

고령화 한국사회의 노인 고독사: 위험요인과 예방전략

Lonely Deaths among Elderly People in the Aging Korean Society: Risk Factors and Prevention Strategies

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요약

본 연구는 노인 고독사 현상에 대한 이해를 목적으로 미디어 자료를 사용하여 고독사 사례를 살펴보고자 하였다. 질적 연구방법으로 사례분석 방법을 적용하였다. 고독사 사례는 2007년부터 2017년 초까지 보도된 미디어 자료를 사용하였다. 자료 수집은 인터넷 검색 엔진을 사용하여 수행하였으며, 총 47사례가 최종 분석에 사용되었다. 60대 21사례, 70대 17사례, 80대 이상 9사례를 분석에 사용하였다. 성별은 남성 22사례, 여성 17사례, 성별미상 사례 8사례로 나타났다. 분석 결과, 고독사 사례에서 나타난 주요 위험요인으로는 빈곤과 경제적 곤경, 만성질환, 정신건강 문제, 사회적 고립, 가족 및 이웃과의 관계 절연, 실업, 1인 가구, 독신 혹은 이혼, 그리고 대도시 거주 등으로 파악되었다. 연구 결과를 바탕으로 향후 예방 전략에 대한 논의를 제기하였다.

■ **중심어** : | 고독사 | 노인 | 사례분석 | 위험요인 | 예방전략 |

Abstract

The purpose of this study was to explore the lonely-death phenomenon and to understand the circumstances surrounding the lonely-death cases among elderly people by examining the articles on such phenomenon and the media reports of such cases. The cases of lonely death reported from 2007 to 2017 were used. Case analysis was conducted, and the news articles that described the lonely death cases were identified using an internet search engine. Forty seven cases were analyzed. Several risk factors emerged from the data obtained, such as economic hardship, chronic illness, mental health problems like alcohol addiction, social isolation, disconnection from family members or the neighborhood, unemployment, single household, unmarried or divorced status, and living in an urban area. Based on the findings, prevention strategies were addressed.

■ **keyword** : | Lonely Death | Elderly | Case Study | Risk Factors | Prevention Strategies |

I. Introduction

Lonely death has become a worsening social problem

since the last several years until now in South Korea[1-4] Japan has been experiencing similar problems of lonely deaths in their communities of late,

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and has prepared diverse prevention strategies for such[5][6]. This is actually not a new phenomenon across cultures. In some Western countries, there has been a debate on whether lonely death can be considered a bad way of dying or an exercise of autonomy over one's life[7-11]. South Korea has entered the realm of an aging society and is seeing an increase in single households. This means that there is a high probability that the elderly people in the country will live alone in the community to which they belong even when they are already weak and fragile[12-14]. In such cases, they need to be cared for by others for various reasons, such as because they have a chronic illness, they are lonely, or they have a mental health problem, such as dementia[15-18]. In this vein, several studies addressed the need of comprehensive intervention programs from the housing to funeral services in responding lonely deaths among elderly living alone[19-22]. It is said that lonely death can occur among elderly people; thus, this is a social problem induced by the country's aging society and the high proportion of single households in the country, unlike in the traditional societies[3][16]. Previous studies indicated, however, that lonely-death incidents happen across generations, from those in the thirties to those in the eighties, but still, it was found that the elderly population is a high-risk group in this regard[1][19][21]. Therefore, when lonely-death prevention efforts are urgently needed, they should focus on the high-risk populations, such as the near-life's-end elderly people who are living in the community but who are not being cared for intensively. It is generally accepted that when facing the prospect of dying soon, elderly people need to be shown respect and warm support by their family members and friends, and by the other people in the neighborhood to which they belong, as well as by social and medical service agencies[23-25]. Although

the diversity of the lonely deaths phenomenon across the cultures exists, there were efforts to view lonely deaths under the concept of social death which consisted of three features, including loss of social identity, of social contact, and losses during the disintegration of the body. Sociological autopsy approach was employed in exploring cases of dying alone by using media reports and coroner records[10]. The major characteristics of lonely deaths in South Korea from the previous studies were identified as following: single household; undiscovered after dying; no social contact; poverty[3][4][19][21]. However, few study focused on analyzing the circumstances and lives of lonely deaths except the recent report of lonely deaths in Seoul city using cases from the documentary film. But it still focused on the cases of Seoul city[3]. There exists few study regarding the life and death of elderly people dying alone. Based on the findings and limitations of existing literature, this study aimed to explore the main features of the lonely-death cases among elderly people by identifying the circumstances of such cases through the examination of the corresponding media reports more thoroughly as possible. This approach could be limited by the information provided by the media reports, which might not reflect the victims' life circumstances. Despite this limitation, this study attempted to identify the main life circumstances of the lonely-death victims for the purpose of providing information that can be used to formulate prevention strategies and to set the future directions of the solutions to the problem of lonely death among the elderly people in the community.

II. Methods

1. Study design

No definition of lonely death has been agreed upon to date; thus, no reliable statistics have been established. Major data about the characteristics and circumstances of lonely-death cases have been provided, however, through media reports. Based on the previous research, the researcher defined lonely death as dying alone and not being discovered by anyone for a period time thereafter[2][7][9]. In this study, media reports describing lonely-death cases involving elderly people were analyzed. The case analysis approach was employed for this purpose.

2. Data collection

For the collection of data related to lonely-death cases, relevant media reports were identified using an internet search engine, and only the media reports from 2007 to 2017 were used. In the first stage of the data collection, all the media reports indicating lonely-death cases were carefully examined. Some reports cited the causes of the lonely-death incidents they were reporting, or even suggested lonely-death prevention strategies that could be used in the future. Those media reports were not included in this study because they did not provide any information about the situations or histories of the concerned elderly persons. In the second stage of the data collection, all the identified media reports that were found suitable for this study were filed, and the main features of the concerned elderly persons' life circumstances were examined. Forty seven lonely-death cases were used for this study, and only the lonely-death cases involving people beyond the sixties as mentioned in the media reports were considered. In most of the cases, the age at the time of death was reported, but for several cases, it was only said that the person who died was in his sixties or her eighties. One case was in the nighties, eight cases were in the eighties, seventeen cases were in the seventies, and twenty

one cases were in the sixties. The findings in this study regarding the ages of the lonely-death victims at the time of death demonstrated the high risk of lonely death among those in the sixties and seventies who are living in the community.

III. Results

Several risk factors emerged from the data obtained, such as economic hardship, chronic illness, mental health problems like alcohol addiction, social isolation, disconnection from family members or the neighborhood, unemployment, single household, unmarried or divorced status, and living in an urban area.

1. Characteristics of lonely death Cases

[Table 1] showed the frequencies of gender and ages. Lonely deaths occurred more often in male than female elderly. Surprisingly, some cases did not even report the gender of cases. Thus, the results of this study needed cautious interpretation. Sixties and seventies were found to be high-risk groups. Whilst several cases did not mention whether female or male, most cases reported the age of lonely death. Media reports reflected social concern or fear. In that sense, attention to the ages of lonely deaths showed the fear of our society when possibly lonely death could be happening in this aging society.

Table 1. Gender and age (n=47)

variable		
gender	male	22
	female	17
	Not informed	8
age	60s	21
	70s	17
	80s	8
	90s	1

[Table 2] indicated the frequencies of duration of being undiscovered or the description regarding decomposition of corpse without any information about the duration after dying alone. The variation of duration of being undiscovered was huge from after death to five years. With the cases with no information about the duration, it is possible to have assumption that it spent amount of time after dying. It is because that those cases only provided information regarding the decomposition of corpse. Most cases were described as too decomposed or damaged to identify.

Table 2. Duration of being undiscovered or the description of decomposition of corpse (n=47)

Duration of being undiscovered or the description regarding decomposition of corpse	number
3 or 4 days	12
±one week	8
± one month	5
± five months	4
five years	1
only mentioned regarding decomposition of corpse	9
not informed	8

2. Risk factors

2.1 Poverty and economic hardship

Twenty three cases reported the specific type of housing. They were found to be impoverished residential area and substandard housing such as monthly paying small rooms or public housing apartment. It indicated that many dead elderly lived poor and under economic hardship. The results of this study affirmed that the lonely-death phenomenon in South Korea is closely associated with the status of being poor[3][19]. The long-term financial stress and troubles of the elderly persons in the lonely-death cases found in this study could have led them to have a negative outlook with regard to their life and future.

2.2 Chronic illness

No one in the lonely-death cases that were found in this study showed a good health condition; majority of the elderly persons in the cases had a chronic illness. Twenty cases reported specific illness such as cerebral infraction, cancer, diabetes, Parkinson's disease, arteriosclerosis, myocardial infraction, and early onset of dementia. In an aging society, medical professionals play an important role: that of checking the health conditions of elderly persons and assuring their safety and well-being. For them to be able to do so, the partnership between social service agencies and medical service agencies is stressed[26]. Furthermore, it is necessary for such agencies to be given education and information-sharing opportunities to enable them to provide appropriate and timely service and to take part in the decision-making process.

2.3 Mental health and alcohol-related problems

Some of the lonely-death cases that were found in this study indicated alcohol-related problems. Three cases presented severe drinking problems. When the concerned deceased elderly persons were found, chronic alcohol-related problems were assumed to exist because several alcohol bottles were found near the corpse. Also, based on the analysis of the information obtained from the media reports, some people in the victims' neighborhood alleged that the victim had a problematic drinking habit. Thus, the access to services for alcohol-related problems and problematic drinking must be enhanced at the community and workplace levels. Special attention in this regard is required for the elderly people residing in the community; thus, efforts for recruiting such cases are important.

2.4 Family breakdown, disconnection with friends, and social isolation

At one point in their life, some of the persons in the lonely-death cases that were found in this study had a family. At the time near their death, however, there was no family member who was with them. The media reports that were analyzed in this study focused on the circumstances of the lonely-death cases themselves, and not enough information about the victims' family members or friends was provided. Based on the existing information provided by the media reports, most of the cases showed disconnection with the family members or friends. No intimate relationship was found in any of the cases. Seventeen cases gave detailed information whether they had no contact with family or neighborhood. Specifically, two cases reported that children of the deceased elderly expressed the refusal of a body acquisition. Another four cases demonstrated no visit of children since they lived far away. This shows that the elderly persons who succumbed to lonely death had a weak social support network. The support of the family members, friends, and neighborhood can lessen the risk of lonely death of the vulnerable elderly persons.

2.5 Long-term unemployment status

No working history reported among sixties in this study, though sixties still had potential in involving in job market. Instead, some information was provided how they lost their jobs mainly because of suffering chronic illness. In the years 2007 to 2017 it was perhaps too early for someone in the sixties who found himself/herself unemployed to seek help from social service agencies. Eligibility and emergency funds for public social services have been extended to and have covered an increasing number of vulnerable people in the community, but they have focused on

the very old rather than on the people in the sixties, who are considered still capable of independent living and self-reliance in the community. Thus, the long-term unemployed status of people in the sixties may be critical and may harm their prospects for survival.

2.6 Single household status

Every single case in this study was one-person household. There is not enough information about why the elderly people who have succumbed to lonely death lived alone in the community, but South Korea has to prepare for single households, as opposed to the traditional family structure consisting of two parents and children. The composition of the South Korean society has been transformed from traditional families to diverse family types, including single households, but there is a dearth of social efforts to decrease the potential threats to the well-being of the elderly people in single households in the community.

2.7 Marital status: unmarried or divorced

Several cases gave information related to marital status. Two cases were never married, five cases were divorced, and rest of cases were lived alone cases without clear information regarding marital status. As a result, the concerned elderly people faced death alone. This does not mean that one who has a family will definitely not die alone, but in this study, lonely death was defined as "dying alone and not being discovered thereafter for a period of time." The victim's marital status may then be an indicator of the risk of lonely death.

2.8 Living in an urban area

All the cases that were mentioned in the media reports that were analyzed in this study occurred in an urban area, but despite this, no one – not even the

other members of their respective families – knew about their situation and reached out to them or helped them. This shows the impact of extreme individualism. Since recently, South Korea has been witnessing a value conflict between the traditional collectivism and Western individualism. In this process, the most disadvantaged population, including the elderly persons in the lonely-death cases, could not find any recourse when they desperately needed it, which is usually provided by the members of one's family, one's friends, and the other people in one's neighborhood.

IV. Limitations

This study used a relatively small sample of lonely deaths among elderly people reported by media. In addition to this, many cases reported only simple information such as age and location. Thus, the findings of this study have limitations for representativeness of lonely deaths among elderly people. Also it focused on risk factors, not on protective factors which might provide important implications in preventing lonely deaths among elderly people. Future research could employ the sociological autopsy approach for exploring social circumstances of lonely death cases by using coroner records[9][27].

V. Implications

The results of this study indicated the need to enhance the social affiliation among the socially disadvantaged elderly people. On the community level, social service agencies can play an important role in strengthening their relationships with the community

members, the medical settings, and the public social service centers. For them to be able to do so, a multidisciplinary approach must be enacted. Based on the findings, prevention strategies were addressed as follows.

1. Universal prevention programs

1.1 Public education for developing a help-seeking attitude and behavior

The results of this study show that most of the elderly persons in the lonely-death cases that were examined did not seek help from outside. It is hard to presume that it was their choice not to seek help from social service agencies, the other members of their family, or anyone in their neighborhood. It thus leaves us to conduct more research in the future involving the potential high-risk population. Along with this, the public must be instructed that when their lives are in danger, they should seek help and acquire skills on how to proceed or what to do. Social service agencies and public social service centers have to develop such public education programs, which foster a help-seeking attitude and behavior.

1.2 Creating a positive social attitude towards preparing for a good death

To date, no public opinion have been addressed how to prepare the death in advent of super aging society. Lonely death could be happening for any social member in the future. The lonely-death cases involving elderly persons should no longer be viewed as personal anecdotes but should now be seen from the lens of a social responsibility towards all the members of the society. An incidence of lonely death in a society means that the society has failed to establish a social support network for its vulnerable population. Societies have to prepare people to have a

good death, which is inevitable for humankind. What is clear is that a lonely death is not a good death[19]. While we need to prevent lonely deaths in the community, our society also needs to exert efforts to respect the dying process and to promote the value of a good death among the elderly population as well as among all other people who are facing death[28].

2. Comprehensive care systems for elderly living alone

2.1 Developing care systems for the elderly living alone using the multidisciplinary approach

The South Korean society has rapidly become an aging society, and single households have become an essential family structure type, but the South Korean society failed to sufficiently prepare for these changes. Especially, the existing care systems for those at risk of dying, or the existing special and intensive care systems, are far behind where they should be. The findings of this study indicated various service needs from housing to medical care. The diverse needs of persons like elderly in this study who need intensive care should be met by employing the multidisciplinary team approach[7][17][18][21][23]. The results of this study indicate the importance of the holistic care approach with regard to the aforementioned people, who have multiple and chronic problems.

2.2 Case management practice for persons for elderly in high risks

It is important to know how to respond to lonely-death incidents, but it is more important to prevent such incidents. To provide appropriate and tailored services for the high-risk elderly persons in the community, case management practice is strongly recommended[3][19]. It requires strategies that combine clinical services providing emotional support

and recovering one's hope for a good life and future and instrumental services that provide material and instrumental solutions.

3. Intervention programs for the near-life's-end elderly people

3.1 Extensive outreach efforts for involuntary clients

South Korea has witnessed several tragic incidents on the community level, such as elderly lonely deaths or suicides accompanied by family members. All these cases did not receive social attention and services until the persons involved were found dead. For the involuntary clients in danger, such as the elderly people in this study, active and extensive outreach efforts are needed. No one wants to die alone, feeling lonely and neglected by one's family or by the society as a whole. It is thus important to find ways of reaching out to the vulnerable population in the community[3][19][21]. Outreach services should be offered on a regular basis. Sustainability is a critical factor for the success of the efforts to reach out to the high-risk population, especially for the involuntary clients. Scientific practices for working with involuntary clients must be developed. Professional training and continuing education are required for those who are working for the involuntary elderly people in the community.

3.2 Assuring the right to dignity for dying elderly people, and ethical practices in responding to lonely deaths in the community

All the cases of this study showed clearly the no presence other than herself or himself when elderly people dying. More than this, corpses of the deceased were abandoned without any proper process after dying until being discovered. Our human rights and

dignity must include the right to a dignified death[19][29]. Most of the ethical issues concerning the social work practices have to do with cases related to this. As South Korea is fast becoming a superaging society, more attention needs to be given to the issues related to death and the dying process. There is a dearth of discussion regarding the need to develop ethical-practice guidelines or implementation strategies for responding to the needs of persons undergoing the dying process. Such guidelines should be developed from the human rights and human dignity perspectives. Ethical considerations must be made and solutions/strategies must be provided when developing an ethical-practice model for supporting the dying process and preparing for death. Scientific evidence is important in this regard; thus, a continuous follow-up evaluation scheme of the outcomes should be designed as a part of the development of ethical practices to uphold the right to a dignified death as well as to help people prepare for death[15][17][29].

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