

## Conversations for Caring: 10 Caring Points

Topic: *End of Life Issues of Veterans*

Presenters: *Barbara Boulton, RN, BSN, CHPN Director of Performance Improvement and Education  
Hospice of the North Shore & Greater Boston (978-774-7566)  
Dawnett White, RN, Performance Improvement and Education Coordinator  
Hospice of the North Shore & Greater Boston (978-774-7566)*

1. **23.8 Million Veterans:** There are currently 23.8 million Veterans - largest segment from Vietnam Era - 7.9 million. One in four dying Americans is a veteran.
2. **Age-related to War Experience:** In 2007, the median ages by period of service were: Gulf War (37 years old), Vietnam War (60 years old), Korean War (76 years old), and WW II (84 years old).
- 3-5. **Health Risks:** Each war brings unique health risks:
  - a. World War II: Infectious diseases, wounds, frostbite/cold injury, mustard gas testing, exposure to nuclear weapons, and nuclear cleanup - meaning we see various cancers and painful effects of frostbite, like peripheral neuropathy.
  - b. Cold War “Atomic Veterans”: Nuclear testing and nuclear cleanup. Radiation exposure has been associated with disorders including leukemia, various cancers, and cataracts.
  - c. Korean War: Cold injuries, including frostbite and immersion (trench) foot. Such injuries can lead to long-term and delayed aftereffects including peripheral neuropathy, skin cancer, arthritis, nocturnal pain, and cold sensation. These veterans will complain more of feeling cold, achiness when it is cold, and increasing arthritis pain.
  - d. Vietnam War: Agent Orange exposure and tropical country leading to Hepatitis C, bacterial and fungal infections, and skin diseases. Agent Orange associated diseases alone include lung cancer, prostate cancer, lymphomas, birth defects, and diabetes. Vietnam Veterans have the highest incidence of Post-Traumatic Stress Disorder (PTSD).
  - e. Gulf War: Toxic agents, exposure to smoke, preventive medicines and vaccines. Health effects include fibromyalgia, chronic fatigue syndrome, and multiple chemical sensitivities.
  - f. Operation Enduring Freedom: Combined penetrating, blunt trauma, and burn injuries (blast injuries), traumatic brain or spinal cord injury, vision loss, and traumatic amputation.
6. **Unique Needs:** The aging of the Vietnam Veteran invites reflection on their unique needs. Vietnam Veterans are now 50 to 75 years old. By 2014, 60% of Veterans over 65 will be Vietnam Veterans. Many of these Veterans were marked by the country’s reception of them upon their return home.
7. **Mental Health Care:** Mental health conditions such as depression, addiction, and PTSD can also be a reality in Veterans’ lives.
8. **Post-Traumatic Stress Disorder:** PTSD emerges out of exposure to a traumatic event experienced with fear, horror, or helplessness. Factors influencing PTSD include combat and the experience of having killed, branch of service, officer vs. enlisted, drafted vs. voluntary, and severity/duration of trauma. Consequences of PTSD can include depression, suicide, anxiety, addiction, relationship problems, employment issues, and existential suffering (guilt and regret).
9. **Caring:** Suggestions for caring for dying Veterans include sensitivity and acceptance. Know that care experiences – even seemingly mundane treatment procedures – can sometimes trigger PTSD; anticipate a possible stoic under-reporting of pain and other symptoms; be aware that Veterans in addiction recovery may be reluctant to take pain medications or require higher doses of pain medications; be attentive to non-physical (mental, emotional, social, spiritual, and moral) injuries; be aware that Veterans can experience a higher degree of social isolation, and realize that non-combat Veterans may be reluctant to identify as Veterans.
10. **Offer a Healing Presence** - One that avoids surprises that can jar and agitate, expresses gratitude for military service rendered, supports the creation of a calm and non-judgmental space, promotes self-forgiveness, and respectfully listens.

*These 10 Caring Points are intended to be a summary of best practices.  
For citations, references, and additional information,  
please contact identified presenters or Dan Collier at 781-586-8620 or [dcollier@glss.net](mailto:dcollier@glss.net)*