with the AACN and City of Hope (AACN, 2016; Gabriel et al., 2015). The goal of this program is to enhance home care and hospice clinicians' ability to provide palliative and EOL care through focused education.

Veterans of WW II were welcomed home with great support, being backed by a country where everyone was touched in some way by the war or helped support the war effort.

The Veteran Population

According to the U.S. Department of Veterans Affairs (2014), there are approximately 22 million Veterans living within United States. Table 1 provides a snapshot of the total number of living Veterans in 2014 by war era served. Those who served during the Vietnam era are the largest living Veteran population. Interestingly, slightly less than 30% of Veterans live in rural areas, but those who do, make up 41% of the total number enrolled in the VA (U.S. Department of Veterans Affairs, 2012). About 48% of those living in rural areas range in age from 55 to 74 and another 19% make up the 75 years and older category. The largest percentage of Veterans living in rural areas (36.4%) served during the Vietnam era.

The era in which a Veteran served, the role they played during a particular war, and whether they were directly in harm's way can all have a significant impact on how they view their military service. Timeliness in returning home after war, how a Veteran is treated upon returning from war, and whether or not they volunteered or were drafted can also influence how military service is viewed. Highlights of the three oldest generations of Veterans follow, with a focus on Veterans who deployed in combat or served during World War II, Korea, and Vietnam.

World War II Veterans

World War (WW) II Veterans, also known as "The Greatest Generation," served in the deadliest war in our history (History.com, 2017a). WW II involved over 30 countries and lasted from 1939 to

1945, with 50 million civilians and military reported killed. Approximately 416,800 deaths of Americans were recorded (National WW II Museum, n.d.). Veterans of this era are now in their late 80s and 90s, dying at a rate of about 370 per day (National WW II Museum). Medical advances during this time included having medics embedded with company units as well as guidelines for amputation established by the then U.S. Surgeon General (Manring et al., 2009). Service members who served during this time spent a month or more on ships returning home, allowing time to debrief with others before arriving in the United States (Chang et al., 2015). Veterans of WW II were welcomed home with great support, being backed by a country where everyone was touched in some way by the war or helped support the war effort (Nulton, 2015).

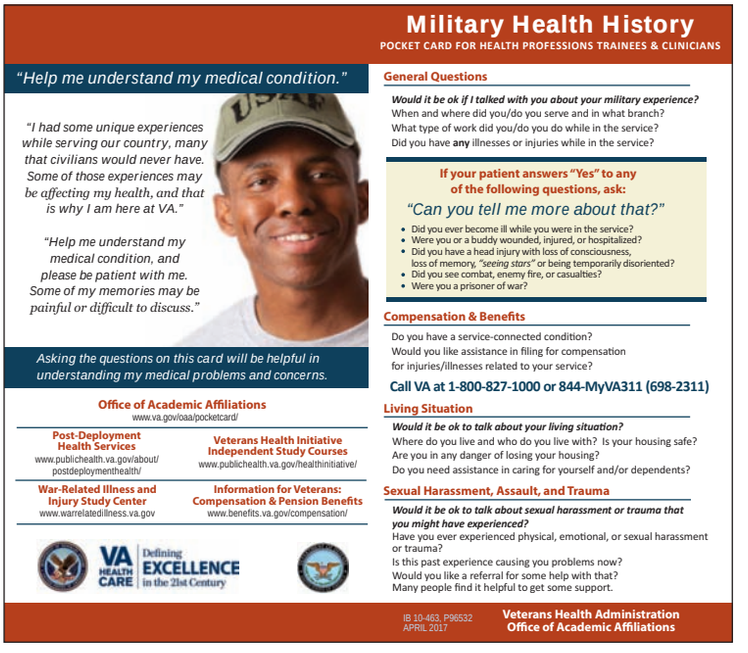

Figure 1. Military Health History pocket card.

Korean War Veterans

The Korean War lasted from 1950 to 1953 (History.com, 2017b). An estimated five million service members and civilians died during this war, with 40,000 American deaths and more than 100,000 wounded. Veterans of this era are mostly in their 80s, some 90s, with some who also served during WW II or Vietnam. The Korean War has been called the "forgotten war" (Ernsberger, 2014). This war didn't usher in the same type of rationing and needed support from the country, which resulted in many Americans returning to their normal routines, forgetting about what was happening far from home. The Korean War ended in a stalemate that is still in place today, making it a conflict that never was resolved. According to Ernsberger, the draft was in place during the Korean War, though draft dodging was rare and is associated more with the Vietnam War. The largest medical advance during this time was the creation of Mobile Army Surgical Hospital (MASH) units, supported by helicopter transportation, which allowed for rapid surgical care within 10 miles of the front lines (Manring et al., 2009). Like WW II Veterans, these service members often had weeks on ship before returning home. Similar to soldiers of today, soldiers who fought in Korea cycled in and out of the war zone without much attention, making them "invisible" (Ernsberger). Being shaded by the WW II generation and the upheaval caused


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Those who serve in the military often retain a sense of pride in their rank as it was hard earned and represents their accomplishments within the service.

by Vietnam, Korea War Veterans became even more "invisible."

Vietnam Veterans

The Vietnam era was well known as a draft era, which complicated the experiences for many Veterans who served during this time (Elliott, 2015). U.S. forces occupied Vietnam from 1962 to 1973 (Manring et al., 2009). MASH units continued to improve along with evacuation processes and technology that started during the Korean War. Fixed hospitals were set up with the capacity to provide definitive treatment, thus eliminating the need for multiple transfers. Approximately three million people, including 58,000 Americans, were killed in Vietnam (History.com, 2017c). Vietnam was the first war to be viewed in American homes, on live television, creating negative reactions from people when service members returned (Nulton, 2015). Service members often arrived home within a few days of being in a war zone (Chang et al., 2015); therefore, less time was allowed for decompressing and debriefing before facing the realities of home. Vietnam Veterans were viewed by the public negatively for participation in cruel destruction of villages, not as victims of a cruel war themselves (Nulton)."Worse, throngs received limited treatment for post-traumatic stress and other injuries, and few programs to help Veterans find employment. Over 100,000 committed suicide, and thousands more ended up in jail or on the street" (Nulton, para. 10). It would be many years before the American public realized these service members did not deserve the treatment they received. For some, it was too late.

Table 1. Estimated Number of Living Veterans in 2014 by War Era in the United States

War Era	Estimated Number of Veterans
World War II	591,492
Korea	926,432
Vietnam	5,688,114
Pre-9/11	3,623,707
Post-9/11	4,709,095
Peacetime and other	4,626,785
TOTAL	**20,165,625**

Note. Based on information from https://www.va.gov/vetdata/docs/Quickfacts/Veterans_by_POS_and_by_Children.pdf

Military Culture

People who have served or worked in and around the military will tell you that they have a culture all their own. Each branch of the service has its own subculture. The people who serve, especially during time of war/deployment or who serve until retirement can be highly influenced by this culture that may remain with them throughout their lives. The military is a very structured entity, whereby rules and regulations govern service members. It is a hierarchical organization where everyone has rank and pay grade. Those who serve in the military often retain a sense of pride in their rank as it was hard earned and represents their accomplishments within the service. Stoicism, or having a stoic "mindset" is a common trait among those who serve in the military, resulting from strict training and discipline. As described by Grigorescu (2009):

> *The camouflaged emotions always haunt stoics and they are suffocated under the forcible working conditions. They tend to be hard and rough, influenced by their difficult circumstances. Many factors play significant roles in leading soldiers to stoicism, but stoicism itself does not turn the soldiers rough and coarse. Stoicism sometimes turns out to be favorable when it is*

Table 2. Select Exposures by War Era

War Era	Exposures
World War II	Ionizing radiation, mustard gas, and cold injuries
Korean War	Cold injuries
Vietnam War	Agent Orange and hepatitis C
Cold War Era	Ionizing radiation, mustard gas, Camp Lejeune water supplies, Edgewood/Aberdeen experiments, herbicide tests and storage, and Project 112/Project SHAD
Gulf War	Vaccinations, oil well fires, chemical and biological weapons, pyridostigmine bromide, pesticides, and sand, dust and particulates
Iraq War	Burn pits, depleted uranium, toxic embedded fragments, infectious diseases, traumatic brain injury, rabies, heat injuries, sulfur fire, mefloquine, chromium, sand, dust and particulates, and chemical warfare agents
Operation Enduring Freedom in Afghanistan	Sand, dust and particulates, burn pits, depleted uranium, toxic embedded fragments, infectious diseases, traumatic brain injury, rabies, heat injuries, sulfur fire, mefloquine, chromium, chemical warfare agents, and cold injuries

Note. Based on information from http://www.publichealth.va.gov/exposures/wars-operations/index.asp

seen as endurance and loyalty in matters connected with their nation's freedom. The military persona has always been formed within a fixed frame work, which requires controlling the emotions. A soldier feels that his emotions and passions of life have been frozen, that he is being forced to lead a mechanical life. The continual and forced suppression of emotions gradually leads soldiers to be stoic, hardening their bodies and minds to the realities of life and leading to the breakdown of morality (p. 3).

Home care and hospice clinicians who are able to recognize some traits of this culture may be able to identify important cues or information relevant to the patient, develop a deeper therapeutic relationship, and have the potential to improve outcomes and Veterans lives (Convoy & Westphal, 2013).

Health Issues Related to Military Service

Historically, each war or conflict brought exposure to loud noise as well as unique types of occupational hazards (U.S. Department of Veterans Affairs, 2015b). Table 2 lists exposures specific to each war era. Each war era has associated health issues such as posttraumatic stress disorder (PTSD), traumatic brain injury, depression, military sexual trauma, homelessness, and chronic pain. Being aware of these exposures and health issues can make the home care clinician more in tune with the unique needs of Veteran patients, especially if the exposure impacts EOL care issues.

Health Concerns of Veterans at EOL

Progressive illness or a life-limiting prognosis can often magnify psychosocial issues for Veterans, reducing their ability to deal with the dying process (Antoni et al., 2012). Due to possible service-related health issues, Veterans may have lived functionally or cognitively impaired for a long time prior to the EOL period. They may have relied heavily on caregivers or conversely, functioned alone. Each situation has its own psychosocial challenges.

Spiritual and Emotional Needs

According to Chang et al. (2012, p. 635), spiritual care at EOL contributes to positive outcomes, yet the spiritual needs of Veterans and their families are understudied. In their study, the authors reported:

Using violence to resolve conflicts contradicts human morality as well as religious and spiritual doctrines of most, if not all, religions. It is therefore conceivable that participating in, witnessing or learning about military actions that violate the moral conscious or principles of an individual's spiritual/religious beliefs can cause profound damage.

In some instances, being able to forgive oneself for actions taken under combat circumstances could aide in improving the EOL for a Veteran.

Survivor's guilt is another area to understand because Veterans may feel responsible for a traumatic event, even though it was not in their control, or feel shame for surviving when others did not (Real Warriors, n.d.). This guilt might be felt

Veterans may feel responsible for a traumatic event, even though it was not in their control, or feel shame for surviving when others did not.

by Veterans who were in combat, but those who did not deploy may also experience guilt for not playing a role in the "action." Depression, apathy, and even anxiety can develop if survivors' guilt is not addressed. Therefore, it can play a major part at the EOL of Veterans and should be explored and worked through if possible. Social workers, and clergy/chaplains can provide therapeutic interventions to help Veterans. Survivor's guilt could be a symptom of posttraumatic stress (Real Warriors).

Military service members, specifically those who experience ethical and moral situations in war time are at risk for moral injury (Maguen & Litz, 2012). Failing to prevent or witnessing intense human suffering that cause transgression of moral belief can lead to inner conflict resulting in moral injury. Although research in this area is developing, researchers argue that while symptoms may manifest similar to PTSD, treating moral injury the same as PTSD may not be effective (Maguen & Litz). The researchers highlight that forgiveness may be a mediating factor in the outcome of moral injury, which may be critical during the EOL period.

Posttraumatic Stress at EOL

PTSD is a mental health issue that people experience after being witness to or experiencing a traumatic or life-threatening event (U.S. Department of Veterans Affairs, 2016). There are four common types of symptoms that will vary in severity and at different times after the event. These symptoms include: reliving the event (flashbacks), avoiding situations (triggers) that remind the person of the event, having more negative beliefs and feelings (guilt, shame, untrusting), and feeling keyed up (hyperarousal) (U.S. Department of Veterans Affairs, 2016). Literature supports that people nearing EOL may experience symptoms of PTSD, whether triggered by terminal diagnosis or by preexisting PTSD (Feldman & Periyakoil, 2006; Holland et al., 2014). When referring to WW II and Korean War Veterans, Schnurr (1991, p. 2) wrote:

> *The prevalence of PTSD in this group is unknown because no study has used a sample representative of the larger population. The estimates of PTSD prevalence, which seem tragically high, have been derived from patient groups, or POWs. However, as in Vietnam combat Veterans, a significant number of older Veterans have experienced PTSD.*

According to Feldman and Periyakoil, PTSD can complicate the dying process in several ways. The threat to life could potentially mimic the original trauma, exacerbating prior PTSD symptoms and causing distress. The authors also discuss that the normal life review can be altered by increased symptoms leading to anxiety, guilt, anger, or sadness coupled with avoidance symptoms and poor medical adherence. Care could also be complicated by the lack of caregivers available to patients with PTSD due to past avoid-

Table 3. Ways to Honor Veterans

Recommendations for Practice
Give Veterans an opportunity to tell their stories
Respect Veterans' service, their feelings, and any suggestions they might offer
Thank Veterans for their service to our country
When approaching Veterans for their participation, consider bringing another Veteran with you
Show appreciation for the families of Veterans
Accept, without judgment, the Veteran as he/she is
It might take longer for some Veterans to trust you. Be patient and listen
Expect the Veteran's sharing to occur over a period of time
Consider holding Veteran Appreciation or Recognition event

Note. Based on information from https://www.wehonorveterans.org/get-practical-resources/resources-topic/honoring-veterans

Table 4. Select Veteran Resources for Healthcare Providers

Name of Resource	Where to Get Information
Department of Veterans Affairs	https://www.va.gov/GERIATRICS/Guide/LongTermCare/Home_and_Community_Based_Services.asp
National Hospice and Palliative Care Organization (NHPCO)	https://www.nhpco.org/
We Honor Veterans	http://www.wehonorveterans.org/
End-of-Life Nursing Education Consortium (ELNEC)	http://www.aacn.nche.edu/elnec/about/elnec-for-veterans
Center for Deployment Psychology—Military Cultural Competence Online Course	http://deploymentpsych.org/online-courses/military-culture
Opus Peace	http://www.soulinjury.org/
Real Warriors	http://www.realwarriors.net/healthprofessionals

ance and social isolation (Feldman & Periyakoil, 2006). Veterans might avoid situations or people that trigger memories of these trauma events. Home care clinicians might need to rely on family members to understand factors that trigger a patient's PTSD.

In a study by Alici et al. (2010), the researchers examined families' perceptions of Veterans' distress due to PTSD-related symptoms at EOL. In their study, the researchers found that "although PTSD related symptoms were not as common as pain and dyspnea at the end of life, when they are present, families believe they cause significant levels of discomfort" (2010, p. 512). The researchers reported that families perceived symptoms of PTSD caused distress more often than dyspnea at EOL, suggesting that careful assessment and intervention of these symptoms need to be addressed. Management of PTSD symptoms may improve patients' and families' perception of quality of care as well at the EOL.

Pain Management

Pain is an individual experience and is a common complaint for patients at the EOL. According to Carteret (2011), patients may react to pain through a culture-based response in one of two ways: stoic or emotive. Stoic patients tend to socially withdraw and not express pain, and emotive patients tend to verbalize pain, prefer people around them, and react to their pain in a validating manner. Veterans tend to be more stoic as a result of military service, thus they might approach pain as something they must bear. This idea of mental toughness can act as a protector during times of stress, emotional or physical trauma, when situations happen by forces that a person cannot control (Anthony, 2016). However, it is important for the home care or hospice clinician to be aware of this tendency so Veterans do not unnecessarily suffer in pain.

Role of Home Care and Hospice Clinicians Working With Veterans at the EOL

It is estimated that only 4% of Veterans die in a VA setting (AACN, 2017). Home care and hospice clinicians should ask "Are you a Veteran?" or "Have you ever served in the military?" so that appropriate care considerations can be made. Elliott (2015) also suggested several strategies to identify if a patient is a Veteran, such as observing for military-related memorabilia around the home or military-related tattoos on the patient. Clinicians might be able to create an immediate connection with a patient who is a Veteran by taking the time to inquire about prior military service. Although military experiences and subsequent postmilitary experiences vary between individuals, many Veterans carry the "values, attitudes, and behaviors that are distinctly military" into the civilian world (Coll et al., 2011, p. 498). Not making assumptions about how one views their military service is a good approach.

Acknowledging military service is important and may be especially important when caring for a Veteran at the EOL (Gabriel et al., 2015). Honoring and respecting the Veteran and their family for the service and sacrifice to our country can help build trust and rapport. Table 3 highlights a variety of ways in which home care and hospice clinicians and agencies can honor and respect Veterans. Listening to a patient reminisce and observing for potential complications can facilitate the clinician in seeking the

Table 5. Select Veteran Resources for Caregivers

Name of Resource	Where to Get Information
Department of Veterans Affairs	https://www.caregiver.va.gov/index.asp
National Hospice and Palliative Care Organization (NHPCO)—CaringInfo	http://www.caringinfo.org/i4a/pages/index.cfm?pageid=1
We Honor Veterans	http://www.wehonorveterans.org/
Real Warriors	http://www.realwarriors.net/family/support/caregiver-resources.php?gclid=EAIaIQobChMIgsednY7C1AIVTksNCh1EUgTYEAMYAyAAEgJpKfD_BwE
Opus Peace	http://www.soulinjury.org/

right care or support for the patient, their families, and their caregivers. Asking the patient, their families, and caregivers what their wishes are is important to providing patient-centered care. Knowing not all Veterans want to share their stories is important too.

Although not an exhaustive list, Table 4 provides a starting point to accessing resources for healthcare providers related to caring for Veterans. Some of the resources provided may also be relevant and useful to share with caregivers (Table 5). If patients with PTSD experience symptoms at the EOL, it may be very difficult for the family members as well as the Veteran (Alici et al., 2010). One study published by Holland et al. (2014) emphasized that caregivers of Veterans were more likely than those of non-Veterans to report anxiety and sadness the patient was experiencing. In addition, the emotional needs of caregivers of Veterans after the death were higher than those of non-Veteran patients who die. Therefore, it is essential that home care and hospice clinicians are aware that the caregivers and families may need other resources during their grieving.

Conclusions

Many national and professional organizations have been leading the drive to enhance awareness of the unique healthcare needs of military Veterans. Although the number of Veterans within the United States may be currently on the decline, there remain millions within the population that will continue to require care. Home care and hospice clinicians spend significant time with a patient at the EOL and are therefore able to help direct the patient's individual and family's needs. Talking with Veterans, their next of kin, and caregivers about spiritual needs is central to ensuring quality EOL care. Becoming educated on the health needs of the Veteran population is a responsibility all should take earnestly. ⌂

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