Nebraska Veterans’ Preferences for End-of-Life Care

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More than 1,800 veterans die in a variety of healthcare settings each day, illustrating a need to improve their end-of-life (EOL) care. In 2006, the Nebraska End-of-Life Survey was mailed to 2,713 urban and rural Nebraskan adults’ homes; 44 of 324 first-time respondents (14%) were veterans. This article compares survey responses from veterans and nonveterans and discusses four issues: personal desires during the dying process, fear of dying, completion of advance directives, and communication preferences. Compared to nonveterans, veterans were significantly less likely to want friends or family visiting at EOL, less likely to place importance on being at peace spiritually, less afraid of dying alone, more likely to turn to a spouse to initiate EOL conversations, and less trusting of primary physicians on EOL issues. In addition, veterans had higher rates of completion of advance directives. Examining the survey responses can help guide clinical oncology nurses in delivering EOL care to veterans.

At a Glance

- The 2006 Nebraska End-of-Life Survey identified that veterans’ preferences for end-of-life care differ from nonveterans, particularly regarding visitation, fear of dying alone, and trust in healthcare professionals.
- Efforts are needed to increase completion rates for advance directives, with rates of 44% for veterans and 36% for nonveterans reported in Nebraska.
- Nurses are in a unique position to advocate for patients and families and ensure that end-of-life preferences are honored.

American, Cape Coral, FL) and received a letter inviting participation in the survey. Specifications included a sample with half rural and half urban individuals. Demographic information collected included gender, area code, length of time at residence, county of residence, education, ethnicity, income, and marital status. Each survey was coded with no identifiers to maintain confidentiality.

In collaboration with the Nebraska Coalition for Compassionate Care and the Robert Wood Johnson Foundation, the Nebraska Hospice and Palliative Care Partnership (NHPCP), (2007) used the Life’s End Institute’s Missoula Demonstration Project as a model.