MORAL INJURY IN OLDER ADULTS AT THE END OF LIFE

Dr. Michael Silverman
92-year-old Navy/Coast Guard WW2 Veteran
• Admitted to hospice unit at the WPB VAMC
• Diagnosis of metastatic cancer of the prostate with uncontrolled pain, hearing loss, low vision, anger, anxiety, and insomnia.
• Cognitive assessment of MOCA score 27/30.
• Required increasing doses of morphine and lorazepam for pain and agitation and anxiety.
• Reluctant to interact with staff
• Pocket talker was employed to speak with the Veteran because of poor hearing.
CASE I

- The Veteran was seen by the Hospice Chaplain who spent hours listening to the veteran who began to talk about his wartime experiences. He was part of the crew of a troop ship that picked up Army and Marine Soldiers.
- The food and water supplies were inadequate to sustain the troops and they began to riot and fight each other with a number being killed and thrown overboard.
- He watched this carnage and sat helplessly by as the atrocities continued. The Veteran also was very angry with the Captain who accused the veteran for his not doing his work.
The Veteran after telling his story to the chaplain was more controlled by the medication with minimal doses. He passed away with in 10 days and before he died told the Chaplain the “now it is your worry, not mine.”
GERIATRIC SYNDROMES

- Vision/Hearing
- Cognition
- Pain
- Multimorbidity
- Depression
- Falls
- Function
- Delirium
LIFE CHANGES IN OLDER ADULT VETERANS

• Physiologic decline
• Accumulation of morbidity (frailty)
• Social isolation
• Senescence
• Retirement
• Income
• Bereavement
• Identity
VISION

- Account for low vision in older adult
- Decreased discrimination
- Slower adaptation to light
- Identify yourself
- Provide adequate lighting
- Make sure Veteran is wearing glasses
- Face to face
Impaired speech recognition if room with background noise

Hearing loss can lead to social isolation

Decrease in speech discrimination

Difficulty in localizing the source of sound

Check for cerumen

Ensure hearing aids are working and in place

Face patient so they can read your lips

Use a pocket talker
Always assess for Cognitive impairment

A mini-cog takes 5 minutes or less

A MOCA takes 6-10 minutes

A CAM can be used for suspected delirium

Previous history of mild cognitive impairment vs. dementia

Prior living arrangements

Prior medications

Prior independence
• Assess for pain
• PAINAD scale
• Breathing, negative vocalization, facial expression, body language consolability
• Prior history of opiate intake
• Prior antidepressants
ESTABLISHING CLINICAL RAPPORT WITH VETERANS

• Establish trusting relationship
• Ask question first about military experience
• Approach gently and sensitively
• Encourage them to tell their story
• Express gratitude for their service
• Listen/reflect
• Continuously make yourself available
• Making assumptions about their unique experiences in the military without asking them their experiences and views.

• Comparing any military experience to a movie.

• Asking if they killed anyone or saw someone killed.

• Saying you understand.

• Trying to impose your values on military experience or acculturation

• Assuming they have PTSD or Moral Injury because of their experiences, or because of specific symptoms (trouble sleeping, or anger)
MILITARY TRAINING

- Train for combat
- Serving in hostile area ($50 a month)
- Violence and killing cut through to the moral fiber of civilized society
- Part of the battlefield scenario of killing, maiming, or torturing
- Brain washed
- Years of service
- Service connection
73-year-old Army Veteran served in Vietnam in combat in the 4th Infantry Division. The Veteran was admitted to hospice for metastatic cancer of the prostate to bone with lower extremity weakness. The Veteran was anxious and angry. He had refused any treatment for his cancer and only wanted to see his wife and to die.

His pain was uncontrolled with high doses of morphine and his interaction with staff was limited.

He bonded with his physician who was also retired military and finally told his harrowing story.
VIETNAM VETERAN
CASE 2

• During a fire-fight with the North Vietnamese and Viet Cong he wounded one of the enemy fighters. Before his unit could capture and interrogate the wounded Viet Cong one of the US soldiers emptied his M-16 clip into the head of the Viet Cong soldier.

• The Veteran then said nonchalantly that the soldier who killed the Viet Cong was sent back to the base camp the next day.

• The patient had repressed this chilling story his entire life and seemed relieved to have finally shared it.

• The Veteran died peacefully shortly after.
MORAL INJURY

• An affliction of the soul.
• Morally injurious events that transgress deeply held moral beliefs and expectations which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational and group-based rules about fairness, the value of life, and so forth.
- Train for war by learning how to kill. A directive that goes against our values and religion.
- Win at all and any costs.
- Moral injury and PTSD symptoms fall along the same line, but each has their own unique constructs
- PTSD is a mental disorder that requires a diagnosis
- Moral injury is considered a dimensional problem with no definable threshold for its presence
MORAL INJURY

• When someone does something that goes against their beliefs this is often referred to as an act of commission.
• When they fail to do something in line with their beliefs it is referred to as an act of omission.
• Many experience betrayal from leadership that can result in adverse outcomes.
• Moral injury can also be defined as the distressing, psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events.
MORAL INJURY IN OLDER VETERANS AT THE END OF LIFE

• Can occur in response to acting or witnessing behaviors an individual’s values and moral beliefs.
• Describes the extreme and challenging life experience and the harmful psycho-social aftermath of exposure to such events.
• Occurs in Veteran who were exposed to significant war-zone events in combat during younger years.
• Function well into adulthood but the multi-morbidities of aging plus more time to reminisce and reengage with their war-related experiences leads to emergence or re-emergence of symptoms.
VIETNAM VETERAN
CASE 3

• 75-year-old Vietnam combat Veteran Special Ops.
• Job is to go out in 5-man groups. Track the enemy and destroy them.
• Tracked a group of Viet Cong and surrounded them while bathing in the river.
• Saw a group of children swimming with the Viet Cong. These young kids frequently accompanied the soldiers to gather information.
• The Special Ops platoon had everyone in their gunsights when they saw the children.
• I asked my patient what they did after seeing these young boys and girls bathing with the Viet Cong.
• My patient looked at me and threw his hands up in the air. What a silly question. They killed everyone. Now that he is old the patient questions his own morality for performing this deed years ago.
<table>
<thead>
<tr>
<th>MORAL INJURY IN LATE LIFE</th>
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<tbody>
<tr>
<td>Life review reopens unresolved emotional and spiritual wounds</td>
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<td>Felling unable to forgive self or be forgiven</td>
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<tr>
<td>Fear that they are not worthy of redemption</td>
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<td>Unable to trust anyone to open up about experience</td>
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<tr>
<td>Despair due to loss of life meaning and purpose</td>
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MORAL INJURY
SIGNS AND SYMPTOMS

- Trust issues
- Spiritual changes
- Fatalism or sorrow
- Regret
- Depression
- Self-loathing
- Apathy, contempt
- Cynicism, resentment
MORAL INJURY SIGNS AND SYMPTOMS
SHARED WITH PTSD

- Avoidance/Denial
- Reminders/Triggers
- Sleep problems
- Substance abuse
- Traumatic guilt
- Shame Betrayal
- Negative self-image
- Social problems
LATER ADULTHOOD TRAUMA REENGAGEMENT

- Seen in older combat Veterans.
- Face the normative challenges of aging, retirement, bereavement, health changes.
- The older adult faces the challenges concomitant with aging such as decreased mobility, hearing loss, visual loss, exhaustion, weakness, cognitive decline, multi-morbidity, falls, decreased energy, etc. compounded by the loss of close friends as well as relatives or a spouse.
- A hundred-year-old patient once said to me that he could not see, hear, ambulate, in addition to his wife and friends all being deceased and he was just praying for the Angel of Death to visit.
These changes can trigger increases in wartime memories and emotions associated with trauma exposure and moral injury which can, in turn lead to spiritual distress as well as PTSD symptomology and its related behavior.

The ability to engage in LATR which is a cognitive task may also be impacted by cognitive changes that occur with aging.
• The process of trauma reengagement is different than PTSD because of avoidance, one of the key symptoms of PTSD is absent.

• The process of trauma reengagement is an opportunity to find meaning in one’s early life experiences.
MORAL INJURY

- Dimensional problem
- Not a clinical diagnosis
- Not defined by DSM 5
- No well-defined treatment protocols
• Combat Veterans are at an increased risk of developing certain chronic medical problems later in life such as COPD and arthritis.

• Declining health issues may trigger aging veterans to reengage their wartime experiences.

• Deficit accumulation can lead to a condition called frailty in the older adult and is associated with a marked decrease in ability to tolerate physiologic stressors.

• The spouse of the older Veteran can influence the psychological adjustment of aging combat Veterans. Dyadic coping and disclosure—responses of supporting wives who are good listeners can help their husband’s symptoms of depression.
LATE ONSET STRESS SYMPTOMATOLOGY (LOSS)

- Feelings of loss and powerlessness associated with prior combat related experiences may also resurface due to other normative stressors that accompany aging such as declining health thereby triggering reminiscence. These stressors and transitions that accompany the aging process thus act as losses that trigger development of LOSS.
• Important to be cognizant of older LGBT Veterans who have a limited social network.
• Many do not disclose their LGBT identity even to their health care providers.
• Older adults who have been ostracized as Vietnam Veterans are now discriminated against for being LGBT.
TREATMENT

- Chaplain may be very helpful
- Discuss what happened
- Provide forgiveness
- Life review
- Listen
- Establish rapport
- Team effort
IN CONCLUSION
CASE 4

• 91-year-old WW2 Marine Veteran 2nd wave Iwo Jima. Lost one of his mortar crew. Saw the floating bodies of his comrades as he landed by amphibious carrier. Was on the beachhead for 3 days. Fighting was ferocious for days. A lot of killing. All but 200 of 21,000 Japanese soldiers in the battle as well as 7000 US troops were killed. Before the Marine Veteran died on the Hospice service from his cancer, he made sure his son would get his custom motorcycle. The Veteran at the end was quoted while crying one day “The Japanese men I killed will never get to have any children.”

• We need to be aware of and better understand moral injury and look for its presence especially in older Veterans at the end of life to alleviate the distress associated with it.
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