

2023

# >> Oregon Death with Dignity Act

2023 Data Summary

Oregon  
Health  
Authority  
PUBLIC HEALTH DIVISION

# Acknowledgments

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For more information, see: <http://www.healthoregon.org/dwd>.

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# Executive summary

The Oregon Death with Dignity Act (DWDA; Oregon Revised Statutes 127.800–127.995) allows terminally ill patients who meet specific qualifications to end their lives through voluntary self-administration of a lethal dose of medications prescribed by a physician for that purpose. The Act requires the Oregon Health Authority (OHA) to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report.

In 2023, 560 people were reported to have received prescriptions under the DWDA. As of January 26, 2024, OHA had received reports of 367 people who died in 2023 from ingesting the prescribed medications, including 30 who had received prescriptions in previous years. Demographic characteristics of DWDA patients were similar to those of previous years: most patients were age 65 years or older (82%) and white (94%). The most common diagnosis was cancer (66%), followed by neurological disease (11%) and heart disease (10%). OHA made no referrals to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

# Introduction

The Oregon Death with Dignity Act (DWDA) allows terminally ill patients who meet specific qualifications to end their lives through voluntary self-administration of a lethal dose of medications prescribed by a physician for that purpose. The Act requires the Oregon Health Authority (OHA) to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report.

The DWDA outlines specific patient requirements to participate. A patient must be 1) 18 years of age or older, 2) capable of making and communicating health care decisions to health care practitioners, and 3) diagnosed with a terminal illness that will lead to death within six months. The attending and consulting physicians must determine whether a patient meets these requirements and report that fact to OHA at the time a prescription is written. When OHA identifies any instance of noncompliance with the statutory requirements, it reports the instance to the appropriate licensing board.

Data presented in this summary, including the number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and the resulting deaths from the ingestion of the medications (DWDA deaths), are based on required reporting forms and death certificates received by OHA as of January 26, 2024. More information on the reporting process, required forms and annual reports is available at <http://www.healthoregon.org/dwd>.

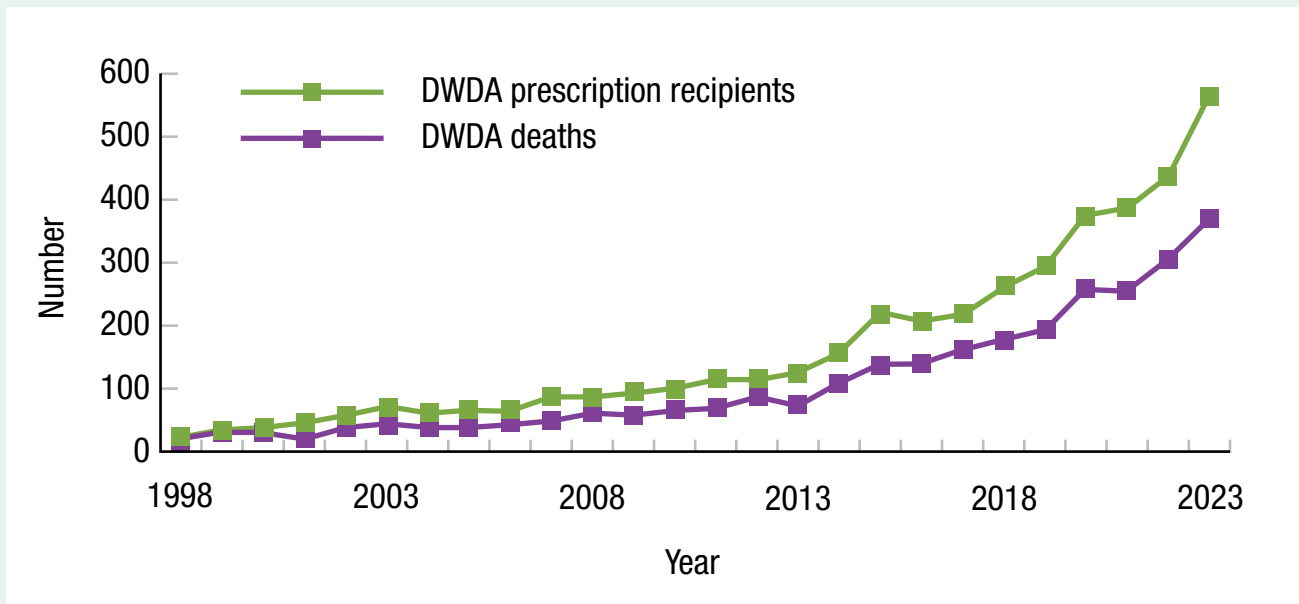
## Patient residency requirement

In October 2021, a lawsuit was filed against the State of Oregon in U.S. District Court for the District of Oregon, alleging that the residency requirement in the Act violated the Privileges and Immunities Clause and the “Dormant Commerce Clause” of the United States Constitution, in part because it bars Oregon health care providers from providing medical aid in dying to non-resident patients. In a settlement on March 28, 2022, the State agreed not to enforce the residency requirement in the Act and to submit a legislative concept that would repeal the residency requirement in ORS 127.800(11), ORS 127.805(1), ORS 127.815(1)(b), and ORS 127.860.

In accordance with the settlement, House Bill 2279 was introduced in the 2023 session of the Oregon Legislative Assembly. The bill passed, removing all text in the Act related to the residency requirement for patients receiving medical aid in dying.

Information on a patient’s state of residence is not collected during the DWDA prescription process. OHA does not receive death certificates from other states unless the decedent was an Oregon resident. Therefore, if an Oregon DWDA patient dies out of state and was not a resident of Oregon, OHA is unlikely to obtain notice of the death. The out-of-state deaths reported in Table 1 thus may not represent all DWDA deaths from out-of-state residents who obtained a DWDA prescription from an Oregon health care provider.

**Figure 1: DWDA prescription recipients and deaths\*, by year, Oregon, 1998–2023**



*\*As of January 26, 2024*

*See Table 2 for detailed information*

*Since 2023, non-residents can also receive prescriptions.*

# Participation summary and trends

During 2023, 560 people received prescriptions for lethal doses of medications under the provisions of the Oregon DWDA, compared to 433 reported during 2022 (Figure 1). As of January 26, 2024, OHA had received reports of 367 people who died during 2023 from ingesting the medications prescribed under the DWDA, an increase from 304 in 2022.

Since the law was passed in 1997, a total of 4,274 people have received prescriptions under the DWDA and 2,847 people (67%) have died from ingesting the medications. During 2023, DWDA deaths accounted for an estimated 0.8% of total deaths in Oregon.\*

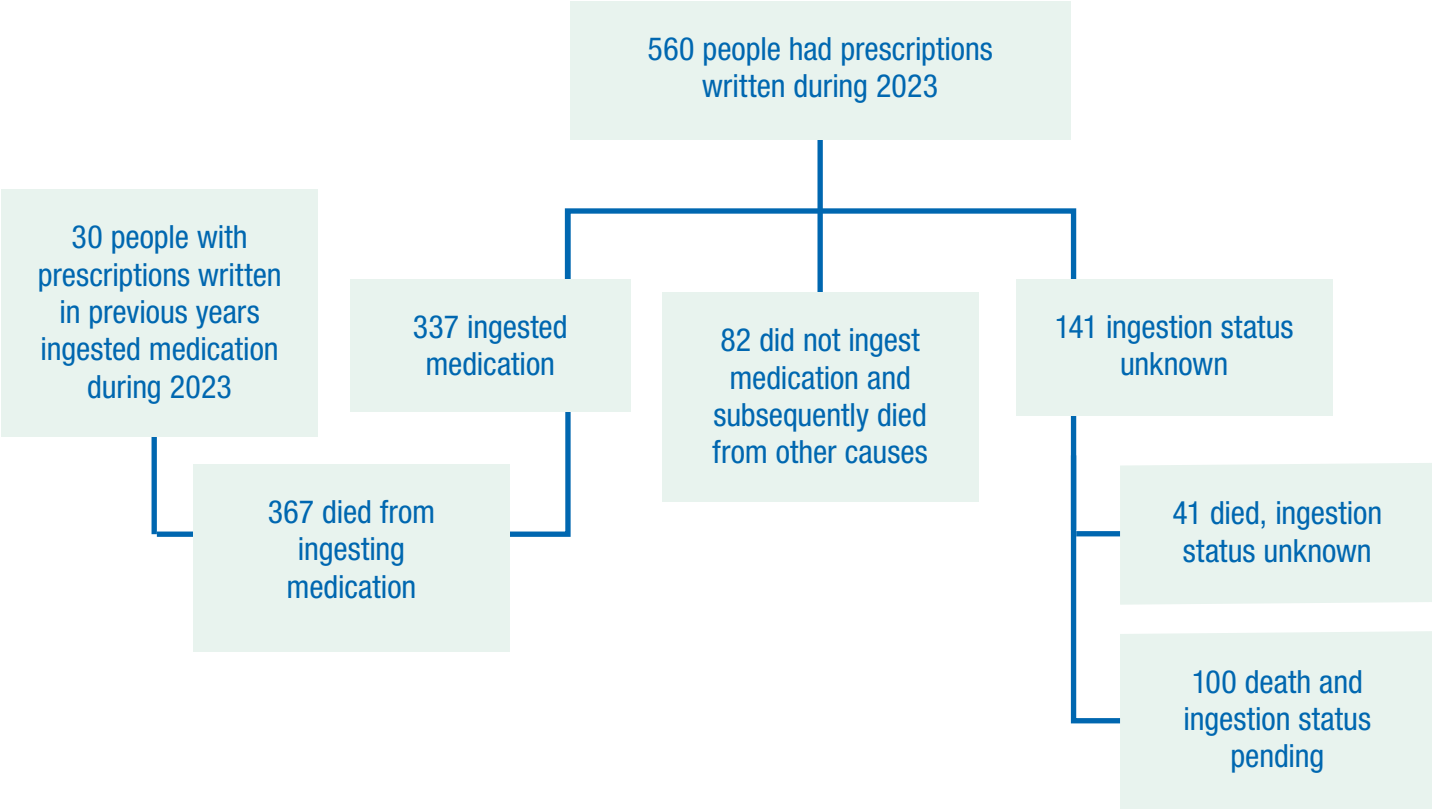
Figure 2 shows a summary of DWDA prescriptions written and medications ingested. Of the 560 patients for whom prescriptions were written during 2023, 337 (60%) died from ingesting the medication. An additional 82 (15%) did not take the medications and later died of their terminal illness.

At the time of reporting, ingestion status was unknown for 141 patients (25%) prescribed DWDA medications in 2023. Of these, 41 patients died but follow-up information is not yet available. For the remaining 100 patients, both death and ingestion status are not yet known (Figure 2). In all, 17 patients (5% of DWDA deaths) outlived their prognosis (i.e., lived more than six months after their prescription).

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\* The percentage of total deaths is calculated using the total number of deaths occurring in Oregon during 2022 (44,593), the most recent year for which final death data are available.

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2023, as of January 24, 2024



# Patient characteristics

Table 1 shows the characteristics and end-of-life care for 2023 DWDA deaths, updated data for 2022 DWDA deaths, combined data for 1998–2021 DWDA deaths, and total DWDA deaths. Of the 367 DWDA deaths during 2023, most patients were white (94%), and most (82%) were aged 65 years or older, with a median age of 75 years. Just over half of patients were male (56%), and just under half had a bachelor’s degree or higher (47%). Patients’ most common underlying illness was cancer (66%), followed by neurological disease (11%) and heart disease (10%).

Most patients died at home (88%), and most were enrolled in hospice care (87%). Excluding unknown cases, all patients had some form of health insurance. The percentage of patients with private insurance increased slightly from 2022 (from 20% to 22%), while patients with Medicare or Medicaid insurance saw a slight decrease (from 80% to 78%).

As in previous years, the three most frequently reported end-of-life concerns were loss of autonomy (92%), decreasing ability to participate in activities that made life enjoyable (88%), and loss of dignity (64%).



# DWDA process

A total of 167 physicians wrote 560 prescriptions during 2023 (1–76 prescriptions per physician; 77% of physicians wrote one or two prescriptions). The number of attending physicians has increased most years (Table 2). Around half of attending and consulting physicians practiced in the Portland metropolitan area (51% and 50%, respectively), while 30% or fewer practiced in the other northwestern counties (Table 3). Three patients were referred for psychological or psychiatric evaluation. During 2023, no physicians were referred by OHA to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

Since 2020, the DWDA provides an exemption to the statutory waiting periods for patients expected to live fewer than 15 days after the time of their first oral request for medication. In 2023, 154 patients (28% of DWDA prescription recipients) were granted exemptions.

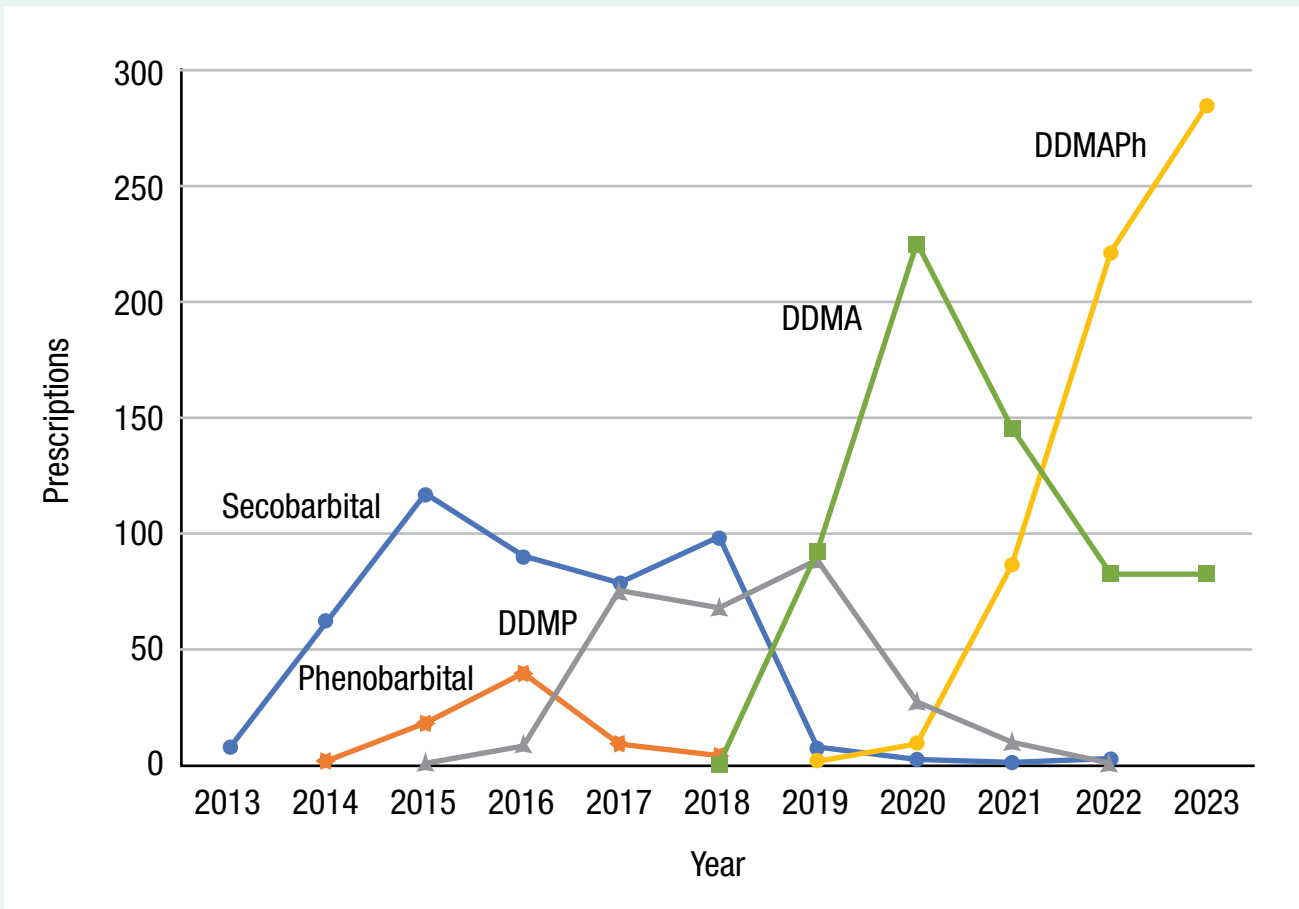
Prescribing physicians were present at time of death for 44 (12%) of the patients who ingested DWDA medications. Sixty patients (16%) had other health care providers present, and volunteers were present for 95 deaths (26%). Data on time from ingestion to death are available for 246 DWDA deaths (67%) during 2023.\* Among those patients, time from ingestion until death ranged from three minutes to 137 hours, with a median time of 53 minutes (Table 1).

The medications prescribed to DWDA patients in recent years are shown in Figure 3 below (see also Table 1). More than 75% of ingestions in 2023 involved DDMA<sup>Ph</sup>, which consists of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. DDMA, which consists of diazepam, digoxin, morphine sulfate, and amitriptyline, accounted for 22% of ingestions. Table 4 shows the duration from ingestion to death by medication prescribed for all known cases. Median time until death was slightly shorter after DDMA (47 minutes) than after DDMA<sup>Ph</sup> (50 minutes). All drug combinations have shown longer median times until death than the barbiturates secobarbital and pentobarbital, which are no longer readily available.

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\*Includes all reports, not just those from licensed health care providers.

Figure 3: Medication used in DWDA ingestions, 2013-2023



**Table 1. Characteristics and end-of-life care of 2,847 DWDA patients who have died from ingesting a lethal dose of medication as of January 26, 2024, Oregon, 1998-2023**

Characteristics	2023		2022		1998–2021		Total	
	(N=367)		(N=304)		(N=2,176)		(N=2,847)	
Sex	N (%) <sup>1</sup>		N (%) <sup>1</sup>		N (%) <sup>1</sup>		N (%) <sup>1</sup>	
Male	207	(56.4)	152	(50.0)	1,152	(52.9)	1,511	(53.1)
Female	160	(43.6)	152	(50.0)	1,024	(47.1)	1,336	(46.9)
<b>Age</b>								
18–34	1	(0.3)	1	(0.3)	12	(0.6)	14	(0.5)
35–44	7	(1.9)	3	(1.0)	38	(1.7)	48	(1.7)
45–54	18	(4.9)	13	(4.3)	122	(5.6)	153	(5.4)
55–64	40	(10.9)	29	(9.5)	372	(17.1)	441	(15.5)
65–74	113	(30.8)	96	(31.6)	662	(30.4)	871	(30.6)
75–84	116	(31.6)	101	(33.2)	606	(27.8)	823	(28.9)
85+	72	(19.6)	61	(20.1)	364	(16.7)	497	(17.5)
Median years (range)	75	(29-102)	75	(29-99)	73	(25-102)	73	(25-102)
<b>Race and ethnicity</b>								
White	343	(93.5)	293	(96.4)	2,091	(96.3)	2,727	(96.0)
African American	2	(0.5)	1	(0.3)	1	(0.0)	4	(0.1)
American Indian	2	(0.5)	2	(0.7)	4	(0.2)	8	(0.3)
Asian	7	(1.9)	5	(1.6)	32	(1.5)	44	(1.5)
Pacific Islander	1	(0.3)	0	(0.0)	1	(0.0)	2	(0.1)
Other	2	(0.5)	0	(0.0)	6	(0.3)	8	(0.3)
Two or more races	2	(0.5)	1	(0.3)	8	(0.4)	11	(0.4)
Hispanic (any race)	8	(2.2)	2	(0.7)	28	(1.3)	38	(1.3)
Unknown	0		0		5		5	
<b>Marital status</b>								
Married (including Registered Domestic Partner)	168	(45.9)	140	(46.4)	997	(46.1)	1,305	(46.1)
Widowed	77	(21.0)	51	(16.9)	474	(21.9)	602	(21.2)
Never married	22	(6.0)	22	(7.3)	180	(8.3)	224	(7.9)
Divorced	99	(27.0)	89	(29.5)	514	(23.7)	702	(24.8)
Unknown	1		2		11		14	
<b>Education</b>								
8th grade or less	9	(2.5)	5	(1.7)	24	(1.1)	38	(1.3)
9th–12th grade, no diploma	8	(2.2)	8	(2.6)	86	(4.0)	102	(3.6)
High school graduate/GED	87	(23.8)	66	(21.8)	468	(21.7)	621	(22.0)
Some college	72	(19.7)	56	(18.5)	438	(20.3)	566	(20.0)
Associate degree	17	(4.6)	20	(6.6)	190	(8.8)	227	(8.0)
Bachelor's degree	79	(21.6)	66	(21.8)	522	(24.2)	667	(23.6)
Master's degree	61	(16.7)	64	(21.1)	267	(12.4)	392	(13.9)
Doctorate or professional degree	33	(9.0)	18	(5.9)	162	(7.5)	213	(7.5)
Unknown	1		1		19		21	

Characteristics	2023		2022		1998–2021		Total	
	(N=367)		(N=304)		(N=2,176)		(N=2,847)	
<b>Residence county/region<sup>2</sup></b>								
Clackamas	37	(10.1)	26	(8.6)	213	(9.8)	276	(9.7)
Deschutes	21	(5.7)	17	(5.6)	112	(5.2)	150	(5.3)
Jackson	22	(6.0)	18	(5.9)	145	(6.7)	185	(6.5)
Lane	44	(12.0)	32	(10.5)	233	(10.8)	309	(10.9)
Marion	21	(5.7)	23	(7.6)	198	(9.1)	242	(8.5)
Multnomah	70	(19.1)	80	(26.3)	472	(21.8)	622	(21.9)
Washington	34	(9.3)	41	(13.5)	214	(9.9)	289	(10.2)
Other northwest counties	54	(14.8)	33	(10.9)	341	(15.8)	428	(15.1)
Southern Oregon	26	(7.1)	20	(6.6)	163	(7.5)	209	(7.4)
Central Oregon / Columbia Gorge	8	(2.2)	8	(2.6)	37	(1.7)	53	(1.9)
Eastern Oregon	6	(1.6)	3	(1.0)	37	(1.7)	46	(1.6)
Out of state	23	(6.3)	3	(1.0)	0	(0.0)	26	(0.9)
<i>Unknown</i>	1		0		11		12	
<b>End-of-life care</b>								
<b>Hospice</b>								
Enrolled	318	(86.6)	280	(92.1)	1,961	(91.5)	2,559	(91.0)
Not enrolled	49	(13.4)	24	(7.9)	181	(8.5)	254	(9.0)
<i>Unknown</i>	0		0		34		34	
<b>Insurance</b>								
Private	59	(22.0)	46	(19.9)	809	(42.3)	914	(37.9)
Medicare, Medicaid or Other Governmental	209	(78.0)	185	(80.1)	1,083	(56.7)	1,477	(61.3)
None	0	(0.0)	0	(0.0)	19	(1.0)	19	(0.8)
<i>Unknown</i>	99		73		265		437	
<b>Underlying illness</b>								
<b>Cancer</b>	<b>242</b>	<b>(65.9)</b>	<b>194</b>	<b>(63.8)</b>	<b>1,578</b>	<b>(72.5)</b>	<b>2,014</b>	<b>(70.7)</b>
Lip, oral cavity, and pharynx	8	(2.2)	6	(2.0)	44	(2.0)	58	(2.0)
Digestive organs	81	(22.1)	54	(17.8)	414	(19.0)	549	(19.3)
<i>Pancreas</i>	38	(10.4)	20	(6.6)	134	(6.2)	192	(6.7)
<i>Colon</i>	6	(1.6)	6	(2.0)	106	(4.9)	118	(4.1)
<i>Other digestive organs</i>	37	(10.1)	28	(9.2)	174	(8.0)	239	(8.4)
Respiratory and intrathoracic organs	27	(7.4)	33	(10.9)	327	(15.0)	387	(13.6)
<i>Lung and bronchus</i>	27	(7.4)	32	(10.5)	307	(14.1)	366	(12.9)
<i>Other respiratory and intrathoracic organs</i>	0	(0.0)	1	(0.3)	20	(0.9)	21	(0.7)
Melanoma and other skin	8	(2.2)	0	(0.0)	49	(2.3)	57	(2.0)
Mesothelial and soft tissue	4	(1.1)	7	(2.3)	40	(1.8)	51	(1.8)
Breast	14	(3.8)	15	(4.9)	141	(6.5)	170	(6.0)
Female genital organs	18	(4.9)	18	(5.9)	121	(5.6)	157	(5.5)
Prostate	13	(3.5)	15	(4.9)	105	(4.8)	133	(4.7)
Urinary tract	13	(3.5)	6	(2.0)	63	(2.9)	82	(2.9)

Characteristics	2023		2022		1998–2021		Total	
	(N=367)		(N=304)		(N=2,176)		(N=2,847)	
<b>Cancer (continued)</b>								
Eye, brain, central nervous system	13	(3.5)	15	(4.9)	64	(2.9)	92	(3.2)
<i>Brain</i>	12	(3.3)	15	(4.9)	58	(2.7)	85	(3.0)
<i>Eye and central nervous system</i>	1	(0.3)	0	(0.0)	6	(0.3)	7	(0.2)
Thyroid and other endocrine	2	(0.5)	0	(0.0)	8	(0.4)	10	(0.4)
Ill-defined, secondary, and unspecified sites	15	(4.1)	8	(2.6)	56	(2.6)	79	(2.8)
Lymphoma and leukemia	14	(3.8)	10	(3.3)	102	(4.7)	126	(4.4)
Other cancers	12	(3.3)	7	(2.3)	44	(2.0)	63	(2.2)
<b>Neurological disease</b>	<b>39</b>	<b>(10.6)</b>	<b>29</b>	<b>(9.5)</b>	<b>242</b>	<b>(11.1)</b>	<b>310</b>	<b>(10.9)</b>
Amyotrophic lateral sclerosis	21	(5.7)	16	(5.3)	168	(7.7)	205	(7.2)
Other neurological disease	18	(4.9)	13	(4.3)	74	(3.4)	105	(3.7)
<b>Heart/circulatory disease</b>	<b>37</b>	<b>(10.1)</b>	<b>35</b>	<b>(11.5)</b>	<b>134</b>	<b>(6.2)</b>	<b>206</b>	<b>(7.2)</b>
<b>Respiratory disease [e.g., COPD]</b>	<b>25</b>	<b>(6.8)</b>	<b>30</b>	<b>(9.9)</b>	<b>128</b>	<b>(5.9)</b>	<b>183</b>	<b>(6.4)</b>
<b>Endocrine/metabolic disease [e.g., diabetes]</b>	<b>8</b>	<b>(2.2)</b>	<b>6</b>	<b>(2.0)</b>	<b>24</b>	<b>(1.1)</b>	<b>38</b>	<b>(1.3)</b>
<b>Gastrointestinal disease [e.g., liver disease]</b>	<b>7</b>	<b>(1.9)</b>	<b>4</b>	<b>(1.3)</b>	<b>20</b>	<b>(0.9)</b>	<b>31</b>	<b>(1.1)</b>
<b>Infectious disease [e.g., HIV/AIDS]</b>	<b>2</b>	<b>(0.5)</b>	<b>2</b>	<b>(0.7)</b>	<b>14</b>	<b>(0.6)</b>	<b>18</b>	<b>(0.6)</b>
<b>Other illnesses</b>	<b>7</b>	<b>(1.9)</b>	<b>4</b>	<b>(1.3)</b>	<b>36</b>	<b>(1.7)</b>	<b>47</b>	<b>(1.7)</b>
<b>DWDA process</b>								
Outlived 6-month prognosis	17	(4.6)	17	(5.6)	88	(4.0)	122	(4.3)
Referred for psychiatric evaluation	3	(0.8)	3	(1.0)	71	(3.3)	77	(2.7)
Patient informed family of decision <sup>3</sup>	339	(96.3)	285	(96.0)	1,969	(95.9)	2,593	(95.9)
<b>Patient died at</b>								
Home (patient, family or friend)	322	(87.7)	279	(91.8)	2,013	(92.8)	2,614	(92.0)
Assisted living or foster care facility	21	(5.7)	20	(6.6)	105	(4.8)	146	(5.1)
Nursing home	2	(0.5)	0	(0.0)	20	(0.9)	22	(0.8)
Hospital	3	(0.8)	1	(0.3)	4	(0.2)	8	(0.3)
Hospice facility	7	(1.9)	1	(0.3)	3	(0.1)	11	(0.4)
Other	12	(3.3)	3	(1.0)	25	(1.2)	40	(1.4)
Unknown	0		0		6		6	
<b>Lethal medication<sup>4</sup></b>								
DDMAPh-1	223	(60.8)	199	(65.5)	107	(4.9)	529	(18.6)
DDMA	82	(22.3)	81	(26.6)	460	(21.1)	623	(21.9)
DDMAPh-2	62	(16.9)	22	(7.2)	0	(0.0)	84	(3.0)
DDMP-2	0	(0.0)	1	(0.3)	202	(9.3)	203	(7.1)
DDMP-1	0	(0.0)	0	(0.0)	72	(3.3)	72	(2.5)
Secobarbital	0	(0.0)	1	(0.3)	860	(39.5)	861	(30.2)
Pentobarbital	0	(0.0)	0	(0.0)	386	(17.7)	386	(13.6)
Phenobarbital	0	(0.0)	0	(0.0)	65	(3.0)	65	(2.3)
Other	0	(0.0)	0	(0.0)	24	(1.1)	24	(0.8)

Characteristics	2023		2022		1998–2021		Total	
	(N=367)		(N=304)		(N=2,176)		(N=2,847)	
<b>End-of-life concerns<sup>5</sup></b>								
Losing autonomy	336	(91.6)	261	(85.9)	1,976	(90.8)	2,573	(90.4)
Less able to engage in activities making life enjoyable	324	(88.3)	265	(87.2)	1,961	(90.1)	2,550	(89.6)
Loss of dignity <sup>6</sup>	234	(63.8)	183	(60.2)	1,494	(73.0)	1,911	(70.3)
Losing control of bodily functions	171	(46.6)	133	(43.8)	953	(43.8)	1,257	(44.2)
Burden on family, friends/caregivers	159	(43.3)	133	(43.8)	1,050	(48.3)	1,342	(47.1)
Inadequate pain control, or concern about it	126	(34.3)	95	(31.3)	599	(27.5)	820	(28.8)
Financial implications of treatment	30	(8.2)	18	(5.9)	108	(5.0)	156	(5.5)
<b>Health care provider present (collected since 2001)</b>	<b>(N=367)</b>		<b>(N=304)</b>		<b>(N=2,104)</b>		<b>(N=2,775)</b>	
When medication was ingested								
Prescribing physician	58	(22.5)	45	(24.1)	334	(29.0)	437	(27.3)
Other provider, prescribing physician not present	50	(19.4)	33	(17.6)	469	(40.7)	552	(34.5)
Volunteer	107	(41.5)	57	(30.5)	149	(12.9)	313	(19.6)
No provider or volunteer	43	(16.7)	52	(27.8)	201	(17.4)	296	(18.5)
<i>Unknown</i>	<i>109</i>		<i>117</i>		<i>951</i>		<i>1,177</i>	
At time of death								
Prescribing physician	44	(12.0)	37	(12.2)	302	(14.5)	383	(13.9)
Other provider, prescribing physician not present	60	(16.3)	40	(13.2)	481	(23.1)	581	(21.1)
Volunteer	95	(25.9)	53	(17.4)	155	(7.4)	303	(11.0)
No provider or volunteer	168	(45.8)	174	(57.2)	1,143	(54.9)	1,485	(54.0)
<i>Unknown</i>	<i>0</i>		<i>0</i>		<i>23</i>		<i>23</i>	
<b>Complications<sup>7</sup></b>	<b>(N=367)</b>		<b>(N=304)</b>		<b>(N=2,176)</b>		<b>(N=2,847)</b>	
Difficulty ingesting/regurgitated	8		6		38		52	
Seizures	1		0		3		4	
Other	1		1		17		19	
None	92		69		848		1,009	
<i>Unknown</i>	<i>265</i>		<i>228</i>		<i>1,270</i>		<i>1,763</i>	
<b>Other outcomes</b>								
Regained consciousness after ingesting DWDA medications	0		0		9		9	
<b>Timing of DWDA event</b>								
Duration (weeks) of patient-physician relationship								
Median	6		6		11		10	
Range	0–1197		0–1083		0–2138		0–2138	
<i>Patients with information available</i>	<i>366</i>		<i>302</i>		<i>2,156</i>		<i>2,824</i>	
<i>Patients with information unknown</i>	<i>1</i>		<i>2</i>		<i>20</i>		<i>23</i>	

Characteristics	2023	2022	1998–2021	Total
	(N=367)	(N=304)	(N=2,176)	(N=2,847)
Duration (days) between first request and death				
Median	26	29	43	39
Range	0–1633	1–1859	0–1503	0–1859
<i>Patients with information available</i>	362	303	2,174	2,839
<i>Patients with information unknown</i>	5	1	2	8
Duration (minutes) between ingestion and unconsciousness				
Median	5	5	5	5
Range	1–488	1–300	1–240	1–488
<i>Patients with information available</i>	241	154	1,154	1,549
<i>Patients with information unknown</i>	126	150	1,022	1,298
Duration between ingestion and death				
Median (minutes)	53	51	30	35
Range	3min–137hrs	3min–68hrs	1min–104hrs	1min–137hrs
<i>Patients with information available</i>	246	171	1,201	1,618
<i>Patients with information unknown</i>	121	133	975	1,229

**N** indicates the number of patients.

- 1 Unknowns are excluded when calculating percentages.
- 2 **Other northwest counties:** Benton, Clatsop, Columbia, Lincoln, Linn, Polk, Tillamook, and Yamhill.  
**Southern:** Coos, Curry, Douglas, Josephine, Klamath, and Lake.  
**Central/Columbia Gorge:** Crook, Gilliam, Hood River, Jefferson, Sherman, Wasco, and Wheeler.  
**Eastern:** Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, and Wallowa.
- 3 First recorded in 2001. Since then, 110 patients (4.1%) have chosen not to inform their families, and 52 patients (1.9%) have had no family to inform. Information is unknown for 22 patients..
- 4 **DDMAPh** is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. DDMAPh-1 contains 5g of phenobarbital; DDMAPh-2 contains 10g.  
**DDMA** is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.  
**DDMP** is a combination of diazepam, digoxin, morphine sulfate, and propranolol. DDMP-1 contains 10g of morphine sulfate; DDMP-2 contains 15g.  
**Phenobarbital** is dispensed as a combination of phenobarbital, chloral hydrate, and morphine sulfate.
- 5 Affirmative answers only (“Don’t know” included in negative answers). Categories are not mutually exclusive.
- 6 First asked in 2003. Data available for 2,718 patients.
- 7 Information about complications is reported only when a physician or another health care provider is present at the time of death. Due to the high number of unknowns for this item, percentages are not calculated.

**Table 2. Number of DWDA prescription recipients, DWDA deaths, and attending physicians, 1998-2023**

Year	Prescription recipients	DWDA deaths	Attending physicians
1998	24	16	n/a
1999	33	27	n/a
2000	39	27	22
2001	44	21	33
2002	58	38	33
2003	68	42	42
2004	60	37	40
2005	65	38	40
2006	65	46	41
2007	85	49	46
2008	88	60	60
2009	95	59	64
2010	97	65	59
2011	114	71	62
2012	116	85	62
2013	121	73	62
2014	155	105	83
2015	218	135	106
2016	204	139	101
2017	218	158	92
2018	261	178	108
2019	296	193	113
2020	373	259	142
2021	384	255	132
2022	433	304	145
2023	560	367	167
<b>Total</b>	<b>4,274</b>	<b>2,847</b>	



**Table 3. Primary location of practice, DWDA physicians, 2023**

Region <sup>2</sup>	Attending physicians		Consulting physicians	
	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
Metro counties (Clackamas, Multnomah, Washington)	85	(50.9)	116	(49.6)
Northwest Oregon (excludes metro counties)	42	(25.1)	71	(30.3)
Southern Oregon	26	(15.6)	29	(12.4)
Central Oregon / Columbia Gorge	8	(4.8)	13	(5.6)
Eastern Oregon	6	(3.6)	5	(2.1)
<i>Unknown</i>	<i>0</i>		<i>1</i>	

1 Unknowns are excluded when calculating percentages.

2 **Northwest Oregon:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, and Yamhill.

**Southern Oregon:** Coos, Curry, Douglas, Jackson, Josephine, Klamath, and Lake.

**Central / Columbia Gorge:** Crook, Deschutes, Gilliam, Hood River, Jefferson, Sherman, Wasco and Wheeler.

**Eastern Oregon:** Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union and Wallowa.

**Table 4. Duration between ingestion and death by drug(s) prescribed, DWDA deaths, 2001-2023**

Drug(s) prescribed	Total	Unknown duration	Known duration	<1 hour (%)	1–6 hours (%)	>6 hours (%)	Median (minutes)	Mean (minutes)	Range	Regained consciousness <sup>6</sup>
DDMA <sup>1</sup>	623	227	396 (100.0)	223 (56.3)	164 (41.4)	9 (2.3)	47	82	1 min - 19 hrs	1
DDMAPh-1 <sup>2</sup>	529	206	323 (100.0)	193 (59.8)	113 (35.0)	17 (5.3)	46	129	5 min - 137 hrs	0
DDMAPh-2 <sup>2</sup>	84	33	51 (100.0)	21 (41.2)	26 (51.0)	4 (7.8)	70	158	10 min - 20 hrs	0
DDMP-1 <sup>3</sup>	72	47	25 (100.0)	12 (48.0)	7 (28.0)	6 (24.0)	77	223	10 min - 21 hrs	0
DDMP-2 <sup>3</sup>	203	98	105 (100.0)	46 (43.8)	36 (34.3)	23 (21.9)	85	254	2 min - 47 hrs	2
Pentobarbital <sup>4</sup>	384	156	228 (100.0)	188 (82.5)	31 (13.6)	9 (3.9)	20	97	1 min - 104 hrs	0
Phenobarbital <sup>5</sup>	65	43	22 (100.0)	4 (18.2)	13 (59.1)	5 (22.7)	73	439	20 min - 72 hrs	0
Secobarbital <sup>4</sup>	793	403	390 (100.0)	294 (75.4)	69 (17.7)	27 (6.9)	25	137	2 min - 83 hrs	5
Other	24	6	18 (100.0)	7 (38.9)	8 (44.4)	3 (16.7)	71	237	10 min - 24 hrs	1
<b>TOTAL</b>	<b>2,777</b>	<b>1,219</b>	<b>1,558 (100.0)</b>	<b>988 (63.4)</b>	<b>467 (30.0)</b>	<b>103 (6.6)</b>	<b>35</b>	<b>131</b>	<b>1 min - 137 hrs</b>	<b>9</b>

- 1 DDMA is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.
- 2 DDMAPh is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. DDMAPh-1 contains 5g of phenobarbital; DDMAPh-2 contains 10g.
- 3 DDMP is a combination of diazepam, digoxin, morphine sulfate, and propranolol. DDMP-1 contains 10g of morphine sulfate; DDMP-2 contains 15g.
- 4 Secobarbital has been unavailable for DWDA use since 2019; pentobarbital since 2015.
- 5 Phenobarbital is dispensed as a combination of phenobarbital, chloral hydrate, and morphine sulfate.
- 6 Patients who regained consciousness after ingestion are not considered DWDA deaths, and are not included in the other columns in this table.

**NOTE:** Table includes all reported durations, not just those from licensed providers. Complete information not available before 2001. Unknown values are excluded when calculating percentages.



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