



A.F.R.

IN THE HIGH COURT OF ORISSA AT CUTTACK

W.P.(C) No.5396 of 2025

(In the matter of an application under Articles 226 and 227 of the Constitution of India, 1950).

X **Petitioner(s)**
-versus-

State of Odisha and Ors. **Opposite Party (s)**

Advocates appeared in the case through Hybrid Mode:

For Petitioner (s) : Mr. Arnav Behera, Adv.
Ms. Anikita Mukherji, Adv.

For Opposite Party (s) : Mr. Saswat Das, AGA

CORAM:

DR. JUSTICE S.K. PANIGRAHI

DATE OF HEARING:-28.02.2025

DATE OF JUDGMENT:-03.03.2025

Dr. S.K. Panigrahi, J.

1. In this Writ Petition, the Petitioner's father seeks a direction from this Court to the Opposite Parties for convening the Medical Board at MKCG Medical College and Hospital, Berhampur, to assess his daughter's condition and facilitate the termination of her pregnancy.
- I. **FACTUAL MATRIX OF THE CASE:**
2. The brief facts of the case are as follows:



- (i) X was born on 12.06.2011 and is currently a 13-year-old studying in the 7th standard. She belongs to the Scheduled Tribe community. She suffers from Sickle Cell Anaemia and Epilepsy, both of which are specified disabilities under the Rights of Persons with Disabilities Act, 2016.
- (ii) In August 2024, X was repeatedly raped by one Dinesh Pradhan, son of Dhanurjaya Pradhan, from village Takinajum Kanbageri, P.S. G Udaygiri, District Kandhamal. Due to threats from the accused, she did not disclose the assault to her parents or anyone else.
- (iii) Her health deteriorated, and she experienced irregular menstrual cycles, body pain, and abdominal pain. Her mother took her to a doctor, who upon examination, found that she was six months pregnant. The pregnancy was discovered at a late stage, beyond the 24-week limit prescribed under the Medical Termination of Pregnancy Act, 1971 ("MTP Act").
- (iv) On 11.02.2025, X's mother reported the matter to the police, and an FIR (PS Case No. 28 of 2025) was registered at G. Udaygiri Police Station, Kandhamal, under Section(s) 64(2)(m)/65(1)/351(2) of the Bharatiya Nyaya Sanhita, 2023 read with Section 6 of the POCSO Act, 2012.
- (v) A medico-legal examination was conducted on 11.02.2025 by the Medical Officer, PHC(N) Kalinga, District Kandhamal. The report confirmed X's Sickle Cell Anaemia and Epilepsy.
- (vi) On 13.02.2025, X was examined at DHH, Phulbani, where it was confirmed that the pregnancy had gestated beyond 24 weeks. X is currently admitted at MKCG Medical College, Berhampur, undergoing



treatment for her pregnancy and disabilities. There, it was advised that carrying the pregnancy to full term and giving birth would pose a serious risk to X's life due to her:

- a) Young age (13 years).
- b) Sickle Cell Anaemia and Epilepsy.
- c) Physical and mental trauma resulting from the rape.

- (vii) In the light of the abovementioned circumstances, the petitioner filed this Writ Petition seeking a direction from this Court to refer X to a Medical Board constituted at MKCG Medical College & Hospital, Berhampur, to assess her condition and the risks associated with the pregnancy and allow the termination of her pregnancy, despite it being beyond 24 weeks.
- (viii) On 25.02.2025, this Court passed an order directing the Medical Superintendent, MKCG Medical College and Hospital, Berhampur, to convene a Medical Board within 3 days to examine the case of X and submit a detailed prognosis regarding the status of her pregnancy.
- (ix) In compliance with the Court's order, Medical Board was convened. After a thorough examination, the Board rendered a unanimous opinion, unequivocally stating that the continuation of the pregnancy poses a risk of life-threatening complications for X and carrying the pregnancy to full term would severely impact her physical and mental well-being. The Board concluded that immediate medical intervention is necessary to safeguard X's health and life.



II. SUBMISSIONS ON BEHALF OF THE PETITIONER:

3. Learned counsel for the Petitioner earnestly made the following submissions in support of his contentions:
- (i) The continuation of the pregnancy poses a threat to X's life, thereby violating her fundamental right to life and personal liberty under Article 21 of the Constitution of India.
 - (ii) Due to her young age and lack of understanding, X was unaware of her pregnancy until a very late stage. The pregnancy resulted from rape, and X did not disclose the assault earlier due to threats from the accused. Consequently, the pregnancy was discovered only after it had progressed beyond the 24-week limit prescribed under the MTP Act.
 - (iii) Carrying the pregnancy to full term and giving birth would endanger X's life, as provided under Section 5 of the MTP Act, 1971. It would also cause grave injury to her physical and mental health as outlined under Section 3(2)(b)(i) of the Act. The petitioner emphasizes that Explanation 2 of the MTP Act presumes that pregnancies resulting from rape cause grave mental anguish and trauma to the survivor.
 - (iv) The petitioner submits that there is a greater likelihood of substantial fetal abnormalities due to X's hereditary conditions of Sickle Cell Anaemia and Epilepsy, as contemplated under Section 3(2B) of the MTP Act.
 - (v) The petitioner relies on the Supreme Court's judgment in *X v. Union of India*,¹ which clarified that termination of pregnancy beyond 24 weeks

¹ 2023 SCC OnLine SC 1338.



is permissible if it is necessary to save the life of the pregnant woman or if there are substantial fetal abnormalities.

- (vi) The petitioner also places reliance on the decision of the Chhattisgarh High Court in *ABC v. State of Chhattisgarh & Anr.*,² wherein the Court allowed the termination of a 28-week pregnancy in the case of a 14-year-old rape survivor suffering from Sickle Cell Anaemia. The petitioner submits that the present case is squarely covered by the principles laid down in the said judgment.
- (vii) In light of the above, the petitioner urges this Court to grant the relief sought for, ensuring that X's fundamental rights are protected and that she receives the necessary medical intervention without further delay.

III. SUBMISSIONS ON BEHALF OF THE OPPOSITE PARTIES:

- 4. The Learned Counsel for the Opposite Parties earnestly made the following submissions in support of his contentions:
 - (i) The State Government of Odisha, in full compliance with the statutory mandate under Section 3(2C) of the Medical Termination of Pregnancy (Amendment) Act, 2021, constituted a Medical Board through its Notification dated 22.12.2022, issued by the Commissioner-cum-Secretary to the Government of Odisha.
 - (ii) In compliance with the directions of this Court dated 25.02.2025, the Medical Board conducted a thorough examination of the minor victim, ensuring a meticulous assessment of her medical condition.

² WP(C) No. 3105 of 2022.



- (iii) The Board rendered a unanimous opinion, unequivocally affirming that the continuation of the pregnancy poses a risk of life-threatening complications and would severely impact the minor's physical and mental well-being, thereby justifying the necessity for immediate medical intervention.
- (iv) The State, therefore, has no objection to the grant of relief sought by the Petitioner, as denial would amount to subjecting the minor to severe physical and psychological trauma, contrary to constitutional principles and established judicial precedents. Accordingly, the Opp. Parties pray that this Court may be pleased to allow the writ petition and direct the medical termination of pregnancy of the minor victim forthwith.

IV. COURT'S REASONING AND ANALYSIS:

- 5. Heard Learned Counsel for parties and perused the documents placed before this Court.
- 6. At the heart of this dispute lies a profoundly sensitive and urgent intervention of this Court. This petition was filed by a father seeking permission for the termination of his daughter's pregnancy. The petitioner's daughter, a 13-year-old minor, was subjected to a grievous sexual assault resulting in her agonizing pregnancy. The petition implores this Court to refer her case to the Medical Board at MKCG Medical College and Hospital, Berhampur, and to issue a direction permitting the medical termination of her pregnancy.
- 7. In response to this plea, this Court, on 25.12.2025, passed an order directing the constitution of a Medical Board to assess the minor's



condition. The Board, comprising experienced medical professionals, conducted a meticulous evaluation. Their unanimous and unequivocal opinion concluded that the continuation of the pregnancy poses a grave risk of life-threatening complications and would severely impair the minor's physical and mental well-being. The Board further emphasized the necessity of immediate medical intervention to safeguard her health and life. Now, it falls upon this Court to determine whether the pregnancy ought to be permitted to proceed or terminated.

8. Now, before delving into the intricacies of the case, this Court must first turn to the relevant provisions of the Medical Termination of Pregnancy Act, 1971. Section 3 of the Act lays down the conditions under which termination is permissible, prescribing both the requisite medical opinion and the legal framework that must be strictly adhered to. The relevant excerpts of the said provision are produced below:

"3. When Pregnancies may be terminated by registered medical practitioners. —

(1) Notwithstanding anything contained in the Indian Penal Code (45 of 1860), a registered medical practitioner shall not be guilty of any offence under that Code or under any other law for the time being in force, if any pregnancy is terminated by him in accordance with the provisions of this Act.

(2) Subject to the provisions of subsection (4), a pregnancy may be terminated by a registered medical practitioner,-

(a) where the length of the pregnancy does not exceed twelve weeks if such medical practitioner is,

or

(b) where the length of the pregnancy exceeds twelve weeks but does not exceed twenty weeks, if not less



than two registered medical practitioners are, of opinion, formed in good faith, that,-

(i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or

(ii) there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Explanation 1.-Where any, pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by such pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

Explanation 2.-Where any pregnancy occurs as a result of failure of any device or method used by any married woman or her husband for the purpose of limiting the number of children, the anguish caused by such unwanted pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman.

(3) In determining whether the continuance of pregnancy would involve such risk of injury to the health as is mentioned in subsection (2), account may be taken to the pregnant woman's actual or reasonable foreseeable environment.

(4) (a) No pregnancy of a woman, who has not attained the age of eighteen years, or, who, having attained the age of eighteen years, is a [mentally ill person], shall be terminated except with the consent in writing of her guardian.

(b) Save as otherwise provided in clause (a), no pregnancy shall be terminated except with the consent of the pregnant woman."(Emphasis Supplied)



9. The abovementioned provisions need to be considered with the guidelines set by the Supreme Court in *X v. Union of India* (supra) regarding the prerequisites for the termination of pregnancy. The relevant excerpt is produced below:

Length of the pregnancy	Requirement for termination
Up to twenty weeks	Opinion of one RMP ³ in terms of Section 3(2)
Between twenty and twenty-four weeks	Opinion of two RMPs in terms of Section 3(2) read with Rule 3B.
Beyond twenty-four weeks	If the termination is required to save the life of the pregnant woman, the opinion of one RMP in terms of Section 5.
	If there are substantial foetal abnormalities, with the approval of the Medical Board in terms of Section 3(2B) read with Rule 3A(a)(i)

10. In light of Section 3 of the MTP Act and the requirements provided in the aforementioned judicial precedent, it is clear that the present case squarely falls within the ambit of permissible termination. The continuation of X's pregnancy poses a grave risk to her life and would cause severe injury to her physical and mental health, as confirmed by the unanimous opinion of the Medical Board. Additionally, the pregnancy is a result of rape, which, under Explanation 1 to Section 3(2), is presumed to cause grave mental anguish to the survivor.

³ Read: Registered Medical Practitioner



Furthermore, X's Sickle Cell Anaemia and Epilepsy increases the likelihood of substantial foetal abnormalities.

11. The principles of law, the weight of precedent, and the dictates of reason admit no uncertainty and there is no infirmity, whether in medicine or in law, that bars the medical termination of pregnancy for X. Yet the case before this Court is not one to be resolved with mere legal formalism or clinical detachment, for it strikes at the very heart of human dignity and demands not only the measured reasoning of the law but the moral clarity of a society unwilling to turn away from its most vulnerable.
12. A society that views abortion solely through the lens of regulation, fails to grasp its deeper significance. It is, above all, a matter of individual conscience of personal liberty, the kind of liberty that a just and democratic state must not only recognize but actively protect. The right to make decisions about one's own body is not a privilege to be granted at the state's discretion. It is a fundamental aspect of human dignity, one that no authority should presume to deny.
13. In a case such as this, the ultimate authority rests with the individual whose body and future hang in the balance. It is she who must bear the weight of the decision and it is she who must be afforded the dignity of choice. It is a fact that in the present case, the individual in question is a minor, hence, her rights is being exercised by the guardian major. The role of the medical profession is not to dictate but to guide, to offer counsel where health is at stake, to intervene where risk arises, but



never to stand as an obstacle between a person and their right to bodily autonomy.

14. In the momentous pronouncement of *K.S. Puttaswamy v. Union of India*,⁴ the Supreme Court declared with unwavering clarity that the right to make reproductive choices finds firm footing within the constitutionally enshrined guarantees of life and personal liberty under Article 21. Writing for the plurality, Justice D.Y. Chandrachud observed as follows:

“72. The decision in Suchita Srivastava dwells on the statutory right of a woman under the MTP Act to decide whether or not to consent to a termination of pregnancy and to have that right respected where she does not consent to termination. The statutory recognition of the right is relatable to the constitutional right to make reproductive choices which has been held to be an ingredient of personal liberty under Article 21. The Court deduced the existence of such a right from a woman’s right to privacy, dignity and bodily integrity.”

15. Justice Chandrachud proceeded to expound upon the principle of decisional autonomy, intrinsically bound to the rights of privacy and self-determination, and held as follows:

“The family, marriage, procreation and sexual orientation are all integral to the dignity of the individual. Above all, the privacy of the individual recognises an inviolable right to determine how freedom shall be exercised.”

16. The Court further noted that decisional autonomy encompasses deeply personal choices, including those concerning reproduction and the right

⁴ (2017) 10 SCC 1.



to determine one's sexual or procreative identity. In a similar vein, Justice Chelameshwar, in his opinion, asserted with unmistakable clarity that a "*woman's freedom of choice whether to bear a child or abort her pregnancy are areas which fall in the realm of privacy.*"

17. The question of reproductive rights and abortion is far from uncharted in the landscape of international jurisprudence. In *R v. Morgentaler*,⁵ the Supreme Court of Canada struck down the nation's federal abortion law, dismantling the legal barriers that once stood between women and their right to bodily autonomy. In doing so, the Court not only decriminalized abortion but placed the responsibility of regulation in the hands of provinces and medical professionals, where scientific expertise and individual agency, not punitive statutes, would shape reproductive healthcare. Framing bodily autonomy as an inalienable right woven into the fabric of democratic principles, the Court held as follows:

"It should also be noted, however, that an emphasis on individual conscience and individual judgment also lies at the heart of our democratic political tradition. The ability of each citizen to make free and informed decisions is the absolute prerequisite for the legitimacy, acceptability, and efficacy of our system of self-government. It is because of the centrality of the rights associated with freedom of individual conscience both to basic beliefs about human worth and dignity and to a free and democratic political system that American jurisprudence has emphasized the primacy or "firstness" of the First Amendment."

⁵ 1988 SCC OnLine Can SC 4.



18. The abovementioned precedents make it clear that the principle of bodily autonomy is foundational to the constitutional guarantee of personal liberty and human dignity. At its core, respect for bodily autonomy necessitates minimal state interference in decisions concerning an individual's body, particularly in matters as intimate and consequential as pregnancy. This principle is not diminished in the case of a minor; rather, it is safeguarded through the role of her legal guardians, who are best positioned to make decisions in her best interests. In the present case, the parents of the minor girl, as her natural guardians and well-wishers, bear the legal and moral responsibility to act in a manner that ensures her well-being.
19. Ultimately, the role of the court, in cases of pregnancies resulting from rape, is to intervene in a way that empowers the victim by granting them the authority to make decisions regarding their own body and future. In this case, there is a risk of complications in both termination and delivery. But when the law is faced with two difficult choices, it must take the path of the lesser evil. Forcing a thirteen-year-old to carry a pregnancy to term would place an unbearable burden on her body and mind, one that she is neither prepared for nor capable of bearing. While termination is not without risk, it prevents the far graver consequences of childbirth and forced motherhood at an age where such responsibilities are unthinkable.
20. Although the Court has intervened to render a decision in this case, it cannot overlook the deeply troubling aspect inherent in cases of this nature, the unwarranted reliance on judicial intervention where the law



itself provides a clear and unambiguous course of action. The consequence is an undue burden placed upon those in crisis, forcing them to navigate legal complexities where none should exist. The urgency inherent in the termination of pregnancy, particularly in the case of a sexual assault victim, brooks no unnecessary delay. Here, time is not a passive measure but an active force and each moment lost bears its own weight in consequence.

21. The report confirming X's pregnancy was issued on 13.02.2025; today, we stand at 03.03.2025. A delay of more than two weeks in a matter, where time is the arbiter of both possibility and peril, is unwarranted. This delay did not arise from the natural course of justice but from a failure to direct the case immediately to the Medical Board. Only upon the order of this Court was the Board apprised of the issue, and only then was the requisite report submitted.
22. The Supreme Court, in *X v. Union of India* (Supra), has laid down clear precepts: where the gestational period surpasses 24 weeks, the matter must be referred to the Medical Board. The necessity of approaching this Court could have been obviated had the matter been referred to the Medical Board at the outset, rather than awaiting judicial intervention to set the process in motion.
23. The seriousness of the matter before this Court is undeniably profound. Whether driven by fear of reprisal or an abundance of caution in the face of potential criminal liability, many health service providers hesitate to act within the bounds of their professional and legal authority. Instead, they force patients to seek court approval for what is



fundamentally a medical decision, one that should be guided by expertise and necessity, not burdened by procedural uncertainty.

24. The issue at hand found fitting adjudication in *X v. State of Maharashtra*,⁶ where the Bombay High Court was confronted with a case in which the petitioner's pregnancy had advanced beyond 24 weeks. The Court, in its deliberation, noted with concern that rather than directing the matter to the Medical Board for an opinion grounded in medical examination, the District General Hospital, whether through oversight or ignorance, counselled the petitioner to seek recourse before the judiciary. In light of these considerations, the Court deemed it necessary to direct the Department of Public Health and the Department of Medical to establish a comprehensive Standard Operating Procedure. The relevant excerpts of this judgment are produced below:

"10. It appears that the petitioner approached the General Hospital, Wardha where the doctor who attended the petitioner was of the tentative opinion that though the petitioner is carrying pregnancy beyond twenty-four weeks, but there is risk to the child, if born. In such circumstances, in accordance with the legal provisions as discussed above, the matter/case ought to have been referred to such Medical Board instead of suggesting her to approach this Court for seeking permission for termination of her pregnancy.

11. The aforesaid facts call upon us to direct the Department of Public Health and the Department of Medical Education and Drugs of the State of Maharashtra to a formulate Standard Operating Procedure (SOP) which shall be issued to all

⁶ 2024 SCC OnLine Bom 1663.



government hospitals and medical colleges in the State of Maharashtra. The said Standard Operating Procedure shall be prepared by the experts in the field and shall accordingly be notified and circulated amongst all concerned."

25. To subject a victim and her family to prolonged legal formalities is to impose a burden that extends beyond the courtroom, adding to their distress rather than alleviating it. When legal processes become unnecessarily complex and unyielding, they risk creating additional hardship for those already in a vulnerable position. The law, at its best, serves as a shield of protection, but when applied without sensitivity, it can become an obstacle rather than a source of relief. At its core, this is not merely a question of policy or procedural compliance but one of principle.
26. A working paper titled *Legal Barriers to Accessing Safe Abortion Services in India: A Fact-Finding Study*⁷ published by the NLSIU, Bengaluru, offers a compelling insight into the ground realities faced by women seeking access to abortion services. Chapter 4 of the working paper titled "*Consent and Documentation Requirements as Barriers to Abortion Services*" examines the unwarranted imposition of judicial authorization on patients, highlighting how such requirements create unnecessary obstacles to accessing abortion services.
27. In the paper, they have highlighted the case of R, an adult woman whose pregnancy was a result of rape. She had a severe developmental

⁷ A. Chandra, M. Satish, S. Shree, M. Saxena, 'Legal Barriers to Accessing Safe Abortion Services in India: A Fact Finding Study' (2021) National Law School of India University, Bengaluru, <<https://www.nls.ac.in/wp-content/uploads/2021/08/Legal-Barriers-to-Accessing-Safe-Abortion-Services-in-India.pdf>> accessed 1st March 2025.



disability and was around 17-18 weeks pregnant when her family came to know of her pregnancy. Both R and her family expressed their unequivocal desire to terminate the pregnancy. However, the service providers at a major government hospital in Chennai declined to proceed with the termination without judicial authorization, insisting on a “certificate” from a court. The lawyer representing R before the Madras High Court submitted that the service providers maintained their stance despite the absence of any medical impediment to the procedure. The service providers stated that:

“[The doctors] said that, ‘there is no medical reason but we always want a judicial confirmation of some kind. In most of these cases, even if it is rape, later the families will do some kind of compromise get victim married off to the perpetrator then they will come and ask us why did you abort. We will be answerable.’”

28. It was further submitted that the doctors harboured apprehensions of being subjected to reprisals or facing questions from external parties regarding the termination of pregnancy. The lawyer representing R made assurance to the service providers that there existed a clear consent form and that no liability would attach to them. However, the service providers expressed reluctance, citing social pressures from families. As stated, *“They were just being risk averse”*.
29. The case of R is not an isolated occurrence but part of a discernible pattern that manifests in numerous instances, including the present one. The apprehension harboured by service providers is not born of legal necessity but of an unspoken anxiety, a spectre of liability that looms larger in perception than in law. This fear stems from an incomplete



understanding of the law, a gap in knowledge that turns discretion into inaction and duty into doubt. Shedding light on this issue, the paper made the following observation:

“Section 3 (2) (b) (ii) of the MTP Act presumes that rape causes “grave injury” to the mental health of the pregnant woman, and consequently permits termination on that ground. However, providers seek judicial authorisation prior to terminating a pregnancy out of a fear of backlash from the pregnant woman’s partner or family. They are also apprehensive of being dragged into criminal proceedings if the woman is a rape victim. A senior gynaecologist in Chennai stated that “a court order [was] required for all MTP cases where the pregnancy [was] an outcome of rape.” Judicial authorisation may also be insisted on in “special cases” such as those where the woman is “psychologically” unstable.

.....

Although in such cases a permission for termination of pregnancy is usually granted the extralegal requirement of judicial authorisation, and the consequent delay in termination of a pregnancy, causes significant physical and mental agony to women. For rape victims, this prolongs the trauma of sexual violence.”

(Emphasis Supplied)

30. The case before this Court is no different from the one mentioned above. Here, a thirteen-year-old child, still developing her understanding of the world, has endured the unimaginable; the violation of her body, the crushing of her spirit, and the burden of an unwanted pregnancy she never chose. It is a tragedy that defies comprehension, a failure of protection so profound that it must awaken the conscience of all who encounter it. Having failed to prevent this



calamity, the system must now rise to the occasion with both compassion and efficiency.

31. Where time is of the essence, the machinery of justice must recognize its own limits. The courts exist to correct injustice, not to impose delays where none are warranted. Intervention is justified only when a failure of the system threatens to deny what should be freely granted. To insist upon judicial oversight in every instance is to misunderstand the very purpose of the law. It is not meant to stand in the way of fundamental rights but to clear the path for them.
32. In such circumstances, the duty of the State is both evident and imperative. It must close the gap in legal understanding that renders healthcare providers hesitant, uncertain, and reluctant in the fulfilment of their obligations. The fear of backlash must not be allowed to dictate the course of medical care. It is not enough to offer assurances; what is required is a deliberate and unwavering commitment to legal clarity and institutional confidence. The Patients and the healthcare providers cannot be left to navigate a maze of red tape that serves no purpose but to obstruct, delay, and deter. In the domain of essential reproductive healthcare, neither the fear of litigation nor the burdens of cumbersome formalities may cast doubt upon the rights and the law, in its reasoned justice, has affirmed.
33. In light of the foregoing, this Court issues the following directions to the Health and Family Welfare Department, Government of Odisha, for the formulation and implementation of a Standard Operating Procedure concerning the medical termination of pregnancy:



- a) The Health and Family Welfare Department shall develop a comprehensive SOP for medical termination of pregnancy, ensuring adherence to the pre-requisites established in *X v. Union of India* (Supra).
- b) The SOP shall be drafted in consultation with medical experts specializing in obstetrics, gynaecology, and reproductive health, alongside legal professionals well-versed in medical jurisprudence.
- c) Upon finalization, the SOP shall be formally notified and disseminated to all Government and Private Healthcare Institutions across the State.
- d) The SOP should ensure a smooth and timely process for medical termination of pregnancy, removing avoidable delays and preventing the patient from facing unnecessary bureaucracy or drawn-out legal struggles.
- e) Recognizing the emotional and psychological impact of such cases, the concerned authorities shall ensure that psychological counselling services are made available to the patient. In cases involving minors, a qualified child psychologist shall be engaged to provide appropriate support.
- f) The Health and Family Welfare Department shall periodically review the implementation of the SOP and take necessary corrective measures to address any procedural inefficiency.
- g) The Police Stations need to be sensitized by way of issuing proper directions/ instructions to immediately rope in the District Legal



Service Authority/ Para-Legal Volunteers available nearer to them so that any kind of legal assistance can be easily provided to the victims of rape who bear the brunt of pregnancy.

h) Any other guidelines, the Department may issue considering their experience and expertise on this issue.

V. CONCLUSION

34. In light of the legal framework, the medical opinion, and the fundamental rights at stake, this Court finds no justification to deny the Petitioner's plea. The law is not meant to stand in the way of dignity and justice but to uphold them. The medical termination of pregnancy in this case is not only legally permissible but also morally imperative.
35. Accordingly, this Writ Petition is allowed, and the concerned authorities are directed to ensure the procedure is carried out without further delay or obstruction.
36. The concerned Department is further directed to take necessary steps for the formulation of the aforementioned SOP, ensuring its completion within six months from the date of this judgment.
37. Interim order, if any, passed earlier stands vacated.

(Dr. S.K. Panigrahi)
Judge

Orissa High Court, Cuttack,
Dated the 3rd March, 2025/