IN THE HIGH COURT OF KARNATAKA AT BENGALURU

DATED THIS THE 1ST DAY OF JUNE, 2026

BEFORE

THE HON'BLE MR. JUSTICE SURAJ GOVINDARAJ

WRIT PETITION NO. 16035 OF 2026 (GM-RES)

BETWEEN:

SMT. XXXXXXXXXX
XXXXXXXXXXXXX,
XXXXXXXXXXXXX,
XXXXXXXXXXXXX,
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XXXXXXXXXXXXX,
XXXXXXXXXXXXX
XXXXXXXXXXXXX,
XXXXXXXXXXXXX.

...PETITIONER

(BY SRI. RAVISHANKAR G S., ADVOCATE)

AND:

1. STATE OF KARNATAKA
   DEPARTMENT OF HEALTH AND FAMILY WELFARE,
   VIKASASOUDHA
   BANGALORE - 560001
   REPRESENTED BY ITS PRINCIPAL SECRETARY

2. UNION OF INDIA
   DEPARTMENT OF HEALTH AND FAMILY WELFARE,
   ROOM NO.S 211-D, NIRMAN BHAWAN,
   NEW DELHI - 110 011
   REPRESENTED BY ITS SECRETARY

...RESPONDENTS

(BY SRI. V.G. BHANUPRAKASH., AAG FOR
SRI. MOHAMMED JAFFAR SHAH., AGA FOR R1;
SRI. ARAVIND KAMATH., ASGI FOR
SMT. SADHANA S. DESAI., CGC FOR R2)

THIS WRIT PETITION IS FILED UNDER ARTICLES 226 AND 227 OF THE CONSTITUTION OF INDIA PRAYING TO ISSUE A WRIT/DIRECTION/PERMISSION TO THE PETITIONER TO MEDICALLY TERMINATE HER PREGNANCY, THE LENGTH OF WHICH HAS EXCEEDED 32 WEEKS UNDER THE MEDICAL CARE AND SUPERVISION OF DR.PRIVA CR OR OTHER QUALIFIED EXPERTS AT AT ANUPAMA HOSPITAL, 72. CII IO ROAD, BEL LAYOUT, 2ND PHASE, NEAR KARNATAKA BANK-COLLEGE BUS STOP, BYADARAHALLI, MAGADI MAIN ROAD, BENGALURU 560091 IN THE INTEREST OF JUSTICE AND EQUITY AND ETC.

THIS WRIT PETITION, COMING ON FOR PRELIMINARY HEARING IN 'B' GROUP, THIS DAY, ORDER WAS MADE THEREIN AS UNDER:

CORAM: HON'BLE MR. JUSTICE SURAJ GOVINDARAJ

ORAL ORDER

1. The Petitioner - pregnant mother is before this Court seeking for the following reliefs:

> *a) Issue a writ/direction/permission/to the petitioner to medically terminate her pregnancy, the length of which has exceeded 32 weeks under the medical care and supervision of Dr.Priya C R or other qualified experts at Anupama Hospital, #72, CII IQ Road, BEL Layout, 2nd phase, Near Karnataka Bank-College Bus stop, Byadarahalli, Magadi Main Road, Bengaluru-560091 in the interest of justice and equity.*
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> *b) Pass any such writs, orders and directions as this Hon'ble court may deem fit in the facts and circumstances of the case in the interest of justice and equity.*

2. The petitioner states that she is a married woman aged about 36 years and is presently pregnant. It is submitted that out of the said wedlock, she has one

female child aged about 10 years, who is stated to be in good health.

3. The petitioner submits that during the course of her present pregnancy, she has been undergoing regular antenatal care and medical examinations, including periodic ultrasonography, as advised by the treating doctors.

4. It is stated that an ultrasound scan conducted on 06.05.2026 revealed certain abnormalities in the fetus. In view of the findings recorded therein, a repeat scan was conducted on 07.05.2026 for confirmation and further evaluation.

5. According to the petitioner, the findings recorded in both the scans indicated the presence of serious fetal abnormalities and anomalies. Upon evaluation of the scan reports and other relevant medical records, the treating doctors are stated to have informed the petitioner regarding the nature of the abnormalities detected in the fetus and the possible medical consequences arising therefrom.

6. The petitioner submits that the abnormalities detected are of such a nature as to raise serious concerns regarding the health, viability and future

quality of life of the fetus. The petitioner further states that she has been advised to obtain appropriate medical opinion and to take necessary steps in accordance with law in view of the abnormalities identified during the course of the pregnancy.

7. It is in the aforesaid circumstances that the petitioner has approached this Court seeking appropriate reliefs based on the medical condition of the fetus as disclosed in the diagnostic examinations conducted on 06.05.2026 and 07.05.2026.

8. The abnormalities which have been identified are as under:-

> *"There is irregular CSP (Cavumseptum Pelllucidu), the corpus callosum in the main bridge of nerve fibers that connects the left and right hemispheres of the brain. "Partial agenesis means this bridge did not form completely". The scan notes that the front parts (rostrum, genu, and anterior body) are present but the back parts (posterior body and splenium) are missing or not visible.*
>
> *Thin irregular Corpus Callosum (The cavum septum pellucidum (CSP) is a fluid-filled space in the center of the brain closely tied to the development of the corpus callosum. Because that central bridge is incomplete, the CSP appears irregular, and a nearby fluid space (the third ventricle) is sitting higher up than usual).*

Rostrum, Genu and anterior part of the body is seen.

Posterior part of body and splenuim not seen.

High riding of third ventricle.
(Partial Agenesis of Corpus Callosum).

Bilateral Lateral Ventriculomegaly (Both fluid-filled ventricles in the brain are now showing enlargement. The left side measures 13.0 mm (which is classified as mild ventriculomegaly), and the right side measures 16.4 mm (which crosses the threshold into moderate-to-severe ventriculomegaly, defined as greater than 15 mm).

Right lateral ventricular atrial width measures 16.4 mm.

Left lateral ventricular atrial width measures 13 mm.

9. The ultrasound examinations conducted on 06.05.2026 and 07.05.2026 revealed significant abnormalities in the development of the fetal brain. The diagnostic findings indicate partial agenesis of the corpus callosum, namely, incomplete formation of the principal bundle of nerve fibres connecting the left and right cerebral hemispheres. The reports disclose that while the rostrum, genu and anterior portion of the body of the corpus callosum are visualised, the posterior portion of the body and the splenium are absent or not visualised.

10. The scans further reveal an irregular cavum septum pellucidum (CSP), a midline brain structure closely associated with the normal development of the corpus callosum. The reports indicate that the CSP appears irregular and that the third ventricle is abnormally elevated ("high-riding"), findings which are stated to be consistent with the diagnosis of partial agenesis of the corpus callosum.

11. The diagnostic imaging also demonstrates bilateral lateral ventriculomegaly, namely, abnormal enlargement of the fluid-filled ventricles within the fetal brain. The right lateral ventricular atrial width measures 16.4 mm, while the left lateral ventricular atrial width measures 13.0 mm. The medical records indicate that the enlargement on the left side falls within the category of mild ventriculomegaly, whereas the enlargement on the right side exceeds the threshold of 15 mm and is categorized as moderate to severe ventriculomegaly.

12. The aforesaid findings, when read cumulatively, disclose substantial abnormalities involving the structural development of the fetal brain and associated cerebrospinal fluid spaces. According to the medical opinion relied upon by the petitioner, the

abnormalities detected are congenital in nature and are suggestive of significant impairment in neurological development.

13. Based on the aforesaid findings, the treating doctors advised the petitioner and her husband regarding the nature and implications of the fetal abnormalities detected. The petitioner states that they were informed that the corpus callosum, which serves as the principal neural connection between the two cerebral hemispheres, had not developed completely and that there was abnormal enlargement of the cerebral ventricles due to accumulation of fluid within the brain.

14. The petitioner further states that the medical opinion furnished to her indicated a poor neurological prognosis. According to the doctors, the abnormalities detected significantly increase the risk of profound neurodevelopmental impairment and may be associated with severe neurological deficits after birth.

15. It is stated that the petitioner and her husband were informed that, if the pregnancy were to continue and the child were born alive, there existed a substantial likelihood of the child suffering from serious

neurological and developmental disorders, including recurrent and difficult-to-control seizures, severe intellectual and cognitive disability, motor dysfunction and spasticity, substantial developmental delay and lifelong dependence on specialised medical, rehabilitative and institutional care.

16. Having regard to the nature of the abnormalities detected, their apparent irreversibility and the prognosis communicated by the treating doctors, the petitioner and her husband were advised to consider Medical Termination of Pregnancy (MTP) as a medically appropriate option.

17. It is in the aforesaid background that the petitioner, after obtaining medical opinions indicating serious congenital abnormalities affecting the fetal brain and after being informed of the likelihood of the fetus, if carried to term, suffering from profound physical, neurological and cognitive disabilities resulting in permanent and serious handicap, has approached this Court seeking permission for medical termination of the pregnancy.

18. The petitioner contends that continuation of the pregnancy in the face of the aforesaid abnormalities would result in the birth of a child afflicted with grave

and irreversible disabilities and would subject the child as well as the family to considerable medical, emotional and social hardship. It is on that basis that the present petition has been instituted seeking appropriate directions from this Court.

19. This Court, vide its order dated 29.05.2026, having issued notice to the concerned, directed the petitioner to be examined by the Medical Board and report to be submitted today.

20. Sri V.G. Bhanuprakash, learned Additional Advocate General, has placed before this Court, in a sealed cover, the report submitted by the Medical Board constituted pursuant to the directions issued by this Court.

21. A perusal of the report indicates that the petitioner was examined by the Medical Board comprising specialists from the relevant disciplines and their individual opinions have been incorporated in the report.

21.1. The opinion of the Paediatrician is that the petitioner may be taken up for the proposed procedure and that there is no objection from

the paediatric perspective to the course of action recommended by the Medical Board.

21.2. The Radiologist, upon evaluation of the diagnostic imaging studies, has recorded that the fetus exhibits partial agenesis of the corpus callosum associated with bilateral ventriculomegaly. The Radiologist has observed that, strictly speaking, the said condition may not by itself constitute an absolute indication for medical termination of pregnancy. However, it has been specifically noted that the abnormalities detected carry a significant risk of neurological impairment and developmental disability in the child after birth. The Radiologist has further opined that the condition may result in substantial neurological deficits and may impose considerable emotional, physical and financial burdens upon the parents and family members. In that background, the Radiologist has expressed the view that medical termination of pregnancy may be considered if the parents desire the same and if the other members of the Medical Board are also of the opinion that such termination would be appropriate.

21.3. The Anaesthetist has opined that the petitioner is fit to undergo the proposed procedure from the anaesthetic standpoint and that there is no contraindication for proceeding further in accordance with the recommendation of the Medical Board.

21.4. The Obstetrician has likewise examined the petitioner and has opined that the petitioner may be taken up for the proposed procedure, subject to the orders of this Court and in accordance with the applicable medical protocol.

21.5. Upon considering the clinical findings, diagnostic reports and the opinions furnished by the specialists concerned, the Medical Board has arrived at a collective conclusion that termination of the pregnancy may be considered in the case of the petitioner.

21.6. Thus, while noting that the fetal abnormalities detected may not constitute a condition invariably incompatible with life, the Medical Board has nevertheless taken into account the significant risk of serious neurological and developmental disabilities associated with the

diagnosed anomalies and has ultimately opined that medical termination of pregnancy may be permitted, if so ordered by this Court.

22. Sri.Aravind Kamath, learned Additional Solicitor General places on record the decision of the Hon'ble Apex Court in the case of ***S vs. The Union of India & ors.,***[1]. He brings to the notice of this Court Para 15 thereof which is reproduced hereunder for easy reference:

> ***15****. Thus, what is relevant is whether the pregnant woman intends to give birth to a child or not. In the instant case, the facts of the case reveal that the minor girl intends not to give birth.*
>
> ***15.1*** *Keeping that in view, when Constitutional Courts are approached by unintending mothers seeking termination of pregnancy, they ought not take a prohibitory approach. The consequence of such an approach will not be the cessation of late-term terminations, which will happen anyway, but only their displacement outside the law. Pregnant women may be driven to seek termination through unregulated means, often at a greater risk to their life and health. Thus, the unintended consequence of judicial reluctance to permit termination beyond the statutory period reinforces the very conditions that the MTP Act seeks to avoid, namely unsafe abortions.*
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> ***15.2*** *Moreover, the invocation of foetal normalcy or the fact that the pregnancy has been carried for a considerable duration as grounds to deny termination is of no constitutional persuasiveness. These arguments proceed on the assumptions: first, that in the absence foetal abnormality, the continuation of pregnancy is unobjectionable, and second, that the passage of time extinguishes the pregnant woman's claim to decisional autonomy.*
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> ***15.3*** *We wish to lay to rest both the above arguments. Firstly, to predicate access to termination on the existence of foetal anomaly is to make the exercise of a fundamental right over*

[1] SLP (C) No.14454/2026 dtd 24.4.2026

one's body contingent upon pathology of the foetus, which is not in the hands of the unintending mother. In other words, her rights are subordinated to the condition of the foetus over which she has no control. As a matter of constitutional principle, this cannot be allowed. Rights are not functions of circumstance, they attach to humans for the reason that they are free moral agents. To say that termination of pregnancy is thinkable only in the presence of foetal defect instrumentalises the pregnant woman into a conduit who is required to sustain a pregnancy no matter her will. Secondly, the passage of time does not extinguish the right to make reproductive choices. This argument rests on the untenable presumption that delay means acquiescence, disregarding the manifold reasons that may account for late presentation of pregnancy including but not limited to delayed detection due to irregular menstrual cycles or lack of reproductive awareness, limited access to healthcare services, financial constraints that impede timely medical consultation, and hesitation to disclose a pregnancy coercion, abuse, or lack of familial support: all of which may prevent earlier disclosure.

15.4 *Constitutional courts cannot overlook that parties approach them in such hard cases precisely because no effective statutory right remains available. The absence of a legal remedy under the MTP Act is the very reason for the court's jurisdiction being invoked in the first instance. Therefore, to defer mechanically to statutory limitations is to disregard the distinct role of the Constitutional Court in protecting individual rights even when no other statutory remedies exist. The effect of such an approach is to render the fundamental right to bodily autonomy nugatory.*

22.1. His submission is that only if the conditions indicated therein are satisfied could MTP be resorted to. This he submits as an officer of the Court and as also for the reason that Union of India has been arrayed as a party respondent in the present matter.

22.2. He categorically submits that there is no adversarial litigation in the matter and it is for this Court to draw the inferences on the basis

of the report of the Medical Board and the applicable law.

23. Since the petitioner was undergoing medical evaluation and treatment pursuant to the directions issued by this Court and was not personally present before the Court at the time of hearing, her husband, Sri R. Sivaram, appeared before this Court.

23.1. Upon enquiry by the Court, Sri R. Sivaram stated that he is engaged in the business of aerospace manufacturing and sales. He submitted that he and the petitioner have carefully considered the medical opinions furnished by the treating doctors as well as the findings recorded by the Medical Board.

23.2. He submitted that it is with considerable anguish and a sense of responsibility that the petitioner and he have taken the decision to seek medical termination of the pregnancy. According to him, the decision is not based on any personal preference or convenience but is entirely founded upon the medical opinions rendered by the specialists who have examined the petitioner and evaluated the condition of the fetus.

23.3. He submitted that the medical experts have consistently opined that the fetus is affected by serious congenital neurological abnormalities and that there exists a substantial likelihood of the child suffering from severe neurological and developmental impairments if carried to term and born alive. According to him, the medical opinion further indicates that notwithstanding the availability of medical intervention and surgical procedures after birth, the prospects of the child leading a normal and independent life remain highly uncertain.

23.4. He therefore submitted that, having regard to the prognosis communicated by the medical experts and the likely consequences for the child, the petitioner and he are of the considered view that it would be in the best interests of both the petitioner and the fetus that the pregnancy be medically terminated.

23.5. Sri R. Sivaram further submitted that neither he nor the petitioner had, at any point of time, contemplated or intended to undergo a medical termination of pregnancy and that the present request has arisen solely on account of the

grave fetal abnormalities diagnosed during the course of the pregnancy. According to him, the decision has been taken only after obtaining and considering the medical opinions furnished by the treating specialists and the Medical Board.

23.6. The husband of the petitioner further submitted that he is committed to ensuring that the petitioner receives the best possible medical care and post-procedure support. He submitted that, after consulting the concerned medical professionals, the petitioner and he have identified Anupama Hospital for carrying out the medical termination of pregnancy and for providing the necessary medical care thereafter.

23.7. He further submitted that the petitioner and he are financially capable of bearing the expenses associated with the procedure, hospitalisation and post-operative treatment and, therefore, do not seek any financial assistance from the State Government or any other public authority for the said purpose.

24. Sri V.G. Bhanuprakash, learned Additional Advocate General, on instructions received from the concerned authorities, submits that Anupama Hospital is a duly registered medical establishment authorised and competent to undertake medical termination of pregnancy in accordance with the provisions of the Medical Termination of Pregnancy Act, 1971 and the Rules framed thereunder.

25. Learned Additional Advocate General further submits that, in view of the statement made on behalf of the petitioner and her husband that they shall bear the entire expenses relating to the procedure, hospitalisation and subsequent medical care, there would be no financial implication whatsoever upon the State Government.

26. He therefore submits that, insofar as the State Government is concerned, there is no objection to the medical termination of pregnancy being carried out at Anupama Hospital, provided the procedure is undertaken by duly qualified medical professionals in accordance with the applicable statutory provisions, established medical protocols and the recommendations of the Medical Board.

27. Learned Additional Advocate General further submits that all necessary precautions, safeguards and post-procedural care as may be medically required ought to be ensured by the concerned medical institution while undertaking the procedure.

28. Sri Aravind Kamath, learned Additional Solicitor General of India, on instructions, adopts the submission made by the learned Additional Advocate General and submits that the Union of India also has no objection to the medical termination of pregnancy being carried out at Anupama Hospital in accordance with law and the opinion rendered by the Medical Board.

29. Both the learned Additional Advocate General and the learned Additional Solicitor General submit that, having regard to the opinion of the Medical Board, the wishes expressed by the petitioner and her husband and the medical circumstances brought on record, appropriate orders may be passed by this Court in accordance with law.

30. Heard Sri.Ravishankar G. S., learned counsel for the petitioner, Sri. V. G. Bhanuprakash, learned Additional Advocate General for respondent no.1,

Sri. Arvind Kamath, learned ASGI for respondent no.2. Perused papers.

31. Before considering the facts of the present case, it is necessary to notice the constitutional principles which govern adjudication of matters relating to medical termination of pregnancy. The issue involved is not merely one concerning the interpretation of the provisions of the Medical Termination of Pregnancy Act, 1971, but concerns the far broader questions of bodily autonomy, decisional freedom, reproductive choice, dignity and privacy of a pregnant woman.

32. The right of a woman to make reproductive choices has now been firmly recognised by the Hon'ble Apex Court as an inseparable component of the right to life and personal liberty guaranteed under Article 21 of the Constitution of India. The expression "personal liberty" occurring in Article 21 has, through judicial interpretation, been expanded to encompass bodily integrity, decisional autonomy, privacy and dignity. Reproductive autonomy forms an intrinsic part of these constitutional guarantees since decisions relating to pregnancy directly concern the body, health, emotions, dignity and future of the woman concerned.

33. Pregnancy, while undoubtedly a biological process, is also a deeply personal and life-altering experience. The decision whether to continue a pregnancy or terminate the same has consequences extending far beyond the period of gestation. Such a decision impacts the physical health of the woman, her mental well-being, her family life, her social circumstances, her financial condition and, in many cases, the entire trajectory of her future life. It is for this reason that Constitutional Courts have consistently recognised that the primary decision-making authority in matters of pregnancy rests with the pregnant woman herself.

34. The Hon'ble Apex Court has repeatedly held that reproductive choice includes both the right to procreate and the right not to procreate. The freedom to decide whether to bear a child, when to bear a child and under what circumstances to bear a child is a constitutionally protected choice. Any interpretation of law which diminishes such autonomy must therefore withstand the highest degree of constitutional scrutiny.

35. In the decision relied upon by the learned Additional Solicitor General, namely **S vs. Union of India &**

Others, the Hon'ble Apex Court has once again emphasised that Constitutional Courts, when approached by women seeking permission for termination of pregnancy, ought not to adopt a restrictive, technical or prohibitory approach. The observations made therein recognise a practical reality, namely that refusal of permission by a Court does not necessarily prevent termination of pregnancies. Instead, such refusal may expose women to unsafe and unregulated procedures, thereby endangering their life, health and bodily integrity.

36. The observations of the Hon'ble Apex Court assume particular significance in cases involving advanced pregnancies where the statutory framework may not provide an automatic remedy and where the pregnant woman is constrained to invoke the extraordinary jurisdiction of a Constitutional Court. The very fact that a woman approaches a Constitutional Court seeking permission demonstrates that she is attempting to act within the framework of law and under medical supervision. Constitutional Courts must therefore approach such requests with sensitivity, constitutional compassion

and an awareness of the realities faced by women confronted with difficult reproductive choices.

37. The Hon'ble Apex Court has also clarified that reproductive autonomy cannot be made contingent solely upon the existence of fetal abnormalities. To predicate the exercise of a constitutional right entirely upon the condition of the fetus would be to subordinate the autonomy of the woman to circumstances beyond her control. The Constitution protects the dignity and autonomy of the woman because she is a rights-bearing individual. The existence of fetal abnormalities may undoubtedly constitute a relevant and weighty factor; however, the constitutional foundation of the right lies in the autonomy of the pregnant woman herself.

38. Equally important is the rejection by the Hon'ble Apex Court of the proposition that the mere advancement of pregnancy extinguishes reproductive choice. The passage of time cannot be treated as extinguishing constitutional rights. Delays in diagnosis, limited access to healthcare facilities, delayed manifestation of fetal abnormalities, financial constraints, emotional uncertainty and numerous other circumstances may explain why a woman

approaches a Court at an advanced stage of pregnancy. Constitutional adjudication cannot proceed on assumptions divorced from the practical realities of life.

39. In the present case, the facts reveal that the petitioner has acted with diligence throughout her pregnancy. The medical records indicate that she underwent regular antenatal examinations and diagnostic investigations. Significantly, the scan conducted on 04.04.2026 did not reveal any abnormality and all measurements were reported to be within normal parameters. Thus, there was no occasion for the petitioner to seek medical intervention or legal recourse at that stage.

40. It was only during the subsequent scan conducted on 06.05.2026 that abnormalities relating to the development of the fetal brain came to light. The seriousness of the findings necessitated a repeat and more detailed evaluation on 07.05.2026, which confirmed the initial observations. Therefore, the timing of the present petition is directly attributable to the timing of the diagnosis itself. The petitioner cannot be faulted for not approaching the Court

earlier when the abnormalities had not yet been detected.

41. The medical material placed on record indicates partial agenesis of the corpus callosum together with bilateral ventriculomegaly. The reports disclose incomplete formation of the principal neural pathway connecting the cerebral hemispheres and enlargement of the ventricular system within the fetal brain. While this Court is not expected to substitute its own opinion for that of medical experts, the significance of these findings cannot be ignored, particularly when specialists have opined that such abnormalities carry a risk of serious neurological and developmental consequences.

42. The Medical Board constituted pursuant to the directions of this Court has independently evaluated the petitioner and the medical records. The Board has not merely reproduced the findings of the treating doctors but has undertaken its own assessment. The report indicates that the fetus is affected by partial corpus callosum agenesis with bilateral ventriculomegaly and acknowledges the possibility of significant neurological disabilities and developmental impairments.

43. It is true that the Medical Board has observed that the diagnosed condition may not be one which is invariably incompatible with life. However, the inquiry before this Court is not confined to determining whether the fetus can survive birth. Survival alone cannot constitute the sole measure of constitutional adjudication in matters of reproductive choice. The quality of life that may reasonably be expected, the extent of disability likely to be suffered, the burden of medical intervention required and the prognosis indicated by medical experts are all relevant considerations.

44. The evidence on record indicates that the child, if born, may face substantial neurological challenges. The possibility of severe developmental delay, cognitive impairment, motor dysfunction, recurrent seizures and lifelong dependence upon specialised medical care has been expressly brought to the notice of this Court. While medical science cannot predict outcomes with absolute certainty, the law does not require certainty. It requires the Court to make a reasoned assessment based on credible medical evidence.

45. This Court also cannot ignore the human dimension of the matter. The petitioner and her husband have made it abundantly clear that the present request is not motivated by convenience, social preference or any extraneous consideration. The material on record indicates that the decision has been taken only after repeated consultations with specialists, consideration of diagnostic reports and evaluation of the prognosis communicated by medical experts.

46. The statement made by the petitioner's husband before this Court reflects the anguish with which the decision has been taken and how they have approached this court with an heavy heart. Far from seeking to avoid parental responsibilities, the petitioner and her husband have demonstrated a willingness to undertake every possible measure for the welfare of the child. It is only after being informed of the serious abnormalities detected and the prognosis associated therewith that they have chosen to seek medical termination of pregnancy.

47. The Court must also recognise that continuation of pregnancy in such circumstances affects not only the future child but also the physical and psychological well-being of the petitioner. To compel a woman to

continue a pregnancy despite a considered decision to the contrary, particularly where serious fetal abnormalities have been diagnosed and the Medical Board has recommended that termination may be considered, would constitute a substantial intrusion into her bodily autonomy and decisional freedom.

48. Constitutional Courts exist to protect individual autonomy, especially in difficult cases where statutory remedies may be unavailable or inadequate. The present case exemplifies precisely such a situation. The petitioner has approached this Court not in disregard of law but in compliance with it. She seeks permission to act lawfully, transparently and under proper medical supervision.

49. Having regard to the constitutional principles recognised by the Hon'ble Apex Court, the wishes unequivocally expressed by the petitioner, the support extended by her husband, the medical evidence on record, the opinion of the Medical Board and the overall facts and circumstances of the case, this Court is satisfied that the balance overwhelmingly favours permitting the petitioner to undergo medical termination of pregnancy.

50. Denial of permission in the peculiar facts of the present case would not only undermine the petitioner's constitutionally protected autonomy but would also disregard the considered medical opinion placed before this Court. Grant of permission, on the other hand, would uphold the petitioner's dignity, bodily integrity and decisional freedom while ensuring that any procedure undertaken is performed safely, lawfully and under expert medical supervision.

51. This Court is therefore of the considered opinion that the petitioner has established a clear and compelling case warranting the exercise of the extraordinary jurisdiction of this Court and for grant of permission to undergo medical termination of pregnancy.

52. While permitting medical termination of pregnancy, this Court is also required to ensure that adequate safeguards are put in place to protect the life, health, dignity, privacy and bodily integrity of the petitioner. The jurisdiction exercised by this Court in such matters is not confined merely to granting permission for termination of pregnancy but extends to ensuring that the procedure is carried out in a safe, lawful and medically appropriate manner with

due regard to the constitutional rights of the petitioner.

53. The petitioner is presently carrying an advanced pregnancy and the medical termination procedure proposed to be undertaken necessarily involves certain medical risks. It is therefore imperative that all necessary precautions be taken by the concerned medical professionals and the hospital authorities to minimize risks to the life and health of the petitioner.

54. Anupama Hospital, having been stated to be a duly registered medical establishment authorised to undertake medical termination of pregnancy, shall ensure that the procedure is carried out strictly in accordance with the provisions of the Medical Termination of Pregnancy Act, 1971, the Rules framed thereunder and the applicable medical protocols, guidelines and standards prescribed by the competent authorities.

55. The hospital shall constitute an appropriate team of specialists, including obstetricians, anaesthetists, neonatologists and such other specialists as may be required, to assess the petitioner prior to the procedure and to ensure that all medical contingencies are adequately addressed.

56. Prior to commencement of the procedure, the petitioner shall be informed of the nature of the procedure proposed to be undertaken, the attendant risks, possible complications and the post-procedural care required. The consent of the petitioner shall be obtained in the manner known to law. The decision to undergo the procedure shall remain that of the petitioner and shall be respected at every stage.

57. The hospital shall maintain all emergency facilities, including blood and blood products, intensive care support, operation theatre facilities and specialist medical assistance, so as to immediately address any unforeseen complication that may arise during or after the procedure.

58. The life and health of the petitioner shall remain the paramount consideration while undertaking the procedure. In the event of any unforeseen medical situation, the treating doctors shall be at liberty to adopt such course of treatment as may be medically necessary to preserve the life and health of the petitioner.

59. The identity of the petitioner shall be kept strictly confidential by all authorities, hospitals, doctors and persons concerned with the implementation of this

order. No person shall disclose the identity, medical records or personal details of the petitioner except to the extent required by law or for the purpose of medical treatment.

60. The medical records, diagnostic reports, proceedings of the Medical Board and all documents pertaining to the petitioner shall be maintained in a confidential manner and shall not be disclosed to any third party without the express consent of the petitioner or orders of a competent court.

61. In the event that the fetus is delivered with signs of life, the medical professionals attending upon the procedure shall extend all such medical care as may be required in accordance with the applicable legal and ethical standards governing medical practice.

62. The hospital shall provide appropriate post-procedure counselling and psychological support to the petitioner and her family members, if required, having regard to the emotional and psychological impact associated with the circumstances leading to the present proceedings.

63. The State Government, through the concerned health authorities, shall ensure that no impediment is

caused to the implementation of this order and that all necessary assistance, if sought by the treating hospital, is extended forthwith in the interest of safeguarding the life and health of the petitioner.

64. It is made clear that the permission granted by this Court is intended solely to facilitate the petitioner in obtaining lawful and safe medical treatment. The entire procedure shall be undertaken under the supervision of duly qualified medical professionals, who shall exercise their independent professional judgment in accordance with accepted standards of medical practice, with the preservation of the life, health, dignity and bodily integrity of the petitioner being the paramount consideration.

65. Registry is directed to redact such information as maybe necessary to safeguard the privacy of the parties, before uploading the judgement on the website.

66. In that view of the matter, this Court passes the following:

ORDER

i) The Writ petition is allowed.

ii) The doctors at Anupama Hospital, No.72/3, CII IQ, BEL Layout, 2nd Phase, Near Karnataka Bank -College Bus Stop, Byadarahalli, Magadi Main Road, Bengaluru 560091 are permitted to carry out the procedure for medical termination of pregnancy on the petitioner by observing due care. The said procedure to be carried out at the earliest in such a manner as not to cause any harm to the petitioner's life and liberty.

iii) The State as also Anupama Hospital shall act on the operative portion of this order without insisting on the complete order.

iv) Hand delivery ordered.

SD/-
(SURAJ GOVINDARAJ)
JUDGE

PRS
List No.: 2 Sl No.: 1