



**Public Health Division**  
Center for Health Statistics

# Oregon Death with Dignity Act

## 2025 Data Summary



# Acknowledgments

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Revised June 17, 2026: The data in the final column of Table 5 (“Regained consciousness”) were corrected.

For more information, see [www.healthoregon.org/dwd](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 2025, 637 people were reported to have received prescriptions under the DWDA. As of January 23, 2026, OHA had received reports of 400 people who died in 2025 from ingesting the prescribed medications, including 42 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 (88%) and white (94%). The most common diagnosis was cancer (61%), followed by neurological disease (14%) and heart disease (11%). OHA made no referrals to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

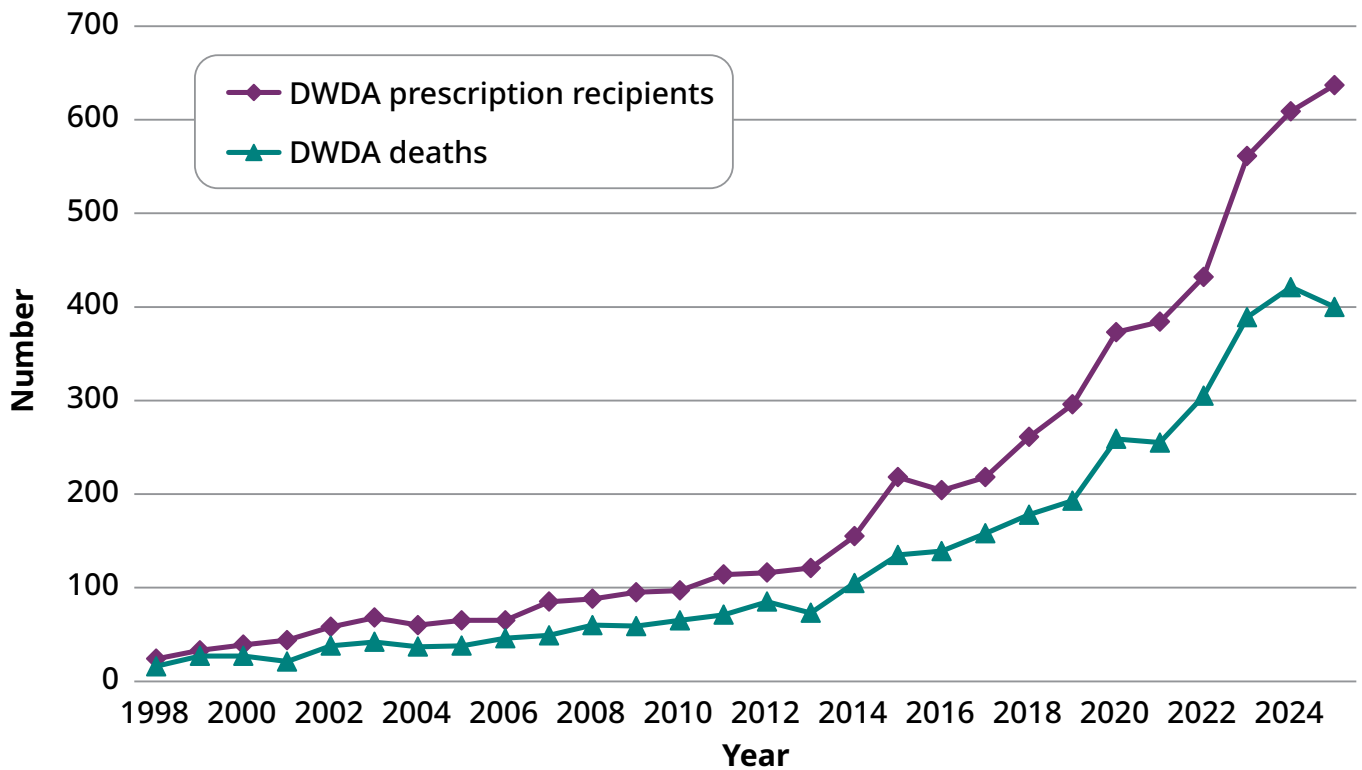
# Introduction

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 23, 2026. More information on the reporting process, required forms and annual reports is available at [www.healthoregon.org/dwd](http://www.healthoregon.org/dwd).

**Figure 1: DWDA prescription recipients and deaths\*, by year, Oregon, 1998–2025**



\* As of January 23, 2026  
 See [Table 2](#) for detailed information.  
 Since 2023, non-residents can also receive prescriptions.

# Participation summary and trends

During 2025, 637 people received prescriptions for lethal doses of medications under the provisions of the Oregon DWDA, compared to 609 reported during 2024 ([Figure 1](#)). As of January 23, 2026, OHA had received reports of 400 people who died during 2025 from ingesting the medications prescribed under the DWDA, a slight decrease from 421 in 2024. Of these deaths, 24 patients (6% of DWDA deaths) had outlived their prognosis – that is, lived more than six months after receiving their prescription.

Since the law was passed in 1997, a total of 5,520 people have received prescriptions under the DWDA and 3,691 people (67%) have died from ingesting the medications. During 2025, DWDA deaths accounted for an estimated 1.0% of total deaths in Oregon.\*

In 2023, the Act was amended to remove the residency requirement for patients receiving medical aid in dying. To track the number of prescriptions written for patients living outside of Oregon, OHA began collecting basic residence information (resident vs. non-resident) for each patient at the time the prescription was received.† In 2025, 37 prescription recipients (6%) lived outside of Oregon, an increase from 24 (4%) in 2024.

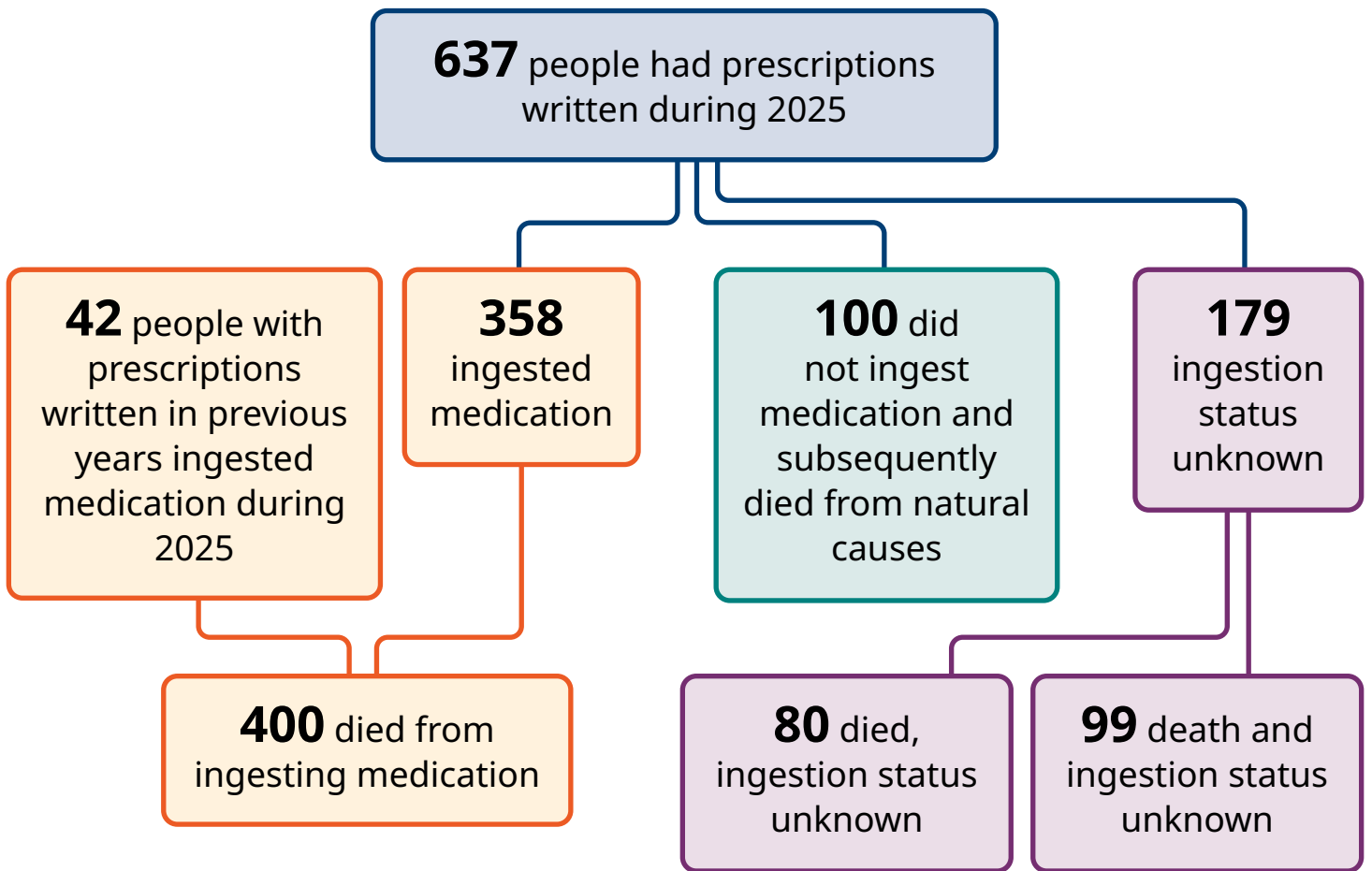
[Figure 2](#) shows a summary of DWDA prescriptions written and medications ingested. Of the 637 patients for whom prescriptions were written during 2025, 358 (56%) died from ingesting the medication. An additional 100 (16%) did not take the medications and later died of other causes. At the time of reporting, ingestion status was unknown for 179 patients (28%). Of these, 80 patients have died but follow-up information is not yet available. For the remaining 99 patients, both death and ingestion status are not yet known ([Figure 2](#)).

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\* The percentage of total deaths is calculated using the estimated number of deaths occurring in Oregon in 2025, as of February 1, 2026 (42,284).

† Previously, residence information was collected from the patient's death certificate. However, OHA has no ability to obtain notice of deaths for patients who die outside of Oregon and are not Oregon residents.

**Figure 2: Summary of DWDA prescriptions written and medications ingested in 2025, as of January 23, 2026**



# Patient characteristics

[Table 1](#) shows the characteristics and end-of-life care for 2025 DWDA deaths, updated data for 2024 DWDA deaths, combined data for 1998–2023 DWDA deaths, and total DWDA deaths. Of the 400 DWDA deaths during 2025, most patients were white (94%), and most (88%) were aged 65 years or older, with a median age of 76 years. Just over half of patients were female (54%), and half had a bachelor's degree or higher (50%). Patients' most common underlying illness was cancer (61%), followed by neurological disease (14%) and heart disease (11%).

Most patients died at home (80%), and most were enrolled in hospice care (92%). Excluding unknown cases, all patients had some form of health insurance. The percentage of patients with private insurance (22%) and those with Medicare or Medicaid insurance (79%) were unchanged from 2024.

As in previous years, the three most frequently reported end-of-life concerns were loss of autonomy (89%), decreasing ability to participate in activities that made life enjoyable (89%), and loss of dignity (65%).

## DWDA process

A total of 155 physicians wrote 637 prescriptions during 2025. The number of prescriptions per physician ranged from 1 to 101, with 71% of physicians writing only one or two prescriptions ([Table 3](#)). Around half of attending and consulting physicians practiced in the Portland metropolitan area (50% and 47%, respectively), while fewer than 30% practiced in the other northwestern counties ([Table 4](#)). Two patients who qualified for the DWDA were referred for psychological or psychiatric evaluation. During 2025, 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 2025, 193 patients (30% of DWDA prescription recipients) were granted exemptions.

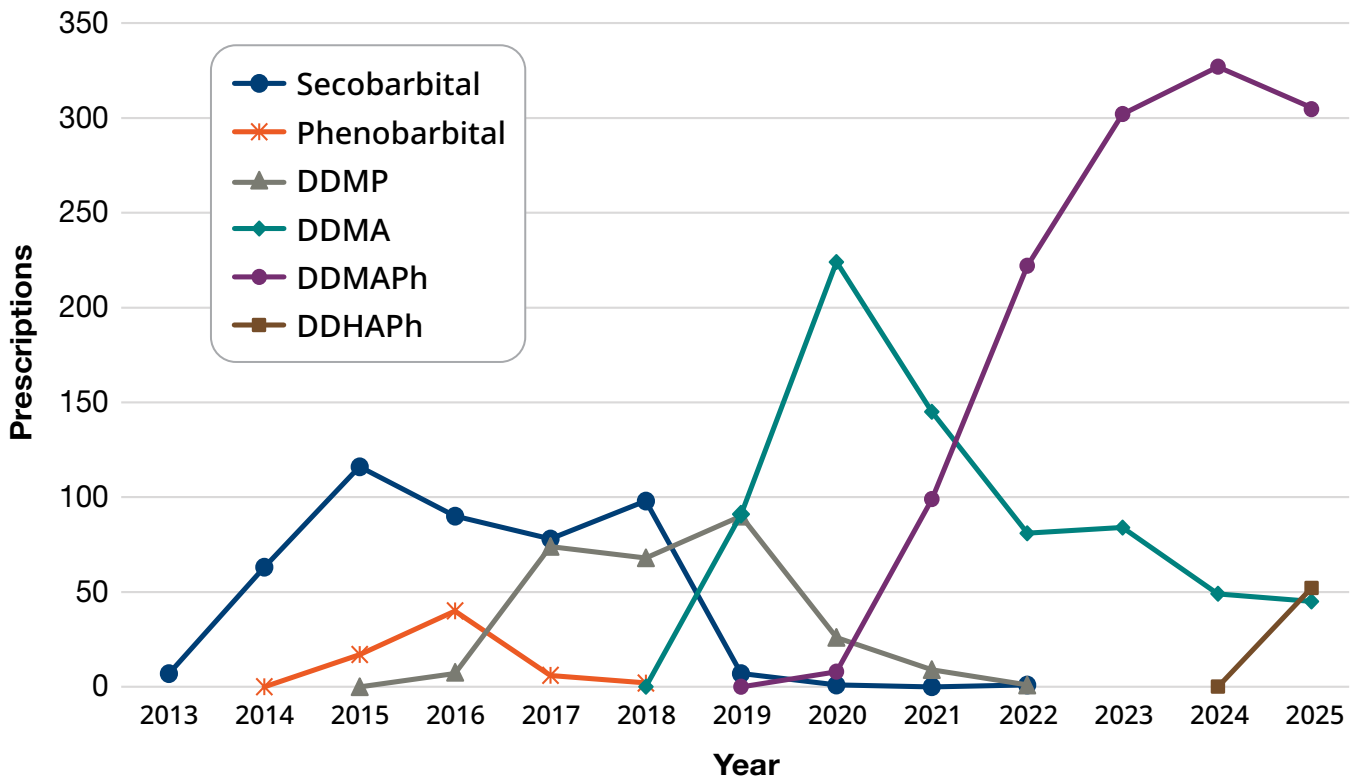
Prescribing physicians were present at time of death for 54 (14%) of the patients who ingested DWDA medications. Sixty-two patients (20%) had other health care providers present, and volunteers were present for 111 deaths (36%). Data on time from ingestion to death are available for 291 DWDA deaths (73%) during 2025.\* Among those patients, time from ingestion until death ranged from three minutes to 123 hours, with a median time of 46 minutes ([Table 1](#)).

The drug combination DDMAPh (containing diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital) was prescribed for 75% of DWDA patients in 2025. It has been the most frequently prescribed drug combination since 2022. A new drug combination, DDHAPh (replacing the morphine sulfate in DDMAPh with hydromorphone), was prescribed for 13% of DWDA patients. Physicians sometimes prescribed high-dose DDMAPh or DDHAPh, which increases the amount of phenobarbital or diazepam. A third drug combination, DDMA (containing diazepam, digoxin, morphine sulfate, and amitriptyline), has been used since 2019 and accounted for the remaining 12% of DWDA prescriptions.

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

**Figure 3: Medication used in DWDA ingestions, 2013–2025\***



\* See [Table 5 footnotes](#) for definitions of the drug combination abbreviations.

[Table 5](#) shows the duration from ingestion to death by medication prescribed for all known cases. Median time until death was slightly shorter after the new drug combination DDHAPh (45 minutes) than after DDMAPh or DDMA (50 minutes each). The mean duration until death was also shorter for DDHAPh (105 minutes) than for DDMAPh (137 minutes), but slightly longer than DDMA (99 minutes). It must be emphasized that more data are needed before drawing firm conclusions about the efficacy of DDHAPh. Data on time until death were available for only 37 patients who ingested DDHAPh. All drug combinations have shown longer median times until death than the barbiturates secobarbital and pentobarbital, which are no longer readily available.

# Data tables

**Table 1. Characteristics and end-of-life care of 3,691 DWDA patients who have died from ingesting a lethal dose of medication as of January 23, 2026, Oregon, 1998–2025**

Characteristics	2025		2024		1998–2023		Total	
	(N=400)		(N=421)		(N=2,870)		(N=3,691)	
Sex	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
Male	186	(46.5)	225	(53.4)	1,524	(53.1)	1,935	(52.4)
Female	214	(53.5)	196	(46.6)	1,346	(46.9)	1,756	(47.6)
Age	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
18–34	2	(0.5)	2	(0.5)	14	(0.5)	18	(0.5)
35–44	2	(0.5)	9	(2.1)	48	(1.7)	59	(1.6)
45–54	9	(2.3)	16	(3.8)	153	(5.3)	178	(4.8)
55–64	34	(8.5)	45	(10.7)	444	(15.5)	523	(14.2)
65–74	132	(33.0)	124	(29.5)	883	(30.8)	1,139	(30.9)
75–84	145	(36.3)	132	(31.4)	829	(28.9)	1,106	(30.0)
85+	76	(19.0)	93	(22.1)	499	(17.4)	668	(18.1)
Median years (range)	76	(22–103)	75	(21–101)	73	(25–102)	74	(21–103)
Race and ethnicity	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
White	374	(94.2)	387	(91.9)	2,749	(96.0)	3,510	(95.3)
African American	1	(0.3)	1	(0.2)	4	(0.1)	6	(0.2)
American Indian	1	(0.3)	3	(0.7)	8	(0.3)	12	(0.3)
Asian	9	(2.3)	13	(3.1)	45	(1.6)	67	(1.8)
Pacific Islander	1	(0.3)	0	(0.0)	2	(0.1)	3	(0.1)
Other	2	(0.5)	4	(1.0)	8	(0.3)	14	(0.4)
Two or more races	4	(1.0)	2	(0.5)	11	(0.4)	17	(0.5)
Hispanic (any race)	5	(1.3)	11	(2.6)	38	(1.3)	54	(1.5)
<i>Unknown</i>	3		0		5		8	
Marital status	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
Married (including Registered Domestic Partner)	172	(43.5)	170	(40.7)	1,313	(46.0)	1,655	(45.1)
Widowed	91	(23.0)	94	(22.5)	605	(21.2)	790	(21.5)

Characteristics	2025		2024		1998–2023		Total	
	(N=400)		(N=421)		(N=2,870)		(N=3,691)	
Never married	36	(9.1)	36	(8.6)	226	(7.9)	298	(8.1)
Divorced	96	(24.3)	118	(28.2)	712	(24.9)	926	(25.2)
<i>Unknown</i>	5		3		14		22	
<b>Education</b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>
8th grade or less	5	(1.3)	2	(0.5)	39	(1.4)	46	(1.3)
9th–12th grade, no diploma	12	(3.0)	12	(2.9)	103	(3.6)	127	(3.5)
High school graduate/ GED	79	(20.0)	106	(25.5)	626	(22.0)	811	(22.2)
Some college	66	(16.7)	74	(17.8)	570	(20.0)	710	(19.4)
Associate degree	34	(8.6)	32	(7.7)	229	(8.0)	295	(8.1)
Bachelor's degree	92	(23.3)	90	(21.7)	675	(23.7)	857	(23.4)
Master's degree	73	(18.5)	58	(14.0)	394	(13.8)	525	(14.3)
Doctorate or professional degree	34	(8.6)	41	(9.9)	213	(7.5)	288	(7.9)
<i>Unknown</i>	5		6		21		32	
<b>Residence county / region<sup>2</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>
Clackamas	35	(8.8)	44	(10.5)	276	(9.7)	355	(9.6)
Deschutes	29	(7.3)	37	(8.8)	151	(5.3)	217	(5.9)
Jackson	28	(7.0)	23	(5.5)	187	(6.5)	238	(6.5)
Lane	47	(11.8)	44	(10.5)	312	(10.9)	403	(11.0)
Marion	20	(5.0)	29	(6.9)	244	(8.5)	293	(8.0)
Multnomah	78	(19.5)	73	(17.3)	625	(21.9)	776	(21.1)
Washington	39	(9.8)	42	(10.0)	292	(10.2)	373	(10.1)
Other northwest counties	52	(13.0)	57	(13.5)	433	(15.1)	542	(14.7)
Other southern counties	28	(7.0)	37	(8.8)	209	(7.3)	274	(7.4)
Central Oregon/ Columbia Gorge	9	(2.3)	7	(1.7)	54	(1.9)	70	(1.9)
Eastern Oregon	5	(1.3)	5	(1.2)	47	(1.6)	57	(1.5)
Out of state	30	(7.5)	23	(5.5)	29	(1.0)	82	(2.2)
<i>Unknown</i>	0		0		11		11	

Characteristics	2025		2024		1998–2023		Total	
	(N=400)		(N=421)		(N=2,870)		(N=3,691)	
End-of-life care	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
Hospice								
Enrolled	367	(91.8)	384	(91.2)	2,580	(91.0)	3,331	(91.1)
Not enrolled	33	(8.3)	37	(8.8)	256	(9.0)	326	(8.9)
Unknown	0		0		34		34	
Insurance								
Private	65	(21.5)	64	(21.5)	915	(37.7)	1,044	(34.4)
Medicare, Medicaid or Other Governmental	238	(78.5)	234	(78.5)	1,496	(61.6)	1,968	(64.9)
None	0	(0.0)	0	(0.0)	19	(0.8)	19	(0.6)
Unknown	97		123		440		660	
Underlying illness	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
<b>Cancer</b>	<b>245</b>	<b>(61.3)</b>	<b>250</b>	<b>(59.4)</b>	<b>2,033</b>	<b>(70.8)</b>	<b>2,528</b>	<b>(68.5)</b>
Lip, oral cavity, and pharynx	7	(1.8)	10	(2.4)	59	(2.1)	76	(2.1)
Digestive organs	61	(15.3)	69	(16.4)	554	(19.3)	684	(18.5)
<i>Pancreas</i>	24	(6.0)	19	(4.5)	194	(6.8)	237	(6.4)
<i>Colon</i>	13	(3.3)	11	(2.6)	118	(4.1)	142	(3.8)
<i>Other digestive organs</i>	24	(6.0)	39	(9.3)	242	(8.4)	305	(8.3)
Respiratory and intrathoracic organs	33	(8.3)	44	(10.5)	391	(13.6)	468	(12.7)
<i>Lung and bronchus</i>	32	(8.0)	42	(10.0)	370	(12.9)	444	(12.0)
<i>Other respiratory and intrathoracic organs</i>	1	(0.3)	2	(0.5)	21	(0.7)	24	(0.7)
Melanoma and other skin	11	(2.8)	4	(1.0)	57	(2.0)	72	(2.0)
Mesothelial and soft tissue	4	(1.0)	6	(1.4)	52	(1.8)	62	(1.7)
Breast	17	(4.3)	22	(5.2)	170	(5.9)	209	(5.7)
Female genital organs	21	(5.3)	20	(4.8)	159	(5.5)	200	(5.4)
Prostate	15	(3.8)	21	(5.0)	135	(4.7)	171	(4.6)
Urinary tract	12	(3.0)	10	(2.4)	82	(2.9)	104	(2.8)

Characteristics	2025		2024		1998–2023		Total	
	(N=400)		(N=421)		(N=2,870)		(N=3,691)	
Eye, brain, central nervous system	19	(4.8)	12	(2.9)	95	(3.3)	126	(3.4)
<i>Brain</i>	18	(4.5)	11	(2.6)	88	(3.1)	117	(3.2)
<i>Eye and central nervous system</i>	1	(0.3)	1	(0.2)	7	(0.2)	9	(0.2)
Thyroid and other endocrine	1	(0.3)	3	(0.7)	10	(0.3)	14	(0.4)
Ill-defined, secondary, and unspecified sites	17	(4.3)	9	(2.1)	79	(2.8)	105	(2.8)
Lymphoma and leukemia	17	(4.3)	12	(2.9)	127	(4.4)	156	(4.2)
Other cancers	10	(2.5)	8	(1.9)	63	(2.2)	81	(2.2)
<b>Neurological disease</b>	<b>56</b>	<b>(14.0)</b>	<b>60</b>	<b>(14.3)</b>	<b>313</b>	<b>(10.9)</b>	<b>429</b>	<b>(11.6)</b>
Amyotrophic lateral sclerosis	30	(7.5)	24	(5.7)	206	(7.2)	260	(7.0)
Other neurological diseases	25	(6.3)	36	(8.6)	107	(3.7)	168	(4.6)
<b>Heart/circulatory disease</b>	<b>45</b>	<b>(11.3)</b>	<b>46</b>	<b>(10.9)</b>	<b>206</b>	<b>(7.2)</b>	<b>297</b>	<b>(8.0)</b>
<b>Respiratory disease [e.g., COPD]</b>	<b>26</b>	<b>(6.5)</b>	<b>31</b>	<b>(7.4)</b>	<b>183</b>	<b>(6.4)</b>	<b>240</b>	<b>(6.5)</b>
<b>Endocrine/metabolic disease [e.g., diabetes]</b>	<b>12</b>	<b>(3.0)</b>	<b>10</b>	<b>(2.4)</b>	<b>40</b>	<b>(1.4)</b>	<b>62</b>	<b>(1.7)</b>
<b>Genitourinary disease [e.g., kidney disease]</b>	<b>4</b>	<b>(1.0)</b>	<b>5</b>	<b>(1.2)</b>	<b>14</b>	<b>(0.5)</b>	<b>23</b>	<b>(0.6)</b>
<b>Gastrointestinal disease [e.g., liver disease]</b>	<b>3</b>	<b>(0.8)</b>	<b>7</b>	<b>(1.7)</b>	<b>31</b>	<b>(1.1)</b>	<b>41</b>	<b>(1.1)</b>
<b>Infectious disease [e.g., HIV/AIDS]</b>	<b>2</b>	<b>(0.5)</b>	<b>2</b>	<b>(0.5)</b>	<b>18</b>	<b>(0.6)</b>	<b>22</b>	<b>(0.6)</b>
<b>Other illnesses</b>	<b>7</b>	<b>(1.8)</b>	<b>10</b>	<b>(2.4)</b>	<b>32</b>	<b>(1.1)</b>	<b>49</b>	<b>(1.3)</b>
<b>DWDA process</b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>
Outlived 6-month prognosis	24	(6.0)	25	(5.9)	123	(4.3)	172	(4.7)
Referred for psychiatric evaluation	2	(0.5)	4	(1.0)	77	(2.7)	83	(2.9)
Patient informed family of decision <sup>3</sup>	363	(94.0)	388	(94.9)	2,619	(96.0)	3,370	(95.6)

Characteristics	2025		2024		1998–2023		Total	
	(N=400)		(N=421)		(N=2,870)		(N=3,691)	
Patient died at								
Home (patient, family or friend)	318	(79.7)	353	(83.8)	2,634	(92.0)	3,305	(89.7)
Assisted living or foster care facility	35	(8.8)	38	(9.0)	148	(5.2)	221	(6.0)
Nursing home	0	(0.0)	1	(0.2)	22	(0.8)	23	(0.6)
Hospital	4	(1.0)	3	(0.7)	8	(0.3)	15	(0.4)
Hospice facility	12	(3.0)	12	(2.9)	11	(0.4)	35	(1.0)
Other	30	(7.5)	14	(3.3)	41	(1.4)	85	(2.3)
<i>Unknown</i>	<i>1</i>		<i>0</i>		<i>6</i>		<i>7</i>	
Lethal medication <sup>4</sup>								
DDMAPh	301	(75.3)	366	(86.9)	635	(22.1)	1,302	(35.3)
DDHAPh	53	(13.3)	0	(0.0)	0	(0.0)	53	(1.4)
DDMA	46	(11.5)	55	(13.1)	625	(21.8)	726	(19.7)
DDMP	0	(0.0)	0	(0.0)	285	(9.9)	285	(7.7)
Secobarbital	0	(0.0)	0	(0.0)	857	(29.9)	857	(23.2)
Pentobarbital	0	(0.0)	0	(0.0)	386	(13.4)	386	(10.5)
Phenobarbital	0	(0.0)	0	(0.0)	65	(2.3)	65	(1.8)
Other	0	(0.0)	0	(0.0)	17	(0.6)	17	(0.5)
<b>End-of-life concerns<sup>5</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>	<b>N</b>	<b>(%)<sup>1</sup></b>
Losing autonomy	356	(89.0)	371	(88.1)	2,593	(90.3)	3,320	(89.9)
Less able to engage in activities making life enjoyable	356	(89.0)	368	(87.4)	2,572	(89.6)	3,296	(89.3)
Loss of dignity <sup>6</sup>	260	(65.0)	263	(62.5)	1,923	(70.2)	2,446	(68.7)
Losing control of bodily functions	212	(53.0)	197	(46.8)	1,268	(44.2)	1,677	(45.4)
Burden on family, friends/caregivers	159	(39.8)	174	(41.3)	1,353	(47.1)	1,686	(45.7)
Inadequate pain control, or concern about it	148	(37.0)	144	(34.2)	829	(28.9)	1,121	(30.4)
Financial implications of treatment	24	(6.0)	38	(9.0)	158	(5.5)	220	(6.0)

Characteristics	2025		2024		1998–2023		Total	
	(N=400)		(N=421)		(N=2,870)		(N=3,691)	
<b>Health care provider present (collected since 2001)</b>	<b>(N=400)</b>		<b>(N=421)</b>		<b>(N=2,798)</b>		<b>(N=3,619)</b>	
When medication was ingested								
Prescribing physician	72	(23.2)	77	(25.3)	440	(27.4)	589	(26.5)
Other provider, prescribing physician not present	62	(20.0)	65	(21.4)	553	(34.4)	680	(30.6)
Volunteer	111	(35.8)	98	(32.2)	316	(19.7)	525	(23.6)
No provider or volunteer	65	(21.0)	64	(21.1)	299	(18.6)	428	(19.3)
<i>Unknown</i>	90		117		1,190		1,397	
At time of death								
Prescribing physician	54	(13.5)	59	(14.0)	384	(13.8)	497	(13.8)
Other provider, prescribing physician not present	70	(17.5)	78	(18.5)	581	(20.9)	729	(20.3)
Volunteer	99	(24.8)	87	(20.7)	306	(11.0)	492	(13.7)
No provider or volunteer	177	(44.3)	197	(46.8)	1,504	(54.2)	1,878	(52.2)
<i>Unknown</i>	0		0		23		23	
<b>Complications<sup>7</sup></b>	<b>(N=400)</b>		<b>(N=421)</b>		<b>(N=2,870)</b>		<b>(N=3,691)</b>	
Difficulty ingesting/ regurgitated	7		7		52		66	
Seizures	0		1		4		5	
Other	0		1		19		20	
None	113		117		1,010		1,240	
<i>Unknown</i>	280		295		1,785		2,360	
<b>Other outcomes</b>								
Regained consciousness after ingesting DWDA medications	0		0		9		9	

Characteristics	2025	2024	1998–2023	Total
	(N=400)	(N=421)	(N=2,870)	(N=3,691)
<b>Timing of DWDA event</b>				
Duration (weeks) of patient-physician relationship				
Median	4	5	9	8
Range	0–789	0–1,272	0–2,138	0–2,138
<i>Patients with information available</i>	400	421	2,848	3,669
<i>Patients with information unknown</i>	0	0	22	22
Duration (days) between first request and death				
Median	24	27	39	36
Range	0–2,529	1–727	0–1,859	0–2,529
<i>Patients with information available</i>	395	421	2,868	3,684
<i>Patients with information unknown</i>	5	0	2	7
Duration (minutes) between ingestion and unconsciousness				
Median	5	5	5	5
Mean	6	7	7	7
Range	1–30	1–180	0–488	0–488
<i>Patients with information available</i>	282	260	1,558	2,100
<i>Patients with information unknown</i>	118	161	1,312	1,591
Duration (minutes) between ingestion and death				
Median	46	54	35	40
Mean	158	124	131	134
Range	3min–123hrs	7min–26hrs	1min–137hrs	1min–137hrs
<i>Patients with information available</i>	291	273	1,627	2,191
<i>Patients with information unknown</i>	109	148	1,243	1,500

## Table 1 footnotes

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.  
**Other southern counties:** 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, 154 patients (4.3%) have chosen not to inform their families, and 72 patients (2.0%) have had no family to inform. Information is unknown for 25 patients.
- 4 **DDMAPh** is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital.  
**DDHAPh** is a combination of diazepam, digoxin, hydromorphone, amitriptyline, and phenobarbital.  
**DDMA** is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.  
**DDMP** is a combination of diazepam, digoxin, morphine sulfate, and propranolol.  
**Phenobarbital** was 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 3,562 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, 1998–2025**

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	432	305	144
2023	561	389	165
2024	609	421	132
2025	637	400	155
<b>Total</b>	<b>5,520</b>	<b>3,691</b>	

**Table 3. Prescriptions written per attending physician, 2025**

	N	(%)
1-2 prescriptions	110	(71.0)
3-10 prescriptions	28	(18.1)
11-20 prescriptions	12	(7.7)
21 or more	5	(3.2)

**Table 4. Primary location of practice, DWDA physicians, 2025**

Region <sup>2</sup>	Attending physicians		Consulting physicians	
	N	(%) <sup>1</sup>	N	(%) <sup>1</sup>
Metro counties (Clackamas, Multnomah, Washington)	76	(49.7)	112	(46.9)
Northwest Oregon (excludes Metro counties)	42	(27.5)	62	(25.9)
Southern Oregon	23	(15.0)	42	(17.6)
Central Oregon / Columbia Gorge	7	(4.6)	18	(7.5)
Eastern Oregon	5	(3.3)	5	(2.1)
<i>Unknown</i>	2		2	

**Table 4 footnotes**

- 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 5. Duration between ingestion and death by drug(s) prescribed, DWDA deaths, 2001–2025**

Drug(s) prescribed	Total	Unknown duration	Known duration	<1 hour (%) <sup>1</sup>		1–6 hours (%) <sup>1</sup>		>6 hours (%) <sup>1</sup>		Median (minutes)	Mean (minutes)	Range	Regained consciousness <sup>2</sup>
DDMAPh <sup>3</sup>	1,302	458	844	477	(56.5)	307	(36.4)	60	(7.1)	50	137	5 min – 137 hrs	0
DDMA <sup>4</sup>	726	263	463	252	(54.4)	198	(42.8)	13	(2.8)	50	99	1 min – 102 hrs	1
Secobarbital <sup>5</sup>	790	403	387	292	(75.5)	69	(17.8)	26	(6.7)	25	135	2 min – 83 hrs	5
Pentobarbital <sup>5</sup>	384	156	228	188	(82.5)	31	(13.6)	9	(3.9)	20	97	1 min – 104 hrs	0
DDMP <sup>6</sup>	285	145	140	61	(43.6)	49	(35.0)	30	(21.4)	85	243	2 min – 47 hrs	2
DDHAPh <sup>7</sup>	53	16	37	26	(70.3)	9	(24.3)	2	(5.4)	45	105	10 min – 26 hrs	0
Phenobarbital <sup>8</sup>	65	43	22	4	(18.2)	13	(59.1)	5	(22.7)	73	439	20 min – 72 hrs	0
Other	16	6	10	6	(60.0)	2	(20.0)	2	(20.0)	24	216	5 min – 18 hrs	0
<b>Total</b>	<b>3,621</b>	<b>1,490</b>	<b>2,131</b>	<b>1,306</b>	<b>(61.3)</b>	<b>678</b>	<b>(31.8)</b>	<b>147</b>	<b>(6.9)</b>	<b>40</b>	<b>134</b>	<b>1 min – 137 hrs</b>	<b>9</b>

**Table 5 footnotes**

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

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