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An Only-Child Boom Is Beginning. It Gets Complicated When Mom and Dad Age.

Only children are becoming more common. They can face a heavy load when parents get older.



By Clare Ansberry [Follow](#) | Photographs by Stephanie Strasburg for *The Wall Street Journal*

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PITTSBURGH—When the lives of Lori Hanasko’s parents unravel, so does her own.

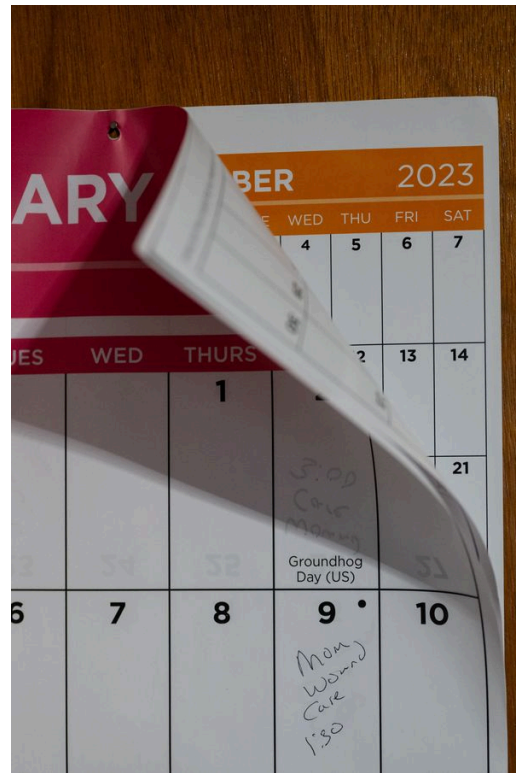
Her 89-year-old father fell when taking out the garbage the day after Christmas and broke his hip. He is now in a personal care home. Weeks later, her 84-year-old mother fell in her bathroom, and remains in the hospital.

Lori visits both each day after work, and takes care of bills and calls to doctors and social workers. She paid for her father’s care by emptying her small savings account.

“I have no brothers or sisters to take turns with me,” says Lori, 49.

Lori is an only child. The family type is becoming more common, with about 22% of women at the end of their childbearing years having an only child, double the 11% in 1976, according to a 2015 Pew Research Center report.

Only children have no siblings to share the responsibility of caring for aging parents. The isolation takes a toll, emotionally and financially. Decisions about whether a parent should get surgery, move out of the house or quit driving rest solely with them.



Lori stops by her parents' home to collect mail and bills. She took them to their doctors' appointments and put reminders on their calendar.

They also will often absorb much of the out of pocket expenses, which for family caregivers averages \$7,200 a year, according to an AARP study.

Amy Goyer, AARP's national family and caregiving expert, understands the toll, having managed and financed much of her parents' care. Even though she has siblings who pitched in, she ended up having to file for bankruptcy protection after depleting her savings paying for her parents' care.

With only children, she says, it's vital that they seek help. She recommends connecting with other caregivers through support groups, and building a team of understanding friends and professionals, such as paid caregivers, therapists and geriatric care managers, if they can afford them.

Making decisions alone

The pool of family members available to take on caregiving roles is getting smaller. The ratio of potential family caregivers to those 80 and older is expected to drop to 4 to 1 in 2030, down from 7 to 1 in 2010, according to AARP.

For an only child, the responsibility can mean dropping everything when a parent becomes sick.

Dawnita Brown, 51 and an only child, was in Africa with the Peace Corps in 2018 when she received a call saying her mom, who lived in Baltimore, was on life support. Her mom needed emergency surgery on her brain to stop bleeding.

“As an only child, I had to make the decision 8,000 miles away to do the surgery,” says Dawnita, who flew home the next day to be with her mom.

That was six years ago. Her mom, who is 73 and largely bedridden, continues to live with Dawnita, who is single. Dawnita has taken on the role of nurse, therapist, dietitian and stylist, ensuring her mom looks nice when she takes her out to extended-family gatherings.

“I make sure she is socially engaged, too,” she says.

For only children whose parents are divorced, the challenges of caring for parents in different locations can be especially worrisome. Kim Weir lives near her dad in Saratoga Springs, N.Y., but her mom lives in San Diego.

Both of her parents are in relatively good health, but if her mom needs her, she will fly out. Adult children with siblings often discuss who is best equipped or able to go when a parent needs help, or how to rotate care.

“We only children don’t have those conversations,” she says. She says she has always loved being an only child and still does. “The parents’ stuff is the loneliest part of it,” she says.

Inside Lori’s life

Lori’s parents, Carl and Claire Cardinali, met at a dance in a small town in western Pennsylvania and married soon after. Neither went to college. Her dad built cabinets, but was often out of work. Money was tight.



Lori wheels her dad to lunch. She recently came across a photo of him holding her as a baby.

Even before their recent medical problems, Lori was caring for them. She made big trays of lasagna so they had leftovers to freeze, cleaned their house weekly and took them to doctors.

“I’m alone. There’s no one else to do it,” says Lori, who is married and childless. Her husband, Walter, often pitches in, but she feels it’s her responsibility because they are her parents.

Their care became more consuming as their health deteriorated. Lori’s mom, who had a heart attack a decade ago, has macular degeneration and walks with a cane. Her father was diagnosed with cognitive impairment and had frequent falls.

Years ago, Lori bought her parents a book about the importance of making wills and advance directives. Recently, she found it in a drawer, still in a protective wrapper. Her parents don’t have a will and retain power of attorney.



Lori came across a container holding her parents' various medications while cleaning their bedroom. 'I'm the only one to take care of them,' she says.

Things unraveled Dec. 26, when her mom called, saying her dad fell outside. After three weeks in skilled nursing care, she moved him into a private pay personal-care home for additional physical therapy and memory care. The monthly \$3,000 bill exceeds her parents' monthly income. They don't qualify for veterans benefits or Medicaid. Lori used her savings to pay for March. She visits him daily and gives him a shave on weekends.

Two weeks after her dad went into personal care, Lori's phone rang just before midnight. Her mother said she had fallen and couldn't get up. Lori rushed over, but was unable to lift her mom, who was taken to the hospital.

She remains there under observation. Lori says doctors have told her that her mother can't live on her own. Lori says she can't safely take care of her at home. The family can't afford in-home care, which averages nearly \$18 an hour locally. Her mom says she doesn't want or need any help.



Lori comes over to clean and organize her parents' home, not knowing if they will be able to return home.

Lori talks with the hospital social worker, who connected her with an eldercare attorney to discuss options. Her mother calls repeatedly, leaving messages threatening to leave the hospital and saying she needs Lori to bring her a protein drink.

At night, Lori's mind races. Where will her mom go? How will she pay for her dad's care? She makes mental lists to clean their refrigerator, make appointments with the neurologist, cardiologist and pulmonologist for her dad, and arrange wheelchair accessible transportation.

She sees what her parents are going through and worries. "I don't have a child who will help me," she says.

Lori visited her mom recently and brought the protein drink she requested. Her mom was angry. "I just want to go home," she told Lori. "If I can't go home, I might as well drop dead."

That night, Lori took a long walk in the rain. "I cried," she says. "I guess I needed to do that. I felt like everything hit me all at once between my mom and dad."

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