

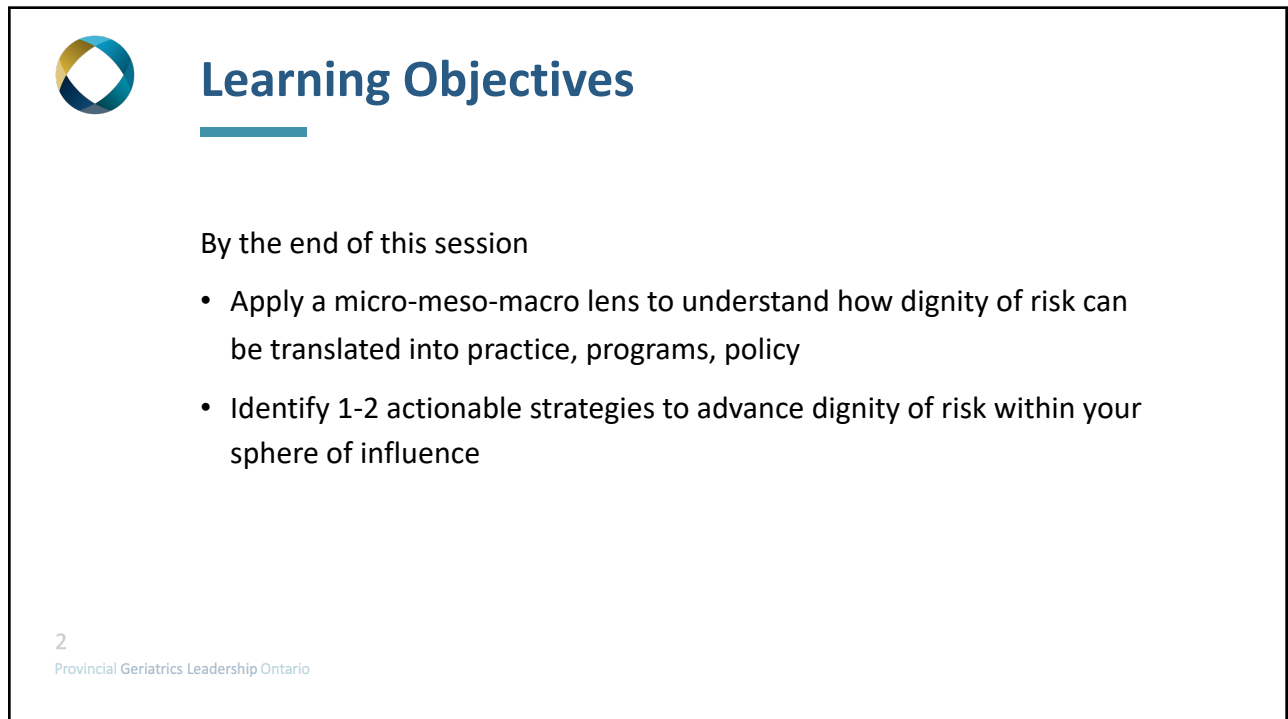



Dignity of Risk: From Principles to Practice

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 **Learning Objectives**

By the end of this session

- Apply a micro-meso-macro lens to understand how dignity of risk can be translated into practice, programs, policy
- Identify 1-2 actionable strategies to advance dignity of risk within your sphere of influence

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Clinical Scenario – Mrs. Leroy 'I'd rather risk a fall than give this up'

Mrs. Leroy, living alone with mild-moderate frailty. She has had two falls in the past month. Her team recommends a walker or stopping her daily walks to the corner store and starting a meal delivery.

She says: *'Walking is the only reason I get up in the morning. I'm not staying inside waiting for meals and a walker makes me look old.'*

Daughter is worried and wants team to make her use the walker
Team is concerned about liability and safety.

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Clinical Scenario – Mr. Key 'The Stove Stays On'

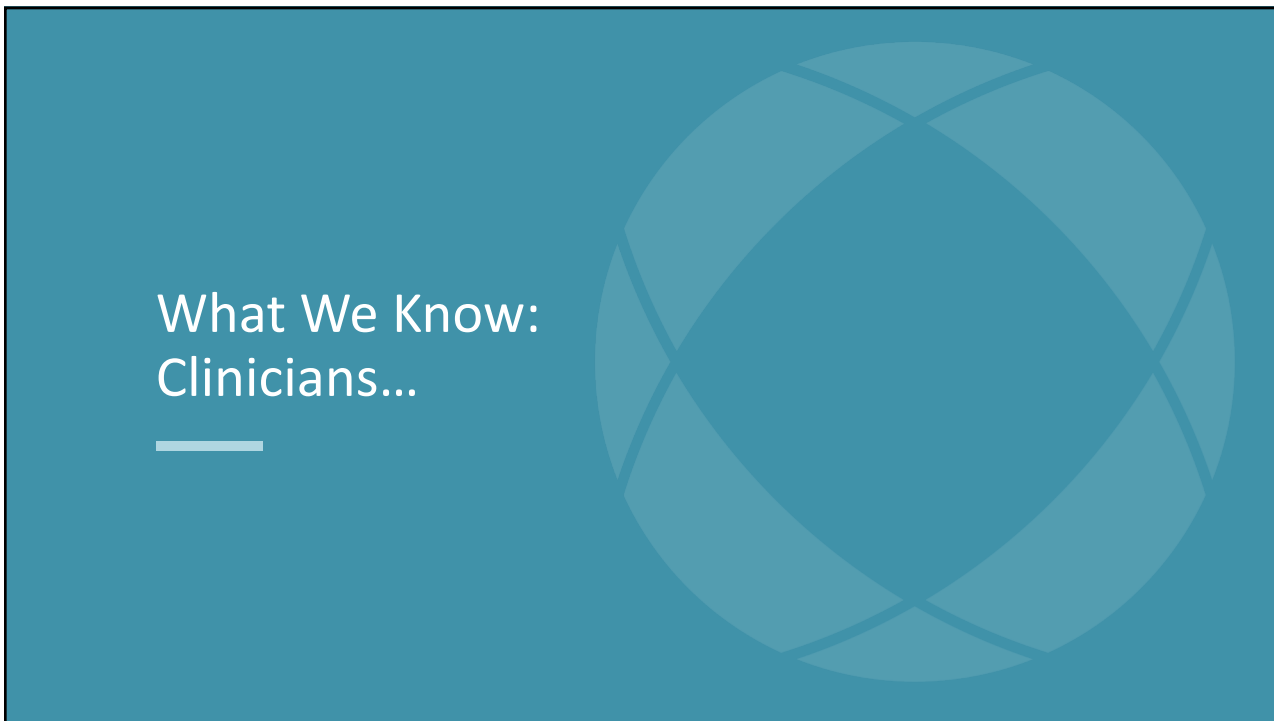
Mr. Key is living with early dementia and fluctuating insight and lives with spouse. Recently left stove on twice.

He says: *'I've been cooking my whole life – this is not a problem.'*

Spouse is anxious, exhausted and resists removing the stove 'it will destroy his sense of self'.

Team is concerned about capacity, safety and their role.

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Clinicians

- 01 Define Risk and Living with Risk Negatively¹
- 02 Focus on the Negative Consequences¹
- 03 Focus on the Physical Consequences³
- 04 Define Living with Risk Differently²
- 05 Assess with Gut Feelings⁴
- 06 May Prioritize our Values⁵

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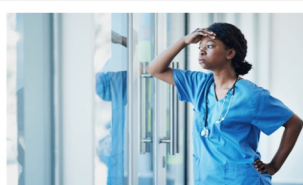
What is the impact?

Patients' goals
aren't valued



Caregivers
Are stressed

Clinicians
Have moral distress



System
Patient flow is
affected

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SOLUTION – Dignity of Risk
Broadened, Balanced, Strength Based
Approach

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01 Define Risk and Living with Risk Negatively¹

*'a situation involving exposure to danger' (Oxford Dictionary)
'the risks and benefits of X are...'*

Uncertainty

Objectives:

- I want to remain at home.
- I want to cook my meals.

Consequences

Negative

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Diagram used with permission⁶

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02 Focus on the Negative Consequences¹

Broadening our Definition of Risk

Uncertainty

Objectives:

- I want to remain at home.
- I want to cook my meals.

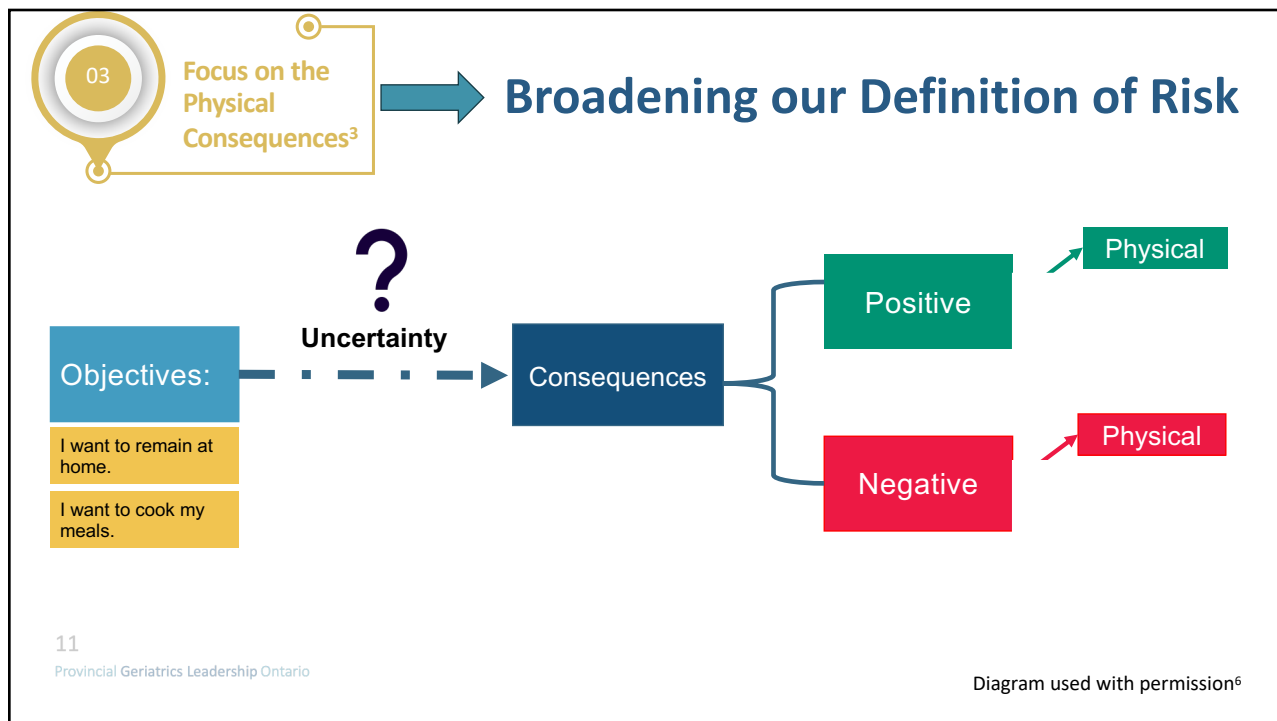
Consequences

Negative

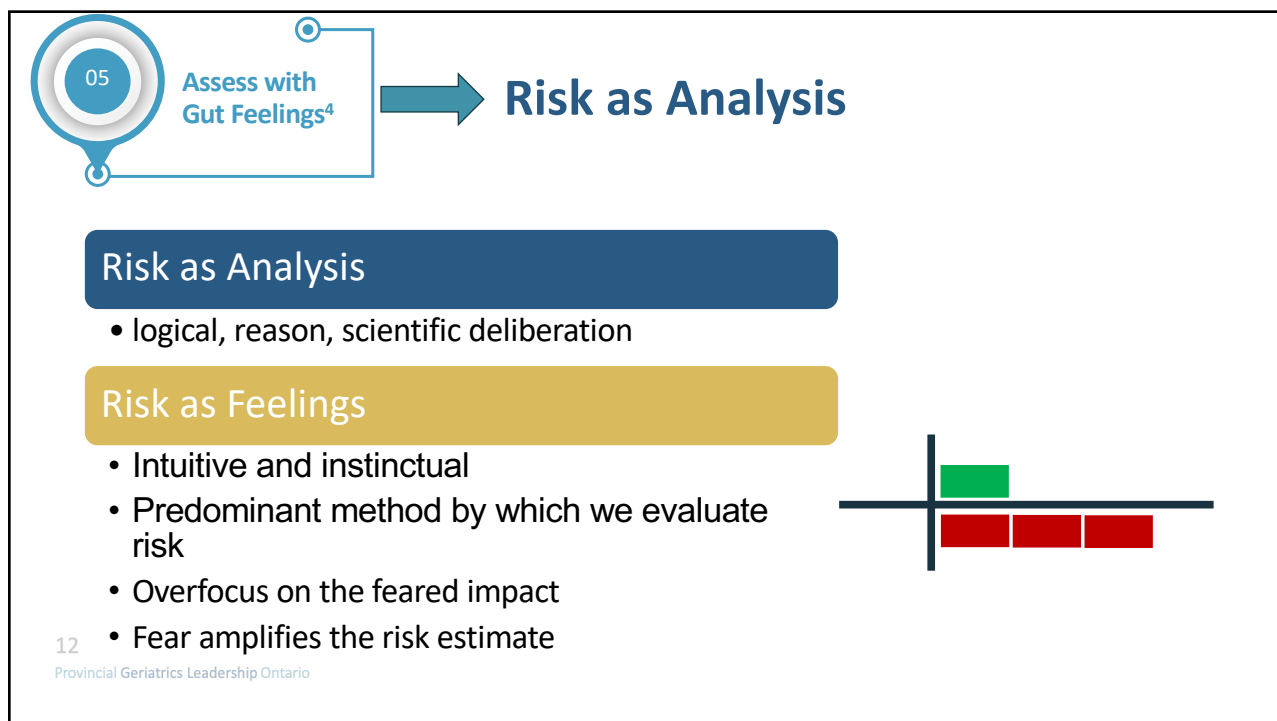
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Diagram used with permission⁶

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06 May Prioritize our Values⁵

What would you prioritize?

Going for a walk

- Risk of injuries from getting lost
- Risk of emotional consequences of boredom and frustration

Walker Use

- Risk of physical injuries from falling
- Risk of social consequences of being seen as old

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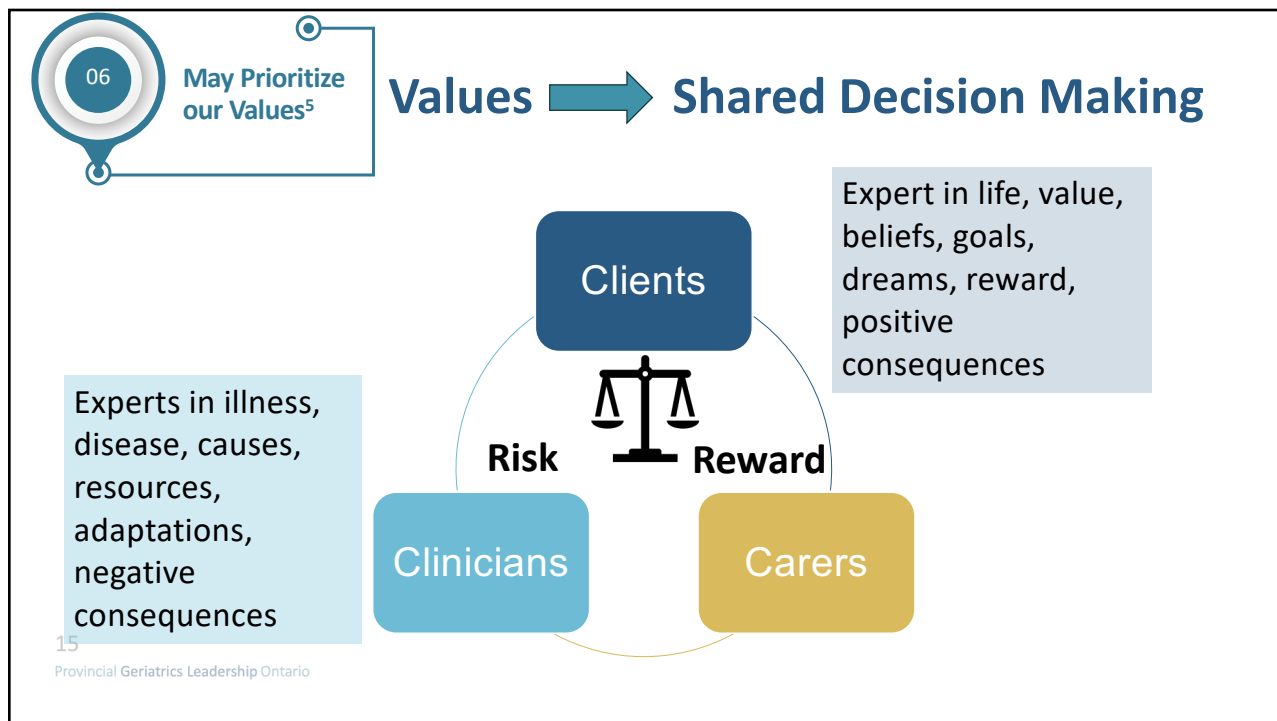
06 May Prioritize our Values⁵

Values

- Risk decisions involve choices and balance
- Choices based on values
- Values about the desirable action to take and the outcomes

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Micro Level – Clinician Decision Support

LIVING WITH RISK: DECISION SUPPORT APPROACH (LWR:DSA)

INSTRUCTION GUIDE FOR CLINICIANS WORKING WITH OLDER ADULTS


A 4 STEP APPROACH

RISK ASSESSMENT	1	What is the older adult at risk of and who is concerned?
	2	What is the older adult's risk status?
RISK MANAGEMENT	3	What can be done about the concerns?
	4	How to have a conversation about risks and ways to address concerns?

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<https://lwrdsa-vivreaveclesrisques.recherche.usherbrooke.ca/#>

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LwR:DSA - Benefits⁸

- Improved Communication
- Improved Decision Making
- Improved Clinical Thinking
- Therapeutic Relationships

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LwR:DSA - Benefits⁸

- Improved Clinical Processes
- Improved Care Experience for Older Adults
- Improved Care Experience for Clinicians/Teams

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Implementing a Dignity of Risk Approach

Biggest Barrier?


Organizational Culture

System Structures

Family Expectations

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Meso-Level – What Clinicians Told Us

Shared language is important

- Common understanding of dignity of risk
- Team-wide approach

Shared Accountability

- Team care reviews
- Interprofessional decision making

Leadership support

- Leaders visibly supporting staff
- Leaders supporting decisions after adverse events
- Learning culture

Practical Infrastructure

- Documentation templates
- Decision-support tools

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Meso-Level – What Clinicians Told Us

‘dignity of risk with clients with cognitive impairment becomes most difficult not when cognition declines, but when multiple actors disagree about what level of risk is acceptable’.

Challenges

- Anxious families
- Risk-averse systems
- Uncertain clinicians
- Imperfect choices



Teams need skills for

- Difficult conversations
- Finding middle-ground solutions
- Supported decision-making
- Capacity interpretation

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Macro-Level – Designing Systems that Support Risk

System Shifts

From	To	How
Safety at all Costs	Supported Autonomy	Policies, procedures, practice guidelines
Who is to Blame	What can we Learn	Incident reviews and leadership culture
Individual Responsibilities	Shared Accountability	Team reviews and decision support tools

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Dignity of Risk: From Principles to Practice

Micro:

How I practice a balanced and broadened approach to risk

- How will I change my next risk conversation?

Meso:

How we work together to support informed decision making

- How will our team support shared accountability?

Macro:

How the system enables choice & prioritizes client's values

- What system or policy change would better support autonomy, client preferences?

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"Are we are willing to support older adults in making informed choices about about what matters most to them, even when those choices differ from the ones we might make ourselves?"

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References

1. Titterton, M. (2005). Risk and risk taking in health and social welfare. London: Jessica Kingsley Publishers.
2. MacLeod, H., & Stadnyk, R.L. (2015). Risk: 'I know it when I see it': how health and social practitioners defined and evaluated living at risk among community-dwelling older adults. *Health, Risk & Society*, 17(1), 46-63
3. Clarke, C. (2000). Risk: Constructing care and care environments in dementia. *Health, Risk & Society*, 2(1), 83-93.
4. Slovic, P., & Peters, E. (2006). Risk perception and affect. *Current directions in psychological science*, 15(6), 322-325
5. Kemshall, H. (2021). Bias and error in risk assessment and management. *HM Inspectorate of Probation Academic Insights*, 14.
6. MacLeod, H., D'Amours, M., & Provencher, V. (2024) Chapter 20: Exploring safety and risk to promote occupational participation. In M. Curtin, M. Egan, Y. Prior, T. Parnell, R. Galvaan, K. Sauvé-Schenk, D. Cezar Da Cruz (Eds.) *Occupational Therapy for People Experiencing Illness, Injury or Impairment: Promoting Occupational Participation* (8th ed.), Elsevier.
7. MacLeod, H., Veillette, N., Klein, J., Delli-Colli, N., Egan, M., Giroux, D., ... & Provencher, V. (2023). Shifting the narrative from living at risk to living with risk: validating and pilot-testing a clinical decision support tool: a mixed methods study. *BMC geriatrics*, 23(1), 1-14.

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