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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

% *Reserved on: 27th February, 2017*
Date of Judgment: 30th May, 2017

\+ **W.P. (CRL) 2527/2015 & Crl. M.A. No.14648/2016**

GEETA SHARMA ..... Petitioner
Through Mr.Nishant Kumar Srivastava, Adv.
with Mr.Zachauah Jacob, Adv.

versus

THE UNION OF INDIA & ANR ..... Respondents
Through Mr.Arun Kumar, Adv. for
Mr.Kirtiman Singh, CGSC for R-1.
Mr.Atul Sharma, Adv. with Ms.Ritika
Talwar, Mr.Abhishek Sharma &
Ms.Abhilasha Singh, Advs. for R-2.

CORAM:
HON'BLE MR. JUSTICE G.S.SISTANI
HON'BLE MR. JUSTICE VINOD GOEL

G.S.SISTANI, J.

1. Petitioner has filed the present writ petition under Article 226 of the Constitution of India seeking a writ of Habeas Corpus directing respondents No.1 & 2 to produce the daughter of the petitioner, namely, Ms. 'X' (name withheld to maintain privacy), who is a major. It is alleged in the petition that Ms. 'X' is being forced to undergo mental healthcare treatment and admitted in Nightingale Hospital for Mental Health at Marylebone, London (United Kingdom), against her wishes. Prayer is also sought that a Medical Board be constituted to

determine if there is any requirement of such treatment. Direction is also sought to respondents No.1 & 2 to immediately provide all the medical documents and reports of Ms. 'X' to the petitioner.

2. The necessary facts of the case, which are required to be noticed for disposal of this writ petition, are as under:-

(i) Marriage between the petitioner and respondent No.2 was solemnized under the provisions of the Special Marriage Act, 1954 on 26.04.1987. Ms. 'X' was born out of their wedlock in Delhi on 12.09.1989. In the year 1998, marriage between the petitioner and respondent No.2 was dissolved by a decree of divorce by mutual consent, under Section 28(2) of the Special Marriage Act. Thereafter, the petitioner and respondent No.2 started residing separately. The custody of the two then minor daughters was handed over to the petitioner while respondent No.2 had undertaken to bear the entire expenses pertaining to their schooling and higher education.

(ii) Initially, the daughters remained in the custody of the petitioner. Subsequently, they were sent to a Boarding School. During their summer vacations in the month of May, 2006 when the daughters were with the petitioner, due to a mild rebuke by the mother on some issue, Ms. 'X' got angry, called respondent No.2 who arrived at the residence and with the help of the police, took away the daughters in violation of the terms of the decree of divorce. The petitioner claims that she did not approach any Court of law as per the advice being rendered to

her. However, Ms. 'X' continued to stay in touch with the petitioner and confided in the petitioner with respect to all problems faced by growing daughters. Meanwhile, respondent No.2 solemnized his second marriage.

(iii) It is further stated in the petition that Ms. 'X' was forced by respondent No.2 to take up Economics (Honours) in Sri Ram College of Commerce (SRCC) at New Delhi, disregarding the fact that she did not have Mathematics as one of the subjects in Class-XI and XII. Ms. 'X' failed five consecutive exams and ultimately discontinued her studies at SRCC, probably by then she was on medication for depression and has been visiting a Psychiatrist on her step-mother's insistence.

(iv) In the year 2013, the petitioner discovered the psychiatric dosses in the bag of Ms. 'X'. She then confronted respondent No.2 and she was assured by respondent No.2 that Ms. 'X' would not be administered such drugs. However, the drugs were continued. In the month of January, 2015, the petitioner received a call from Ms. 'X' informing her that she was going to London in connection with an internship. Although Ms. 'X' was assured stay at the house of the aunt of the step-mother, but a month later, the petitioner was informed by Ms. 'X' that she had been thrown out and thereafter, a week later, respondent No.2 had also left her stranded in a hotel without money. The petitioner then made complaints to the office of respondent No.1 and also to the High Commissioner. Subsequently, the

petitioner learnt from Ms. 'X' through telephonic calls, text messages and e-mails that she had been shifted to Nightingale Hospital, London and was undergoing treatment despite her objections. The petitioner was informed by Ms. 'X' about her distress and harassment at the hospital. No family person was around to take care of her despite repeated requests and complaints. Respondent No.2 failed to take urgent steps to intervene in London to ensure the safety and well-being of the life of Ms. 'X', nor any official information as to her treatment was provided.

(v) It is strongly urged that respondent No.2 has left Ms. 'X', a young girl, in an alien country alone despite the fact the medical treatment is available in India where she would get psychological support 24 hours.

(vi) Reliance is placed on copies of e-mails and text communications between the petitioner and Ms. 'X'. It is the case of the petitioner that she is extremely worried about the safety and well-being of her daughter who is forced to undergo psychiatric treatment in an alien environment. There is no family person around her to talk to her or to give her solace especially when medical facilities are available in India and the family is also available in India.

(vii) It is also stated that on 21.10.2015 the petitioner received a call from Ms. 'X' from the hospital informing her that she does not want to stay in London and requested her mother to take urgent

steps to save her. It is also claimed that Ms. 'X' has been making appeals for her return to India.

3. Learned counsel for the petitioner submits that Ms. 'X' is an Indian Citizen. She is being forcefully held up in London by respondent No.2. Ms. 'X' is unhappy with her treatment which she is undergoing in an alien environment with different food habits. Moreover, the petitioner is completely in the dark about the treatment being administered to her and no treatment can be worthwhile when the patient is being forcefully kept in a mental hospital in London.

4. Notice was issued in this matter. Reply has been filed by respondent no.2, father. Subsequently, an application was filed by respondent no.2 seeking permission to file a short affidavit along with certain communications which are personal in nature. The prayer made in this application was not opposed. Accordingly, permission was granted to respondent no.2 to file the short affidavit along with the documents in a sealed cover. A direction was also issued that each time, when the sealed cover is opened, post hearing the same would be resealed. Another application was filed by respondent no.2 when on 24.11.2015, the following order was passed:

> "**CRL M.A. 17045/2015**
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> This is an application filed by respondent no.2 seeking a direction to restrain media coverage/reporting (including print media, electronic and social media) of the present proceedings/orders passed in the present matter.
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> Learned counsel for respondent no.2 submits that the present petition pertains to the young daughter of the

petitioner and respondent no.2 and the issue involved is purely personal and private in nature and is not of any public importance. Counsel further submits that respondent no.2 apprehends that media reporting on the present proceedings will put the private information of the daughter of petitioner and respondent no.2 in the public sphere. Counsel also contends that disclosure of private communications in public abrogates the individual's right to privacy. In support of this contention, counsel for respondent no.2 has relied upon a decision rendered by the Supreme Court of India in the case of Sharda v. Dharampal, reported at (2003) 4 SCC 493, more particularly para 71, which reads as under:

> "71. "Privacy" is defined as "the state of being free from intrusion or disturbance in one's private life or affairs". Mental health treatment involves disclosure of one's most private feelings. In sessions, therapists often encourage patients to identify "thoughts, fantasies, dreams, terrors, embarrassments, and wishes". To allow these private communications to be publicly disclosed abrogates the very fibre of an individual's right to privacy, the therapist-patient relationship and its rehabilitative goals. However, like any other privilege the psychotherapist-patient privilege is not absolute and may only be recognized if the benefit to society outweigh the costs of keeping the information private. Thus if a child's best interest is jeopardized by maintaining confidentiality the privilege may be limited."

Learned counsel for respondent no.2 has also relied upon United Nations, Economic and Social Council, Siracusa Principles on the Limitation and Derogation Provisions In the International Covenant on Civil and Political Rights, more particularly Clause I (B) (ix) (38), which reads as under:

> **"ix. "restrictions on public trial"**
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> 38. All trials shall be public unless the Court determines in accordance with law:

(a) the press or the public should be excluded from all or part of a trial on the basis of specific findings announced in open court showing that the interest of the private lives of the parties or their families or of juveniles so requires; or

(b) the exclusion is strictly necessary to avoid public prejudicial to the fairness of the trial or endangering public morals, public order (orde public), or national security in a democratic society."

Counsel, in these circumstances, prays that media coverage/reporting of any nature should be restrained in this matter.

Notice. Learned counsel for the petitioner accepts notice and supports the prayer made by respondent no.2.

Heard counsel for the parties. Having regard to the fact that the issue involved in this petition is purely personal and private in nature, and is not of any public importance and further taking into consideration that in case, the present application is not allowed, it would not only cause irreparable loss to the parties but would also have an adverse impact on the child of the parties as well, the present application is allowed. The media (any form of media) including, print, electronic and social media, is restrained from covering/reporting the proceedings.

Application stands disposed of."

5. Having regard to the directions passed by this Court and with a view to protect the privacy of the child, we have referred to the patient in question as Ms. 'X'.

6. As per the short affidavit, both the daughters of the petitioner and respondent no.2 have been staying with respondent no.2 since 1998. It has been stated that respondent no.2 has been responsible for their overall well-being and both the daughters are well-educated. The

short affidavit reveals that in the year 2007, Ms. 'X' started to show symptoms of a psychiatric disorder and in 2008 was diagnosed with Paranoid Schizophrenia by two leading Psychiatrists in Delhi. It is stated that Schizophrenia is a severe, debilitating brain disorder that can cause people to see the world in unusual ways and people with Schizophrenia often believe that other people can read their thoughts or are planning to harm them, they may hear voices that are not there and may experience visual hallucinations. It is stated that due to their altered perception of reality, patients of Schizophrenia often say things which are a product of the patient's imagination. Schizophrenia is not only hard for the person suffering from it, but it also takes a toll on the family as well. It is stated that immediately upon her diagnosis, the respondent no.2 began her treatment under various leading Psychiatrists in India including a specialist from AIIMS. True copy of the OPD Card of Ms. 'X' issued by AIIMS has been filed.

7. It is pointed out that the treatment of Ms. 'X' continued in India uptil the end of 2014. It is stated that despite prolonged treatment, Ms. 'X' did not show permanent or long term improvement and towards the end of 2014 or in the beginning of 2015, she was advised closely monitored advance treatement by Dr. Kavita Arora, one of the doctors who had been treating her since 2008, which opinion was endorsed by other doctors as well. The fact that India does not have any world class psychiatric institution/treatment facilities; the state of existing facilities is questionable and there is a stigma associated with psychiatric disorders in the country, prompted the respondent no.2 to

explore various treatment options available around the world. After thorough discussion and research with medical experts, the respondent no.2 contacted the Nightingale Hospital in London, United Kingdom. It is stated that Nightingale Hospital is one of the world's leading private mental health hospital delivering specialist treatment in general psychiatry, addictions and eating disorders. Conference calls were organized between the daughter of respondent no.2 and Dr. James Arkell, a leading Psychiatrist at Nightingale Hospital, London and only after the daughter of respondent no.2 was convinced and agreed to undergo treatment at the said hospital and travel to London for the same that her travel to London was finalized. Thereafter an application for a Medical Visa was made to the U.K. High Commission. Ms. 'X' was granted a Medical Visa by the U.K. High Commission after she personally appeared at the High Commission in New Delhi. True copy of the Medical Opinion of Dr. Kavita Arora has been filed.

8. Respondent no.2 has pointed out that he travelled to London with his daughter where she was admitted to the Nightingale Hospital on 22.01.2015 under Dr. James Arkell (Consultant and Psychiatrist). It has also further been pointed out that Ms. 'X' went through psychiatric treatment for depression and Paranoid Schizophrenia at the Nightingale Hospital for almost six weeks and showed considerable signs of improvement in her medical condition. She was discharged from the Nightingale Hospital on 03.03.2015. Upon her discharge, however, she expressed a desire to continue to stay in London and

undergo a course at the London School of Publishing. As per her wish, she was enrolled for a ten week Sub-editing Course at the London School of Publishing on 30.03.2015 which she subsequently completed in July, 2015 with 65% marks. Besides attending the course in Sub-editing, she also got enrolled for lessons in music from Ms. Ida Griffiths, a teacher of contemporary music. True copy of the *e-mail* dated 01.07.2015 issued by the London School of Publishing informing her that she had passed her course has been filed. It is stated that during this period of her stay, at the instance of his daughter, the respondent no.2 arranged a hotel room for her at Washington Hotel at London, a hotel owned by the friend of respondent no.2 in order to make her stay comfortable and convenient. It is during this period that she continued to undergo treatment under Dr. Arkell at Nightingale Hospital and continued to consult him on a weekly basis.

9. It has been stated that after completing the course in Sub-editing, Ms. 'X' expressed interest in staying on in London and pursuing another course at the London School of Contemporary Music and got enrolled for the same. The course was for a duration of eight weeks and was to commence from 21.07.2015. True copy of letter dated 27.05.2015 issued by London School of Contemporary Music informing Ms. 'X' of her enrolment has been filed. Ms. 'X' returned to India on 29.06.2015 only to return to U.K. on 09.07.2015 on a student visa to pursue the course in music. It is stated that as she wanted to now stay in a student accommodation, the respondent no.2 made arrangements

for her stay at a student accommodation called Nido Apartments located at Kings Cross, London. During this time, she was in touch with her mother and interacted with her over telephone and e-mail. The course at the music school commenced on 21.07.2015. It is stated that on the same day, she sent various Whatsapp messages to respondent no.2 which suggested that she had suffered a relapse and had started to once again show symptoms of Paranoid Schizophrenia. It was subsequent to this relapse that the respondent no.2 learnt that it was at the instance of the petitioner that Ms. 'X' had stopped taking medication since the petitioner convinced her to believe that she was perfectly fine and in need of no treatment. True copies of the Whatsapp messages sent by Ms. 'X' to respondent no.2 have been filed.

10. It has further been stated that following the incident, Ms. 'X' continued to show symptoms of paranoia. The respondent no.2 convinced her to visit Dr. Arkell immediately to seek his assistance. On 24.07.2015, she consulted Dr. Arkell and after examining her symptoms, he strongly recommended that she should take admission in the hospital and offered her the services of hospital staff that she already knew. When she declined to get herself admitted, she was taken to the pharmacy by the Secretary of Dr. Arkell who ensured that she left with a supply of medication. During this time, the respondent no.2 was in constant touch with Dr. Arkell regarding his daughter's treatment and was getting regular updates from him on email and on phone as well. True copy of the email dated 24.07.2015 written by

Dr. James Arkell has been filed. Dr. Arkell continued to engage her. However, her cooperation for the treatment started to dwindle. Dr. Arkell in his email dated 14.08.2015 informed the respondent no.2 that inspite of his intervention, Ms. 'X' had refused to take her medication and continue with her treatment and her behaviour continued to grow more distracted and odd. It has further been stated that respondent no.2 had contacted the Islington Crisis Team of the National Health Service (NHS) to engage her at her apartment since she was not keen to visit Dr. Arkell at the Nightingale Hospital. True copy of the email dated 14.08.2015 from Dr. James has been filed.

11. It has also been stated that on 19.08.2015, the Islington Crisis Team wrote to the respondent no.2 stating that they had contacted his daughter and since she refused to work with them, they have referred her for mental health assessment and if they feel that she is unwell, then they will arrange for her to be admitted to hospital. It is stated that his daughter continued to show signs of paranoia. She continued to stay confined in her room without having any interaction with any outsider. However, she was in constant touch with respondent no.2 during this period. On 21.08.2015, she wrote an email to the Editor of a Newspaper in London which clearly demonstrated her delusional state of mind. True copy of the email written by Ms. 'X' has been filed. It has been stated by respondent no.2 that when he was informed that his daughter would be put through a mental health assessment by the Islington Crisis Team, he made efforts to ensure that such an assessment takes place at the Nightingale Hospital rather

than an NHS facility to ensure her comfort since she knew the facility and staff fairly well. To ensure that she is treated at the Nightingale Hospital itself due to the trust shared by them, the respondent no.2 persuaded her to vacate her room and travel to Nightingale Hospital on her own to get admitted. She was admitted to Nightingale Hospital on 22.08.2015. Unfortunately, upon admission, she refused to engage with doctors and continued to display symptoms of paranoia. She continued to have delusions and talked about constant monitoring by cameras and use of technology to read her mind. Upon her failure to engage with the doctors. Dr. Arkell recommended an assessment under Section 2 of the Mental Health Act, 1983(Act) to assess her status. Pursuant to an examination by the NHS team under Section 2 of the Act, on 28.05.2015 the NHS decided that considering the mental health of Ms. 'X', she sought to be put through a detention under the Act.

12. It has been pointed out that in exercise of the remedy provided under Section 2 of the Act, Ms. 'X' challenged the order of mental health assessment before a Tribunal set up for this purpose. The Tribunal convened a hearing which was attended by her as well as the respondent no.2. All concerned parties including Ms. 'X' and the respondent no.2 were permitted to address the Tribunal. After a detailed hearing, the Tribunal declined to set aside the order of assessment. Since she continued to be uncooperative towards her treatment, the NHS referred her case for a second assessment. After carrying out a second review, on 23.09.2015 NHS recommended that

she be detained for a period of six months i.e. until 22.03.2016 to undergo hospitalisation under Section 3 of the Act.

13. It has been stated by respondent no.2 that he has been closely monitoring the treatment of his daughter. He has been travelling to London to be with her every couple of weeks. He was present with her during her admission to Nightingale Hospital in January 2015. He again visited her while she was enrolled for her courses at London. He was also by her side during the hearing of her appeal against the order of assessment passed under Section 2 of the Act. He travelled to London to be with his daughter from 21.01.2015 to 28.01.2015; 07.03.2015 to 15.03.2015; 26.04.2015 to 03.05.2015 and'16.09.2015 to 22.09.2015. True copies of the air tickets of respondent no.2 have been filed. It is stated that the respondent no.2 has been in constant touch with his daughter and talks to her on the phone multiple times each day(sometimes upto eight to nine times a day). Besides, he was also in touch with her through Whatsapp messages and email. True copy of the mobile phone records of the respondent no.2 showing frequent calls to his daughter has been filed.

14. It has further been stated by respondent no.2 that he has also been communicating regularly with his daughter's doctor and her medical team through telephone, email and Whatsapp. Regular updates have been provided by her medical team at the Nightingale Hospital to him and he was in complete knowledge of the treatment being provided to her. It is stated that he has also been bearing all expenses of the treatment of his daughter and was sparing no effort to ensure a speedy

recovery. His primary concern has been for the health and wellbeing of his daughter. Her doctor and medical team are of the view that her continuous treatment is critical to her health, career and future prospects and her continuous treatment will give her better odds at recovery. It is stated that any interference or obstruction to her treatment by the petitioner, as has been done in the past where the petitioner convinced her to give up her medication on the pretext that she is perfectly healthy, at this stage will be highly detrimental to her mental health. It has been denied by the respondent no.2 that the petitioner has been kept in the dark about the health of their daughter. It has been stated that the petitioner has all along been informed of the medical condition and treatment of their daughter through a common acquaintance-Ms. Madhu Kalia, Advocate. It has been alleged that despite having been diagnosed with Schizophrenia herself, the petitioner rather than helping her daughter to deal with the medical condition by encouraging her to undergo medication and therapy, has instead been trying to convince her daughter that she is completely fit and does not require any medication. It is alleged that on more than one occasion, this has led to a deterioration in the condition of his daughter and is highly detrimental to her mental health. True copy of the sms messages sent by respondent no.2 to the petitioner through Ms. Madhu Kalia, Advocate has been filed.

15. It has been alleged by the respondent no.2 that the petitioner's attempts at disrupting the treatment of his daughter have been growing in frequency. On 11.09.2015, the petitioner asked his daughter to

write to this Court seeking an appropriate direction for her discharge from the Nightingale Hospital. Even though the petitioner is aware that his daughter is getting the best possible treatment Nightingale Hospital, the petitioner persists and tries to convince her daughter to abandon her treatment and return to India. True copy of Whatsapp message dated 11.09.2015 sent by his daughter has been filed.

16. On 18.11.2015, he provided Dr. James Arkell a copy of the order dated 04.11.2015 passed by this Court and requested him to provide him a medical report on his daughter's treatment. It has been pointed out that in response to the directions of this Court, Dr. James Arkell has prepared a medical report detailing the medical history of his daughter and the treatment that she is undergoing. True copy of the Medical Report dated 19.11.2015 issued by Dr. James Arkell has been filed.

17. The respondent no.2 has further stated that it is in the circumstances stated above that his daughter is being treated at the Nightingale Hospital in London. It is also stated that it is the view of her doctor that she is benefitting from the treatment and lately has been showing considerable improvement. It has further been stated that the daughter of respondent no.2 is now willingly getting treated and since she is showing signs of improvement, she wants to continue with the treatment. It has been pointed out that she has told the respondent no.2 that post-her treatment, she wants to stay on in London and pursue further studies there. The respondent no.2 has stated that it is in the best interest of his daughter that she completes her treatment for

her mental condition at the Nightingale Hospital and any interruption to her treatment may have adverse and long term consequences and would undo all progress that she has made since her treatment commenced in January, 2015.

18. We have heard the learned counsel for the parties, considered the material placed on record and given out thoughtful consideration to the matter.

19. Some undisputed facts which emerge based on the pleadings of the parties are that marriage between the petitioner and respondent no.2 was solemnized on 26.04.1987. Two daughters were born out of their wedlock. This petition pertains to Ms. 'X', who is a major and was born on 12.09.1989. Decree of divorce by mutual consent was granted in the year 1998. Custody of both the daughters was handed over to the petitioner, however, since 1998 the respondent no.2 has been looking after both the daughters.

20. Respondent no.2 has claimed that Ms.X exhibited symptoms of a psychiatric disorder since the year 2007 and was diagnosed with paranoid Schizophrenia in the year 2008. A true copy of the OPD card of Ms.X, issued by AIIMS, dated 12.12.2012 has been placed on record.

21. The petitioner, who is the mother of Ms.X, has made the following prayers in the present writ petition:

    a) Directing Respondent No.1 to 2 to produce the daughter of the petitioner i.e. Astha Sharma, a major, presently forced to

undergo Mental Healthcare and presently admitted in Nightingale Hospital for Mental Health, Room No.28, Ground Floor, 11-19 Lisson Grove, Marleybone, London, United Kingdom without her wishes and in a very hostile environment, also facing harassment-physical and mental, before this Hon'ble Court to determine the propriety of her confinement to the Nightingale Hospital in London and to get a clear opinion of Astha Sharma for the same;

b) order the constitution of a Medical Board to determine if there is any requirement of the treatment she is undergoing at all and if yes, then whether the same could be administered to her at New Delhi;

c) direction to the Respondents No.1 and 2 to immediately provide all the Medial documents/reports of the said Astha Sharma to the Petitioner through this Hon'ble Court;

22. The complaint of the petitioner is that respondent no.2, father, has forced Ms.X to live in London, he did not arrange for her proper stay and she was left stranded in a hotel without money in the month of January, 2015. The petitioner subsequently learnt on receiving telephonic calls, text messages and emails from Ms.X that she has been shifted to Nightingale Hospital in London against her wishes.

23. Ms.X complained to the mother about her distress and harassment at the hospital. She also complained that no family member was present to take care of her. The daughter has been alienated and there is no one to ensure her safety and well being. It has also been complained that neither the hospital authorities nor respondent no.2, father, is providing any information to the petitioner about the exact medical condition of Mx.X and treatment given to her. Another complaint

made by the petitioner is that despite the fact that the medical treatment is available in India, where Ms.X would also receive psychological support by the family, respondent no.2 has left a young girl in an alien country. Reliance is placed on emails written, text messages written by Ms.X to her mother. In this backdrop, the questions, which arise for consideration before this Court, are (i) whether Ms.X, who is a major, was sent to London against her wishes? and (ii) whether she was suffering from any psychological disorder and if yes whether it was necessary to admit her in Nightingale Hospital for treatment?

24. We may note that during the pendency of this writ petition, as noticed in the order dated 3.8.2016, Ms.X was to return to Delhi for stamping of her visa around the second week of September, 2016. Learned counsel for respondent no.2 had undertaken to inform the counsel for the petitioner about the specific dates. It was also noticed that the petitioner had been speaking and interacting with Ms.X through voice and visual internet. On 27.9.2016, the following order was passed:

> "The petitioner and the respondent No. 2 are present in person. Mr. Atul Sharma, Advocate, on instructions from the respondent No. 2, states that Ms. Astha Sharma is to join a course in London on 29th September, 2016. It is also stated that Ms. Astha Sharma would be in Delhi on or about 10th December, 2016.
>
> Ms. Geeta Sharma, who is present in person, states that she has been in touch with Ms. Astha Sharma through internet and would continue to remain in touch with her. In case Ms. Geeta Sharma has any difficulty, she will file an appropriate application in the Court. We hope and trust that the statement made by the respondent No. 2 would be adhered to and Ms.

Geeta Sharma would have the liberty to meet and interact with Ms. Astha Sharma on or about 10th December, 2016.

Mr. Atul Sharma, Advocate, on instructions, has also stated that the respondent No. 2 would not have any objection in case Ms. Astha Sharma expresses her desire to stay and reside with the petitioner during her visit to India. Re-list on 15th December, 2016."

25. This Court was informed on the next date of hearing i.e. 15.12.2016 that a meeting took place between the petitioner and her daughter when the daughter had travelled to India between 21.11.2016 to 29.11.2016. Since the petitioner has been in constant touch with respondent no.2 and also had met respondent no.2 during the period she had travelled to India between 21.11.2016 to 29.11.2016, we are of the view that Prayer (a) made in this writ petition with regard to production of Ms.X before this Court, stands satisfied. The fact that despite the meeting with the mother Ms.X has travelled back to the United Kingdom out of her own free will is proof enough that her stay in the United Kingdom is not against her own wishes and it is with her consent and concurrence.

26. Another prayer made in this writ petition is a direction to constitute a medical board to determine if there is any requirement of treatment and, if yes, whether the same could be administered at New Delhi. A direction is also sought to provide medical documents/reports to the petitioner. Although once, Ms.X has met her mother during her visit, the remaining prayers made in this writ petition also stand satisfied but to satisfy the conscience of this Court we had, by an order dated

4.11.2015 while granting time to respondent no.2 to file reply, directed respondent no.2 to file supporting documents and necessary documents clearing detailing the treatment being provided to Ms.X. Respondent no.2 has filed a medical report dated 19.11.2015 issued by Dr.James Arkell. On 3.12.2015, we had directed respondent no.2 to seek an opinion of the attending Doctor to show the timeframe with regard to the treatment of Ms.X and the timeframe in which the patients are likely to be discharged from the hospital. This Court also directed that if possible the Doctor be requested to opine whether it would be in the interest of the patient to travel to India and whether the medicines, which are being administered to her, are having a positive effect. This Court was informed that a report of the treating Doctor had been filed on 11.1.2016. The petitioner had also placed on record opinion of Dr.Unni Krishnan.

27. We were informed on 1.4.2016 that Ms.X had been discharged from hospital on 29.3.2016 and staying on her own, however, a Court team would visit her everyday and she would revert back to the hospital once a week. Along with the short affidavit filed by respondent no.2, he has placed on record true copies of the OPD card of Mx.X issued by AIIMS for December, 2012; medical opinion of Dr.Kavita Arora pertaining to Ms.X dated 22.1.2015; letters of Dr.James Arkell dated 24.7.2015 and 13.11.2015, 14.8.2015 and 19.8.2015; medical report dated 19.11.2015; opinion of Dr.James Arkell dated 5.1.2016; medical report of Dr.James Arkell dated 29.1.2016; report of Dr.James Arkell dated 25.4.2016 which are enough *prima facie* evidence to show that

Ms.X is suffering from paranoid Schizophrenia and her father, respondent no.2, is providing medical care and attention to her. Having regard to the aforesaid medical opinions, OPD card of AIIMS of Ms.X and opinion of Dr. Unni Krishnan, copies of which have been provided to the petitioner, the prayers (b) and (c) made in the writ petition also stand satisfied.

28. In the case of ***Girish v. Radhamony K. & Ors.***, reported at (2009) 16 SCC 360, a writ petition under Article 226 of the Constitution of India was filed by the petitioner, alleging therein that the minor daughter had been kidnapped. When the daughter appeared and informed the Court that she was a major yet the High Court continued to direct registration of a case. The Supreme Court of India held as under:-

> "*.... in our opinion, the High Court had no jurisdiction to give this direction. In a habeas corpus petition, all that is required is to find out and produce in court the person who is stated to be missing. Once the person appeared and she stated that she had gone of her own free will, the High Court had no further jurisdiction to pass the impugned order in exercise of its writ jurisdiction under Article 226 of the Constitution.*"

29. Having regard to the facts of the case and taking into consideration that Ms.X had met her mother and during the meeting nothing has been reported to the Court including that Ms.X is being forced to stay in London or being forced for medical treatment; and also taking into consideration the medical record, as directed by this Court from time to time, has been produced and copies thereof stand supplied to the petitioner, we are of the considered view that no further orders are

required to be passed in the present petition and the same stands disposed of.

CRL.M.A. 14648/2016 (For directions)

30. Application stands disposed of in view of the order passed in the writ petition.

G. S. SISTANI, J.

VINOD GOEL, J.

MAY 30th 2017/ka/pst