**Patient requests withdrawing ventilator:**

At his request, a severely impaired adult patient who depends on a respirator is disconnected so that he may die.

A terminally-ill patient asking to be disconnected would be an instance of voluntary, other-administered, passive euthanasia. There is considerable sentiment among ethicists in support of this type of decision being made by a terminally ill person, or someone of advanced age, who senses they are near death and does not wish to prolong their life a trivial amount by increasingly sophisticated life-supporting technology. This is the type of reasoning behind DNR (do not resuscitate) / DNAR (do not attempt resuscitation) orders. Many people would not wish to call such cases instances of euthanasia at all.

However, the above scenario is about a patient with severe physical impairments or disabilities rather than a patient with a terminal disease.

If the patient has decision-making capacity, then it could be argued that respect for patient autonomy means morally (and legally) the patient has the right to refuse any treatment. It may be the perspective of the patient that his or her quality of life is so low that life is not worth living. Disability advocates would raise the point that the patient is suffering from a significant impairment, but it is the way society is structured that results in such an impairment translating into such disability. The wish for death among an individual not in extreme pain or terminally ill raises the possibility of depression. Healthcare professionals and social workers would want to investigate the situation of the particular patient to see if the depression can be treated and the individual’s quality of life rose.