Neutral Citation Number: [2026] EWHC 2818 (KB)

Case No: KB-2026-003646

IN THE HIGH COURT OF JUSTICE
KING'S BENCH DIVISION
MEDIA & COMMUNICATIONS LIST

Royal Courts of Justice
Strand, London, WC2A 2LL

Date: 3 November 2026

Before :

THE HONOURABLE MR JUSTICE NICKLIN

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Between :

PPT	**Claimant**
- and -	
(1) Independent Television News Limited **(2) Guardian News & Media Limited**	**Defendants**

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Sara Mansoori KC, **Ian Helme** and **Mannat Malhi** (instructed by **Russells**) for the **Claimant**
Gavin Millar KC and **Ben Silverstone** (instructed by **Wiggin LLP**) for the **Defendants**

Hearing dates: 27-28 October 2026

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Approved Judgment

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Mr Justice Nicklin :

1. This is the judgment of the Court following an expedited trial of a Part 8 Claim.

A: The claim

2. The Defendants are media organisations. Each has conducted a journalistic investigation into allegations concerning the Claimant's conduct towards a number of individuals.

3. The proposed publications concern serious allegations about the Claimant's conduct over a period of years. The matters alleged are said to have arisen in a variety of professional and personal contexts.

4. The allegations which the Defendants propose to publish, as a result of their investigation, concern the Claimant's alleged abuse of his power and status as a well-known public figure in order to establish contact with young women, who were also considerably younger than him, and engage, and/or seek to engage in inappropriate sexual activity, including potential criminal activity ("the Allegations").

5. Before publication, each Defendant notified the Claimant of the substance of the Allegations which they proposed to publish and invited his response. The Claimant's case is that the notification and prospect of publication of the Allegations caused a serious deterioration in his mental health, including serious attempts to take his own life and the need for psychiatric treatment.

6. The Claimant contends that publication would expose him to a real and immediate risk of serious harm or death. He relies upon medical evidence and contends that publication would be incompatible with the protection afforded to him by Articles 2 and 3 of the European Convention on Human Rights and, to the extent necessary, Article 8.

7. The Defendants resist the claim on both legal and factual grounds. They contend that the positive operational obligations under Articles 2 and 3 do not require the Court to restrain otherwise lawful publication by private media organisations because of the risk that its subject may take his own life or suffer psychiatric harm. They submit that recognition of such an obligation would extend Convention law beyond established Strasbourg principles and that, in the absence of a pleaded domestic cause of action, the Court's general equitable power does not provide a proper juridical basis for the injunction sought. They further contend that the State's responsibility for protecting the Claimant against suicide is appropriately discharged through psychiatric treatment, containment and risk management. In relation to Article 8, they dispute both the juridical basis of the claim and the weight of the rights asserted. They rely upon the Article 10 rights of the Defendants, their sources and the public, and upon the substantial public interest which they contend would be served by publication of the results of their investigations.

8. The Claimant has given a broad denial of the Allegations which the Defendants propose to publish. In these proceedings, the Court will not resolve whether the Allegations that the Defendants wish to publish are true. The issue for the Court is narrower: whether the Court should impose an injunction to restrain publication of the Allegations given the risks that publication would represent to the Claimant.

9. The Claimant seeks a final injunction restraining the Defendants from publishing or broadcasting the Allegations the subject of their investigations, or substantially similar information. The relief sought is founded upon the Claimant's case that publication would create a continuing risk to his life through suicide.

10. The psychiatric issues have been addressed through expert evidence provided by a Single Joint Expert. The nature and degree of the risk relied upon by the Claimant, the legal significance of that risk and the extent to which it can effectively be mitigated are matters to be resolved by the Court.

B: Open Justice, anonymity and reporting restrictions

11. In these proceedings, and in this judgment, the Claimant is identified by the cipher "PPT". By an order made on 5 October 2026, which has been published on the Judiciary website[1], I directed that the Claimant should be identified in these proceedings by the cipher "PPT" ("the Anonymity Order"). The Anonymity Order requires the Claimant's identity to be withheld from the public and imposes reporting restrictions prohibiting the publication of his identity or of any information likely, directly or indirectly, to identify him as the Claimant in these proceedings. Publication of material that identifies – or is likely to identify – the Claimant, in breach of the Anonymity Order would be contempt of court.

(a) The governing principles

12. Open justice is a fundamental constitutional principle and an aspect of the rule of law. Its purposes include enabling public scrutiny of the work of the courts, maintaining confidence in the administration of justice and enabling the media to report court proceedings: ***A -v- British Broadcasting Corporation*** **[2015] AC 588** [23]-[26].

13. The ordinary position is that hearings take place in public, the parties are named, and the evidence, submissions, judgments and orders upon which the Court acts are publicly accessible. Identification of the parties is itself an important aspect of open justice. Names provide context and enable reports of proceedings to be concrete and intelligible rather than abstract or disembodied: ***JIH -v- News Group Newspapers Ltd*** **[2011] 1 WLR 1645** [21] and [35]-[36].

14. The principle is not absolute. The Court may withhold or anonymise the identity of a party or witness, conduct part of a hearing in private, restrict access to court documents and impose corresponding reporting restrictions where, but only where, the derogation is strictly necessary in the interests of justice: ***PMC -v- Cwm Taf Morgannwg University Health Board*** **[2026] KB 209** [79]-[89].

15. The Court must begin by according very substantial weight to open justice. The burden lies upon the person seeking a derogation, which must be justified by clear and cogent evidence. The Court must identify the particular interest requiring protection, the harm which disclosure would cause, and whether the necessary protection can be achieved by a less restrictive measure. Any derogation must go no further than is necessary to achieve its protective purpose: ***Tickle -v- Surrey County Council*** **[2025] Fam 105** [49];

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[1] https://www.judiciary.uk/judgments/ppt-v-independent-television-news-limited-and-guardian-news-and-media-limited-anonymity-and-reporting-restrictions-order/

JIH [21]-[22]; ***Various Claimants -v- Independent Parliamentary Standards Authority*** **[2022] EMLR 4** [33]-[40].

16. Applying those principles in this case has presented particular practical difficulties. The Claimant's identity must presently be protected, but the principal issues concern the effect upon him of information which the Defendants wish to publish and extensive psychiatric evidence explaining the nature and degree of the alleged risk. Much of the evidence also contains biographical, professional, family and clinical information which, whether alone or in combination with other publicly available material, could identify the Claimant.

17. The principal dispute concerning open justice at trial has not been whether the trial should generally take place in public. It has concerned the identification of particular evidence and submissions which, although relevant to the Court's decision, could not be deployed publicly without creating a material risk of identifying PPT or one of the other protected individuals.

18. The Court has sought to conduct the trial as fully in public as possible; only a short part of the trial was conducted in private. The use of the cipher PPT, the ciphers given to other protected individuals, targeted reporting restrictions, public and confidential versions of documents, neutral summaries of evidence and, where strictly necessary, limited private consideration of identifying or intensely confidential material have enabled substantially more of the proceedings to be heard and reported publicly than would otherwise have been possible.

19. The fact that some information is withheld from public reporting does not mean that it has been disregarded by the Court. The Court's conclusions are based upon the full admissible evidence and submissions, including material which cannot safely be reproduced in this public judgment. Where detail has been omitted from this judgment, or expressed in neutral terms, that course has been adopted only to the extent necessary to preserve the effectiveness of the anonymity and reporting restriction orders.

20. This judgment necessarily contains detailed information about the Claimant's psychiatric condition and treatment, his risk of suicide and his relationship with his son. I recognise that those matters are intensely personal and would ordinarily attract a very high degree of protection from public disclosure. I have considered carefully whether, and to what extent, they could be withheld or expressed in less specific terms in this public judgment.

21. The psychiatric evidence is, however, at the heart of the Claimant's case. It provides the factual foundation for his contention that the Court is required, or should exercise its powers, to restrain the proposed publications under Articles 2, 3 and 8. The nature and degree of the risk, its connection with publication, the protection afforded by inpatient treatment and the possibility of therapeutic modification are all central to the Court's conclusions. The Claimant's relationship with his son is also relied upon both as part of the alleged psychiatric harm from publication and in support of the Article 8 claim. A judgment which omitted the substance of that evidence would be largely, if not wholly, unintelligible and would prevent proper public scrutiny of the reasons for the Court's decision.

22. This judgment contains only the personal and clinical information which I consider necessary to explain the issues and the Court's conclusions. That course involves a serious interference with the Claimant's privacy, but it is required by the principle of open justice. Publicity may cause pain, humiliation or distress, but those consequences do not by themselves justify excluding from public consideration material necessary for the administration and scrutiny of justice: ***Scott -v- Scott*** **[1913] AC 417** at pp.437-439, per Viscount Haldane LC, and at p.463, per Lord Atkinson; ***Khuja -v- Times Newspapers Ltd*** **[2019] AC 161** [12]. In the context of reporting matters disclosed at a public trial, Lord Sumption described the collateral impact upon those affected as "*part of the price to be paid for open justice*": ***Khuja*** [34(2)]. The same underlying principle applies to the contents of a public judgment. The Claimant's anonymity and the careful exclusion or neutral expression of unnecessary identifying detail provide substantial protection, but the Court's reasoning and its essential evidential foundation must remain publicly intelligible.

(b) Other protected individuals

23. The identities of three other individuals have also been withheld by the Court. These individuals, referred to as CA, CB and CC, have given accounts to the Defendants containing allegations concerning the Claimant's conduct. At the pre-trial review on 16 October 2026, the Court made an order under CPR 39.2(4), s.11 of the Contempt of Court Act 1981 and its inherent jurisdiction requiring their identities to be withheld in these proceedings and prohibiting their identification in connection with them.[2]

24. The principal reason for the order was the possible application of s.1 Sexual Offences (Amendment) Act 1992. It was unnecessary to determine whether any of CA, CB or CC was already entitled to statutory anonymity. The Court considered it necessary to preserve the position so that identification through reports of these proceedings did not irreversibly undermine any protection to which they were, or might become, entitled. Their names made no material contribution to public understanding of these proceedings. The order did not determine whether any of them could lawfully be identified in a subsequent publication by either Defendant.

25. References to those individuals at trial have accordingly been made using the ciphers CA, CB and CC. Given the issues requiring determination, the parties did not make focused submissions upon the detail of the accounts they had given to the Defendants.

(c) Continued anonymity following dismissal of the claim

26. Although my decision is that the Claimant's claim must be dismissed, it does not follow that the Court should itself identify him in this judgment. The dismissal determines that the Defendants are not to be restrained from publishing the Allegations. It does not require the Court to place the Claimant's identity, or the detail of the Allegations, in the public domain.

27. That approach is supported by ***Cream Holdings Ltd -v- Banerjee*** **[2005] 1 AC 253** [30]-[31]. Having discharged an interim injunction, Lord Nicholls declined to reveal the confidential information in the judgment. Whether, when and in what form to

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[2] https://www.judiciary.uk/judgments/ppt-v-itn-and-guardian-anonymity-and-reporting-restrictions-order/

publish remained a matter for the publisher. The Court should not pre-empt that decision or affect any legal consequences attaching to the publication eventually made.

28. The same approach is appropriate here. The Court can explain its decision fully, and permit proper public scrutiny of its reasoning, without naming the Claimant. Continuing to use the cipher PPT in this judgment preserves the distinction between the Court's decision not to restrain publication and the separate editorial decision of either Defendant whether, how and what to publish.

29. In any event, the existing anonymity and reporting restrictions order must remain in force during the period allowed for seeking permission to appeal and, if an application is made within that period, pending its determination or further order. Identification by the Court before then could render any appeal against the refusal of the injunction nugatory.

(d) Future operation of the reporting restrictions

30. Subject to any order preserving the position pending an application for permission to appeal (or an appeal), the reporting restriction protecting the Claimant's identity in these proceedings will be discharged automatically upon the first publication by either Defendant of the Allegations which identifies him. The same will apply separately to CA, CB and CC: if either Defendant lawfully publishes the account attributed to one of them and identifies her, the restriction protecting that individual will cease to apply, while continuing to protect any individual who has not been identified.

31. Any such discharge will not result in this judgment being reissued with a name substituted for the relevant cipher. The judgment records the position when it was delivered, at which time the anonymity and reporting restrictions remained in force. Subsequent identification may make it possible to understand references in the judgment, but does not require the judgment itself to be altered. The order will include liberty to apply in the event of any dispute or uncertainty about whether the conditions for automatic discharge have been satisfied.

32. Until a reporting restriction is discharged in accordance with that order, or varied or discharged by a further order of the Court, it remains fully effective. No person may publish the protected individual's identity, or information likely directly or indirectly to identify that individual in connection with these proceedings. Identification or speculation elsewhere, including on social media, does not authorise publication in breach of the order.

C: The issues and order of determination

33. The parties agree that the Court is not required to decide whether the Allegations are true. The Defendants maintain that the Allegations are credible, that they have been supported by substantial journalistic investigation and corroborative material, and that their proposed publications concern matters of significant public interest. The Claimant disputes the truth of the Allegations and complains about aspects of the investigations. Those competing positions form part of the context, but the truth or falsity of the Allegations is not an issue for determination in these proceedings.

34. The issues which the Court must determine fall into five broad categories:

i) the nature and degree of the psychiatric risk associated with the Court's decision and any publication;

ii) whether the circumstances engage any positive operational obligation under Article 2 or Article 3 and, if so, which State institution or institutions bear that obligation;

iii) whether the Court has a proper juridical basis for granting the injunction sought, and whether any operational obligation resting upon it requires or permits it to exercise its equitable powers to restrain publication;

iv) whether publication would amount to an unjustified interference with rights protected by Article 8; and

v) (if it arises) what relief is necessary and proportionate.

35. As to the order in which the Court should resolve the issues, the Defendants submitted that the legal questions should be resolved before any detailed determination of the psychiatric evidence. Their primary case was that, even assuming the existence of the serious publication-related risk alleged by the Claimant, the positive operational obligations under Articles 2 and 3 do not extend to requiring the Court to restrain otherwise lawful publication by private media organisations because of a risk of self-inflicted harm. Recognition of such an obligation would, they contended, extend Convention law beyond the principles established by the European Court of Human Rights, contrary to the principle in ***R (Ullah) -v- Special Adjudicator*** **[2004] 2 AC 323**. On that analysis, detailed findings about the precise degree and ability to mitigate the risk would not arise unless the Court first rejected that threshold legal submission.

36. In my judgment, however, the appropriate course is first to determine the relevant facts. The legal questions do not arise in the abstract and their proper resolution requires the Court to understand the nature of the risk, when and why it arises, the extent to which it is attributable to the proposed publications, and whether it can be sufficiently reduced by psychiatric treatment or other protective measures. It is also important that, as the trial judge, I make the factual findings necessary to permit the case to be considered upon any legal basis which may ultimately be held to be applicable. Some of those findings may prove unnecessary to my own legal conclusions, but that is not a sufficient reason to leave material factual questions unresolved. I shall therefore consider the evidence and make the necessary factual findings before addressing the scope and application of Articles 2 and 3.

D: Overview of the evidence

(1) The Claimant's evidence

37. The Claimant did not provide a witness statement in his own name. His factual case was principally supported by witness statements from his solicitor, his personal assistant and his publicist, together with contemporaneous correspondence, messages, medical records and documents recording the events following the Defendants' invitations to comment. The Claimant also relied upon a recorded discussion with his solicitor on 13 October 2026. The status and weight of that recording are addressed below.

38. Daniel Hoyle, the solicitor with conduct of the matter on the Claimant's behalf, has provided several witness statements. His evidence described:

    i) the history of the Defendants' investigations and their communications with the Claimant and his representatives;

    ii) the Claimant's psychiatric vulnerability and the medical information supplied to the Defendants;

    iii) the effect which receipt of the invitations to comment and the continuing prospect of publication appeared to have upon the Claimant;

    iv) the negotiations concerning the time available for the Claimant to respond, the proposed appointment of an independent or single joint expert and the Defendants' invitations to issue proceedings;

    v) the Claimant's subsequent psychiatric treatment and admissions; and

    vi) later developments, including the Claimant's recorded account of his intentions, the further assessment under the Mental Health Act 1983 and his compulsory admission shortly before trial.

39. The evidence was that the Second Defendant had previously approached the Claimant, in May 2022, concerning allegations of inappropriate conduct. The Claimant denied those allegations. The particular allegations put to the Claimant at that stage did not lead to a published article.

40. On 18 May 2026, the Defendants each sent the Claimant a detailed invitation to comment. The two letters together contained 278 numbered points and asked for a response within a short period. The Claimant relied upon the scale, nature and presentation of those letters as important context for his immediate psychiatric deterioration.

41. The Claimant's personal assistant gave evidence of the Claimant's reaction when the letters were received. He described an immediate and marked change in the Claimant's presentation. The Claimant said that he could not endure the adverse publicity and wanted to take his own life. His assistant described the steps taken by the Claimant and the urgent intervention which followed. The Claimant was admitted voluntarily to a psychiatric hospital later that day. Contemporaneous messages and documents were relied upon in support of that evidence.

42. The Claimant's publicist gave evidence of receiving the invitations to comment, passing them to the Claimant and assisting in the immediate response to the crisis. She also described the information supplied to the Defendants about the Claimant's condition and the attempts made by his representatives to obtain sufficient time for him to respond. Her evidence was that the Claimant wished to answer the allegations but was initially unable to do so because of his psychiatric condition.

43. From May 2026 onwards, the Claimant's representatives supplied the Defendants with medical information concerning his condition. The material included warnings from treating clinicians that publication and the anticipated public scrutiny could precipitate

serious self-harm or an attempt to take his own life. The Claimant's representatives repeatedly asked the Defendants not to publish, or to permit further time for an adequate response and medical assessment.

44. The Claimant particularly relied upon events in July 2026. While receiving inpatient treatment, he left hospital during a period of leave and attempted to take his own life. His personal assistant became aware of his movements and intervened. The Claimant relied upon that incident as objective evidence that his expressed intentions were not confined to verbalised suicidal thinking and that he was capable of planning and concealing his actions despite being an inpatient.

45. The Claimant's representatives notified the Defendants of that incident and again requested that they abandon or suspend the proposed publications. They also supplied a broad denial of the overarching allegations. The Claimant's position was that he had not abused his power or public position to pursue inappropriate relationships and had not behaved in the manner alleged.

46. The Claimant relied heavily upon the Defendants' stated position that the engagement of Articles 2 and 3, and the availability of injunctive relief, were matters which only a court could determine. His solicitor's evidence traced correspondence in which the Defendants invited him to apply for an injunction, agreed not to publish pending the determination of an application brought within specified periods and proposed the appointment of a Single Joint Expert within the proceedings. The Claimant submitted that the Defendants' insistence upon judicial determination explained why the present proceedings were ultimately issued.

47. The Claimant also relied upon the recorded discussion with his solicitor, on 13 October 2026. In that discussion, the Claimant stated that his suicidal thoughts had persisted after discharge; that he had concealed or understated aspects of his risk in order to obtain reduced restrictions and eventual discharge; that he did not regard hospital admission as a permanent answer to the publication-related risk; and that he did not wish to cooperate with measures whose purpose was to prevent him taking his life if publication occurred. He also described the importance of his relationship with his son and his belief that publication would cause that relationship to be lost or seriously damaged.

48. The recording was not a witness statement verified by a statement of truth, and the Claimant did not give oral evidence. The Defendants challenged the weight which could properly be attached to it. It was nevertheless provided to Dr Qurashi, who considered its psychiatric significance in the second addendum to his report.

49. Shortly before trial, the Claimant's condition was assessed under s.2 Mental Health Act 1983, and he was compulsorily admitted for psychiatric assessment and treatment. Further factual material placed before the Court included evidence of recent preparatory conduct, attempts to prevent people within his protective circle from monitoring his movements or expenditure, and his continued preoccupation with suicide. The Claimant relied upon those matters as demonstrating the seriousness and immediacy of the risk and the limitations of safeguards dependent upon his voluntary cooperation and candour.

50. The Claimant's evidence also addressed the effect which his death, serious self-harm or a prolonged psychiatric admission would have upon his relationship with his son. He relied upon that relationship both as an important protective factor and in support of his claim under Article 8. The Defendants have relied upon the fact that no witness statement was provided by the Claimant or on behalf of his son specifically addressing the asserted interference with those rights.

(2) The Defendants' evidence

51. The Defendants relied principally upon witness statements from Rachel Oldroyd, Deputy Investigations Editor at the Second Defendant, Emily Wilson, Head of UK News for ITV News, and Gaelyn Fuhrmann, their solicitor. Their evidence addressed the history and conduct of the journalistic investigations, the evidential basis for the proposed publications, the asserted public interest, the communications with the Claimant's representatives and the steps taken in response to the information about his mental health.

52. Ms Fuhrmann's evidence principally documented the correspondence, procedural history and the Defendants' position concerning the proposed expert process, the issue of proceedings and the open-justice arrangements. To the extent necessary, those matters are addressed elsewhere in this judgment. Her evidence also confirmed the Defendants' position that the Court was the appropriate forum to determine the Article 2 and Article 3 claim which the Claimant had chosen to advance.

53. Ms Oldroyd explained that the Second Defendant's investigation began, in 2022, after journalists received allegations about the Claimant's conduct in several professional and personal contexts. The investigation was later taken over and expanded by her. Independently, the First Defendant had begun investigating allegations concerning the Claimant's conduct towards junior female employees in another workplace. The Defendants agreed, in April 2023, to conduct their investigations jointly.

54. The evidence of Ms Oldroyd and Ms Wilson was that the investigation was extensive. The journalists had spoken to more than 100 people, including more than 30 sources said to have first-hand accounts. The sources included not only those making allegations, but friends, colleagues, former partners, relatives and others who might corroborate or contradict their accounts. The key sources were interviewed repeatedly, and the journalists considered contemporaneous messages, emails and other documents. The Defendants' evidence was that no source had been paid or offered any incentive.

55. Ms Wilson explained that the First Defendant's investigation had not been directed towards a predetermined conclusion. The journalists were instructed to avoid leading those whom they approached and to invite them to describe their experiences in their own terms. The evidence obtained from sources was subjected to internal editorial and legal scrutiny, and each Defendant involved senior editorial staff in considering whether the proposed allegations were sufficiently supported to justify publication.

56. The Defendants' evidence was that some sources wished to speak publicly because they believed the Claimant's conduct should be exposed and that other women should be warned or protected. The Defendants also relied upon the number of allegations, the period over which they were said to have occurred, the Claimant's public status and

the professional contexts in which some of the alleged conduct occurred. They regarded those matters as giving rise to a strong public interest in publication.

57. The proposed publications included a documentary programme and several associated articles. The Defendants intended to report the Claimant's denials and any further response he provided. Their evidence was that the proposed publications were the product of a rigorous investigation and that the allegations were credible and believed by them to be true. Those assertions form part of the factual context and the Defendants' public-interest case, but, as I have observed already, in these proceedings the Court is not determining the truth of the Allegations.

58. The Defendants accepted that the information concerning the Claimant's psychiatric condition was grave and required careful consideration. They rejected the suggestion that they had disregarded the risk or believed themselves immune from responsibility. Their evidence was that they did not want the Claimant to come to harm and had considered the medical information supplied to them when deciding how to proceed.

59. Upon learning of the Claimant's condition, the Defendants sought psychiatric advice. They proposed that he be assessed by an independent psychiatrist and subsequently proposed the appointment of a Single Joint Expert within court proceedings. The advice initially obtained on their behalf questioned whether the risk was incapable of being managed in an inpatient setting and warned that prolonged anticipatory anxiety could itself aggravate the Claimant's condition.

60. The Defendants extended the time afforded to the Claimant to respond on several occasions. When the Claimant first indicated that proceedings would be issued, they agreed not to publish within specified periods so that an application could be made. They later extended the deadline for his detailed response and, following notification of the July incident, sought further information concerning his condition, supervision and treatment.

61. The Defendants disputed the Claimant's characterisation of those deadlines as relentless or coercive. Their evidence was that they had attempted over a period of weeks to obtain his response to allegations first put to him on 18 May 2026, repeatedly extended the deadline and offered to report any response received.

62. After the July incident, the Defendants continued to state that they were deeply concerned about the Claimant's welfare. At the same time, they maintained that the allegations were serious and of substantial public interest. Their evidence was that those competing considerations had been carefully considered at senior editorial level. They did not regard the asserted risk as automatically determining that the proposed publication should be abandoned.

63. The Defendants' witnesses said that, if publication were permitted, they intended to give sufficient warning to the Claimant's representatives and clinicians to allow protective steps to be taken. Their evidence was that the proper means of protecting him consisted of psychiatric treatment and risk management, including inpatient care if clinically required, rather than abandoning the proposed publications.

64. In their supplemental evidence and submissions, the Defendants relied upon the Claimant's compulsory admission as demonstrating that the State's mental-health

services had assumed responsibility for managing the immediate suicide risk. They relied particularly upon the Single Joint Expert's conclusion that inpatient treatment would significantly reduce, although not eliminate, the likelihood of suicide, and that the risk was capable of therapeutic modification.

65. The Defendants also relied upon the position of their sources. Their evidence was that some had suffered lasting adverse effects from the conduct they alleged and had shown considerable resolve in agreeing to speak publicly. The Defendants contended that their editorial responsibilities extended not only to the Claimant, but also to those sources and to the public interest in reporting allegations of serious abuse of power by a prominent individual.

(3) The Single Joint Expert

66. At an early stage in the dispute, the parties agreed that the expert evidence relevant to the issues to be resolved in the case should be provided by a Single Joint Expert, Dr Inti Qurashi.

67. No party sought to cross-examine Dr Qurashi at trial on his report (including addenda) or its conclusions.

68. I consider his evidence and make the relevant findings in the following section.

E: The psychiatric risk – evidence and findings

69. The first issue is factual.

70. It is not substantially disputed that the Claimant has a serious psychiatric vulnerability or that a decision permitting publication, and publication itself, would materially increase his risk of suicide. The principal disagreement concerns the proper assessment of the degree, timing and duration of that risk, and the significance of the expert's conclusion that it can be reduced, but not eliminated, through inpatient treatment and other psychiatric safeguards.

71. The Court must determine:

    i) the nature and degree of any risk to the Claimant arising from an adverse decision, anticipation of publication and publication itself;

    ii) when any such risk would arise and for how long it is likely to continue;

    iii) whether the risk is real and immediate;

    iv) the extent to which the risk is attributable specifically to publication, rather than to the Claimant's underlying psychiatric condition, the litigation, uncertainty about its outcome or other stressors;

    v) the measures available to prevent, reduce or manage the risk;

    vi) the likely effectiveness of inpatient treatment, community care, safety planning and other safeguards; and

vii) the residual risk which would remain following the implementation of reasonable protective measures.

(1) The approach to the psychiatric evidence

72. As noted, the psychiatric evidence has been provided by Dr Qurashi as the Single Joint Expert. He provided a substantive report and two addenda. Neither party sought permission to call or cross-examine him after receipt of the second addendum. His written opinions therefore constitute the only expert psychiatric evidence before the Court and are not challenged by competing expert evidence.

73. There is no dispute requiring the Court to decide what opinions the Single Joint Expert has expressed. Those opinions are contained in his reports and must be read together. It is not permissible to treat opinions expressed by treating clinicians in the underlying medical records as independent expert evidence. The parties have agreed that the expert evidence should be given by a Single Joint Expert, and the Court has not granted permission for any treating clinician to give expert evidence.

74. There is nevertheless a substantial dispute about the proper interpretation and significance of the Single Joint Expert's conclusions. The Claimant emphasises the expert's assessment of the very substantial increase in suicide risk associated with the Court's decision and publication, the upward revision of that risk in the second addendum, the present inadequacy of community safeguards and the inability of inpatient treatment completely to eliminate the risk. The Defendants emphasise the Claimant's elevated baseline risk, the significant protection afforded by inpatient care, the expert's opinion that the risk is capable of therapeutic modification and the absence of any conclusion that suicide is inevitable.

75. That is not a conflict of expert evidence. It is a difference between the parties as to what factual conclusions should be drawn from the expert's evidence when read as a whole and, ultimately, what legal consequences follow from those conclusions. The fact that the expert was not cross-examined does not relieve the Court of the obligation to evaluate his reasoning, the qualifications attached to his conclusions and the factual material upon which they depend. It does mean, however, that the Court should not reject or materially depart from a clear expert conclusion without a proper basis.

76. I shall therefore proceed in three stages. First, I shall identify the expert's conclusions, reading the substantive report and both addenda together. Secondly, I shall consider the relevant factual evidence, including later developments which were placed before the expert. Thirdly, I shall make findings about the nature of the risk, timing and mitigation. The legal significance of those findings is addressed separately below.

(2) Dr Qurashi's conclusions

77. Dr Qurashi's substantive report is dated 24 September 2026. His first and second addenda are dated 9 and 23 October 2026 respectively. He later provided answers to some specific questions. The later reports clarify and, in some respects, revise the assessment in the substantive report. I consider all that material together.

78. Dr Qurashi's diagnosis is Bipolar Type II Disorder, with a current depressive episode. He also identifies a history of developmental trauma and personality-related

vulnerabilities affecting the Claimant's emotional regulation, resilience to perceived rejection or loss, and ability to tolerate severe psychological distress.

79. The Claimant has an elevated underlying risk of suicide and self-harm irrespective of the proposed publications. That risk is chronic but fluctuating. It may increase or diminish according to his mental state, external stressors, treatment, support and perceived degree of control. The risk is therefore dynamic rather than fixed.

80. Dr Qurashi emphasises the limitations inherent in clinical predictions of suicide. Clinical assessment cannot establish with certainty whether or when a person will attempt suicide. Expressions such as "high risk" do not amount to precise statistical predictions. The assessment must instead take account of the Claimant's current presentation, previous behaviour, stated intentions, access to means, engagement with treatment and the safeguards available at the relevant time.

81. Against that background, Dr Qurashi identifies four periods of particularly elevated risk:

    i) the days immediately before the Court's decision;

    ii) notification of the Court's decision;

    iii) (if applicable) the period during which the Claimant knows that publication is imminent; and

    iv) (if applicable) publication itself.

82. His opinion is that, were the Court to permit publication, the anticipation of publication and publication itself would produce a very substantial increase in the risk of psychiatric deterioration, suicidal ideation and suicidal acts. The risk is associated not only with publication as an event, but also with the Claimant's expectation of public humiliation, professional consequences, damage to important personal relationships and an acute loss of control.

83. The second addendum revised the expert's assessment of the risk upwards. That revision followed later evidence concerning more detailed planning and preparatory conduct, a deterioration in the Claimant's mental state following discharge from hospital, his rejection of voluntary crisis planning and admission, and his stated determination to circumvent measures intended to maintain his safety. Dr Qurashi also took account of evidence that some of the Claimant's previous indications of improvement and willingness to seek help had been given to secure discharge from hospital.

84. Dr Qurashi regarded that evidence as increasing the current risk and reducing the degree of protection that could be expected from arrangements dependent upon the Claimant's voluntary cooperation. It also affected the weight that could be placed upon reassurance based solely upon his self-report. It did not, however, enable the expert to predict with certainty what the Claimant would do.

85. Publication itself, rather than the precise date on which it occurs, remains the principal publication-related risk factor. Dr Qurashi does not identify a future date after which publication would become safe merely through the passage of time.

86. Nor, however, does he conclude that suicide would be inevitable if publication occurred. The Claimant's stated intentions are clinically important, particularly because they must be considered alongside his previous behaviour. They do not amount to a prediction of the eventual outcome.

87. Dr Qurashi initially considered that a comprehensive package of community safeguards could provide moderate-to-significant mitigation. Such a package would require regular clinical contact, contemporaneous risk assessment, appropriate information-sharing, a safety and contingency plan, the active involvement of trusted individuals, rapid access to crisis intervention and the ability to arrange urgent psychiatric admission.

88. The effectiveness of that package would depend substantially upon the Claimant's candour, cooperation and willingness to seek help before acting. Dr Qurashi's substantive report therefore recognised that community mitigation could be minimal if the Claimant concealed or under-reported his intentions, declined treatment or disengaged from the safeguards during a period of acute deterioration.

89. In the second addendum, Dr Qurashi concluded that the likely effectiveness of community-based mitigation had become substantially reduced. He relied particularly upon the Claimant's refusal of crisis planning and voluntary admission, the deterioration following his earlier discharge, and his stated determination to evade attempts to maintain his safety. Community arrangements were consequently not regarded as sufficient to manage the immediate risk around the Court's decision and any prospect of publication.

90. Dr Qurashi's final opinion is that the Claimant presently requires inpatient psychiatric treatment to contain his high risk of suicide. Dr Qurashi noted that the Claimant had been admitted for psychiatric assessment under s.2 Mental Health Act 1983 on 22 October 2026. He considered compulsory admission clinically appropriate because less restrictive measures had been explored and declined.

91. Inpatient care offers greater protection through close observation, restriction of access to means of self-harm, immediate clinical intervention, repeated mental-state and risk assessments, medication and psychological treatment. Dr Qurashi considers that those measures will significantly reduce the likelihood of suicide, although they cannot eliminate all risk.

92. In the second addendum, Dr Qurashi indicated that the necessary inpatient treatment might take months rather than weeks. Decisions about continued detention, treatment, observation, leave and eventual discharge will require contemporaneous clinical assessment by those responsible for the Claimant's care.

93. Dr Qurashi distinguishes between immediate containment of the risk and its longer-term therapeutic modification. Inpatient care can reduce opportunity and provide immediate protection. Treatment may also, over time, reduce the intensity of suicidal thinking and improve the Claimant's ability to process an adverse outcome. Neither process is guaranteed to extinguish the risk.

94. The later clinical material raised the possibility that the Claimant's suicide risk might not be modifiable by psychiatric services. Dr Qurashi advised against reaching that conclusion on the present evidence. His opinion is that psychiatric treatment, psychological support, risk-management measures and, where necessary, continued admission have a realistic potential to reduce the risk by more than a minimal degree.

95. In reaching that conclusion, he relied upon evidence that the Claimant has previously engaged with treatment, survived periods of severe crisis and demonstrated improvement in his mental state over time. The Claimant's later account that he had deliberately presented himself as being at lower risk increased the current concern and reduced confidence in voluntary safeguards. Dr Qurashi did not, however, conclude that all previous improvement had been unreal or that future treatment could not be effective.

96. Dr Qurashi also considers the Claimant's personality-related vulnerabilities to be potentially amenable to recognised psychological treatment. He does not regard the possible presence of borderline personality disorder or significant borderline personality traits as establishing that the Claimant is inherently untreatable. A reliable longer-term prognosis will depend upon further assessment, formulation and observation of his response to appropriate treatment.

97. The expert regards important personal relationships as potentially protective. They may provide emotional support, monitoring and reasons for living. Conversely, the Claimant's expectation that publication would cause the loss of or serious damage to his relationship with his son forms part of the current psychiatric formulation and can aggravate feelings of hopelessness and suicidal thinking. Dr Qurashi does not express an opinion on whether that anticipated consequence would in fact occur.

98. Continued uncertainty about the litigation and possible publication is itself harmful. In Dr Qurashi's opinion, anticipatory anxiety may sustain catastrophic thinking, impede recovery and maintain suicidal preoccupation.

99. In answers to questions posed by the Claimant's solicitors, Dr Qurashi clarified the relative clinical consequences of publication being permitted but deferred, and publication taking place while the Claimant remains in hospital. In his opinion, deferral would be likely to prolong the Claimant's psychological distress, maintain heightened emotional arousal and suicide risk, and make psychological treatment more difficult. The treating team would be unable to assess the Claimant's post-publication mental state and formulate treatment and risk-management plans in response to it. Deferral might therefore prolong the inpatient admission.

100. Publication while the Claimant remained in hospital would continue to cause substantial psychological harm and carry a high risk. It would nevertheless be significantly safer in terms of reducing the likelihood of a successful suicide than publication while the Claimant was unsupported in the community. The inpatient setting would provide immediate psychiatric review, closer observation, psychological support, restriction of access to means and other suicide risk-management measures.

101. Dr Qurashi's conclusions may therefore be summarised as follows:

i) The Claimant has a genuine and serious underlying psychiatric vulnerability and an elevated baseline risk of suicide.

ii) The Court's decision and (if it were adverse to the Claimant) any subsequent publication would materially and very substantially increase that risk.

iii) The later evidence caused the expert to revise his assessment of the risk upwards.

iv) Community safeguards are not presently sufficient to manage the immediate risk.

v) Inpatient psychiatric treatment is presently required and provides significant, but incomplete, protection.

vi) The necessary treatment may take months rather than weeks.

vii) The risk should not presently be regarded as wholly unmodifiable or untreatable.

viii) Treatment and risk management have a realistic potential materially to reduce the risk, both through immediate containment and longer-term therapeutic intervention.

ix) Neither the degree nor the timing of any improvement can presently be predicted with confidence.

x) Delay alone will not remove the publication-related trigger and continuing uncertainty is itself harmful.

xi) The expert neither predicts that suicide is inevitable if publication occurs nor suggests that the risk is anything other than genuine, very serious and in need of active psychiatric containment and treatment.

102. Those opinions concern the comparative clinical consequences of the available scenarios. They do not determine whether publication should be permitted or when it should occur. Those are legal questions for the Court.

103. There is an important distinction within those conclusions. Dr Qurashi's opinion that inpatient treatment will significantly reduce the likelihood of suicide does not mean that the publication-related risk is eliminated. Equally, his inability to guarantee that treatment will eliminate the risk does not mean that the risk is incapable of meaningful mitigation. The parties' disagreement principally concerns the significance of that residual risk and the legal consequences of the degree of mitigation which psychiatric treatment can provide.

(3) Further relevant factual evidence

104. The Court's findings about the Claimant's conduct, presentation and response to events are not derived from the expert evidence alone. I have considered the full factual history since the Defendants notified him of the Allegations on 18 May 2026. That evidence includes the accounts of those who observed his immediate reaction; the contemporaneous correspondence and messages; the chronology of his voluntary

and compulsory psychiatric admissions; the later suicide attempt; the clinical records; his conduct during and after treatment; the steps taken by his representatives; the recorded discussion with his solicitor on 13 October 2026 and the Claimant's admission to psychiatric care on 22 October 2026.

105. The psychiatric significance of those facts is governed by the evidence of Dr Qurashi. The facts themselves, however, are matters for the Court. The Defendants accept that the Court may consider the factual developments relied upon by the Claimant, while submitting that opinions expressed by treating clinicians cannot be treated as a competing body of expert evidence. The later material, including the transcript of the 13 October 2026 discussion, and the circumstances of the Claimant's admission on 22 October 2026, was provided to Dr Qurashi and addressed in his second addendum.

106. The Defendants object to any attempt to rely upon opinions expressed by treating clinicians as independent expert evidence. They rely upon the Court's earlier orders limiting expert psychiatric evidence to the Single Joint Expert and upon the fact that neither party sought to cross-examine him. They submit that the Claimant cannot accept the SJE procedure while inviting the Court to reach a contrary psychiatric conclusion from treating opinions which are not independently admissible.

107. The Claimant's answer is that the Court must consider the expert evidence in the context of the established facts, including the later evidence concerning planning, concealment, rejection of voluntary safeguards and compulsory admission. He submits that those matters are relevant to the premises, qualifications and limits of the expert's conclusions concerning the efficacy of treatment and mitigation.

108. I accept that the only admissible expert psychiatric evidence is that of Dr Qurashi. The opinions of treating clinicians cannot be relied upon, directly or indirectly, as a competing body of expert evidence. That does not, however, require the Court to consider the Single Joint Expert's reports in isolation from the admissible factual evidence.

109. Expert opinion must be evaluated in the context of the facts upon which it is based. If a material factual assumption underlying an opinion is not established, or is shown by the evidence to be incomplete or inaccurate, the Court must take that into account when deciding what conclusion the expert evidence supports: ***Coopers Payen Ltd -v- Southampton Container Terminal Ltd*** **[2004] 1 Lloyd's Rep 331** [41]-[43]. That exercise does not admit further expert evidence by the back door. It respects the distinction between establishing the underlying facts, which is the function of the Court, and assessing their psychiatric significance, upon which the Court is assisted by the Single Joint Expert.

110. Equally, the Court cannot fairly reject, contradict or materially qualify a clear opinion of the Single Joint Expert upon a matter within his expertise on a basis which he was not given an opportunity to address. Neither party sought to cross-examine him. The key later factual material now relied upon was, however, provided to him and addressed in his second addendum. I shall consider that material in establishing the facts and in understanding the premises, qualifications and limits of his opinions. I shall not use it to substitute my own psychiatric assessment, or the opinions of treating clinicians, for the conclusions reached by Dr Qurashi: ***Griffiths -v- TUI (UK) Ltd*** **[2025] AC 374** [61]-[70].

(a) The Claimant's psychiatric history and response to the Defendants' communications

111. The Claimant had a significant psychiatric history before the Defendants notified him of the Allegations. The evidence records recurrent depressive illness, longstanding suicidal ideation, previous suicidal behaviour and earlier periods of serious deterioration in response to adverse personal events.

112. The Claimant's mental health deteriorated acutely following receipt of the Defendants' communications notifying him of the Allegations and inviting his response. Very shortly afterwards, he required psychiatric admission. The evidence records an immediate suicidal reaction, followed by persistent suicidal ideation, hopelessness and a belief that publication would make his life intolerable.

113. The Claimant relies upon the timing and severity of that response as evidence of the causal significance of the proposed publications. The Defendants do not dispute that their communications precipitated an acute deterioration, but emphasise that they operated upon a pre-existing psychiatric condition and an already elevated baseline risk.

(b) The later suicide attempt

114. During a later inpatient admission, the Claimant left hospital while on leave and attempted to take his own life. The attempt was preceded by planning and preparatory conduct, some of which had not been disclosed to those treating him.

115. The Claimant relies upon that incident as demonstrating that his expressed intention is not confined to verbalised ideation, that he can conceal his plans, and that inpatient status did not prevent him from exploiting an opportunity presented by leave.

116. The Defendants do not dispute the seriousness of that incident. They rely, however, upon the distinction between the circumstances of the earlier admission and the more intensive inpatient risk-management measures now identified by Dr Qurashi.

(c) Improvement during treatment and the Claimant's account of concealment

117. The contemporaneous clinical records record periods of improvement during the Claimant's admissions. At different stages he engaged with treatment, participated in discussions about coping strategies and risk management, undertook periods of leave, denied immediate suicidal intent and was considered sufficiently improved for restrictions to be reduced and, ultimately, for him to be discharged.

118. The Claimant relies particularly upon the recorded discussion with his solicitor on 13 October 2026. During the discussion, the Claimant said that his suicidal thinking had persisted after discharge; that he had concealed or understated aspects of his intentions in order to obtain reduced restrictions and eventual discharge; that he did not regard hospital admission as a lasting answer to the risk associated with publication; and that, if publication occurred, he would not wish to cooperate with measures intended to prevent him taking his own life. He also described the importance of his relationship with his son and his belief that publication would cause that relationship to be lost or seriously damaged.

119. The recording is not a witness statement verified by a statement of truth, and the Claimant did not give oral evidence or submit himself to cross-examination. I therefore approach statements in the recording about past events and future intentions with appropriate caution. The recording is nevertheless direct evidence of what the Claimant said, on 13 October 2026, about his then state of mind, his intentions, his previous presentation during treatment and his relationship with his son. It is also part of the factual material upon which Dr Qurashi based his revised assessment.

120. Important aspects of the account are consistent with objective or independently established facts. The Claimant had previously engaged in serious suicidal behaviour involving planning and concealment; his condition had deteriorated after discharge; he subsequently declined crisis planning and voluntary admission; and shortly before trial he was compulsorily admitted. Those matters support the conclusion that his statements cannot be dismissed as expressions of distress unconnected with his conduct. They also reduce the reassurance which can safely be derived from apparent improvement or from safeguards dependent upon his candour and voluntary cooperation.

121. I do not, however, accept that the recording establishes that all improvement observed during earlier treatment was false, that treatment was ineffective or that the Claimant's stated future intention is immutable. The clinical records include observations made by several professionals and are not confined to his self-report. Having considered the recording together with the subsequent factual developments, Dr Qurashi nevertheless concluded that the risk remained capable of therapeutic modification. The recording therefore strengthens the evidence of present risk and the limitations of voluntary safeguards, but does not establish that psychiatric treatment and containment cannot materially reduce that risk.

(d) Community safeguards

122. Following discharge, the Claimant did not accept the full package of NHS community mental-health support which had been offered. He continued treatment with a private psychiatrist. The evidence before Dr Qurashi did not establish that the private arrangements provided the same degree of multidisciplinary monitoring, crisis access, information-sharing or contingency planning as the proposed NHS package.

123. The Claimant subsequently declined crisis planning and voluntary admission. His unwillingness to cooperate with those measures is relied upon as demonstrating that community safeguards could not provide effective protection in practice.

124. The Defendants rely upon the availability of NHS community services and the Claimant's decision not to engage fully with them. They submit that his refusal does not establish that the services themselves were incapable of reducing the risk.

(e) The recent assessment and compulsory admission

125. Shortly before trial, the Claimant underwent a further psychiatric assessment. A treating clinician made a medical recommendation for his admission for assessment under s.2 Mental Health Act 1983.

126. I do not treat the clinician's opinions as a second body of expert evidence. The further assessment, the making of the recommendation and the Claimant's subsequent detention are, however, relevant facts. The underlying material was provided to Dr Qurashi and considered in his second addendum.

127. The Claimant was admitted under section 2 on 22 October 2026. By the time of trial, the immediate management of his risk was therefore taking place in an inpatient psychiatric setting.

128. The Claimant relies upon the compulsory admission as confirming the present seriousness of the risk and upon the limits which Dr Qurashi places upon the protection afforded by inpatient care. The Defendants rely upon the same development as showing that the Claimant is now receiving the form of treatment which the Single Joint Expert considers significantly reduces the likelihood of suicide.

(f) The Claimant's relationship with his son

129. The Claimant relies upon his relationship with his son as an important protective factor. In the recorded discussion on 13 October 2026, he described the significance of that relationship and expressed his belief that publication of the Allegations would cause it to be lost or seriously damaged. That anticipated loss forms part of his stated reason for believing that he would no longer wish to live if publication occurred.

130. The existence and importance of the relationship to the Claimant are relevant to the assessment of his suicide risk. Dr Qurashi treats the Claimant's belief about its loss as clinically significant but does not express an opinion on whether publication would in fact cause that consequence. The Claimant also relies upon the relationship, and upon the consequences for his son of his death, serious psychiatric deterioration or prolonged admission, in support of the Article 8 claim. The evidential limitations affecting the son's independent Article 8 interests are considered separately in Section G.

(4) Nature of the risk, timing and mitigation

131. I turn to my findings. They are based upon the reports of Dr Qurashi, read together and in the context of the factual evidence identified above. I distinguish at this stage between my findings about the nature and degree of the psychiatric risk and the separate question whether those findings engage a positive operational obligation under Article 2 or Article 3.

(a) The underlying risk

132. The Claimant has a serious and longstanding psychiatric vulnerability. He has an elevated baseline risk of suicidal ideation, self-harm and attempted suicide irrespective of the proposed publications. That risk arises from his underlying psychiatric condition and has previously increased in response to significant personal and emotional stressors.

133. The Claimant's risk is dynamic. It has fluctuated substantially over time. During periods of acute crisis, he has experienced intense suicidal ideation, made detailed plans and engaged in serious suicidal behaviour. At other times, including during psychiatric

treatment, his presentation and functioning have improved, and the intensity of his suicidal thoughts has reduced.

134. The fact that the risk has fluctuated does not diminish its seriousness. It means that the level of risk at any particular time depends upon the Claimant's mental state, the stressors operating upon him, his access to means, his willingness to disclose his intentions, his engagement with treatment and the safeguards then in place. Those conclusions are supported not only by Dr Qurashi's evidence but by the factual history since May 2026, including the immediate deterioration following the invitations to comment, the later suicide attempt, the periods of apparent improvement during treatment, the account given on 13 October 2026 and the subsequent compulsory admission.

(b) The effect of the decision and proposed publications

135. I am satisfied that the Defendants' initial communications concerning the Allegations precipitated an acute and severe deterioration in the Claimant's mental health. They operated upon a pre-existing vulnerability, but the temporal and clinical connection between those communications and the deterioration is clear.

136. I am also satisfied that a decision permitting publication, the anticipation of publication and publication itself would each materially increase the Claimant's risk of suicide. That increase would be very substantial.

137. The principal mechanism by which the risk would increase is also clear. The Claimant anticipates that publication would result in public humiliation, professional and personal loss, damage to or loss of his relationship with his son, and the destruction of the life which he presently knows. The material also identifies the subject matter of the Allegations as capable of triggering in the Claimant a deep-rooted sense of shame associated with childhood trauma; on his case, that reaction does not depend upon whether the Allegations are true. His psychiatric condition contributes to a catastrophising and hopeless assessment of those anticipated consequences and to his present inability to envisage a tolerable future following publication. That finding concerns the clinical significance of his belief; it is not a finding that publication would in fact cause the loss of the relationship.

138. The proposed publications are not the sole cause of the Claimant's psychiatric condition or suicidality. Nor are they the only source of his present distress. The litigation, uncertainty about its outcome and difficulties affecting an important personal relationship have also contributed to his deterioration. Nevertheless, the prospect of publication is a specific and powerful anticipated trigger.

139. An injunction would remove that particular trigger for so long as the restraint remained effective. It would not treat the underlying psychiatric condition, remove the Claimant's elevated baseline risk or prevent deterioration arising from other significant stressors.

(c) Timing of the risk

140. The evidence identifies four periods of heightened publication-related risk, as identified by Dr Qurashi (see [81] above).

141. The risk would not arise for the first time upon the Claimant reading or viewing a publication. Knowledge that the Court had refused relief (if that were the outcome) and that publication could follow would itself be capable of precipitating acute deterioration. The period between judgment and publication would therefore require active clinical management.

142. The risk is not confined to a momentary reaction. Publication and its anticipated consequences could produce a period of significantly elevated risk extending beyond the initial publication. Continuing availability, republication and public reaction may prolong or reactivate the stressor.

143. It is not possible to identify a fixed date upon which publication would become clinically safe merely through the passage of time. Dr Qurashi's opinion is that publication itself, rather than its precise timing, is the principal publication-related risk factor.

144. Equally, the evidence does not establish that the intensity of the risk would remain permanently unchanged. The Claimant's psychiatric condition and suicide risk have fluctuated before. Treatment may modify his mental state, his assessment of the anticipated consequences and his capacity to tolerate the distress caused by publication.

145. Continued uncertainty is itself harmful. Although postponement may provide time for treatment, Dr Qurashi's latest evidence is that, once publication has been permitted, deferral is likely to maintain heightened emotional arousal and suicide risk, impede psychological treatment and potentially prolong inpatient admission. Delay does not remove the publication-related trigger. It may instead prevent the treating team from assessing the Claimant's response to publication and developing treatment and risk-management plans by reference to his post-publication condition.

(d) Reliability of the Claimant's stated intentions

146. The Claimant has stated consistently and emphatically that he intends to take his own life if publication occurs. Those statements must be taken seriously. They are supported by his history of serious suicidal behaviour, including an attempt involving planning, preparation and concealment.

147. The Claimant's account, on 13 October 2026, that he had concealed or understated aspects of his intentions from treating staff is also significant. I approach that account with the caution identified above, but it is consistent with his demonstrated capacity for planning and concealment and was considered by Dr Qurashi. It reduces the degree of reassurance which can be obtained from a denial of current intent or an outwardly improved presentation. It also weakens safeguards dependent upon the Claimant's voluntary disclosure of deterioration and willingness to request assistance.

148. I do not, however, find that the Claimant's statements, including those made on 13 October 2026, establish that suicide is inevitable. His prediction of his own future conduct is made in the context of depressive illness, hopelessness and catastrophic thinking. It is powerful evidence of the seriousness of the present risk, particularly when considered with his previous conduct, but it is not a reliable basis for concluding that no future treatment or intervention could alter that risk.

149. Nor do I accept that the Claimant's account of having understated his risk means that all recorded improvement during earlier treatment was false. The clinical records contain observations made by numerous professionals and evidence of changes in his presentation, engagement and functioning. The subsequent evidence requires caution about the extent and durability of the improvement, but it does not justify disregarding it altogether.

(e) Community mitigation

150. In principle, a comprehensive community package could provide meaningful mitigation. The necessary components would include regular psychiatric oversight, monitoring and assessment, appropriate information-sharing, a safety and contingency plan, support from trusted individuals, restriction of access to means, rapid crisis intervention and the ability to arrange urgent hospital admission.

151. The practical effectiveness of such a package would depend substantially upon the Claimant's cooperation, candour and willingness to accept intervention. At the time of the second addendum, those conditions were not satisfied.

152. The Claimant had declined important aspects of crisis planning and voluntary admission. In the discussion, on 13 October 2026, he also stated that he would seek to circumvent measures intended to prevent him acting if publication occurred. Considered with his history of planning and concealment, those matters substantially reduced the protection then available through community arrangements.

153. I find that community safeguards, standing alone, were not sufficient to manage the immediate risk around the Court's decision and any impending publication. That conclusion does not mean that community services are inherently ineffective. It reflects the Claimant's condition and willingness to engage at the relevant time.

(f) Inpatient mitigation

154. Inpatient psychiatric care provides materially greater protection. It permits close observation, restriction of access to means, immediate intervention, repeated assessment, medication, psychological support and multidisciplinary management.

155. I accept Dr Qurashi's conclusion that inpatient treatment will significantly reduce the likelihood of suicide. The Claimant's compulsory admission shortly before trial means that the immediate risk is now being managed in the setting which the expert regards as providing the strongest available protection.

156. The protection is not absolute. The Claimant's previous attempt occurred while he was an inpatient who had been permitted leave. Hospital admission cannot guarantee that every opportunity for self-harm will be removed, that the Claimant will disclose his intentions or that no attempt will occur.

157. That previous incident does not establish that present inpatient safeguards will be ineffective. Observation, access to leave and other restrictions are matters for contemporaneous clinical assessment. The responsible clinicians now know about the Claimant's history of planning and concealment and can take those matters into account

when determining the appropriate level of supervision and any future relaxation of restrictions.

158. I therefore find that inpatient treatment materially and significantly mitigates the immediate risk. I do not find that it eliminates the risk or reduces it to a level which can be expressed in numerical terms.

159. I also accept Dr Qurashi's evidence that, if publication is permitted, publication while the Claimant remains in hospital would be significantly safer in terms of reducing the likelihood of a successful suicide than publication while he is unsupported in the community. That does not mean that publication in hospital would be safe. The psychological harm and suicide risk would remain high, but the immediate consequences would be more effectively contained and potentially substantially reduced.

(g) Therapeutic modification

160. I accept the Claimant's submission that the evidence does not permit confidence that treatment will eliminate the publication-related risk, or establish when it may be reduced to a lower level. That is different from concluding that the risk is incapable of therapeutic modification. The latter conclusion is not supported by the Single Joint Expert. Dr Qurashi regarded it as speculative at this stage and he maintained that psychiatric treatment, psychological intervention and risk-management measures have a realistic potential materially to reduce the risk.

161. The Claimant has previously engaged with treatment, survived severe crises and experienced periods of psychiatric improvement. His later evidence concerning concealment reduces confidence in some aspects of his earlier presentation, but it does not establish that treatment had no effect or that future treatment must fail.

162. The Claimant's mood disorder and personality-related vulnerabilities are potentially treatable. Psychiatric and psychological intervention may reduce the intensity of suicidal ideation, improve emotional regulation and increase his capacity to tolerate an outcome which he currently regards as intolerable.

163. The likely degree and timing of that improvement cannot presently be predicted. Treatment may take months rather than weeks. Even after improvement, a residual publication-related risk may remain and will require assessment and management.

164. Decisions about continued detention, observation, leave and discharge will be matters for the clinicians responsible for the Claimant's care. Before discharge, they will have to consider his current mental state, the persistence of suicidal intent, his response to treatment, the reliability of his self-report, his willingness to engage with community safeguards and the adequacy of the arrangements available outside hospital.

(5) Overall findings

165. Drawing these matters together, my findings are that:

i) the Claimant has an elevated baseline risk of suicide arising from a serious but fluctuating psychiatric condition;

ii) a decision permitting publication, the anticipation of publication and publication itself would each cause a very substantial increase in that risk;

iii) the risk is especially acute during the periods immediately before and after judgment and around any publication;

iv) the proposed publications are a specific and powerful trigger, although they are not the sole cause of the Claimant's psychiatric condition or suicidality; the anticipated loss of or serious damage to his relationship with his son forms part of the mechanism by which that trigger operates;

v) the Claimant's previous suicidal behaviour, planning and concealment, his account on 13 October 2026, his subsequent rejection of voluntary safeguards and his compulsory admission substantially reinforce the seriousness of his stated intentions and reduce confidence in safeguards dependent upon his candour and cooperation;

vi) those stated intentions do not establish that suicide is inevitable;

vii) community safeguards were not sufficient at the time of the second addendum because their effectiveness depended upon cooperation which the Claimant was not then willing to provide;

viii) inpatient psychiatric care significantly reduces the likelihood of suicide, but cannot eliminate all risk;

ix) the risk is capable of meaningful therapeutic modification, although the extent and timing of any improvement cannot presently be predicted;

x) treatment may be required for months rather than weeks;

xi) delay does not remove the publication-related trigger and, once publication is permitted, deferral is likely to prolong distress and suicide risk, impede treatment and potentially prolong inpatient admission;

xii) publication while the Claimant remains in hospital would, although still associated with substantial psychological harm and a high risk, be significantly safer in terms of reducing the likelihood of a successful suicide than publication while he is unsupported in the community; and

xiii) it is not possible to quantify the residual risk which will remain after reasonable psychiatric treatment and safeguards have been implemented.

166. In ordinary language, the risk of suicide is genuine, grave and closely connected to the Court's decision and any subsequent publication. It is not speculative merely because the precise outcome cannot be predicted. At the same time, the evidence does not establish that suicide is an inevitable consequence of publication or that psychiatric treatment and containment are incapable of providing substantial protection. I am nevertheless satisfied that an adverse decision, the anticipation of publication and publication itself would each give rise to a real and immediate risk to the Claimant's life through suicide.

F: Articles 2 and 3 and the Court's jurisdiction to restrain publication

(1) The questions for determination

167. The next issues concern the Claimant's reliance upon Articles 2 and 3 and the juridical basis upon which the Court is asked to restrain the proposed publications.

168. The Claimant submits that publication would engage the State's positive operational obligations under Articles 2 and 3. He contends that the Court, as a public authority with actual knowledge of the identified risk and possessing the only power capable of preventing the publication-related trigger, is required to take effective protective action.

169. The Defendants contend that neither operational obligation arises in the circumstances of this case. They submit that the obligation asserted has not been recognised in the jurisprudence of the European Court of Human Rights and that its recognition would create a new principle of Convention law contrary to ***R (Ullah) -v- Special Adjudicator*** **[2004] 2 AC 323**. They further submit that, in the absence of a recognised domestic cause of action against them, the Court's general equitable power does not provide a free-standing juridical basis for imposing the restraint sought.

170. The issues are therefore:

i) whether the circumstances fall within the positive operational duty under Article 2;

ii) whether the anticipated psychiatric suffering and risk of self-harm are capable of engaging a positive operational obligation under Article 3;

iii) whether recognition of either obligation would amount to the permissible application or incremental development of established Strasbourg principles, or would establish a new principle contrary to ***Ullah***;

iv) whether, and in respect of which risks, the psychiatric hospital, other mental-health services or the Court has assumed, or otherwise bears, relevant State responsibility;

v) whether any positive obligation resting upon the State requires action by the Court in addition to the treatment, containment and protection provided by the psychiatric services;

vi) whether the ***Venables*** jurisdiction or the Court's broader equitable power provides a proper juridical basis for granting the injunction sought in the absence of a pleaded domestic cause of action against the Defendants;

vii) what reasonable preventive measures any obligation requires; and

viii) what relevance, if any, the Article 10 rights of the Defendants, their sources and the public have when determining the content of the positive obligation and the relief to be granted.

171. Those questions must be kept analytically distinct. Proof of a real and immediate risk is necessary for the Article 2 duty but does not, itself, establish either that the

circumstances fall within the operational duty or that the particular measure sought by the Claimant is required. Likewise, establishing that the anticipated suffering reaches the minimum level of severity required by Article 3 would not, without more, identify the public authority responsible for preventing it or the measure which that authority must take.

172. It is also necessary to distinguish between the existence of the Court's equitable power to grant injunctions and the principles which govern its exercise. The Defendants do not dispute that the High Court possesses broad powers to grant injunctions. Their contention is that those powers cannot properly be used to impose the restraint sought upon named private defendants solely by direct reliance upon Convention rights.

173. The Claimant's answer is that the ***Venables*** line of authorities already provides the necessary legal basis for an injunction. He submits that those cases represent the exercise of equitable jurisdiction to make the State's positive Convention obligations practical and effective and that the present claim either falls within that established jurisdiction or requires only a modest and principled extension of it.

174. I shall deal first with the operational obligations under Articles 2 and 3, then address the domestic authorities concerning publication injunctions and the juridical basis for relief, before turning to the parties' submissions and my conclusions.

(2) The Article 2 operational duty

175. Article 2 of the European Convention on Human Rights imposes upon the State a negative obligation not intentionally to take life, save in the circumstances specified in Article 2(2), and positive obligations to protect life. The positive obligations include a duty to establish an appropriate legislative and administrative framework, commonly described as the "systems duty", and, in certain circumstances, an obligation to take preventive operational measures to protect an identified individual whose life is at risk, commonly described as the "operational duty": ***Osman -v- United Kingdom*** **(1998) 29 EHRR 245** [115]-[116]; ***Rabone -v- Pennine Care NHS Foundation Trust*** **[2012] 2 AC 72** [12]; and ***R (Maguire) -v- Blackpool and Fylde Senior Coroner*** **[2025] AC 63** [9]-[11].

176. The operational duty was formulated in ***Osman*** in the context of a risk from the criminal acts of a third party. The Court held that, where the authorities knew, or ought to have known, of a real and immediate risk to the life of an identified individual, they were required to take measures within the scope of their powers which, judged reasonably, might have been expected to avoid that risk. It is sufficient for an applicant to establish that the authorities failed to do all that could reasonably have been expected of them to avoid a risk of which they had, or ought to have had, knowledge: ***Osman*** [116].

177. That formulation contains related but distinct questions. First, the circumstances must be ones in which the operational duty can arise. Second, the State authorities must know, or ought to know, of a real and immediate risk to life. Third, if the duty arises, its content is to take reasonable measures within the scope of the relevant authority's powers which might be expected to avoid or reduce the risk. Proof of a real and immediate risk is therefore necessary, but is not by itself sufficient to establish that the operational duty exists: ***Rabone*** [21]-[25]; ***R (Morahan) -v- West London Assistant***

Coroner **[2021] QB 1205** [44] and [65]-[67]; and ***R (Gardner) -v- Secretary of State for Health and Social Care*** **[2022] PTSR 1338** [250].

178. A "real" risk is one which is objectively verified. An "immediate" risk is one which is present and continuing, rather than necessarily imminent. The test is not readily satisfied and the threshold is high: ***In re Officer L*** **[2007] 1 WLR 2135** [20]; ***Morahan*** [38(5)].

179. In the psychiatric context, potentially relevant factors in assessing whether the authorities knew or ought to have known of a real and immediate suicide risk include a history of mental-health problems, the gravity of the condition, previous suicide attempts or self-harm, suicidal thoughts or threats and signs of physical or mental distress: ***Fernandes de Oliveira -v- Portugal*** **(2019) 69 EHRR 8** [115]. Those factors bear principally upon knowledge of the risk. They do not themselves determine whether the circumstances are ones in which the operational duty arises.

180. The obligation must be interpreted in a manner which does not impose an impossible or disproportionate burden upon the authorities. Regard must be had to the unpredictability of human conduct, the operational choices which must be made in terms of priorities and resources, the practical availability and likely effectiveness of precautions, and the legal constraints upon the measures which may be taken, including the Convention rights of the person to be protected: ***Osman*** [116]; ***Officer L*** [21]; ***E -v- Chief Constable of the Royal Ulster Constabulary*** **[2009] 1 AC 536** [10]; ***Rabone*** [104]. The obligation is to take measures which are reasonable in all the circumstances. It is not an absolute guarantee that the risk will be eliminated.

181. The authorities identify State responsibility as the unifying feature of the operational duty. The existence and scope of any duty must be considered not only by reference to the relationship between the State and the individual, but also by reference to the particular harm against which protection is sought. There may be a duty to protect an individual against some hazards but not others: ***Morahan*** at [65]-[67].

182. An assumption by the State of responsibility for an individual's welfare and safety, commonly accompanied by a degree of control, is ordinarily a central feature of cases in which the operational duty has been recognised. Prisoners, persons detained under mental-health legislation and immigration detainees are paradigm examples. Vulnerability and the exceptional nature of the risk are also relevant: ***Rabone*** [23]-[25]. Those considerations must be applied in the light of the particular risk in question. As ***Gardner*** explains (at [250(iii)]), exceptionally, the duty may arise in the absence of an assumption of responsibility in other recognised situations involving specific threats to life.

183. The duty is not invariably confined to formal detention. In ***Rabone***, it applied to an informal psychiatric inpatient who had been admitted because she presented a suicide risk and who could and should have been detained had she sought to leave. The hospital had assumed responsibility for the very risk which materialised, the patient was exceptionally vulnerable, and the degree of control exercised by the hospital was, in substance, close to that exercised over a detained patient: [26]-[34] and [105]-[106].

184. In the psychiatric context, the connection between the State's control and the relevant harm is particularly important. A psychiatric institution which has assumed

responsibility for treating a condition that impairs the patient's capacity to make a rational decision about suicide may owe a duty to protect the patient from that risk. The position is different where the harm is unrelated to the control or responsibility assumed by the institution: ***Morahan*** [65]-[67].

185. It is fundamental, however, that the State is not under a general duty to prevent suicide merely because its authorities know, or ought to know, that an individual presents a real and immediate risk of taking his or her own life. As Baroness Hale explained in ***Rabone***, "*there is no general obligation on the state to prevent a person committing suicide, even if the authorities know or ought to know of a real and immediate risk that she will do so*": [100]. An autonomous individual may decide to end his/her own life. Baroness Hale gave the example of a person announcing an intention to travel to Switzerland for an assisted death. Such a statement would not, by itself, be sufficient to impose an Article 2 obligation upon the State to prevent the person from doing so. The existence of a known real and immediate risk is therefore necessary, but not sufficient; there must also be circumstances which give rise to the relevant State responsibility.

186. The operational duty nevertheless arose in ***Rabone*** because the hospital had admitted the patient precisely on account of her suicide risk and for the purpose of preventing its materialisation while treating the underlying condition. She was exceptionally vulnerable; her mental disorder might impair her capacity to make an autonomous decision to take her own life; and, although formally an informal patient, the hospital could and should have detained her had she attempted to leave: ***Rabone*** [100]-[106]. Those circumstances established responsibility for the particular risk against which protection was required.

187. Conversely, the operational duty is not confined to harm inflicted by third parties. It may require reasonable measures to protect prisoners, detained psychiatric patients, informal psychiatric inpatients and others for whom the State has assumed relevant responsibility against a real and immediate risk of suicide: ***Rabone*** [22]-[25] and [101]-[106]; ***Savage -v- South Essex Partnership NHS Foundation Trust*** **[2009] 1 AC 681** [65]-[72]; and ***Fernandes de Oliveira*** [108]-[115] and [124]-[132].

188. The modern authorities emphasise the need to define the putative duty by reference to the specific risk and the responsibility assumed by the relevant State institution. It is not enough to ask in the abstract whether the State owes an operational duty to a particular person. The question is whether the State has assumed, or otherwise bears, responsibility to take reasonable steps against the particular risk which has arisen: ***Morahan*** [48], [64]-[67]; ***Maguire*** [190]-[193].

189. ***Maguire*** approved the analysis in ***Morahan*** as "*compelling*". It confirms that an individual's vulnerability, and the fact that the State exercises *some* control, do not, without more, extend the State's operational responsibility to every risk affecting that individual's physical safety or health. The operational duty is targeted. Its existence and content depend upon the source and nature of the risk and upon the responsibility which the particular State authority has assumed: ***Maguire*** [13] and [190]-[191].

190. The categories in which the duty has been recognised are not closed, and Strasbourg has proceeded incrementally and case by case. In addition to detention and comparable assumptions of responsibility, the duty has been recognised in cases involving specific

threats from violent and unlawful acts, man-made or natural hazards and appalling conditions in institutions caring for vulnerable people. ***Watts -v- United Kingdom* (2010) 51 EHRR SE5** also suggests that, in appropriate but as yet undefined circumstances, the duty may arise where a State or municipal authority undertakes an activity which it knows or ought to know poses a real and immediate risk to life: ***Rabone*** [97]-[99]; ***Gardner*** [250].

191. The fact that the boundaries of the operational duty are capable of incremental development does not permit a domestic court to create a new principle of Convention law. In ***Ullah***, the House of Lords held that domestic courts should ordinarily follow clear and constant Strasbourg jurisprudence and should keep pace with it, "*no more, but certainly no less*": [20].

192. The ***Ullah*** principle therefore does not confine domestic courts to factual situations already decided in Strasbourg. Where no directly applicable decision exists, the court should ascertain and apply the principles established in Strasbourg jurisprudence and may thereby develop the law incrementally. It must not, however, establish a new principle or make a development which is not a natural consequence of that jurisprudence: ***R (AB) -v- Secretary of State for Justice* [2022] AC 487** [54]-[59].

(3) The Article 3 operational obligation

193. Article 3 provides that no one shall be subjected to torture or to inhuman or degrading treatment or punishment. Unlike Articles 8 and 10, the right is unqualified. Conduct which falls within Article 3 cannot be justified by reference to competing interests or considerations of proportionality.

194. Ill-treatment must attain a minimum level of severity before Article 3 is engaged. The assessment is relative and depends upon all the circumstances, including the nature and context of the treatment, its duration and physical or mental effects and, where relevant, the age, health and vulnerability of the person concerned: ***R (Limbuela) -v- Secretary of State for the Home Department* [2006] 1 AC 396** [54]-[55].

195. Article 3 can apply to severe mental suffering. Conduct may be inhuman because it is premeditated, applied for a prolonged period and causes intense physical or mental suffering. It may be degrading where it humiliates or debases an individual, demonstrates a lack of respect for human dignity or arouses feelings of fear, anguish or inferiority capable of breaking moral or physical resistance. The assessment remains acutely fact sensitive.

196. Article 3 also imposes positive obligations in certain circumstances. Where a public authority knows, or ought to know, that an identified person faces a real and immediate risk of treatment contrary to Article 3, it may be required to take reasonable protective measures. The minimum threshold of severity and the requirement of a sufficient basis for State responsibility remain essential.

197. The operational obligations under Articles 2 and 3 share important features, but they are not interchangeable. Article 2 is concerned with protection of life. Article 3 requires treatment attaining the requisite minimum level of severity and a sufficient basis for attributing responsibility to the State for exposing the individual to, or failing reasonably to protect against, that treatment.

198. In ***Re T (A Child)*** **[2022] AC 723** [175]-[176], the Supreme Court addressed the positive operational obligations under Articles 2 and 3 in the context of vulnerable children for whom the State had already assumed substantial responsibility. The case confirms that the High Court may be among the public authorities required to take appropriate protective measures. It does not establish that knowledge of a grave risk, without the necessary relationship of State responsibility, is sufficient to impose an operational duty upon the Court.

(4) Publication injunctions and the Court's equitable powers

199. A separate line of domestic authority concerns the power, and in some established contexts the obligation, of a court to restrict publication to protect life or physical safety. Those decisions require careful analysis because some concern the conduct and reporting of court proceedings, some concern the protection of confidential identities, and most concern risks of violence from third parties rather than suicide.

200. In ***Venables -v- News Group Newspapers Ltd*** **[2001] Fam 430**, the Court accepted that Article 2 was capable of being engaged where publication of confidential information would expose identified individuals to a real possibility of serious injury or death from third parties. The Court, which is itself a public authority, was required by s.6 Human Rights Act 1998 to act compatibly with the Convention when exercising its existing jurisdiction. Section 6 did not itself supply an independent cause of action or jurisdiction. The injunction was founded in the equitable protection of confidential information, informed by the Court's Convention obligations: [24]-[33], [44]-[47] and [79]-[82].

201. In deciding whether the equitable injunction sought in ***Venables*** was justified, the Court held that the evidence had to demonstrate convincingly a real possibility of serious harm which could not sensibly be ignored in light of the nature and gravity of the feared consequences: [44] and [87]-[89]. That was the test applied to the grant of the injunction. It was not expressed as a reformulation of the ***Osman*** test for engagement of the operational duty.

202. In ***In re Guardian News and Media Ltd*** **[2010] 2 AC 697** [26]-[27], the Supreme Court observed that the power of a court to make an anonymity order protecting a party or witness against a threat of violence arising out of its proceedings formed part of the structure of law through which the State complied with Articles 2 and 3. In such a case, freedom of expression may have to yield. In that context, Lord Rodger observed that "*a newspaper does not have the right to publish information at the known potential cost of an individual being killed or maimed*". The context was, however, the Court's control over reporting of its own proceedings and the protection of an individual against violent attack.

203. In ***A -v- BBC*** **[2015] AC 588** [73]-[77], the Supreme Court held, in the context of an established risk of violent treatment contrary to Article 3, that there could be no derogation from that unqualified right to accommodate Article 10. The restriction imposed upon reporting nevertheless had to be confined to what was necessary to protect the individual and the integrity of the proceedings. That case also concerned reporting restrictions upon court proceedings and a risk of violence by others.

204. The domestic cases concerning *contra mundum* injunctions were summarised in ***RXG -v- Ministry of Justice*** **[2020] QB 703** [24]-[35]. The jurisdiction is exceptional. It may be exercised where cogent evidence establishes a sufficiently grave risk to life or physical safety, but the applicant bears the burden of demonstrating the need for the restriction and the order must be necessary and proportionate. In ***RXG***, the evidence did not establish the requisite real and immediate risk for Articles 2 and 3. The availability of protective measures was relevant both to that conclusion and to whether the injunction sought was necessary: [52]-[54].

205. ***D & F -v- Persons Unknown*** **[2021] EWHC 57 (QB)** concerned mentally disordered offenders who were already within the care and control of the State. The State had assumed substantial responsibility for their welfare and safety, including responsibility for risks arising from their mental disorders. It was in that established context that the Court held that it made no difference to the State's obligation to protect them whether the identified danger arose from violence by third parties or from suicide or self-harm by the claimants themselves: [69].

206. That conclusion concerned the source of a risk for which the State had already assumed responsibility. It does not resolve the anterior question whether the State, or a particular public authority, bears responsibility for the risk in the first place. ***D & F*** is therefore authority for the proposition that, once the relevant operational obligation has arisen, a danger of self-inflicted harm is not necessarily outside its scope. It is not authority for the wider proposition that a court assumes an operational obligation whenever publication by a private party is shown to create or increase a real and immediate risk of suicide.

207. There were also features of ***D & F*** which connected the relief sought with an existing framework of legal protection. The identities of the claimants were already protected by anonymity arrangements and the Court proceeded upon the basis of the exceptional jurisdiction described in ***Venables*** and ***RXG***. The Court was not asked to consider whether, in the absence of breach of confidence or any other domestic cause of action, Articles 2 and 3 together with s.6 Human Rights Act 1998 and s.37(1) Senior Courts Act 1981 provided a sufficient juridical basis for imposing a new restraint upon private publishers. That question must now be considered in light of the Supreme Court's decision in ***Abbasi -v- Newcastle upon Tyne Hospitals NHS Foundation Trust*** **[2026] AC 63** (see [214] below).

208. The ***Venables*** authorities accordingly establish that the Court possesses powers capable of restraining publication where the exercise of an existing jurisdiction is necessary to protect Convention rights. They do not, without more, answer whether the positive operational obligations arise on the present facts or supply a free-standing domestic cause of action whenever publication would increase a person's suicide risk or psychiatric suffering. The existence of the duty, the State institution upon which it falls, the domestic juridical basis for relief and the reasonable measures required to discharge any duty must each be identified.

209. The existence of a broad equitable power to grant injunctions, confirmed by s.37(1) Senior Courts Act 1981, does not mean that the Court may exercise that power without reference to established juridical principles.

210. In ***Wolverhampton City Council -v- London Gypsies and Travellers*** **[2024] AC 983**, the Supreme Court confirmed the width and flexibility of the equitable jurisdiction, including the power to grant injunctions against unidentified persons and, exceptionally, *contra mundum*. The Court nevertheless emphasised that the theoretically unlimited jurisdiction is exercised in accordance with recognised principles, judicial precedent and rules of court.

211. ***Wolverhampton*** reviewed the ***Venables*** line of authorities as an important example of the exceptional use of *contra mundum* injunctions where convincing evidence demonstrated that an order was necessary to protect an individual against serious injury or death. The Supreme Court observed that, in those extreme cases, the courts had been driven to make the orders by the perception that the risk to Convention rights placed them under a positive duty to act: [110]. Those observations described the basis upon which the earlier authorities had proceeded. They did not determine the question now before this Court, which did not arise in ***Wolverhampton***.

212. The distinction between those different juridical bases has since been emphasised by the Court of Appeal in ***PMC -v- Cwm Taf Morgannwg University Health Board*** **[2026] KB 209**. The Court held that there is a limited inherent common-law power, within civil or family proceedings, to make withholding and reporting restrictions orders where strictly necessary in the interests of justice. That power is directed to protecting the integrity of the Court's own proceedings and regulating the reporting of material disclosed in them: [8], [83] and [103].

213. The Court of Appeal distinguished that common-law power from the equitable jurisdiction to grant an injunction restraining publication of information outside the proceedings, including an injunction against the world: [8] and [89]. The present claim falls within the latter category. The Claimant does not seek merely to regulate the reporting of information generated by these proceedings. He seeks to restrain the Defendants from publishing the fruits of their own journalism concerning matters outside them. The Court's inherent power to regulate its proceedings therefore does not provide an alternative juridical basis for the relief sought.

214. In ***Abbasi -v- Newcastle upon Tyne Hospitals NHS Foundation Trust*** **[2026] AC 63**, the Supreme Court re-emphasised that Convention rights are ordinarily protected through the existing common-law and statutory causes of action. Where the Convention requires domestic law to secure rights by regulating relations between private individuals or bodies, domestic law normally complies by providing an appropriate cause of action through which the protected interest can be vindicated: [88]-[92].

215. ***RXG*** pre-dated ***Abbasi***. ***RXG*** remains of assistance as a review of the exceptional publication injunctions granted in the ***Venables*** line of authority. It does not, however, determine the juridical question which now arises. The claim in ***RXG*** failed because the evidence did not establish the requisite risk, and it was therefore unnecessary for the Court to decide whether Articles 2 and 3 could themselves, in the absence of an underlying domestic cause of action or recognised equitable interest, sustain the injunction sought. To the extent that the reasoning in ***RXG*** might be understood as treating the Court's general equitable power and its obligations under s.6 of the Human Rights Act 1998 as sufficient by themselves to create such a restraint, that understanding might require reconsideration in light of ***Abbasi***.

216. The Court's general power to grant an injunction is not ordinarily exercised merely because the Court considers that relief desirable to protect a Convention interest. Where practical and effective protection is available through a domestic cause of action, there is ordinarily no justification for reliance simply upon s.37(1) Senior Courts Act 1981 read with s.6(1) Human Rights Act 1998.

217. ***Abbasi*** did not exclude the possibility that exceptional circumstances might justify recourse to the broader equitable jurisdiction to ensure that Convention protection is practical and effective rather than theoretical or illusory. That reservation does not itself identify the circumstances in which such an exceptional jurisdiction may be exercised. Nor does it dispense with the need to identify a principled juridical basis for the relief sought.

(5) The parties' submissions

(a) The Claimant's case

218. The Claimant submits that the present case falls within the principles established by the ***Venables*** line of authorities. They demonstrate that, where publication would expose an identified and exceptionally vulnerable person to a sufficiently grave risk of death or serious physical or psychiatric harm, the Court may be required to exercise its powers to restrain publication notwithstanding the Article 10 rights engaged.

219. The Claimant relies particularly upon ***D & F***. He submits that, once circumstances otherwise fall within the operational duty, self-inflicted harm is not excluded merely because the danger comes from the person to be protected rather than from a third party. He also relies upon ***Re T*** as an example of the High Court exercising its protective jurisdiction where positive operational obligations under Articles 2 and 3 require effective action.

220. The Claimant's primary case is that no new principle of Convention law is required. Alternatively, he submits that the relief sought represents only a modest and principled development of the existing ***Venables*** jurisdiction. He identifies the following proposed limits:

    i) the Article 2 or Article 3 threshold must be established by clear and cogent evidence;

    ii) the circumstances must ordinarily involve an assumption of relevant State responsibility or exceptional vulnerability;

    iii) engagement of a State obligation does not without more determine that the Court must act, still less that it must take a particular step;

    iv) the Court must have power to prevent the identified harm and its intervention must provide an adequate and effective response which no other State body can provide; and

    v) the order must be reasonable, necessary and proportionate in all the circumstances.

221. The Claimant formulates the asserted principle as applying where clear and cogent evidence establishes that publication identifying an individual in connection with allegations of wrongdoing would create a real and immediate risk to life for Article 2 purposes, or a real and immediate risk of treatment attaining the minimum Article 3 threshold, and an injunction is a reasonable and necessary means of preventing that risk.

222. The Claimant submits that those limits are satisfied. The Court has actual knowledge of the risk. The Claimant is exceptionally vulnerable and is presently detained under the Mental Health Act 1983. Publication is the identified trigger. Psychiatric services can seek to contain and treat the consequences of publication, but cannot prevent the triggering event. Only the Court can restrain the Defendants from publishing.

223. The Claimant further submits that the responsibility of the psychiatric hospital currently treating the Claimant does not exclude an additional obligation upon the Court. Positive duties may require complementary measures from more than one public authority. The hospital may be required to treat and protect the Claimant, while the Court is required to prevent the external event which would cause the acute escalation in risk.

224. As to Article 3, the Claimant submits that the anticipated consequences extend beyond the risk of death. Publication would cause acute mental anguish, a very substantial increase in suicidal ideation and potentially prolonged compulsory psychiatric containment. He contends that, in the context of his particular vulnerability, those consequences attain the minimum level of severity required by Article 3.

225. The Claimant relies upon the absolute character of Article 3 and the principle that the minimum threshold is assessed in the light of all the circumstances, including the nature, duration and effects of the treatment and the vulnerability of the person affected. He submits that "treatment" for Article 3 purposes is not confined to physical acts or formal punishment.

226. The Claimant submits that the ***Venables*** line supplies the necessary domestic juridical basis. He relies upon the description of those cases in ***Wolverhampton*** (at [110]) and submits that ***Abbasi*** does not exclude recourse to the broader equitable jurisdiction where necessary to render Convention protection practical and effective. On his case, the ***Venables*** jurisdiction is the domestic mechanism through which the Court gives effect to the positive operational obligations.

(b) The Defendants' case

227. The Defendants submit that the Claimant's analysis begins with the seriousness of the risk and works backwards to the existence of a duty. A real and immediate risk is necessary but not sufficient. The Claimant must first establish relevant State responsibility for the particular harm and identify the public authority upon which the duty rests.

228. On the present facts, the relevant responsibility has been assumed by the psychiatric hospital and mental-health services. They possess control over the Claimant, clinical responsibility for his suicide risk and the statutory powers and expertise necessary to manage it. The Mental Health Act 1983, the Mental Capacity Act 2005 and the duties of psychiatric services form part of the established domestic framework through which the State protects life while respecting individual autonomy.

229. The assessment of the risk in hospital is dynamic and must be undertaken by the clinicians responsible for the Claimant's care in light of his current condition and the protective measures then operating. The Defendants contend that those clinicians, rather than the Court, are institutionally equipped to determine the degree of observation, treatment, leave and eventual community support required.

230. The Court, by contrast, has not detained the Claimant, assumed responsibility for his treatment or created his underlying psychiatric condition. Publication would be the independent act of private media organisations, not the Court. A judicial refusal to prohibit that conduct would not convert publication into State conduct or amount to the Court creating the underlying danger.

231. The Defendants distinguish the publication authorities because they involved an existing domestic juridical basis: equitable protection of confidential information, the Court's control of its own proceedings, the protective jurisdiction concerning children or State responsibility for persons already in custody or care. None concerned an order *in personam* against named media defendants restraining public-interest journalism because its subject might respond by taking his own life.

232. In particular, the Defendants submit that:

    i) ***Venables*** exercised the equitable jurisdiction to restrain breach of confidence, informed by the Court's obligations under Articles 2 and 3;

    ii) ***In re Guardian News and Media Ltd*** and ***A -v- BBC*** concerned the Court's control of its own proceedings and risks of violent attack and do not establish a broader principle;

    iii) ***RXG*** was a synthesis of the exceptional ***Venables*** jurisdiction rather than a decision extending the general Article 2 operational duty;

    iv) ***D & F*** concerned mentally disordered offenders already within State custody and under State care and control and the Court did not consider the ***Ullah*** issue; and

    v) none of those authorities concerned an injunction suppressing public-interest journalism about its subject's alleged conduct because otherwise lawful publication might trigger suicide.

233. The Defendants rely upon ***Ullah*** and ***AB***. No Strasbourg decision has recognised an operational duty requiring the court of a State to prevent lawful publication by private media organisations to protect the subject against suicide. They contend that the proposed duty is not an incremental application of established principle but the creation of a materially new and potentially unbounded Convention obligation.

234. The Defendants also rely upon ***Abbasi***. The Claimant has not pleaded misuse of private information, breach of confidence, harassment or any other domestic cause of action against them. They submit that the Court's general equitable power and s.6 Human Rights Act 1998 cannot be used to create a new horizontal cause of action imposing a publication restraint upon private parties.

235. As to Article 3, the Defendants submit that neither the proposed journalism nor the Claimant's anticipated reaction to it constitutes "treatment" within Article 3. The anticipated deterioration would arise from the interaction between the lawful acts of private parties and the Claimant's underlying psychiatric condition, rather than from conduct for which the State bears the responsibility required by Article 3.

236. The psychiatric hospital's role would be to relieve suffering, protect the Claimant and provide treatment compatible with his dignity. Its intervention could not itself be characterised as inhuman or degrading treatment. The Defendants also submit that the anticipated suffering, although plainly serious, has not been shown to attain the minimum Article 3 threshold. Alternatively, any positive obligation is discharged by the hospital through appropriate treatment, containment and protection.

(c) The content of any duty and Article 10

237. The parties also disagree about the consequence of the Claimant's present inpatient detention. The Claimant submits that the risk remains real and immediate because the Court's decision, anticipation of publication and publication itself would each materially increase it. Inpatient care reduces but does not extinguish the risk.

238. The Defendants submit that the Claimant is now in the care of the State institution best placed and legally obliged to manage the dynamic risk. They contend that the established operational duty is discharged through inpatient treatment, containment and subsequent clinical risk management and does not require the additional measure of restraining publication.

239. The Claimant submits that, once the operational duty is engaged and an injunction is shown to be a reasonable, necessary and effective means required to discharge it, the Article 2 or Article 3 risk cannot be balanced against Article 10. He accepts that the scope of any injunction must be no wider than necessary.

240. The Defendants submit that this confuses the absolute character of the negative obligations under Articles 2 and 3 with the reasonable-measures character of their positive operational obligations. Their case is not that established Convention protection may simply be balanced away. It is that the content of a positive obligation must be determined in light of the effectiveness, availability, burden and lawfulness of the preventive measure demanded, including the Convention rights of others: ***Osman*** [116]; ***Officer L*** [21]; ***E -v- Chief Constable of the Royal Ulster Constabulary*** [10]; ***Rabone*** [104].

241. The Defendants submit that Article 10 is relevant both when defining the reasonable content of any positive operational obligation and, separately, when determining whether the particular injunction sought is necessary and proportionate. Section 12(4) of the Human Rights Act 1998 requires particular regard to the importance of freedom of expression when the Court considers granting relief which might affect its exercise.

242. The Defendants also rely upon the State's choice of means. They submit that where a positive obligation can be discharged effectively by psychiatric treatment, containment and risk management, Articles 2 and 3 do not require every possible measure to be taken by every public authority. The Claimant responds that those measures cannot

prevent the publication-related trigger and therefore do not provide an adequate substitute for the injunction.

(6) Conclusions

243. The central disagreement has two related parts. The first is whether the established principles under Article 2 or Article 3 impose an operational obligation upon this Court, in addition to the responsibility borne by the psychiatric services, to take action against publication by private media organisations because publication would materially increase the risk of suicide or grave psychiatric harm. The second is whether, in the absence of a pleaded domestic cause of action against the Defendants, the ***Venables*** jurisdiction or the Court's broader equitable power provides a proper juridical basis for the injunction sought.

(a) Article 2

244. I have found that a decision permitting publication, the anticipation of publication and publication itself would each materially and very substantially increase the Claimant's risk of suicide. The risk is objectively verified, present and continuing. It satisfies the "real and immediate" threshold for the purposes of Article 2.

245. That finding is necessary but not sufficient. The further question is whether the risk falls within an operational obligation borne by this Court to restrain the proposed publications.

246. The established authorities do not impose a general duty upon every public authority which becomes aware of a real and immediate risk to take every measure within its powers which might reduce it. The duty is defined by State responsibility for the particular risk and by the institutional role, powers and responsibilities of the authority concerned.

247. In the present case, the State has assumed responsibility for the Claimant's immediate safety through the psychiatric hospital and mental-health services. The Claimant is detained under the Mental Health Act 1983. The hospital exercises direct control over his care, observation, treatment, access to means of self-harm, leave and eventual discharge. It has assumed responsibility for the very risk with which Article 2 is concerned.

248. The evidence establishes that the hospital can provide significant protection. Inpatient treatment cannot eliminate the risk, but it materially reduces the likelihood of suicide. The responsible clinicians can adjust observation, treatment, leave and discharge arrangements in response to the Claimant's changing condition. The operational duty does not require the State to guarantee that suicide will not occur or to eliminate every residual risk.

249. The Court has not assumed responsibility for the Claimant's psychiatric treatment or safety in the relevant sense. Nor does its adjudication of the dispute transform the Defendants' publication into an act of the State. The Court is required to decide whether the Defendants should be prohibited from undertaking an act which, absent a lawful basis for restraint, they are entitled to undertake.

250. ***D & F*** does not establish the obligation asserted in this case. The claimants in that case were mentally disordered offenders within the care and control of the State. The State had already assumed responsibility for protecting them against risks arising from their mental disorders. The conclusion (at [69]) was that, within that existing relationship of responsibility, it made no difference whether the feared harm would be inflicted by third parties or by the claimants upon themselves.

251. The present case raises the anterior, and materially different, question whether this Court has assumed, or otherwise bears, responsibility under Articles 2 or 3 for preventing the Claimant's reaction to publication by private media organisations. ***D & F*** does not answer that question. It does not establish that knowledge that publication would create or increase a real and immediate suicide risk is sufficient to impose an operational obligation upon the Court to prohibit publication.

252. Nor do I accept that the present case represents an insubstantial extension of ***D & F*** or of the ***Venables*** jurisdiction. The suggested development would do more than apply an established duty to a different source of harm. It would transfer responsibility for the consequences of the proposed publication from the State institution, which has assumed responsibility for the Claimant's psychiatric treatment and immediate safety, to the Court adjudicating a dispute between the Claimant and private publishers. It would also impose a restraint upon those publishers in the absence of breach of confidence or any other pleaded domestic cause of action.

253. Those are changes in the juridical foundation and reach of the asserted obligation, not merely factual differences. The principle contended for would apply whenever the Court was satisfied that otherwise lawful publication would create a sufficiently grave risk of suicide or psychiatric harm and that restraint was the most effective means of preventing the trigger. The proposed limiting conditions identify cases in which the argument for intervention would be especially powerful, but they do not supply the missing relationship of State responsibility or the missing domestic juridical basis for the restraint. The fact that the order sought is directed only against the two Defendants, rather than against the world, makes it narrower in practical scope. It does not supply the missing element of State responsibility or an established domestic juridical basis for imposing the restraint upon them.

254. There is, moreover, a circularity in the Claimant's proposed formulation. Although he accepts that proof of a real and immediate risk is not sufficient by itself to establish the operational duty, the additional features upon which he relies are principally the cogency of the evidence, the extremity of his vulnerability, the Court's knowledge of the risk and its ability to prevent the identified trigger. Those matters demonstrate the gravity of the risk and the practical effectiveness of the injunction sought. They do not establish the anterior proposition that the Court has assumed, or otherwise bears, State responsibility for protecting the Claimant against that risk. Without that separate requirement, the existence of a sufficiently grave and convincingly demonstrated risk would itself generate the duty whenever a public authority possessed the power to prevent the event expected to trigger it. That would collapse the distinction between the existence of the risk and the circumstances giving rise to the operational obligation.

255. The Claimant's case also moves between two distinct measures. One is protection against the immediate risk of suicide. That is the risk for which the psychiatric hospital has now assumed responsibility and against which detention, observation, treatment

and control of access to means of self-harm are directed. The other is prevention of the external event said to cause or intensify that risk, namely publication. The fact that the Court can prevent the trigger, while the hospital cannot, does not itself transfer to the Court responsibility for the risk or establish that Article 2 requires the trigger to be prohibited.

256. This is not to suggest that an operational duty can never require action directed at the source of danger. The established cases concerning threats of violence demonstrate that reasonable preventive measures may include action against the person or event from which the danger arises. But such measures are required only where the relevant State authority bears operational responsibility for protecting the individual against that particular danger. The psychiatric services have assumed responsibility for protecting the Claimant against suicide arising from his mental disorder. It does not follow from that responsibility, or from the Court's knowledge of the likely consequences of publication, that Article 2 requires this Court to prevent every external event which may cause an acute escalation of that risk.

257. None of the Strasbourg authorities recognises such an operational obligation. Recognition of it would accordingly create a new category of positive duty rather than apply an established principle to a new factual situation. That is a development which this Court cannot properly undertake consistently with ***Ullah*** and ***AB***.

258. The claim based on Article 2 must be dismissed.

(b) Article 3

259. I also reject the claim under Article 3. I accept that publication would cause the Claimant acute and potentially prolonged mental suffering. His vulnerability and the likely psychiatric consequences are matters of great seriousness.

260. The proposed journalism does not, however, constitute "treatment" by the State for the purposes of Article 3. Publication would be the act of private media organisations. The Court's refusal to restrain publication would not convert that conduct into State treatment of the Claimant.

261. Nor does the Claimant's compulsory psychiatric treatment provide the necessary Article 3 treatment. The purpose and character of the hospital's intervention are protective and therapeutic. The treatment is intended to reduce suffering and protect life, and is subject to the legal safeguards governing detention and treatment under the Mental Health Act 1983.

262. The anticipated suffering arises from the Claimant's psychiatric condition and his expected reaction to allegations published by private parties. The established Article 3 authorities do not support the imposition of a positive operational duty upon the Court to prevent that suffering by restraining publication.

263. For substantially the same reasons as apply under Article 2, recognition of the Article 3 obligation asserted would establish a new principle of Convention law rather than apply or incrementally develop an established one. The claim under Article 3 therefore fails.

(c) The juridical basis for relief

264. The absence of an operational duty upon this Court is sufficient to dispose of the Claimant's primary case based on Articles 2 and 3. There is, in addition, a separate difficulty concerning the juridical basis for the injunction.

265. Section 37(1) of the Senior Courts Act 1981 confers a broad power to grant injunctions where it appears just and convenient to do so. That power is not a free-standing cause of action. It is exercised in accordance with established legal and equitable principles.

266. Beyond some general discussion in the evidence, the Claimant does not advance a claim in breach of confidence, misuse of private information, harassment, defamation or any other recognised domestic cause of action against the Defendants. His claim depends directly upon the proposition that the Court is obliged by Articles 2 and 3 to restrain publication.

267. ***D & F*** does not remove that difficulty. The claimants in that case were already protected by anonymity arrangements and were persons for whose safety the State had assumed direct responsibility. The Court proceeded upon the established ***Venables***/***RXG*** line of authority. It did not decide whether Articles 2 and 3 could themselves create a sufficient juridical basis for an injunction against private parties where no breach of confidence or other domestic cause of action was available.

268. It may be that, viewed through the analysis subsequently adopted in ***Abbasi***, some claims within the ***Venables*** line of authorities can be explained by an existing equitable interest, including the protection of confidential identities, combined with the Court's duty under s.6 of the Human Rights Act 1998 to exercise its jurisdiction compatibly with Convention rights. It is unnecessary to determine the precise juridical basis on which ***D & F*** would now fall to be analysed. What matters is that the case did not consider or decide the materially broader proposition advanced here.

269. ***RXG*** does not compel a different conclusion. The Article 2/3 claim in ***RXG*** failed on the evidence because the requisite risk was not established. It was therefore unnecessary to determine whether the general equitable power, read with s.6, could sustain relief in the absence of an underlying domestic cause of action or recognised equitable interest. Following ***Abbasi***, ***RXG*** cannot safely be treated as authority that those provisions by themselves provide a free-standing juridical basis for such an injunction.

270. ***Wolverhampton*** confirms the breadth and flexibility of equitable relief, but not an unrestricted power to create new substantive obligations between private parties. ***Abbasi*** confirms that Convention interests are ordinarily protected horizontally through appropriate domestic causes of action. Its reservation for exceptional cases does not, without an identified equitable principle, justify the creation in this case of a new publication restraint unsupported by an established cause of action.

271. I therefore conclude that, even apart from the limits of the positive operational obligations, the Court's general equitable power does not provide a proper basis for granting the injunction sought.

(d) The content of any obligation, if established

272. If I am wrong about the existence of the operational duty or the juridical basis for relief, I would nevertheless conclude that Articles 2 and 3 do not require the Court to grant the injunction sought.

273. The State is already taking substantial and effective measures to protect the Claimant. He is receiving inpatient psychiatric treatment in an environment which significantly reduces the likelihood of suicide. His condition, observation, treatment, leave and eventual discharge will be subject to continuing clinical assessment.

274. The evidence does not establish that the risk is incapable of therapeutic modification. Treatment cannot guarantee the elimination of risk, but the positive operational obligation is an obligation to take reasonable preventive measures, not to achieve a guaranteed outcome.

275. An injunction would remove the publication-related trigger for so long as it remained in force. It would thereby operate upon the asserted cause of the acute escalation in risk rather than treating or containing the risk itself. That does not make the injunction irrelevant or ineffective: preventing a trigger may in an appropriate case be a powerful means of protecting life. But it is materially different from the measures for which the psychiatric services have assumed responsibility. The injunction would not treat the Claimant's underlying psychiatric condition or eliminate his elevated baseline risk. The evidence does not identify a point at which publication would become safe merely through the passage of time. The relief sought would therefore be of uncertain and potentially indefinite duration.

276. The latest evidence of the Single Joint Expert also demonstrates that, once publication has been permitted, deferral is not clinically neutral. It is likely to prolong distress and suicide risk, impede treatment and potentially prolong inpatient admission. If publication is to occur, it would be significantly safer while the Claimant remains within the supported inpatient environment than after discharge into the community.

277. I have considered the Claimant's alternative proposal that the restraint should remain in force pending treatment and a future reassessment of whether publication would continue to be incompatible with his rights under Articles 2 or 3. It was suggested that the reassessment could be undertaken by Dr Qurashi, or another appropriately instructed expert, and that it might take place after a defined period; 18 months was mentioned as one possible example. The evidence does not, however, provide a clinical basis for selecting that or any other period for reassessment, or for concluding that treatment would by then have reduced the publication-related risk sufficiently. Dr Qurashi does not identify a date or course of treatment after which publication is likely to become safe. More importantly, once publication has been permitted in principle, postponement pending future reassessment would preserve the anticipated trigger and is likely to prolong distress and suicide risk, impede treatment and potentially prolong inpatient admission. Whether framed as a restraint for a defined period or as one continuing until a future assessment, the proposed alternative would postpone rather than resolve the difficulty and has not been shown to be a reasonable measure required by Articles 2 or 3.

278. The Court must also consider the substantial Article 10 rights affected by the measure sought. As ***PMC*** confirms, ***Abbasi*** requires a domestic-law starting point, although Article 10 remains crucial and any Convention assessment must follow the structured approach identified in ***Abbasi***: ***PMC*** [89]-[91]; ***Abbasi*** [128]-[130]. The Article 10 rights do not permit an established Article 2 or Article 3 obligation simply to be balanced away. They are nevertheless relevant when determining whether the positive operational obligation reasonably requires the particular measure demanded and whether the injunction is necessary and no wider than required.

279. In all the circumstances, the treatment, containment and risk-management measures available through the psychiatric services provide the reasonable and institutionally appropriate response required of the State. The positive operational obligations do not require the additional and materially different measure of prohibiting the Defendants' proposed publications.

G: The Article 8 claim and competing rights

280. The Claimant relies, alternatively, upon Article 8, including the protection of his physical and psychological integrity and the effect which publication, psychiatric detention or death would have upon his private and family life.

281. The Defendants dispute both the juridical basis and the merits of that claim. They emphasise that the Claimant has not brought a claim in misuse of private information, that the information proposed to be published is not said to be private information and that their Article 10 rights, together with the asserted public interest, carry substantial weight.

282. The questions under Articles 8 and 10 are:

i) whether the proposed publications would interfere with the Claimant's rights under Article 8;

ii) the nature and gravity of any such interference;

iii) whether, and to what extent, the interests of the Claimant's child are relevant;

iv) the nature and weight of the Article 10 rights engaged;

v) the contribution which the proposed publications would make to a debate of public interest;

vi) the relevance of the Defendants' journalistic investigations without determining whether the Allegations are true; and

vii) where the proportionality balance falls.

(1) The applicable principles

283. Article 8 protects the right to respect for private and family life. Its scope includes a person's physical and psychological integrity. Mental health is a crucial part of private life associated with moral integrity, and treatment which does not attain the minimum severity required by Article 3 may nevertheless interfere with Article 8 where it has

sufficiently adverse effects upon physical or psychological integrity: ***Bensaid -v- United Kingdom*** **(2001) 33 EHRR 10** [46]-[47]; ***R (Razgar) -v- Secretary of State for the Home Department*** **[2004] 2 AC 368** [9].

284. The mutual enjoyment by a parent and child of each other's company is also a fundamental element of family life: ***Olsson -v- Sweden (No.1)*** **(1988) 11 EHRR 259** [59]. Where the interests of a child are engaged, they are a primary consideration. They are not, however, invariably decisive or entitled to automatic precedence over all other considerations.

285. Where Articles 8 and 10 are both engaged, neither has automatic precedence. The Court must focus intensely upon the comparative importance of the particular rights being claimed, consider the justifications for interfering with each right and apply a proportionality test: ***In re S (A Child) (Identification: Restrictions on Publication)*** **[2005] 1 AC 593** [17].

286. As explained in ***Abbasi*** and ***PMC***, that assessment does not itself supply a cause of action or jurisdiction. The Court must begin with domestic law and identify the legal basis upon which the proposed restraint may be imposed. If such a basis exists, the relevant domestic principles are applied compatibly with the Convention rights engaged. It is within that framework that the structured assessment of Articles 8 and 10 is undertaken: ***Abbasi*** [79]-[98] and [128]-[130]; ***PMC*** [89]-[91].

287. Factors relevant to the proportionality assessment include the contribution of the publication to a debate of public interest; the degree of notoriety of the person affected; the subject matter of the report; the person's prior conduct; the content, form and consequences of publication; and the method by which the information was obtained and its veracity: ***Von Hannover -v- Germany (No.2)*** **(2012) 55 EHRR 15** [108]-[113]; ***Axel Springer AG -v- Germany*** **(2012) 55 EHRR 6** [89]-[95]; ***Couderc and Hachette Filipacchi Associés -v- France*** **(2016) 62 EHRR 1** [90]-[93].

288. The rights engaged may include not only the Article 10 rights of the publisher and its sources to receive and impart information, but also the Article 8 rights of a source who wishes to communicate his or her own experiences. Article 8 protects personal autonomy, including, in an appropriate case, the individual's choice whether matters relating to his or her private life should remain private or should be shared with others or with the world at large. A person's right to communicate his or her own story may therefore be protected by both Articles 8 and 10: ***Re Angela Roddy (A Minor)*** **[2004] EMLR 8** [25]-[36], particularly [35]-[36].

289. The required intense focus is evidential as well as juridical. The balance is not determined by "*rival generalities*" about the abstract importance of privacy, family life or freedom of expression. It requires close examination of the weight to be accorded to the specific rights engaged on the facts of the case. The nature, degree and weight of an asserted interference are not necessarily self-evident matters and, where material to the outcome, require an adequate evidential foundation: ***R (Marandi) -v- Westminster Magistrates' Court*** **[2023] 2 Cr App R 15** [43(6)], [44(2)] and [45(4)–(5)].

290. Section 12(4) of the Human Rights Act 1998 also requires the Court to have particular regard to the importance of freedom of expression and, where the proceedings concern

journalistic material, to the extent to which publication would be in the public interest and to any relevant privacy code.

(2) The parties' submissions

291. The Claimant submits that publication would interfere profoundly with his physical and psychological integrity. He relies upon the matters in respect of which I have already made findings concerning the very substantial increase in psychiatric deterioration, suicidal ideation and suicidal acts which would follow a decision permitting publication, the anticipation of publication and publication itself. The likely consequences include acute mental anguish, compulsory psychiatric detention and a potentially prolonged interruption to his ordinary life and relationships.

292. He also relies upon the effect upon his family life and, in particular, his relationship with his son. That relationship is of central importance to him and has been identified as one of his protective factors. The Claimant submits that his death, prolonged psychiatric detention or severe deterioration in his mental health would have a devastating effect upon his son and upon their ability to enjoy family life together.

293. The Claimant accepts that the proposed publications concern allegations of wrongdoing rather than information which he alleges to be private. He does not assert a reasonable expectation of privacy in the information itself and has not brought a claim in misuse of private information. His case is that the consequences of publication for his mental integrity and family life are themselves sufficiently grave to engage Article 8 and to outweigh the Article 10 rights relied upon by the Defendants.

294. He submits that the public interest relied upon by the Defendants has been overstated. He accepts the public interest in responsible investigation of allegations of serious wrongdoing. He disputes that publication of the particular allegations is necessary to contribute to public understanding of abuse of power or inappropriate conduct by prominent individuals. He also criticises the Defendants' assessment of the public interest on the basis that they did not give sufficient weight to the anticipated consequences for him and his son.

295. The Defendants submit, first, that the Article 8 claim encounters the same fundamental juridical obstacle as the claims under Articles 2 and 3. The Claimant seeks to restrain private publishers by direct reliance upon Article 8, s.6 of the Human Rights Act 1998 and s.37(1) of the Senior Courts Act 1981. He has not advanced any domestic cause of action through which the asserted Article 8 interests can be vindicated.

296. Second, they submit that the evidential basis for the Article 8 claim is inadequate. There is no witness statement from the Claimant directly addressing the Article 8 claim. Nor is there evidence from his son or from any person speaking directly on his behalf which explains the son's circumstances, wishes, understanding or the particular effect which publication would have upon him.

297. Third, the Defendants rely upon the substantial Article 10 rights of the publishers, their sources and the public. They further submit that, insofar as the sources wish to communicate their own experiences publicly, their interests may also engage the protection afforded by Article 8 to personal autonomy. The proposed publications concern serious allegations about the conduct of a prominent person, the alleged use of

status and power and the treatment of women and girls over a substantial period. The Defendants rely upon the scale and duration of their investigations, the direct accounts obtained from sources and the steps taken to test those accounts.

298. The Defendants submit that the Court need not, and should not, determine whether the allegations are true. The Article 10 interests are not confined to publication of allegations which have first been proved by the publisher in judicial proceedings. They submit that responsible reporting of credible allegations concerning serious wrongdoing can make an important contribution to public debate, provided that the publication fairly reports the allegations and the Claimant's denials and complies with the Defendants' legal and ethical obligations.

(3) Juridical basis

299. I reject the Article 8 claim, principally because the Claimant has not identified a proper domestic juridical basis for the injunction sought.

300. The proposed publication would be the act of private media organisations. Article 8 does not itself create a free-standing cause of action by which one private person may restrain another. Section 6 of the Human Rights Act 1998 requires the Court to act compatibly with Convention rights when exercising its jurisdiction, but it does not confer a jurisdiction or cause of action which the Court does not otherwise possess: ***Abbasi*** [88]-[90], particularly [89].

301. Domestic law has developed causes of action capable of protecting the interests secured by Article 8 in relations between private parties. Depending upon the facts, those causes of action may include misuse of private information, breach of confidence, defamation, harassment and claims under the data-protection legislation. Where practical and effective protection can be provided through an available domestic cause of action, there is ordinarily no justification for reliance simply upon s.37(1) of the Senior Courts Act 1981 read with s.6(1) of the Human Rights Act 1998: ***Abbasi*** [88]-[98].

302. The Claimant has not advanced a claim for misuse of private information. He does not contend that the allegations which the Defendants propose to publish are private information in respect of which he has a reasonable expectation of privacy. Although harassment was referred to in the evidence and submissions, no claim under the Protection from Harassment Act 1997 has been advanced. The Defendants have therefore not been required to plead or prove any statutory defence to such a claim. No claim in defamation, breach of confidence, data protection or any other recognised domestic cause of action has been pursued. This is not an oversight by the Claimant; he has deliberately framed his case in this way.

303. The Article 8 claim cannot avoid that difficulty by characterising the consequences of publication, rather than the information published, as the relevant interference. The seriousness of those consequences can affect the weight of the Claimant's Article 8 interests once a proper domestic basis for relief has been established. It does not itself create that basis or impose a new substantive obligation upon private publishers.

304. Nor does the reservation in ***Abbasi*** concerning exceptional cases provide the necessary juridical foundation. The Supreme Court did not recognise a general equitable cause of action available whenever the Court considers that restraint is necessary to make Article

8 protection practical and effective. The exceptional equitable jurisdiction remains governed by recognised principles. For the reasons given in Section F, the ***Venables*** line of authorities does not establish a free-standing jurisdiction to restrain public-interest journalism merely because its anticipated consequences would interfere gravely with the subject's Convention interests.

305. ***PMC*** reinforces the distinction. The Court's inherent common-law power to protect the integrity of its own proceedings and to regulate the reporting of information disclosed in them does not extend to restraining the Defendants' independent journalism concerning events outside the proceedings. The relief sought here requires a substantive juridical basis governing the relationship between the Claimant and the Defendants. None has been established.

306. The Article 8 claim therefore fails for that reason. Since the parties addressed the Convention balance fully, and in case that conclusion is wrong, I shall nevertheless explain where that balance would fall.

(4) The Claimant's Article 8 interests

307. I accept that the proposed publications would interfere seriously with the Claimant's private life. The psychiatric consequences fall squarely within the protection afforded by Article 8 to physical and psychological integrity, even though I have concluded that they do not establish the positive operational obligation asserted under Article 3.

308. The interference would be exceptionally grave. I have found that the decision permitting publication, the anticipation of publication and publication itself would each materially and very substantially increase the risk of psychiatric deterioration, suicidal ideation and suicidal acts. The Claimant may require continued compulsory detention and treatment. Those consequences would substantially restrict his autonomy, his ordinary activities and his ability to maintain personal and family relationships.

309. I also accept that the likely effects of publication upon the Claimant's relationship with his son are relevant to the Claimant's own right to respect for family life. Death, severe psychiatric deterioration or prolonged inpatient detention would plainly affect the practical enjoyment of that relationship. The relationship is also relevant clinically because it has been identified as a protective factor.

310. Those conclusions give the Claimant's Article 8 interests very substantial weight. They do not, however, mean that Article 8 is absolute or that the psychiatric consequences determine the outcome. Unlike Articles 2 and 3, Article 8 is qualified. The Court must assess the interference in the circumstances of the individual case and weigh it against the rights and interests protected by Article 10.

(5) The son's interests

311. The evidence concerning the son comes principally through material directed to the Claimant's psychiatric condition and through accounts of what the relationship means to the Claimant. That evidence permits the Court to recognise that the consequences of publication for the Claimant may have serious effects upon his son and upon their relationship. It does not permit an individualised assessment of the son's own Article 8 rights of the kind required by the intense focus upon the particular rights in issue.

312. That assessment cannot be resolved by rival generalities. It is not enough to place on one side the general proposition that a child has an important interest in preserving family life with a parent and, on the other, the general importance of freedom of expression. The Court must examine the nature, degree and weight of the particular interference alleged. Those matters are not self-evident and require an adequate evidential foundation: ***Marandi*** [43(6)] and [44(2)].

313. I do not accept that the son's interests can be given decisive weight upon the generalised premise that publication of serious allegations concerning a parent, or the resulting distress or psychiatric illness of that parent, will adversely affect a child. That may readily be true, but the nature, extent and duration of the interference are fact-sensitive. The evidence does not enable the Court to assess how the son would be affected by the publication itself, what he knows or understands, the nature and present extent of his relationship with the Claimant, or the practical effect upon him of the possible outcomes identified in the psychiatric evidence. The Court cannot infer the full content and weight of the son's independent Article 8 interests from the severity of the consequences for the Claimant.

314. I therefore take account of the probable effect upon the son and the parent-child relationship, both as part of the Claimant's family life and as a matter relevant to the son's own welfare. The absence of direct and individualised evidence materially limits the weight which can be placed upon the son's independent Article 8 rights in the proportionality assessment.

(6) The competing rights

315. The rights engaged on the other side are substantial. They include the Defendants' Article 10 rights to investigate and publish, the Article 10 rights of their sources to communicate their experiences and the right of the public to receive information and ideas on matters of public interest. Insofar as the proposed publications provide a means by which sources wish to communicate their own experiences, their Article 8 interests in personal autonomy may also be engaged. As ***Roddy*** explains, Article 8 can protect not only the choice to keep one's private life private but also the choice to share one's own story with others: [25]-[36], particularly [35]-[36].

316. The proposed publications concern serious allegations about the conduct of a prominent person and the alleged use of status, influence and access in dealings with women and girls. The subject matter includes alleged abuse of power, sexual misconduct and inappropriate conduct towards younger or vulnerable persons. Those are matters capable of making a significant contribution to public debate.

317. The public interest is not exhausted merely because there is already a general public debate about abuse of power or misconduct by prominent people. Journalism contributes to such debates through the investigation and reporting of particular facts and experiences. Reporting an individual case may illuminate the operation of power, enable alleged victims or witnesses to give accounts of their experiences and provide information by which the public and relevant institutions can assess matters of legitimate concern.

318. The Claimant's prominence is relevant, although it does not deprive him of Article 8 rights. He has achieved a substantial public profile and has occupied positions carrying

public visibility and influence. I take account of submissions as to his current status and prominence. Those matters may reduce the force of any argument based simply upon his current performance of a public role. They do not, however, remove the public interest relied upon by the Defendants. The Allegations concern the alleged use, over an extended period, of the status, influence and access which his prominence afforded him. Their asserted public significance does not depend solely upon his continuing to hold the same positions at the date of judgment.

319. The Defendants have undertaken a prolonged and extensive investigation. They have obtained accounts from numerous sources and say that they have sought corroborative and contradictory material, repeatedly tested the principal accounts and subjected the proposed publications to editorial and legal scrutiny. The fact that the Claimant disputes the allegations remains important and must be reported fairly. It does not follow that the Court can attribute no weight to the proposed journalism unless it first determines that every allegation is true.

320. These proceedings have not been constituted to determine the truth of the Allegations. The Claimant has not brought a defamation claim, and the Defendants have not pleaded and sought to prove truth. It would be wrong for the Court to conduct a collateral trial of the Allegations or pronounce upon their ultimate truth. Equally, it would be wrong to treat disputed allegations as devoid of public-interest value merely because their truth has not been established in these proceedings.

321. The likely consequences of publication are nevertheless relevant to Article 10 proportionality. They are not extraneous matters which the publishers or the Court may disregard. On the findings I have made, those consequences weigh very heavily against publication. The Defendants' rights are also accompanied by duties and responsibilities, including the obligation to act responsibly and to take account of the foreseeable harm that publication may cause.

322. I do not, however, accept that the consequences remove the public interest in the proposed publications. The issue is not whether the Article 10 interests exist, but whether their nature and weight are sufficient to justify the grave interference with the Claimant's Article 8 rights.

(6) Proportionality and conclusion

323. The injunction sought would constitute an exceptionally serious interference with the rights engaged on the other side. It would prohibit the Defendants from publishing the results of their investigations into allegations of serious wrongdoing by a prominent individual. It would also prevent the sources whose accounts form part of those investigations from communicating their experiences to the public through the Defendants, thereby interfering with their Article 10 rights and, insofar as they seek to tell their own stories, with the interests in personal autonomy protected by Article 8. Nor has the Claimant established that a shorter, time-limited restraint (see [**Error! Reference source not found.**] above) would strike a different balance. The evidence provides no principled basis for selecting its duration and indicates that continuing uncertainty would itself cause serious harm.

324. The restraint would not be confined to private medical information, the identity of the Claimant in these proceedings or material generated by the litigation. It would suppress

the substance of the Defendants' proposed journalism. Nor would it be a short or clearly defined postponement. The medical evidence does not identify a point at which the Article 8 consequences of publication would cease or become materially insignificant. The order could therefore remain in force for an uncertain and potentially indefinite period.

325. On the other side, the interference with the Claimant's physical and psychological integrity and family life would be profound. This is not a case in which the asserted Article 8 consequences are limited to distress, embarrassment or reputational damage. They include a very substantial increase in the risk of suicide, severe psychiatric deterioration, loss of autonomy through compulsory detention and serious disruption to family relationships.

326. Giving those consequences the very substantial weight which they deserve, I am nevertheless not satisfied that Article 8 requires the suppression of the proposed publications. The journalism concerns matters of substantial public interest; the restraint sought would be comprehensive and potentially indefinite; the information itself is not alleged to be private; and the Court is not in a position to find that the Defendants' investigation lacks a proper evidential foundation or that the proposed publications make no genuine contribution to public debate.

327. The son's interests do not alter that conclusion. I recognise the probable effect upon him if the Claimant's mental health deteriorates, if their relationship is interrupted by detention or if the Claimant dies. Those consequences are grave. But the Court lacks the direct and individualised evidence required to assess the son's own position with the necessary intensity. His interests cannot, on the generalised evidence available, be treated as independently decisive of the balance.

328. The availability of psychiatric treatment and protective measures is also relevant. It does not remove or trivialise the interference with the Claimant's Article 8 rights. It does, however, mean that the State is taking measures directed towards protecting his life, psychological integrity and capacity to maintain his relationships. Article 8 does not require the Court to eliminate every source of psychiatric distress by imposing a prior restraint upon the lawful activities of private parties.

329. In reaching that conclusion, I have not determined whether the Allegations are true. Nor have I decided that the anticipated consequences for the Claimant or his son are unimportant. The conclusion reflects the particular circumstances: the absence of a domestic cause of action; the nature and public-interest significance of the proposed journalism; the breadth and uncertain duration of the restraint sought; and the limitations of the evidence concerning the son's independent rights.

330. The Claimant has therefore failed to establish either a proper basis for relief under Article 8 or, if a direct proportionality assessment were available, that the Article 8 interests upon which he relies outweigh the rights of the Defendants, their sources and the public. Those rights include the Article 10 rights to impart and receive information and, insofar as the sources wish to communicate their own experiences, the Article 8 interests in personal autonomy identified in ***Roddy***.

331. The claim under Article 8 is dismissed.

H: Disposal

332. For the reasons given in this judgment, the Claimant's claim is therefore dismissed.