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DIGNITY from page 1A

doesn't work, this is impossible to do, so we want to change the wording so people that are unable to move have a way to do this," Yelle said. "We also want to change the definition of 'self-administered' to include other delivery methods than just taking the medication orally."

Yelle has been given a terminal diagnosis by physicians. However, the precise timeline for his demise is unclear, which makes preparing to initiate the protocols for ending his life difficult.

Yelle is nearly blind and has Parkinson's Disease. He has also been diagnosed with diabetes, suffers from mem-

Siuslaw News Garage Sale GUIDE

Fri.-Sat. 3/29-3/30
9am-4pm
Spruce Point
375 9th Street

Outside unless rain, then moved inside.
All proceeds go to Vietnam, The Wall that Heals

ESTATE SALE

3/22-23, 9AM-3PM
2226 Primrose

Liquidating contents of beautiful home chock full of lovely and useful things. Upscale, better brand furniture, antiques, decor and accessories, books, office supplies, gourmet kitchen utensils, king and full beds, outdoor furniture, many one-of-a-kind treasures from a lifetime of extensive travel. Garage is packed and shelving will be available. This is a fabulous sale! All sales are final. Local delivery available. Credit cards accepted. Directions: Spruce to 12th, left on Upas, right on 13th, left on Primrose. House is at end of street. Do not park in cul-de-sac. Photos at CindyWobbeEstates.com.

ory loss and has serious circulatory issues. These medical problems impact Yelle every day and the severity of the symptoms associated with these conditions will only increase as time passes. Unfortunately, there is no way to know how or when these symptoms will become so difficult that Yelle will wish to avail himself of the option provided by DWDA to end his own life.

The prospect of a lingering slide towards senility and loss of control over bodily functions loom large as he considers his ultimate demise.

"I do not want to live if I am senile or if I can't live with dignity and I have to be taken care of 24/7," Yelle said. "I don't want to have to suffer the humiliation of being toileted and fed and cleaned up after, and I want to decide when my life has gotten to the point where I want it to end. The way the current law is written would not let me decide that."

Yelle's medical prognosis holds no promise of improvement, as all options for recovery or diminishment of his symptoms have been explored and rejected as ineffective. His uncertainty about the rate of the decline of his faculties prevents him from utilizing the protocols currently in place to assure he has the ability to decide to die before becoming completely incapacitated.

The law that allows legal, supervised ingestion of medication to slowly stop an individual's heart from beating is specific and connected to the timing associated with the expectation of death. There must be a diagnosis that gives a patient six months or less to live in order to be eligible to receive the medication necessary to end one's life.

Yelle's prognosis is a slow decline into senility, and there is no way of knowing when he will have only six months to live. He wants to be able to put his desires regarding the timing of his death in place before he is unable to think or communicate to others his desire to end his life.

However, Yelle's situation is not unique. After receiving calls and letters from others with similar situations, he started a non-profit advocacy group called "End Choices." Since then, he has accepted a number of speaking engagements and given informational presentations to seniors and their caregivers to help with confusion surrounding Death with Dignity issues.

His non-profit has received financial support of thousands of dollars and dozens have joined in his efforts to modify the current wording in the act.

Yelle's testimony in Salem was just one presentation that was heard by the Health Care Committee, but his was the only voice raised in support of the bill, Yelle reported.

There were a number of religiously affiliated organizations that spoke in opposition to the bill, primarily to oppose any legislation that reinforces Oregon's DWDA.

"I was the only person representing senior citizens and disabled that spoke. In fact, I was the only disabled person that spoke. Most of the other speakers were from national organizations with lots of money at stake. The big three were there, of course, the Catholic Church, Right to Die and Compassionate Choices," Yelle said. "They spoke ahead of me and none of the people that spoke against the bill were disabled or seemed to care that this will help people that are dying and are trying to do so with dignity. I think they just don't care because there is a lot of money to be made keeping people alive, even when they don't want to continue living."

Yelle made the trip to Salem in the hope that he would be able to convince legislators to support HB 2217, but he realizes that is unlikely, considering the public relations battle he is fighting with relatively little money compared to his opponents.

"I knew this would be hard, I just never thought so many people would oppose something that will help so many people. I guess that's what happens when people care more about money than other people," Yelle said.

DWDA allows terminally ill Oregon residents to obtain and use prescriptions from their physicians for self-administered, lethal medications. Under the Act, ending one's life in accordance with the law does not constitute suicide. The DWDA specifically prohibits euthanasia, where a physician or other person directly administers a medication to end another's life.

For more information, visit Oregon Health Authority online.



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