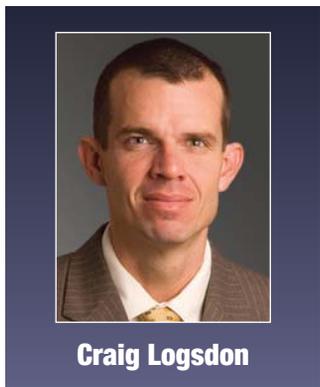


Hidden Mental Health Conditions Of Combat Veterans

Arizona has a large and growing population of war veterans who suffer from an alarmingly high rate of post-traumatic stress disorder, or “PTSD.” Physicians may routinely see these troops for seemingly unrelated health problems, but studies show that PTSD may be associated with, or a contributing cause of, a wide range of physical ailments from chronic pain



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to heart conditions to thyroid disease.

Unfortunately, soldiers may hide PTSD from their doctor because they are trained to mask any weaknesses. From a legal standpoint, catching the underlying PTSD, no matter how well hidden, is critical because, left undiagnosed and

untreated, PTSD can lead patients to engage in destructive behavior. The doctor may face a lawsuit from people hurt by the patient, and the patient may wind up in jail.

Arizona psychiatrist Esad Boskailo, M.D. – a victim of war trauma and a survivor of concentration camps in the former Yugoslavia – believes physicians should investigate the possibility that all patients, but especially war veterans, may be afflicted with PTSD. He recommends physicians ask specific questions to determine whether the patient is at risk.

I. The Prevalence of PTSD, and the Harm It Causes

More than 400,000 wartime veterans live in Arizona.¹ It is difficult to estimate how many of these veterans suffer from PTSD, but the number is in the thousands. Nationally, the Department of Veterans Affairs projects that 11% to 20% of veterans of the current war have PTSD.² If national projections hold true for Arizona, the number of soldiers returning here with PTSD is between 15,000 to 28,000, and growing.

These numbers lead Dr. Boskailo to warn that the medical community “must adapt very quickly” to properly diagnose and treat veterans who harbor the scars of war.

PTSD and Criminal Activity. PTSD affects a person’s ability to cope with traumatic events. The long list of symptoms noted in the DSM-5 include intrusive flashbacks, “prolonged psychological distress,” anger and aggression. In Arizona criminal courts, we have seen a growing number of veterans committing offenses that are seemingly tied to their inability to cope with their PTSD symptoms.

Until recently, criminal defense attorney and retired Air Force Reserve Colonel Billy Little, Jr., served as the Reserve Liaison to the Air Force Surgeon General. Through his experience in both careers, Col. Little believes veterans who do not receive proper PTSD diagnosis and treatment often wind up on the path to self-destruction and criminal activity.

He explains that one category of crimes PTSD patients commit is related to coping mechanisms, as veterans self-medicate to avoid their psychological distress. These veterans may purchase and use illegal substances, drive while impaired, commit crimes to support their dependency, or harm others while under the influence of drugs and alcohol.

Another large category of crimes consists of veterans who are unable to control aggression. Sometimes the result is domestic violence. Other times, the PTSD patient has a flashback and does not realize what he is doing. Real-life examples in Arizona include veterans assaulting friends, significant others, and police officers.

Not all trouble caused by PTSD results from criminal conduct. This disorder is known to destroy relationships, cost people their jobs, and lead to homelessness. Sadly the end result for thousands of PTSD sufferers is suicide. Nationally, veterans of the War on Terror averaged 18 suicides per day as of 2010.³

A physician who diagnoses and treats a PTSD patient has the opportunity to prevent a lot of problems for the patient and others. On the other hand, a provider who does not investigate PTSD may be opening the door to legal issues.

II. PTSD May Be Hidden Behind Other Health Problems

When a war veteran visits the doctor with symptoms of a physical ailment, there may be a psychiatric component such as PTSD. According to an article published by the National Center for PTSD, “A considerable amount of research has found that trauma has negative effects on physical health.”⁴ The article also notes that people with PTSD are more likely to visit their physician for other health problems.⁵

Researchers explain that neurochemical changes in the brain brought on by PTSD may cause or contribute to hypertension, atherosclerotic heart disease, cardiovascular disease in general, gastrointestinal disorders, musculoskeletal problems, thyroid and other endocrine issues, vulnerability to infections, and immunologic disorders.⁶ Dr. Boskailo has personally seen instances where physical complaints were the only presenting symptoms of PTSD.

Unfortunately, a physician faces unique challenges in identifying PTSD during a routine visit because the patient may be reluctant to share emotions and feelings. From the minute soldiers enter the military, they train to be mentally tough and hide weaknesses, according to Retired Brigadier General Richard “Gregg” Maxon, who was recently in charge of the Arizona Army National Guard. Based on his interaction with thousands of soldiers, Gen. Maxon would not expect a veteran to volunteer mental health information with a civilian doctor. It is an uncomfortable conversation for both parties in the exam room.

III. Potential Legal Hazards of Missing a PTSD Diagnosis

Physicians can be responsible under medical malpractice law for harm their patients inflict on other people. There are famous cases in legal circles where psychiatric patients have attacked third parties, and those victims sued the psychiatrist for failing to protect them.⁷

The Arizona Supreme Court has specifically stated that a psychiatrist owes a duty to a third party if the psychiatrist could “reasonably foresee” that the patient poses a threat.⁸

When a psychiatrist determines, or under applicable professional standards reasonably should have determined, that a patient poses a serious danger of violence to others, the

psychiatrist has a duty to exercise reasonable care to protect the foreseeable victim of that danger.⁹

Unfortunately, we do not have such a clear statement of the standard of care for other Arizona physicians, but it would probably be similar: there must be a reason for the physician to foresee a serious threat to a victim. Physicians should be aware, though, that commentators have observed a trend across the country to expand the liability owed by professionals such as physicians.¹⁰

IV. Recommendations to Avoid Litigation

The following procedures should help screen combat troops for PTSD:

1. Col. Little would consider modifying medical history forms to determine whether the patient is at risk to have PTSD. On patient intake forms, request details on military service. If the patient did serve in the military, inquire into the branch of service, combat history, and date of discharge.
2. Dr. Boskailo strongly recommends that physicians ask their patients, regardless of their symptoms, whether they have experienced life-threatening trauma. Obviously, the response is more likely to be affirmative for combat veterans, but Dr. Boskailo advocates that it be asked to every patient. He would like to see this question become as common as “Are you experiencing pain?”
3. If the patient has experienced life threatening trauma, Dr. Boskailo urges physicians to involve a PTSD specialist who can delve deeper into the symptoms and, if PTSD exists, begin treating the patient.

With this ounce of prevention, a physician should be in a much better position if litigation arises out of a war veteran’s mental health issues. The goal, though, is not just to avoid getting sued, but to also help our combat troops recover and avoid their own legal troubles, and to prevent future hardships on their friends and families. **AM**

1 U.S. Dept. of Vet. Affairs, Nat’l Center for Veterans Analysis and Statistics, “Veteran Population.”

2 U.S. Dept. of Vet. Affairs, Nat’l Center for PTSD, “How Common is PTSD?”

3 Maze, Rick, *Army Times*, “18 Veterans Commit Suicide Every Day” April 22, 2010.

4 Jankowski, Kay www.ptsd.va.gov “PTSD and Physical Health” January 1, 2007

5 *Id.*

6 *Id.*

7 *E.g.*, *Hamman v. County of Maricopa*, 161 Ariz. 58, 775 P.2d 1122 (1989); *Tarasoff v. Regents of the Univ. of Cal.*, 551 P.2d 334 (Cal. 1976).

8 *Hamman*, 161 Ariz. at 64, 775 P.2d at 1128.

9 *Id.*

10 *Williams, John*, “Liability of One Treating Mentally Afflicted Patient for Failure to Warn or Protect Third Persons Threatened by Patient.” 83 ALR 3d 1201 (Supp 2011).