

Examination of "Issues regarding patients without any relatives" in our hospital

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Background and Objective

In Japan, the number of elderly people with no family ties is rapidly increasing. It is predicted that by 2050, approximately 60% of men and 30% of women aged 65 and older will have never been married, meaning they are likely to have no close relatives (Table 1).

Table 1: Unmarried Rate of Elderly People Aged 65 and Over (estimated)

Source: National Institute of Population and Social Security Research

Year	2020	2025	2030	2035	2040	2045	2050
Male(%)	33.7	37.7	42.8	48.7	54.2	57.7	59.7
Female(%)	11.9	12.3	14.4	18.1	22.9	27.1	30.2

Similarly, at our hospital, there has been an increase in patients without a guarantor upon admission. This leads to numerous cases where we face ethical dilemmas related to financial management and discharge support. Given these circumstances, we have identified issues concerning patients without close relatives. This allows us to consider the most desirable support strategies for the growing number of such individuals in the future.

Subjects and Methods

At our hospital, we have established a 'Support Team for Patients Without Relatives' consisting of staff from multiple professions. This team has created support manuals and assessment sheets to manage patients without close relatives. From April 2022 to March 2023, we evaluated 69 inpatients who were assessed as having no family ties. We examined their gender, age, insurance details, cognitive status, financial management methods, and the content of interventions using the assessment sheets.

Results

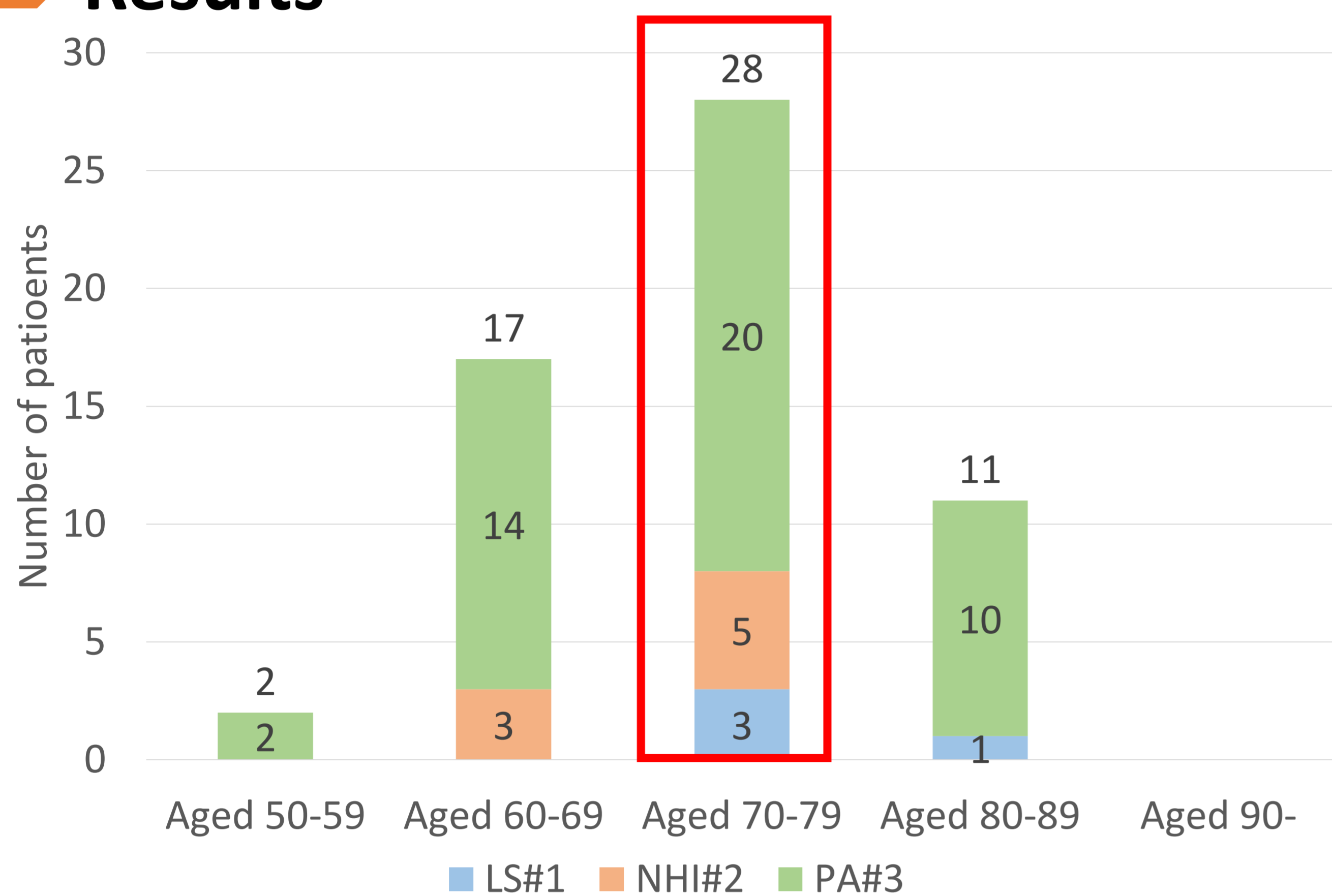


Fig. 1: Number of Male Inpatients by Age and Insurance Type

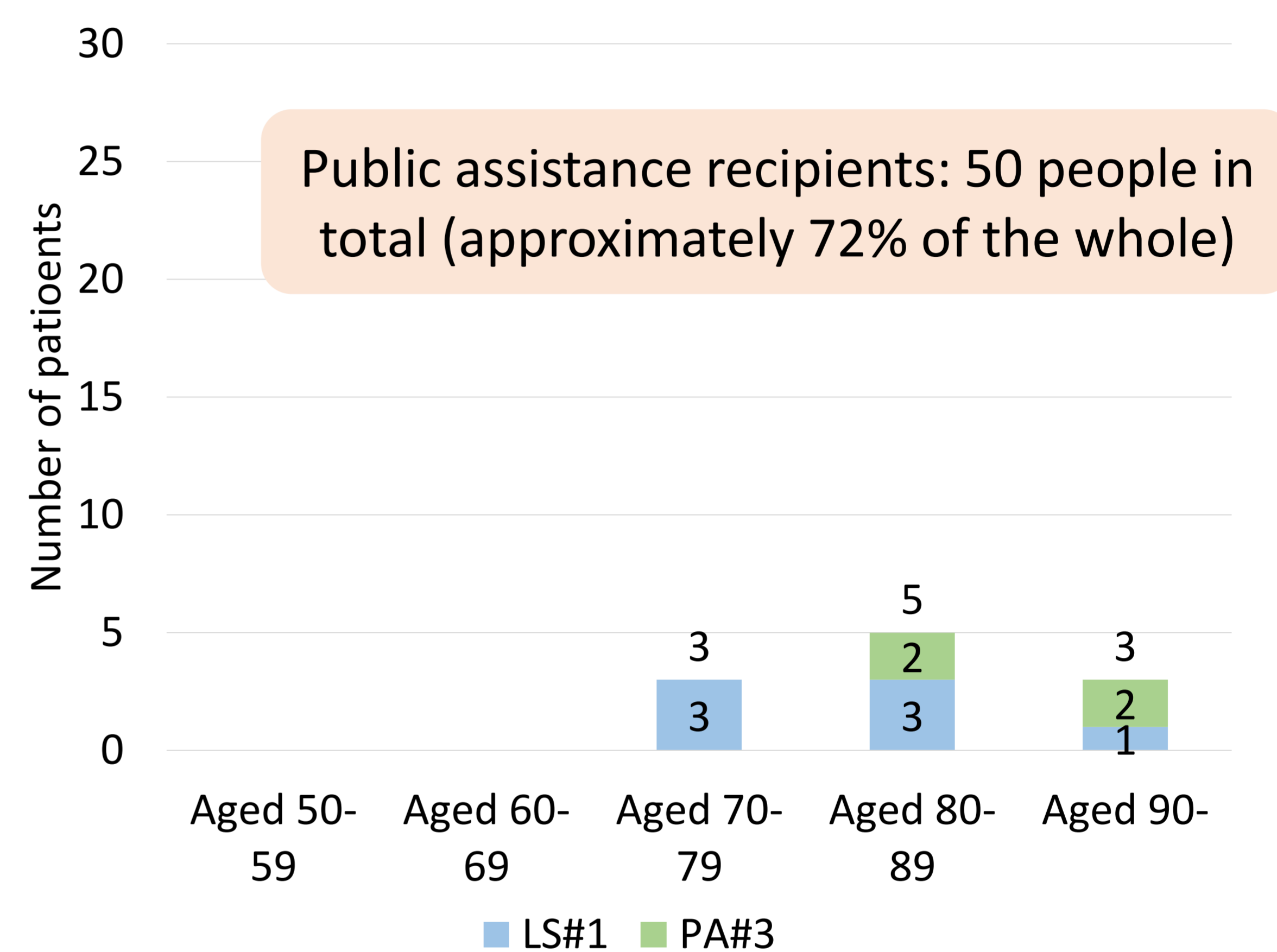


Fig. 2: Number of Female Inpatients by Age and Insurance Type

LS#1: Late-stage Elderly Healthcare System, NHI#: National Health Insurance, PA#3: Public Assistance

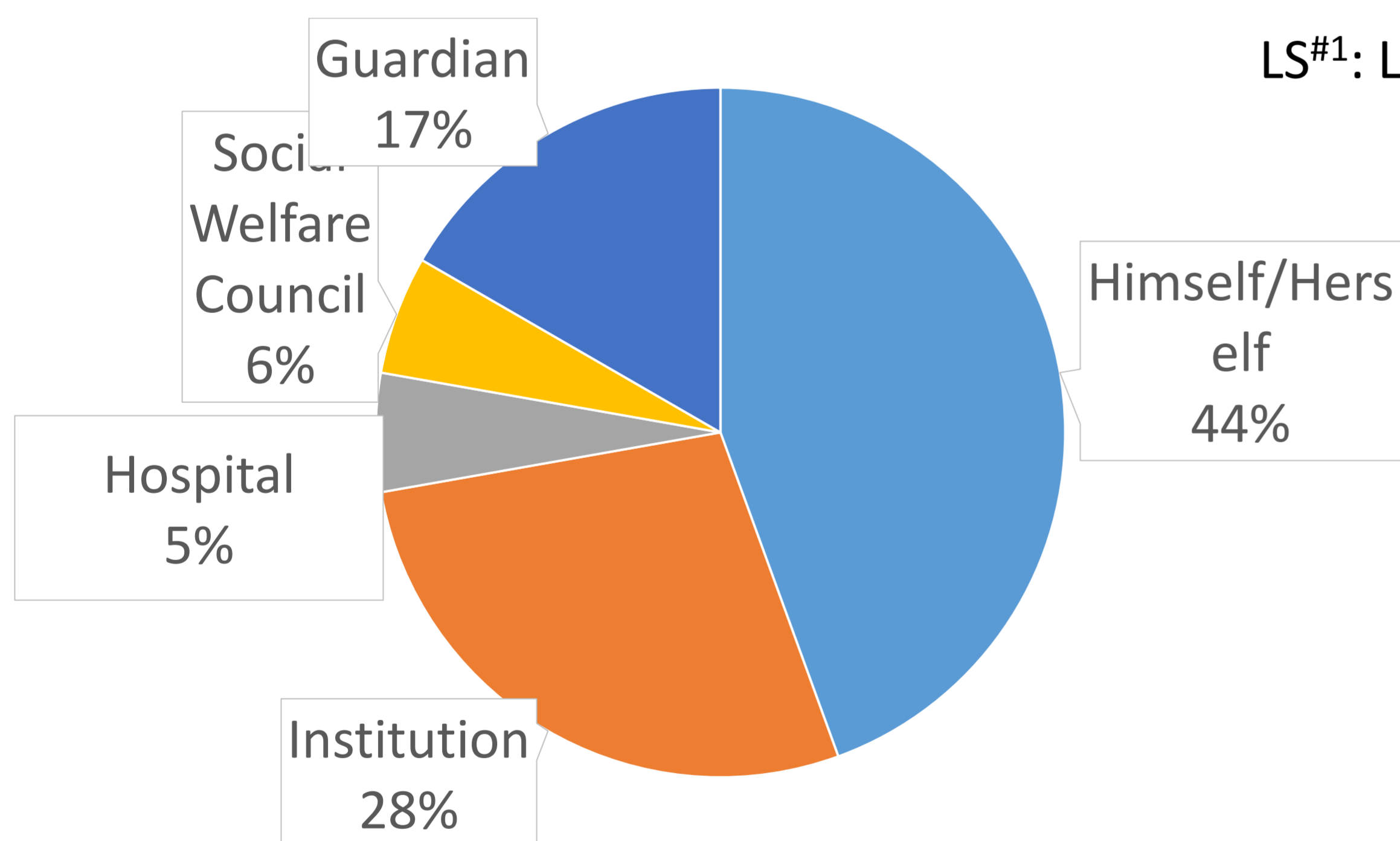


Fig. 3 Methods of Financial Management for Patients with Dementia (n=18)

- Cases where the patient managed their own finances: 8 people (approximately 45%)
- Cases where public systems were used: 4 people (approximately 22%)
- Cases where the patient received support from institutions: 6 people (approximately 33%)

Content of MSW (Medical Social Worker) Interventions

<Daily Life>

- Collection of belongings from home, Cash withdrawals
- Proxy application for public systems, Shopping

<Payments>

- Medical bill payments, Utility bill payments, Rent transfers

<Upon Discharge>

- Matters related to relocation, Procedures for vacating home, Handling of matters at time of death

As the hospital stay becomes prolonged, the hospital essentially becomes the patient's "place of residence," and the MSW is forced to take over daily life procedures on their behalf.

Discussion and Conclusions

From the results of this study, it became clear that rather than providing support reactively for people without relatives, there is a need for preventive support. Therefore, it is important for hospital staff to play a role in building easy-to-access connections and linking individuals to welfare systems. Specifically, we believe that hospital staff should participate in community activities held at local public halls. Additionally, by creating a manual for handling patients without relatives, the hospital can respond more systematically.

- There is no conflict of interest.

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