



CATHOLIC BISHOPS' CONFERENCE OF INDIA (CBCI)

CBCI Centre, 1 Ashok Place, Near Gole Dakkhana, New Delhi - 110 001 India

Tel : +91 11 2334 4470 Mob.: 987 114 7838

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FOR IMMEDIATE RELEASE

CBCI RAISES SERIOUS CONCERN OVER THE SUPREME COURT DIRECTION PERMITTING THE TERMINATION OF 30 WEEK PREGNANCY

New Delhi, May 2, 2026 – CBCI expresses deep anguish over the Times of India's Report (1 May 2026) on SC verdict which permits the forced premature delivery of a 30-week viable foetus. This development raises profound questions relating to Constitutional law, medical ethics, and the fundamental right to life of the unborn child.

The order directs the All India Institute of Medical Sciences (AIIMS), New Delhi, to terminate a 30-week pregnancy of a 15-year-old minor. This direction stands in stark contrast to the unanimous and categorical opinion of the medical experts, who have clearly stated that termination at this advanced stage is not medically feasible.

Importantly, the medical board suggested a safer and more humane alternative—deferring delivery by a few weeks to enable a normal birth. This approach would significantly reduce health risks to the minor and increase the likelihood of delivering a healthy child. The State also expressed its willingness to assume responsibility for the child, including facilitating adoption. Despite this, the order prioritizes “choice” over well-established medical advice and ethical considerations.

At 30 weeks of gestation, a foetus is widely recognized as viable and capable of survival outside the womb. Directing a procedure that may end such life or result in severe harm raises serious concerns under Article 21 of the Constitution of India, which guarantees the right to life. The termination of a viable foetus, particularly when safer alternatives exist, calls into question the balance between autonomy and the protection of life.

While patient autonomy is an important principle, it cannot extend to demanding a medically contraindicated and harmful procedure. Judicial decisions in such sensitive medico-legal matters must be guided by scientific evidence and expert opinion. Overriding unanimous medical advice risks setting a concerning precedent and undermines evidence-based decision-making.

The Hon'ble Court, as the guardian of minors and those unable to protect their own interests, carries a duty to ensure their best interests. In this case, expert medical opinion clearly outlined



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a course that would safeguard both the minor and the unborn child. Departing from this path raises concerns regarding the discharge of this responsibility.

Furthermore, the legal framework governing medical termination of pregnancy permits late-term procedures only under exceptional circumstances, such as grave risk to the mother or serious foetal abnormalities. In the present case, medical opinion indicates that continuation of pregnancy for a short duration is safer, and the foetus is healthy. The present direction appears to extend beyond the scope of the existing legal framework.

The directive also places medical professionals in an ethical dilemma by compelling them to undertake a procedure that contradicts their professional judgment and ethical obligations. Such coercion may adversely impact the integrity of medical practice and the willingness of experts to provide independent opinions in judicial proceedings.

While the social and psychological concerns surrounding early motherhood are acknowledged, they must be balanced against the certainty of physical harm and the implications for the right to life. The alternative solution proposed—including State support and adoption—offered a compassionate and legally sound pathway that warranted greater consideration.

In light of the above, this matter again calls for immediate and urgent reconsideration in order to save the life of an innocent unborn, to uphold Constitutional principles, medical ethics, and the best interests of both the minor and the unborn child.

For further information, please contact:

Fr. Robinson Rodrigues

PRO, CBCI

Phone: +91-8130905028

Email: procbei1@gmail.com