EDITORIAL

Have you heard about ‘kinlessness’?

Recently I heard a term that was new to me – kinless elders. As I read about it, I thought it was an emerging reality that has relevance for oncology nurses.

According to Deborah Carr, a sociologist and researcher from Boston University, the terms ‘kinless elders’ and ‘elder orphans’ refer to older adults who have no spouse, children, or other known relatives. They are without family members. ‘Kinlessness’ is a growing reality across North America, as our population demographics change and the proportion of older adults increases.

The life expectancy of Canadians rose by seven years between 1980 and 2020. In 2021, a total of 861,000 Canadians were more than 85 years of age. This number had doubled since 2001. According to Stats Canada, the number of individuals 65 years and older will grow 68% over the next 20 years; and, by 2068, we could see as many as 113,000 Canadians who will be 100 years and older.

Within the group of Canadians who are 85 years and older right now, 42% are considered solo dwellers or living on their own. The likelihood of living alone is most apt to occur for women after the age of 50 and for men after the age of 70. Overall, there are more women who are living on their own as they age in our country.

Canada ranks as the fourth highest country in terms of the proportion of older adults who have no living spouse or children. Ten percent of our population older than 55 years of age have no known relatives. In a survey of 34 countries (predominately high-income ones), Ireland, Switzerland, and the Netherlands have very slightly higher proportions while the United States is lower at 7.2%. In general, these proportions are expected to continue increasing.

The trend toward increasing numbers of ‘elder orphans’ or ‘solo agers’ is attributed in part to increasing life spans and outliving relatives and friends. But, it is also attributed to Baby Boomers who have experienced lower marriage rates, increased divorce rates, and increased numbers of couples who do not have children compared to the generations before them.

There are a number of potential risks to living alone. One is the potential for experiencing loneliness. A mid-year survey of Canadians in 2021 revealed more than 40% of those who were single and living alone reported feeling lonely some or all of the time. Older individuals living alone can experience lower levels of mental and physical health. They are less apt to participate in social, religious, or cultural activities and can struggle to keep up with the everchanging environment. This may be the case especially in terms of technology and how it has invaded so many aspects of our lives. Individuals who live alone die earlier than those who live with others and are more likely to experience cognitive impairment. Living alone could mean there is no one keeping watch on the person, noticing and responding to changes in health status, or being present to help with falls or accidents in the home. Without the social support of a family or relatives, these individuals are less apt to receive help and more apt to die in nursing homes.

Growing older can be difficult at the best of times, but growing older alone, without the benefit of family on whom to depend, can make it harder. Granted, having a family does not necessarily guarantee help will be available when it is needed. Estrangement, family disruption, geographical distance, the health or attitudes of relatives themselves can contribute to an inability or unwillingness to help or serve as caregivers. Even in the presence of family, older adults may experience similar challenges to those who are kinless.

Nonetheless, kinless elders are an especially vulnerable group. Not only do we need to think about community supports for this population as a society, but as oncology nurses we ought to be aware of this emerging demographic trend. There is a strong potential for increasing numbers of kinless elders to be coming to our cancer facilities. We need to be certain we understand their needs and tailor our support interventions accordingly. We need to be looking beyond the immediacy of receiving cancer treatment to consider how these individuals will manage at home. As they face the side effects from treatment, how will they cope and where are the supports for them in their home environments?

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