A terminally ill adult patient kills himself by overdosing on sleeping pills that were prescribed by a physician specifically for that purpose.

This may be interpreted as physician-assisted suicide and perhaps few physicians would agree to this. (Physician-assisted suicide is legal only in some jurisdictions, such as the Netherlands and Oregon, and there may be strict controls on the practice even where it is legal.)

Suicide per se, is morally controversial, but the controversy is over whether it is proper for a physician to assist in it for a terminally ill, impaired, or suffering patient who wants it. Those who believe this is morally permissible would appeal to the principle of respect for patient autonomy. A patient's quality of life can become so poor that living is worse than not living and the patient has a right to decide to die. It could also be argued that people in this situation who don't have the capability to commit the act without help, for example because of severe impairment, are in a sense "discriminated" against. The physician can justify the assistance on the ground that in such dire circumstances it benefits the patient and also by the fact that the physician is not actually killing anyone; it is the decision and act of the patient.

Those who are against physician-assisted suicide claim the physician has an obligation not to harm the patient, as they claim this does, physicians are suppose to work to preserve life rather than end it, people in such situations often do not have true decision-making capacity because their judgment is impaired, and it sets a dangerous precedent that might lead to abuse. For example, there could be pressure put on the patient to kill him or herself early and spare the family expenses.

There is also some evidence that those who are terminally ill and want to kill themselves are often depressed, whereas those who are terminally ill and who are not depressed usually do not want to kill themselves. This suggests that the desire to kill oneself even in such situations has something to do with the depression, and not just the terminal nature of the illness, and it also suggests that if the depression were treated a patient might change his or her mind about wanting to end life.