Morphine ends life of terminally ill patient:

A terminally ill adult patient is in great pain and requests morphine. His physician administers so high a dose of the drug that it slows the patient’s breathing and the patient dies. The patient and the physician knew this would likely happen.

It is not necessarily certain that a high dose of morphine administered for adequate pain control will likely cause death through depression of respiration, particularly if the patient has built up a tolerance, but for the sake of argument let’s assume this is so. This scenario could be interpreted as an implicit form of physician-assisted suicide if the patient requested the morphine with the understanding of the likely consequences. Or if the physician knew the likely consequences but the patient did not, this scenario might portray an instance of mercy-killing.

What complicates the situation is the question of intent. Some ethicists might argue that the intent was not to kill but to relieve pain, and so the physician therefore did nothing impermissible (this argument draws upon accepting the principle of double effect). However, it could be argued, if the same dose were given for pain relief to a patient not terminally ill, the death of that patient would raise serious moral and legal questions about negligence and the physician not fulfilling a duty not to harm the patient. Some (including those who object to the principle of double effect) would claim the intent was clearly to kill the patient and to argue otherwise is disingenuous. And some ethicists would interpret this scenario as a clear instance of murder and therefore morally wrong.