Oregon Death with Dignity Act

2019 Data Summary



Acknowledgments

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Date: February 25, 2020

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

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Executive summary

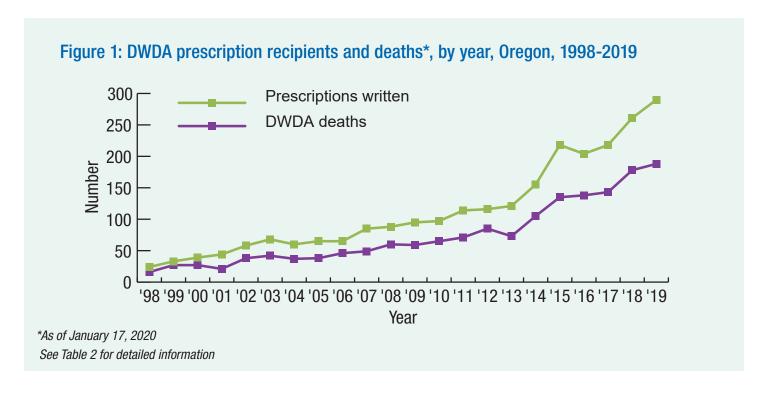
The Oregon Death with Dignity Act (DWDA) allows terminally ill Oregonians who meet specific qualifications to end their lives through voluntary self-administration of a lethal dose of medications prescribed by a physician for that purpose. The Act requires the Oregon Health Authority to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report. In 2019, 290 people received prescriptions under the DWDA. As of January 17, 2020, 188 people had died in 2019 from ingesting the prescribed medications, including 18 who had received prescriptions in previous years. Characteristics of DWDA patients were similar to those in previous years: most patients were aged 65 years or older (75%) and most had cancer (68%). During 2019, Oregon Health Authority (OHA) referred one physician to the Oregon Medical Board for failure to comply with DWDA requirements.

Introduction

The Oregon Death with Dignity Act (DWDA) allows terminally ill Oregonians 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 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) a resident of Oregon, 3) capable of making and communicating health care decisions to health care practitioners, and 4) diagnosed with a terminal illness that will lead to death within six months. The attending and consulting physicians must determine if a patient meets these requirements and report that fact to OHA at the time a prescription is written. When OHA identifies any issue of noncompliance with the statutory requirements, it reports the fact 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 17, 2020. More information on the reporting process, required forms and annual reports is available at: http://www.healthoregon.org/dwd.



Participation summary and trends

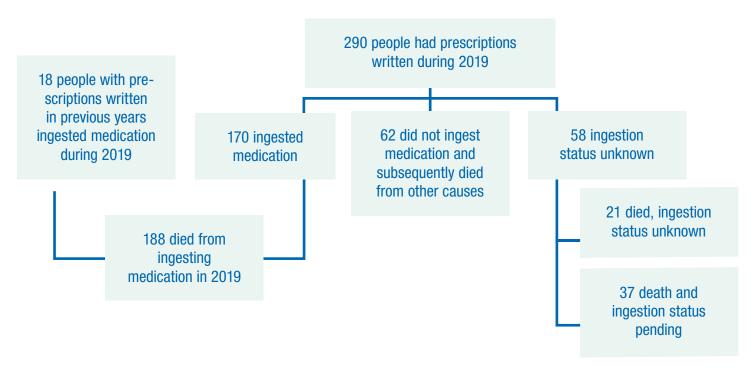
During 2019, 290 people received prescriptions for lethal doses of medications under the provisions of the Oregon DWDA, compared to 261 during 2018 (Figure 1). As of January 17, 2020, OHA had received reports of 188 people who died during 2019 from ingesting the medications prescribed under DWDA, an increase from 178 in 2018.

Since the law was passed in 1997, a total of 2,518 people have received prescriptions under the DWDA and 1,657 people (66%) have died from ingesting the medications. During 2019, the estimated rate of DWDA deaths was 51.9 per 10,000 total deaths.¹

Figure 2 shows a summary of DWDA prescriptions written and medications ingested. Of the 290 patients for whom prescriptions were written during 2019, 170 (59%) died from ingesting the medication. An additional 62 (21%) did not take the medications and later died of other causes.

At the time of reporting, ingestion status was unknown for 58 patients prescribed DWDA medications in 2019. Of these, 21 patients died, but follow up information is not yet available. For the remaining 37 patients, both death and ingestion status are pending (Figure 2).

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2019, as of January 17, 2020



¹ Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2018 (36,191), the most recent year for which final death data are available.

Patient characteristics

Table 1 shows the characteristics and end-of-life care for 2019 DWDA deaths, updated data for 2018 DWDA deaths, combined data for 1998-2017 deaths, and total DWDA deaths. Of the 188 DWDA deaths during 2019, most patients were aged 65 years or older (75%). The median age at death was 74 years. As in previous years, decedents were commonly white (96%) and well educated (53% had a least a bachelor's degree).

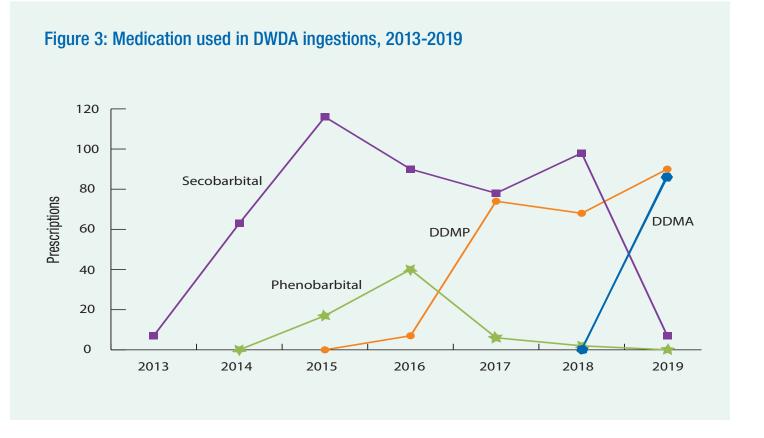
Patients' underlying illnesses were similar to those of previous years. Most patients had cancer (68%), followed by neurological disease (14%) and respiratory disease (7%). Most patients died at home (94%), and most were enrolled in hospice care (90%). For patients whose health insurance status was known, most had some form of coverage (99%). The proportions of patients who had private insurance (30%) and Medicare or Medicaid insurance (69%) in 2019 were similar those reported in the previous year (32% and 68%, respectively).

As in previous years, the three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (90%), loss of autonomy (87%) and loss of dignity (72%).

DWDA process

A total of 112 physicians wrote 290 prescriptions during 2019 (1–33 prescriptions per physician; 80% of physicians wrote one or two prescriptions). The number of attending physicians has increased since 1998 but has been relatively stable for the past five years (Table 2). Over 40% of attending and consulting physicians practiced in the Portland metropolitan area, while just over 30% practiced in the other northwestern counties (Table 3). One patient was referred for psychological or psychiatric evaluation. During 2019, OHA referred one physician to the Oregon Medical Board for failure to comply with DWDA requirements.

The medications prescribed to DWDA patients in 2019 differed from previous years (Table 1). Secobarbital, which was used in more than half of DWDA deaths in 2018, became unavailable toward the end of the year. As a result, over 90% of DWDA ingestions in 2019 involved one of two drug combinations: a new combination – DDMA – consisting of diazepam, digoxin, morphine sulfate, and amitriptyline; or DDMP, consisting of diazepam, digoxin, morphine sulfate, and propranolol. DDMA was used in 46% of DWDA deaths in 2019, while DDMP was used in 48% (Figure 3).



Prescribing physicians were present at time of death for 34 patients (18%). Twenty-eight patients (15%) had other health care providers present, and volunteers were present for 45 deaths (24%). Data on time from ingestion to death are available for 127 DWDA deaths (68%) during 2019¹. Among those patients, time from ingestion until death ranged from one minute to 47 hours, with a median time of 51 minutes (Table 1).

Table 4 shows the duration from ingestion to death by medication prescribed for all known cases. Median time until death was shorter for DDMA (58 minutes) than DDMP (85 minutes). All drug combinations have shown longer median times until death than the (now unavailable) barbiturates, secobarbital and pentobarbital.

¹Includes all reports, not just those from licensed health care providers.

Table 1. Characteristics and end-of-life care of 1,657 DWDA patients who have died from ingesting a lethal dose of medication as of January 17, 2020, Oregon, 1998-2019

	20	019	2	018	1998-	2017	Total		
Characteristics	(N=188)		(N:	=178)	(N=1,	291)	(N=1,657)		
Sex	N	(%)¹	N	(%)¹	N (%)¹		N (%) ¹		
Male	111	(59.0)		(51.1)	676	(52.4)		(53.0)	
Female	77	(41.0)	87	(48.9)	615	(47.6)	779	(47.0)	
Age									
18-34	1	(0.5)	0	(0.0)	9	(0.7)	10	(0.6)	
35-44	4	(2.1)	2	(1.1)	26	(2.0)	32	(1.9)	
45-54	11	(5.9)	9	(5.1)	76	(5.9)	96	(5.8)	
55-64	32	(17.0)	26	(14.6)	251	(19.4)	309	(18.6)	
65-74	55	(29.3)	52	(29.2)	391	(30.3)	498	(30.1)	
75-84	54	(28.7)	57	(32.0)	340	(26.3)	451	(27.2)	
85+	31	(16.5)	32	(18.0)	198	(15.3)	261	(15.8)	
Median years (range)	74	(33-98)	75	(40-102)	72	(25-102)	72	(25-102)	
Race									
White	181	(96.3)	172	(96.6)	1,239	(96.3)	1,592	(96.4)	
African American	0	(0.0)	0	(0.0)	1	(0.1)	1	(0.1)	
American Indian	0	(0.0)	1	(0.6)	2	(0.2)	3	(0.2)	
Asian	2	(1.1)	2	(1.1)	19	(1.5)	23	(1.4)	
Pacific Islander	0	(0.0)	0	(0.0)	1	(0.1)	1	(0.1)	
Other	1	(0.5)	1	(0.6)	3	(0.2)	5	(0.3)	
Two or more races	0	(0.0)	1	(0.6)	6	(0.5)	7	(0.4)	
Hispanic	4	(2.1)	1	(0.6)	15	(1.2)	20	(1.2)	
Unknown		0	0		5		5		
Marital status									
Married (including Registered Domestic Partner)	92	(48.9)	75	(42.6)	596	(46.4)	763	(46.3)	
Widowed	33	(17.6)	38	(21.6)	287	(22.4)	358	(21.7)	
Never married	24	(12.8)	20	(11.4)	94	(7.3)	138	(8.4)	
Divorced	39	(20.7)	43	(24.4)	307	(23.9)	389	(23.6)	
Unknown		0		2	7			9	
Education									
8th grade or less	6	(3.2)	1	(0.6)	12	(0.9)	19	(1.2)	
9th-12th grade, no diploma	9	(4.8)	2	(1.1)	58	(4.5)	69	(4.2)	
High school graduate/GED	26	(13.9)	40	(22.9)	281		347		
Some college	32	(17.1)	38	(21.7)	270	(21.1)	340	(20.7)	
Associate degree	15	(8.0)	14	(8.0)	118	(9.2)	147	(9.0)	
Bachelor's degree	48	(25.7)	48	(27.4)	305		401	(24.4)	
Master's degree	35	(18.7)	18	(10.3)	141		194	(11.8)	
Doctorate or professional degree	16	(8.6)	14	(8.0)	94	(7.3)	124	(7.6)	
Unknown		1		3	1.	. ,		16	

	20	2019		018	1998-	2017	Total		
Characteristics	(N=188)		(N=178)		(N=1,	291)	(N=	(N=1,657)	
Residence county/region ²						. <u>-</u>			
Multnomah	37	(19.7)	36	(20.2)	288	(22.5)	361	(21.9)	
Lane	26	(13.8)	18	(10.1)	136	(10.6)	180	(10.9)	
Clackamas	20	(10.6)	20	(11.2)	129	(10.1)	169	(10.3)	
Jackson	19	(10.1)	11	(6.2)	80	(6.2)	110	(6.7)	
Washington	16	(8.5)	21	(11.8)	131	(10.2)	168	(10.2)	
Deschutes	14	(7.4)	15	(8.4)	40	(3.1)	69	(4.2)	
Marion	11	(5.9)	16	(9.0)	139	(10.9)	166	(10.1)	
Other northwest counties	27	(14.4)	27	(15.2)	190	(14.8)	244	(14.8)	
Southern Oregon	9	(4.8)	9	(5.1)	106	(8.3)	124	(7.5)	
Central Oregon / Columbia Gorge	6	(3.2)	2	(1.1)	19	(1.5)	27	(1.6)	
Eastern Oregon	3	(1.6)	3	(1.7)	23	(1.8)	29	(1.8)	
Unknown		0		0	1	0		10	
End-of-life care									
Hospice									
Enrolled	169	(89.9)	162	(91.0)	1,133	(90.1)	1,464	(90.2)	
Not enrolled	19	(10.1)	16	(9.0)	124	(9.9)	159	(9.8)	
Unknown		0		0	3	4		34	
Insurance			-						
Private	48	(29.6)	50	(31.6)	614	(51.8)	712	(47.3)	
Medicare, Medicaid or Other Governmental	112	(69.1)	107	(67.7)	557	(47.0)	776	(51.5)	
None	2	(1.2)	1	(0.6)	15	(1.3)	18	(1.2)	
Unknown	26		20		10	105		151	
Underlying illness									
Cancer	128	(68.1)	114	(64.0)	1,002	(77.6)	1,244	(75.1)	
Lip, oral cavity, and pharynx	4	(2.1)	2	(1.1)	28	(2.2)	34	(2.1)	
Digestive organs	39	(20.7)	29	(16.3)	264	(20.4)	332	(20.0)	
Pancreas	10	(5.3)	9	(5.1)	91	(7.0)	110	(6.6)	
Colon	6	(3.2)	7	(3.9)	79	(6.1)	92	(5.6)	
Other digestive organs	23	(12.2)	13	(7.3)	94	(7.3)	130	(7.8)	
Respiratory and intrathoracic organs	20	(10.6)	17	(9.6)	231	(17.9)	268	(16.2)	
Lung and bronchus	17	(9.0)	17	(9.6)	217	(16.8)	251	(15.1)	
Other respiratory and intrathoracic organs	3	(1.6)	0	(0.0)	14	(1.1)	17	(1.0)	
Melanoma and other skin	1	(0.5)	3	(1.7)	36	(2.8)	40	(2.4)	
Mesothelial and soft tissue	4	(2.1)	1	(0.6)	26	(2.0)	31	(1.9)	
Breast	12	(6.4)	10	(5.6)	92	(7.1)	114	(6.9)	
Female genital organs	5	(2.7)	7	(3.9)	77	(6.0)	89	(5.4)	
Prostate	12	(6.4)	6	(3.4)	58	(4.5)	76	(4.6)	
Urinary tract	4	(2.1)	6	(3.4)	36	(2.8)	46	(2.8)	

	2019		2018		1998-	2017	T	Total		
Characteristics	(N=	 :188)	(N:	=178)	(N=1,	291)	(N=	1,657)		
Eye, brain, central nervous system	5	(2.7)	14	(7.9)	35	(2.7)	54	(3.3)		
Brain	5	(2.7)	13	(7.3)	31	(2.4)	49	(3.0)		
Eye and central nervous system	0	(0.0)	1	(0.6)	4	(0.3)	5	(0.3)		
Thyroid and other endocrine	0	(0.0)	2	(1.1)	5	(0.4)	7	(0.4)		
III-defined, secondary, and unspecified sites	6	(3.2)	2	(1.1)	35	(2.7)	43	(2.6)		
Lymphoma and leukemia	8	(4.3)	12	(6.7)	55	(4.3)	75	(4.5)		
Other cancers	8	(4.3)	3	(1.7)	24	(1.9)	35	(2.1)		
Neurological disease	26	(13.8)	25	(14.0)	136	(10.5)	187	(11.3)		
Amyotrophic lateral sclerosis	19	(10.1)	15	(8.4)	102	(7.9)	136	(8.2)		
Other neurological disease	7	(3.7)	10	(5.6)	34	(2.6)	51	(3.1)		
Respiratory disease [e.g., COPD]	14	(7.4)	13	(7.3)	62	(4.8)	89	(5.4)		
Heart/circulatory disease	9	(4.8)	17	(9.6)	50	(3.9)	76	(4.6)		
Infectious disease [e.g., HIV/AIDS]	0	(0.0)	0	(0.0)	13	(1.0)	13	(0.8)		
Gastrointestinal disease [e.g., liver disease]	3	(1.6)	1	(0.6)	8	(0.6)	12	(0.7)		
Endocrine/metabolic disease [e.g., diabetes]	2	(1.1)	2	(1.1)	9	(0.7)	13	(0.8)		
Other illnesses ³	6	(3.2)	6	(3.4)	11	(0.9)	23	(1.4)		
DWDA process										
Referred for psychiatric evaluation	1	(0.5)	3	(1.7)	62	(4.8)	66	(4.0)		
Patient informed family of decision ⁴	176	(95.7)	166	(94.3)	1,136	(93.7)	1,478	(94.0)		
Patient died at			•							
Home (patient, family or friend)	177	(94.1)	157	(88.2)	1,195	(93.0)	1,529	(92.6)		
Assisted living or foster care facility	5	(2.7)	12	(6.7)	60	(4.7)	77	(4.7)		
Nursing home	4	(2.1)	5	(2.8)	9	(0.7)	18	(1.1)		
Hospital	0	(0.0)	0	(0.0)	4	(0.3)	4	(0.2)		
Hospice facility	1	(0.5)	2	(1.1)	0	(0.0)	3	(0.2)		
Other	1	(0.5)		(1.1)		(1.3)	20	. ,		
Unknown		0		0	6	, ,		6		
Lethal medication			•							
DDMP-2 ⁵	87	(46.3)	57	(32.0)	24	(1.9)	168	(10.1)		
DDMA⁵	87	(46.3)	0	(0.0)	0	(0.0)	87	(5.3)		
Secobarbital	7	(3.7)	98	(55.1)	754	, ,	859	(51.8)		
DDMP-1 ⁵	3	(1.6)	11	(6.2)	57	(4.4)	71	(4.3)		
Phenobarbital compound ⁵	0	(0.0)	2	(1.1)	63	(4.9)	65	(3.9)		
Pentobarbital	0	(0.0)	0	(0.0)	386	(29.9)	386	(23.3)		
Other	4	(2.1)	10	(5.6)	7	(0.5)	21	(1.3)		

	2019		2	018	1998-	2017	Total		
Characteristics	(N=188)		(N=178)		(N=1,	291)	(N=1,657)		
End-of-life concerns ⁶									
Less able to engage in activities making life enjoyable	170	(90.4)	162	(91.0)	1,148	(88.9)	1,480	(89.3)	
Losing autonomy	163	(86.7)	163	(91.6)	1,168	(90.5)	1,494	(90.2)	
Loss of dignity ⁷	136	(72.3)	118	(66.3)	877	(75.5)	1,131	(74.0)	
Burden on family, friends/caregivers	111	(59.0)	99	(55.6)	563	(43.6)	773	(46.7)	
Losing control of bodily functions	74	(39.4)	69	(38.8)	585	(45.3)	728	(43.9)	
Inadequate pain control, or concern about it	62	(33.0)	46	(25.8)	332	(25.7)	440	(26.6)	
Financial implications of treatment	14	(7.4)	9	(5.1)	48	(3.7)	71	(4.3)	
Health care provider present (collected since 2001)	(N=	:188)	(N:	=178)	(N=1,	219)	(N=	1,585)	
When medication was ingested									
Prescribing physician	3	36		33	18	8		257	
Other provider, prescribing physician not present	25			52	295		372		
Volunteer	53		3		not collected		56		
No provider or volunteer		14	18		98			130	
Unknown	60		72		638		770		
At time of death									
Prescribing physician	34	(18.2)	28	(15.8)	173	(14.4)	235	(15.0)	
Other provider, prescribing physician not present	28	(15.0)	39	(22.0)	315	(26.3)	382	(24.5)	
Volunteer	45	(24.1)	19	(10.7)	not co	llected	64	(4.1)	
No provider or volunteer	80	(42.8)	91	(51.4)	710	(59.3)	881	(56.4)	
Unknown	1		1		21		23		
Complications ⁸	(N=	:188)	(N=178)		(N=1,291)		(N=1,657)		
Difficulty ingesting/regurgitated		2		3	25		30		
Seizures		0		0	2			2	
Other		4		4	7	•		15	
None		55		58	59			707	
Unknown	1	27		113	66	33		903	
Other outcomes									
Regained consciousness after ingesting DWDA medications		0		1		7		8	
Timing of DWDA event									
Duration (weeks) of patient-physician rela	ationship)							
Median	14			10	13		12		
Range	1 -	1220	0 -	1108	0 - 2	138	0 - 2138		
Patients with information available	1	87		175	1,2		1	,646	
Patients with information unknown		1		3	7	7	11		

	2019	2018	1998-2017	Total
Characteristics	(N=188)	(N=178)	(N=1,291)	(N=1,657)
Duration (days) between first request and	death			
Median	45	44	48	47
Range	15 - 1503	15 - 807	15 - 1009	15 - 1503
Patients with information available	187	178	1,291	1,656
Patients with information unknown	1	0	0	1
Minutes between ingestion and unconsciousness				
Median	5	5	5	5
Range	1 - 90	1 - 60	1 - 240	1 - 240
Patients with information available	119	96	659	874
Patients with information unknown	69	82	632	783
Time between ingestion and death				
Median (minutes)	51	31	26	30
Range	1min-47hrs	3min-18hrs	1min-104hrs	1min-104hrs
Patients with information available	127	99	673	899
Patients with information unknown	61	79	618	758

- 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 Includes deaths due to arthritis, arteritis, blood disease, complications from a fall, kidney failure, musculoskeletal system disorders, sclerosis, and stenosis.
- 4 First recorded in 2001. Since then, 67 patients (4.3%) have chosen not to inform their families, and 28 patients (1.8%) have had no family to inform. Information is unknown for 14 patients.
- 5 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.
- 6 Affirmative answers only ("Don't know" included in negative answers). Categories are not mutually exclusive.
- 7 First asked in 2003. Data available for 1,527 patients.
- 8 Information about complications is reported only when a physician or another health care provider is present at the time of death.

Table 2. Number of DWDA prescription recipients, DWDA deaths, and attending physicians, 1998-2019

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	290	188	112		
Total	2,518	1,657			

Table 3. Primary location of practice, DWDA physicians, 2019

		nding cians	Consulting physicians		
Region ²	N	(%)¹	N	(%)¹	
Metro counties (Clackamas, Multnomah, Washington)	47	(42.7)	83	(46.6)	
Northwest Oregon (excludes Metro counties)	36	(32.7)	55	(30.9)	
Southern Oregon	17	(15.5)	28	(15.7)	
Central Oregon / Columbia Gorge	7	(6.4)	10	(5.6)	
Eastern Oregon	3	(2.7)	2	(1.1)	
Unknown		2		3	

- 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, DWDA deaths, 2001-2019

Drug(%)	Total	Unknown duration		own ation	<1	hr	1-6 h	ours	>6 h	ours	Median	Mean	Range	Regained consciousness ⁵
Secobarbital ¹	791	402	389	(100.0)	293	(75.3)	69	(17.7)	27	(6.9)	25	137	2min - 83 hrs	5
Pentobarbital ¹	384	156	228	(100.0)	188	(82.5)	31	(13.6)	9	(3.9)	20	97	1min - 104 hrs	0
DDMP-2 ²	168	70	98	(100.0)	42	(42.9)	35	(35.7)	21	(21.4)	86	258	5min - 47 hrs	2
DDMA ³	87	25	62	(100.0)	31	(50.0)	30	(48.4)	1	(1.6)	58	83	1min - 19 hrs	0
DDMP-1 ²	71	47	24	(100.0)	12	(50.0)	7	(29.2)	5	(20.8)	67	203	10min - 21 hrs	0
Phenobarbital ⁴	65	43	22	(100.0)	4	(18.2)	13	(59.1)	5	(22.7)	73	439	20min - 72 hrs	0
Other	21	5	16	(100.0)	7	(43.8)	7	(43.8)	2	(12.5)	68	174	1min - 14 hrs	1
TOTAL	1,587	748	839	(100.0)	577	(68.8)	192	(22.9)	70	(8.3)	30	147	1min - 104 hrs	8

- 1 Pentobarbital has been unavailable for DWDA use since 2015; secobarbital since 2019.
- 2 DDMP is a combination of diazepam, digoxin, morphine sulfate, and propranolol. DDMP-1 contains 10g of morphine sulfate; DDMP-2 contains 15g.
- 3 DDMA is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.
- 4 Phenobarbital is dispensed as a combination of phenobarbital, chloral hydrate, and morphine sulfate.
- 5 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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