Society & Social Justice · GS - II

How should Indian courts balance reproductive autonomy, medical ethics and the right to life while adjudicating requests for termination of advanced pregnancies involving sexual violence?

EXAM YEAR	PAPER	SUBJECT
DAILY PRACTICE 26/11/2026	GS - II	Society & Social Justice

MARKS	WORD LIMIT
15	~250 words

Answer Hint

Reproductive autonomy, Article 21, MTP Act 1971, bodily integrity, informed consent, medical ethics, dignity of survivors, judicial intervention

Model Answer

The termination of advanced pregnancies involving sexual violence presents a complex intersection of constitutional rights, medical risks and ethical considerations. Such cases require a survivor-centred approach that respects individual autonomy while ensuring informed medical decision-making.

Constitutional and legal dimensions

1. **Bodily autonomy:** Article 21 protects life and personal liberty, including dignity, privacy and decisional autonomy. Reproductive choices form an important dimension of these protections.

2. **Statutory framework:** The Medical Termination of Pregnancy Act, 1971, amended in 2021, permits termination up to 24 weeks for specified categories under prescribed conditions. Section 5 provides an exception where termination is immediately necessary to save the pregnant woman's life.

3. **Judicial role:** Courts can examine exceptional circumstances, interpret constitutional protections and ensure that legal procedures do not produce unnecessary delays or undermine dignity.

Medical and ethical considerations

1. **Risk assessment:** Advanced pregnancy termination may involve serious complications. Independent medical opinions must assess maternal health, gestational age and available procedures.

2. **Informed consent:** The survivor must receive clear information about risks, alternatives and possible outcomes. A minor's case also requires sensitivity to her age, vulnerability and legally applicable consent requirements.

3. **Survivor dignity:** Compelling a rape survivor to continue an unwanted pregnancy can impose significant physical and psychological burdens. Counselling and confidentiality are essential.

Institutional responsibilities

Medical boards should provide timely, evidence-based assessments. Hospitals must ensure emergency preparedness, appropriate neonatal care where relevant and preservation of forensic evidence in accordance with law.

Conclusion: Neither medical risk nor statutory procedure should be considered in isolation. A rights-based approach must combine bodily autonomy, credible medical assessment and protection of life and dignity.

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