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Concluding Comments

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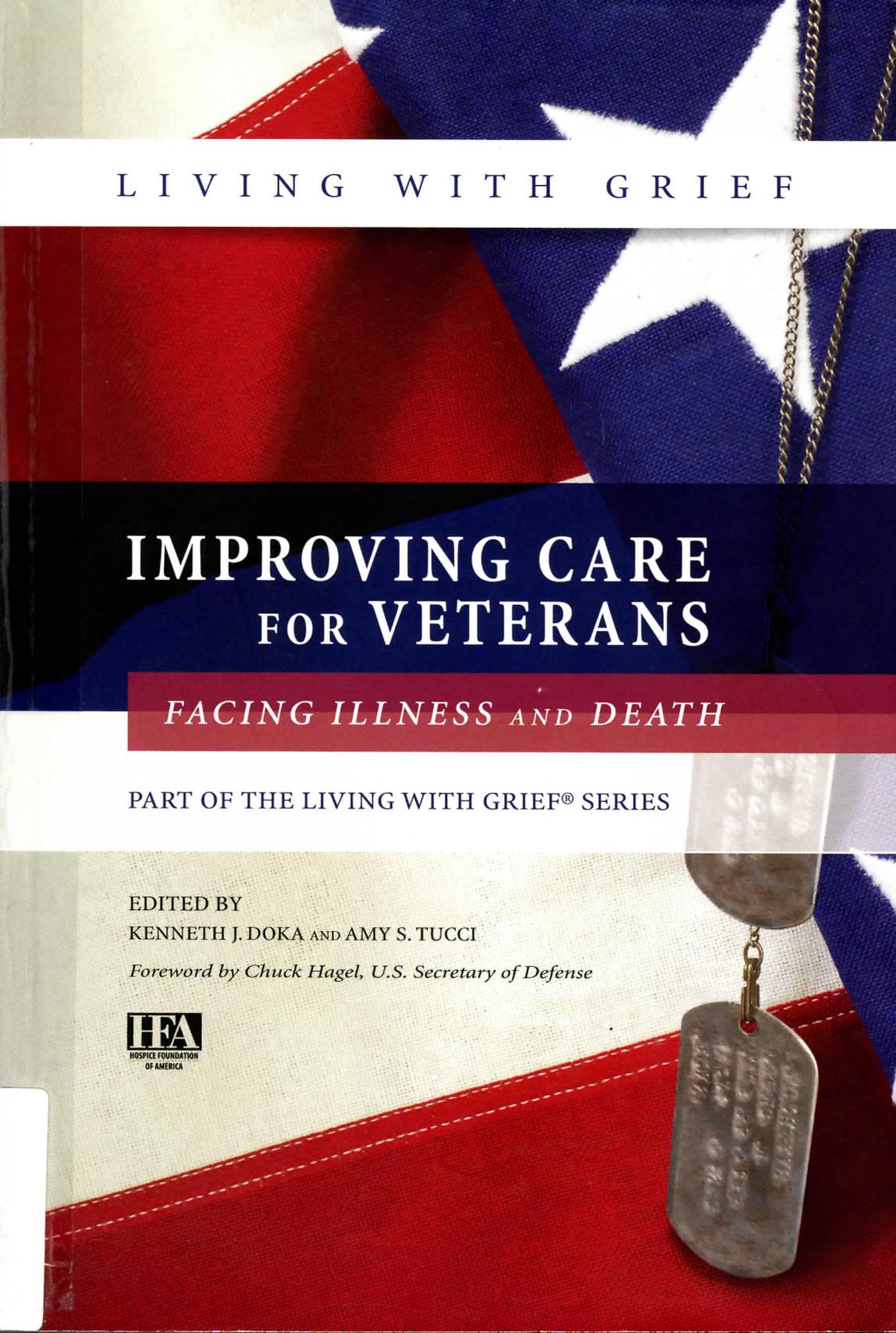


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L I V I N G W I T H G R I E F

IMPROVING CARE FOR VETERANS

FACING ILLNESS AND DEATH

PART OF THE LIVING WITH GRIEF® SERIES

EDITED BY
KENNETH J. DOKA AND AMY S. TUCCI

Foreword by Chuck Hagel, U.S. Secretary of Defense



Concluding Comments

Kenneth J. Doka

The American Soldier Study (Stouffer et al., 1949) began as a study of how to best recruit, train, motivate, and reintegrate soldiers in World War II. It had import far beyond those initial goals. Concepts that derived from the study such as relative deprivation and anticipatory socialization, as well as methodological techniques developed for the study, enriched the fields of sociology and social psychology immeasurably.

In a similar vein, as we assist veterans in facing illness and death, the lessons learned may have import far beyond veterans. For example, the culture of stoicism, while amplified in the military, is widely shared among many segments of American society. One of the major impediments to effective pain management is sometimes called the Dubose Syndrome, named after Mrs. Dubose, a character in the classic American novel *To Kill a Mockingbird* by Harper Lee. After having been a morphine addict for years, Mrs. Dubose chooses to die without the use of opioids (Doka, 2006). For many individuals the ability to withstand pain is a mark of courage and character.

This model of extrapolating medical knowledge from veterans' experiences can be seen in current situations with veterans from more recent wars. Many Vietnam veterans were exposed to Agent Orange, and managing the symptoms and illnesses related to this has raised awareness of the diseases associated with chemical exposure. Treatment of the injuries sustained by many veterans from the wars in Iraq and Afghanistan, such as traumatic brain injuries and amputations, has impacted treatment for non-veterans dealing with these same issues.

The use of marijuana and other substances including prescription medication was not just an aspect of military culture but generally shared through the Baby Boomer Generation. Hence the lessons we learn about pain assessment and management will have wider value.

In addition veterans were not the only population that experienced traumatic events. Such experiences are shared by police, firefighters, other first responders, and individuals who experienced or witnessed traumatic events. The lessons learned about life review and Posttraumatic Stress Disorder once again will have more extensive import.

Though that is likely the case, we need to reaffirm that in the end it is a secondary benefit. Effective end-of-life care for veterans facing illness and death is a value in and of itself. It is not a gift but a right earned by service and sacrifice.

REFERENCES

Doka, K.J. (2006). Social, cultural, spiritual, and psychological barriers to pain management. In K. Doka (Ed.), *Pain management at the end-of-life: Bridging the gap between knowledge and practice*. (pp. 59-73).

Washington, DC: The Hospice Foundation of America.

Stouffer, S., Lumsdaine, R., Harper, M., Smith, M., Janis, I., Star, S., and Cottrell, L. (1949). *The American soldier: Combat and its aftermath*, (V-4). Princeton, NJ: Princeton University Press.