



**IN THE HIGH COURT OF KARNATAKA AT BENGALURU**

**DATED THIS THE 17<sup>TH</sup> DAY OF JUNE, 2026**

**BEFORE**

**THE HON'BLE MR. JUSTICE SURAJ GOVINDARAJ**

**WRIT PETITION NO. 14350 OF 2026 (GM-RES)**

**BETWEEN:**

1. H KUSUMA  
C/O NATARAJA K.  
AGED ABOUT 43 YEARS,
2. NATARAJA K,  
S/O K KRISHNAMURTHY,  
AGED ABOUT 52 YEARS,

BOTH RESIDING PRESENTLY AT  
NO 12 SRI RENUKA ANCLEVE,  
KONDASHETTI HALLI,  
HESARAGHATTA HOBLI, YELAHANKA TALUK,  
KONDASHETTI HALLI,  
SHIVAKOTI POST,  
BANGALORE-560089.

...PETITIONERS

(BY SRI. ZULFI SULTANA.,ADVOCATE)

**AND:**

1. CHIEF SECRETARY TO GOVERNMENT  
ROOM NO.320. 3RD FLOOR,  
VIDHANA SOUDHA,  
BANGALORE.560001.
2. COMMISSIONERATE OF HEALTH AND  
FAMILY WELFARE SERVICE  
DEPARTMENT OF HEALTH AND FAMILY  
WELFARE DEPARTMENT,  
AT ANAND RAO CIRCLE,  
NEAR CITY RAIWAY STATION,  
LAKSHMANPURI, GANDHI NAGAR,  
BENGALURU, KARNATAKA 560009





...RESPONDENTS

(BY SRI. MOHAMMED JAFFAR SHAH., AGA)

THIS WRIT PETITION IS FILED UNDER ARTICLES 226 AND 227 OF THE CONSTITUTION OF INDIA PRAYING TO PERMIT THE PETITIONERS TO UNDERTAKE HYSTERECTOMY (REMOVAL OF UTERUS) OF THEIR DAUGHTER, MS. HARSHITHA N AND ETC.

THIS WRIT PETITION, COMING ON FOR ORDERS, THIS DAY, ORDER WAS MADE THEREIN AS UNDER:

CORAM: HON'BLE MR. JUSTICE SURAJ GOVINDARAJ

### **ORAL ORDER**

1. The petitioners are before this Court seeking for the following reliefs:

- a. *Permit the petitioners to undertake hysterectomy (removal of uterus) of their daughter, Ms. Harshitha N;*
- b. *Declare that the said procedure is in the best interest, dignity, health and welfare of the patient;*
- c. *Direct Respondent No.2 to proceed with the procedure without medico-legal impediment;*
- d. *Pass such other order(s) as deemed fit in the interest justice.*

2. The petitioners, who are the parents and primary caregivers of their daughter (X), aged about 23 years, are before this Court seeking permission for conducting a Total Abdominal Hysterectomy on their daughter. It is their contention that (X) suffers from severe developmental and intellectual disabilities which substantially impair her ability to understand,



manage and perform even basic activities of daily living.

3. In support of the said contention, the petitioners have relied upon the medical and psychological assessments conducted at Neuro Center, Bengaluru. The evaluation records indicate significant developmental and social adaptive deficits. The Denver Developmental Screening Test (DDST) revealed a developmental quotient of 58, indicative of developmental delay. The assessment of her drawing abilities through Gesell's Drawing Test demonstrated functioning considerably below the developmental level ordinarily expected of a three-year-old child. The Vineland Social Maturity Scale (VSMS) assessed her social quotient at 56, suggesting substantial deficits in social adaptive functioning. The cumulative effect of these assessments, according to the petitioners, is that though (X) is chronologically 23 years of age, her cognitive, developmental and adaptive functioning remains severely compromised.
4. It is further contended that on account of her intellectual and developmental disabilities, (X) is incapable of independently understanding or managing her bodily functions, including menstrual hygiene. The petitioners submit that despite attaining



physical adulthood, she remains entirely dependent upon them for her daily needs and personal care. They state that she is unable to communicate effectively regarding her physical discomforts, medical concerns or menstrual difficulties.

5. The petitioners further submit that the menstrual cycles of (X) are irregular and unpredictable and that her inability to maintain personal hygiene during such periods has resulted in recurring infections, intermittent episodes of fever and prolonged medical complications. According to them, the situation has not only exposed (X) to repeated health risks but has also imposed considerable physical, emotional and psychological strain upon the petitioners who are advancing in age and continue to remain her sole caregivers.
6. It is their specific apprehension that with the passage of time and the inevitable decline in their own physical abilities, it may become increasingly difficult for them to provide the level of assistance and supervision presently required by their daughter. The petitioners therefore contend that the proposed procedure is intended solely to safeguard the health, dignity, comfort and long-term welfare of (X) and not for any collateral purpose.



7. In view of the aforesaid circumstances, the petitioners have approached this Court seeking permission for conducting a Total Abdominal Hysterectomy on their daughter (X), contending that the same would substantially alleviate the medical, hygienic and caregiving difficulties presently faced by her and would be in her overall best interests.
8. Considering the nature of the relief sought and the serious medical, ethical and legal issues involved, this Court, by order dated 02.06.2026, deemed it appropriate to constitute a multidisciplinary Medical Board at Vanivilas Hospital to independently evaluate the medical condition of (X), assess her capacity, examine the necessity and advisability of the proposed procedure and furnish its opinion to this Court.
9. Pursuant to the said order, the petitioners and their daughter (X) appeared before the Medical Board on 05.06.2026. The Medical Board has thereafter examined the patient through specialists from multiple disciplines and has submitted its report for consideration of this Court.
10. The report of the psychologist indicates that the social age of (X) is approximately 5 years and 4 months and that her social quotient is 36. The



psychologist has assessed her as suffering from moderate intellectual disability and quantified the permanent disability at 75%.

11. The psychiatrist has opined that the patient is presently incapable of independently maintaining or managing her menstrual hygiene and requires continuous assistance and supervision in relation thereto.
12. The neurologist has reported that the patient is suffering from cerebral palsy associated with intellectual disability and seizure disorder and that she has been undergoing treatment and medication for the said condition for approximately thirteen years.
13. The Obstetrician and Gynaecologist has opined that the patient suffers from Global Developmental Delay associated with moderate Intellectual and Developmental Disability, with an assessed IQ of 36. The specialist has further recorded that the patient is unable to independently manage menstrual hygiene and has specifically opined that, having regard to the age and medical condition of the patient and the request and consent furnished by the parents, the patient may be considered for Total Abdominal Hysterectomy.



14. The Radiologist has also recorded that the patient is unable to independently manage her menstrual hygiene and has opined that an appropriate decision may be taken collectively by the Medical Board after considering all relevant factors.
15. The Anaesthesiologist has opined that the patient is medically fit to undergo the proposed surgical procedure subject to the recommendation of the Medical Board and in compliance with the orders of this Court.
16. The Medical Board, upon consideration of the opinions furnished by all specialists, has ultimately concluded that the patient is suffering from Global Developmental Delay associated with Moderate Permanent Intellectual and Developmental Disability, having an IQ of 36, and is also suffering from a seizure disorder. The Board has recommended that the patient may undergo a Total Abdominal Hysterectomy.
17. This Court has given its anxious consideration to the report submitted by the Medical Board, the medical records placed on record, the submissions made on behalf of the petitioners and the nature of the relief sought. The issue involved in the present proceedings is not merely a medical question. It



concerns the bodily integrity, dignity, autonomy, health and long-term welfare of a person suffering from significant intellectual and developmental disabilities. Any decision in relation to a procedure as invasive and irreversible as a hysterectomy must therefore be approached with utmost caution, sensitivity and circumspection.

18. The law recognises and protects the autonomy and bodily integrity of every individual, including persons with disabilities. Ordinarily, any invasive medical procedure, particularly one involving permanent removal of a reproductive organ, can be undertaken only on the basis of the free, informed and voluntary consent of the person concerned. Such consent necessarily presupposes the ability of the individual to understand the nature of the procedure, its consequences, benefits, risks and long-term implications.
19. This Court is conscious of the principles laid down by the Hon'ble Supreme Court in **Suchita Srivastava**, wherein it was held that reproductive choices constitute an integral facet of personal liberty under Article 21 of the Constitution of India and that every woman possesses a right to bodily integrity, reproductive autonomy and privacy. The Hon'ble Supreme Court emphasised that the rights of



persons with disabilities cannot be curtailed merely on account of their disability and that any medical intervention affecting reproductive capacity must be approached with great care and sensitivity.

20. The aforesaid principles are of considerable significance in the present matter. This Court is therefore required to ensure that the proposed procedure is not being permitted merely because the patient suffers from an intellectual or developmental disability. Disability, by itself, can never constitute a ground either to authorise the removal of a reproductive organ or to deprive a person of reproductive autonomy. Any such approach would be inconsistent with the constitutional guarantees recognised by the Hon'ble Apex Court and with the dignity accorded to persons with disabilities under the Constitution and the statutory framework governing their rights.
21. The present case, however, stands on an entirely different footing. The material placed on record, particularly the report of the Medical Board, establishes that the daughter of the petitioners suffers from Global Developmental Delay associated with Moderate Permanent Intellectual and Developmental Disability. Her social age has been assessed at approximately 5 years and 4 months,



her IQ at 36 and her permanent disability at 75%. The Psychiatrist has specifically opined that she is unable to independently maintain menstrual hygiene. The Neurologist has reported that she suffers from cerebral palsy associated with intellectual disability and seizure disorder and has been undergoing treatment for the said condition for over thirteen years. The Obstetrician and Gynaecologist has also opined that she is unable to independently manage menstrual hygiene and has specifically recommended that she may be considered for Total Abdominal Hysterectomy.

22. The findings recorded by the Medical Board leave little room for doubt that the patient lacks the cognitive and intellectual capacity necessary to make an informed decision in relation to the proposed procedure. The Court is therefore confronted with a situation where the patient is incapable of exercising meaningful informed consent and is unable to independently evaluate the consequences of medical decisions affecting her person.
23. In such circumstances, the Court is required to exercise its ***parens patriae*** jurisdiction and independently determine whether the proposed course of action advances the best interests of the person concerned. The concept of "best interests"



cannot be construed narrowly. It requires the Court to undertake a holistic assessment of the medical, physical, psychological, emotional and social consequences of the proposed intervention. The Court is required to balance the patient's bodily integrity and autonomy with the practical realities arising from her medical condition, intellectual limitations, quality of life, health concerns and long-term welfare.

24. The evidence on record indicates that the patient is unable to understand the physiological changes associated with menstruation, unable to communicate effectively regarding menstrual discomfort or complications and unable to independently maintain menstrual hygiene. The petitioners have placed on record their experience over several years, indicating repeated difficulties in managing her menstrual cycles, recurring infections, episodes of fever and prolonged periods of illness arising from unhygienic conditions.
25. These assertions are not unsupported parental apprehensions. They stand corroborated by the opinions expressed by the specialists comprising the Medical Board. The Psychiatrist, Neurologist, Obstetrician and Gynaecologist, as well as the Radiologist, have all recorded that the patient is



incapable of independently maintaining menstrual hygiene. The Board has also taken into consideration the patient's cerebral palsy, seizure disorder, intellectual disability and developmental limitations while arriving at its recommendation.

26. What is significant is that the recommendation has not been made by a solitary medical practitioner. Pursuant to the order of this Court dated 02.06.2026, a multidisciplinary Medical Board was constituted. The patient was independently evaluated by experts in psychology, psychiatry, neurology, obstetrics and gynaecology, radiology and anaesthesiology. The recommendation is therefore the outcome of a comprehensive multidisciplinary assessment and not a singular medical opinion.
27. The report also indicates that the patient's condition is permanent and irreversible in nature. There is nothing on record to suggest that her intellectual and developmental impairments are likely to improve to such an extent that she would, in the foreseeable future, be capable of independently understanding and managing menstrual hygiene. The Court is therefore dealing not with a temporary incapacity but with a lifelong condition requiring continuing support, supervision and assistance.



28. The Court must also take note of the practical realities confronting the petitioners. They are the parents and primary caregivers of the patient and have been providing continuous care and support throughout her life. There is nothing on record to indicate that they are motivated by any collateral consideration. On the contrary, the materials on record indicate that they have approached this Court solely out of concern for the welfare, dignity, comfort and long-term wellbeing of their daughter.
  
29. The Court is conscious that parental inconvenience, by itself, can never constitute a justification for permitting a procedure of this nature. However, the practical difficulties highlighted by the petitioners are relevant insofar as they directly impact the quality of care and health of the patient herself. The petitioners have specifically expressed concern regarding their advancing age and their ability to continue providing the same level of care in future. Such concern reflects the reality of a lifelong caregiving responsibility towards a person suffering from severe developmental and intellectual disabilities.
  
30. The Court is equally mindful that hysterectomy is an irreversible procedure. It is for this reason that this Court did not proceed merely on the basis of the request made by the parents. Instead, an



independent Medical Board was constituted so as to obtain an objective and professional evaluation before any decision was taken. The report now placed before this Court indicates that the proposed procedure has been considered from every relevant medical perspective.

31. Significantly, the Medical Board has not recorded any contraindication for the proposed procedure. The Anaesthesiologist has certified that the patient is fit to undergo surgery. The Obstetrician and Gynaecologist has specifically opined that, having regard to the age and condition of the patient and the request and consent furnished by the parents, the patient may be taken up for Total Abdominal Hysterectomy. The final recommendation of the Board unequivocally supports the proposed procedure.
32. This Court also finds it relevant that the present case does not concern sterilisation for eugenic purposes, population control measures or any attempt to curtail the rights of the patient on account of her disability. The recommendation is founded entirely upon considerations relating to health, hygiene, dignity, safety and quality of life. The objective of the proposed intervention is to address recurring health concerns arising from a condition which the patient is



incapable of understanding or managing and which has consistently exposed her to avoidable medical complications.

33. The Court also notes that no less intrusive or equally effective long-term alternative has been suggested by the Medical Board. The recommendation made by the Board is therefore based upon its professional assessment as to what would best serve the interests of the patient having regard to her peculiar medical, developmental and social circumstances.
34. The decision of this Court is therefore not based upon substituted consent alone, nor upon the existence of disability per se. The permission is being granted only after judicial scrutiny, independent medical evaluation by specialists from multiple disciplines, consideration of the patient's inability to provide informed consent, examination of the absence of any contraindication to the proposed procedure and a determination that the proposed intervention is in the best interests of the patient.
35. Thus, the present order is founded upon a court-supervised best-interests determination and not upon any assumption that persons with disabilities may be subjected to invasive medical procedures merely because of their disability. The constitutional



values of dignity, bodily integrity and autonomy recognised in **Suchita Srivastava** continue to guide the exercise undertaken by this Court. It is only because the patient is demonstrably incapable of exercising informed decision-making and because the overwhelming medical evidence indicates that the proposed intervention would serve her welfare, health, dignity and safety that this Court considers it appropriate to grant the permission sought.

36. In exercising its *parens patriae* jurisdiction, the paramount consideration for this Court is the best interests of the person concerned. Having regard to the findings recorded by the Medical Board, the nature and extent of the patient's intellectual and developmental disabilities, her inability to independently manage menstrual hygiene, the recurring medical complications highlighted by the petitioners, the absence of any medical contraindication and the unanimous recommendation of the Medical Board, this Court is satisfied that the proposed procedure is intended to advance the welfare, health, dignity and best interests of (X).
37. This Court is therefore of the considered opinion that the permission sought by the petitioners deserves to be granted.



38. As such, this Court passes the following:

**ORDER.**

- i) Writ petition is ***allowed***.
- ii) The petitioners are permitted to have a Total Abdominal Hysterectomy performed on their daughter (X) at Vanivilas Hospital, Bengaluru. The Medical Superintendent, Vanivilas Hospital, shall make all necessary arrangements for carrying out the said procedure in accordance with the recommendations of the Medical Board and in compliance with all applicable medical, legal and ethical requirements.
- iii) The Medical Superintendent shall ensure that the welfare, dignity, safety and best interests of the patient are protected at all stages of treatment. The patient shall be provided such pre-operative counselling, psychological support and post-operative counselling, care and rehabilitation services as may be considered necessary by the treating team, including the Psychiatrist and other specialists concerned.
- iv) The date and time of the surgical procedure shall be fixed by the Medical Superintendent in consultation with the petitioners and the



treating specialists, having regard to the medical condition and convenience of the patient.

- v) The Medical Board or such specialists as may be nominated by the Medical Superintendent shall monitor the patient's post-operative recovery and ensure that all appropriate follow-up treatment and medical support are provided.
- vi) A brief report regarding the conduct of the procedure and the post-operative condition of the patient shall be placed before the Registrar General of this Court within a period of eight weeks from the date of the procedure.

**SD/-  
(SURAJ GOVINDARAJ)  
JUDGE**

KTY  
List No.: 3 SI No.: 2