

**IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND**

**QUEEN'S BENCH DIVISION**

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**McCLURG & OTHERS**

**v**

**CHIEF CONSTABLE OF THE ROYAL ULSTER CONSTABULARY**

**LEAD CASE OF GERALD FRENCH**

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**COGHLIN J**

[1] This plaintiff is a Roman Catholic whose family came from West Belfast and who joined the RUC at the age of 21. He underwent the standard medical examination, was found physically fit and gave the usual confirmation that he had not suffered from any psychological or emotional problems prior to joining the force. He entered the RUC depot at Enniskillen for training on 15 August 1966 and on 1 March 1967 he was posted to Limavady where he served as a uniformed officer for approximately two years.

[2] On 1 February 1969 the plaintiff was transferred to the Reserve Force which was subsequently named the Special Patrol Group (SPG) based at Gough Barracks Armagh. On 1 December 1969 the plaintiff was transferred to Uniform Section in Castlereagh where he remained for a couple of weeks before being transferred to Special Branch on 15 December 1969 continuing to be based at Castlereagh. On 1 March 1971 he was transferred to the Special Branch Unit at Lurgan RUC Station where he remained until 1 July 1972 when he was promoted to the rank of Detective Sergeant and transferred to Derry. On 18 December 1972 he was again transferred to Magherafelt to replace a Detective Sergeant who had been shot and seriously wounded by the Provisional IRA. The plaintiff attended a 3 month detective training course at Wakefield from April to June 1974. After some 2½ years in Magherafelt he was posted to portal duties at Aldergrove Airport on 21 April 1975 where he remained until 31 May 1976.

[3] In June 1976 the plaintiff was promoted to Detective Inspector and transferred to Belfast where he was again based at Castlereagh. He then remained at that location engaged in Special Branch work mainly in South and West Belfast until 1 April 1980 when he was promoted to the rank of Detective Chief Inspector and transferred to the Special Branch Unit for the Newry and South Armagh area. During this period he participated in an inspector's course at Bramshill from October to December 1978. On 7 September 1981 the plaintiff returned from Newry to headquarters in Belfast to join another unit where he remained for about 3 years until August 1984. At that point he moved to the Computer Services Branch where he remained for 3 years. During this period he attended the Intermediate Command Course at Bramshill in 1985. On 23 May 1988 he was promoted to the rank of Chief Superintendent and Deputy to the Assistant Chief Constable Border Zone being based at 3 Brigade Headquarters, Gough Barracks, Armagh. In June 1989, after intelligence was received of an imminent terrorist attack upon his life, the plaintiff and his family were moved to England where he was seconded to the National Police Staff College at Bramshill.

[4] On 8 April 1991 the plaintiff commenced the Police Senior Command Course at Bramshill which lasted for approximately 6 months. The Plaintiff was awarded a S2 grading, the second highest grade available. He then made a series of unsuccessful applications for the post of Assistant Chief Constable with the RUC and for a number of posts with mainland police forces. On 2 March 1992 he was appointed as a Staff Officer to Her Majesty's Inspectorate of Constabulary within the Home Office and he remained in this post until September 1996. During this period he continued to serve as an officer of the RUC eventually resigning on 31 August 1996 when he was appointed as Area Commander with Hampshire Constabulary. Following assessment at the Psychological Injuries Unit in the Duchess of Kent Military Hospital, Ketterick in October 2000 the plaintiff was diagnosed as suffering from chronic PTSD and he retired from the post of Head of Operations Support with the Hampshire Constabulary on 14 May 2001.

[5] Following retirement from the police the plaintiff worked as the Chief Operations Officer for a Dublin-based company but left after about 5 months. He then took up employment as a consultant to a security company but left this employment in 2003 on account of his mental condition. Since that time he has not resumed employment.

### **Traumatic Events and Stresses**

[6] During the course of his long and distinguished career the plaintiff was directly concerned with a number of specific traumatic incidents including the following:

- In 1970 the plaintiff learned through high placed intelligent sources of a concerted attempt to murder him during a visit to his father-in-law which was apparently abandoned as a consequence of representations by one of the terrorist group that his father-in-law was a decent man.
- In 1971 he learnt of a further attempt to assassinate him while attending mass at St Peter's Church in Lurgan which was again aborted.
- On 7 November 1971 the plaintiff arrived at the scene of the murder of Signalman Geng approximately 6 minutes after he had been shot and he attempted to comfort the soldier.
- In October 1972 a bomb exploded under the police accommodation in which the plaintiff was sleeping in Derry although, fortunately, he escaped without injury.
- In 1974 the plaintiff attended the scene of a massive car bomb in Magherafelt comprising a lorry that had been packed with 1000lbs of explosives. In the course of clearing the area the bomb exploded when the plaintiff was approximately 300 metres away sheltering against a wall. A civilian was decapitated in the blast and the sergeant with whom the plaintiff had been standing lost his eye as a consequence of being struck by shrapnel.
- In October/November 1976 the plaintiff learned that he had been identified as a target for attempted murder whilst visiting his sick child at the Royal Belfast Hospital for Sick Children.
- In September 1982 a booby-trap bomb was placed under a vehicle which belonged to a fireman who lived convenient to the plaintiff's house. Intelligence received immediately afterwards confirmed that this device had been intended for the plaintiff and that the attackers, having failed in their attempt, intended to come back and complete their task. The plaintiff, whose wife was then some 8 months pregnant, was provided with a full-time police guard in the house and, on 16 October, he and his family were moved out while soldiers took up ambush positions within the grounds of his house and on an adjacent road. During the course of the night an armed man was seen moving along the side of the plaintiff's house in the direction of one of his vehicles. He ran off when challenged by the soldiers. Following this attack the plaintiff and his family were forced to abandon their home in Crumlin and find alternative accommodation.
- On 20 March 1989 the plaintiff had been due to travel with Chief Superintendent Harry Breen and Superintendent Bob Buchanan to

attend a meeting in Dundalk Garda Station. Shortly before leaving the plaintiff was required to attend a meeting of 3 Brigade which had been brought forward and he was prevented from making the journey. The Superintendent and Chief Superintendent were subsequently murdered as they returned from their meeting and, approximately 2 weeks later, the plaintiff learned that the terrorists had searched the dead officers and, in the course of doing so, had obtained details identifying his home, private vehicle and other personal details. He was informed that terrorists were at an advanced stage of an operation designed to place a bomb under the family car at his home in Lisburn. The planned attack did not take place as a consequence of significantly increased security around the plaintiff's home but he was informed by his authorities that they could no longer effectively protect him or his family and he was encouraged to move to England.

- A short time after the incident referred to above, in May/June 1989, the plaintiff awoke in the early hours of the morning to observe a male dressed in dark clothes acting furtively at the gate of his house. The plaintiff was convinced that this was a further terrorist attack and drew his official weapon on the basis that he would probably have to shoot the person acting suspiciously. It subsequently emerged that the person concerned was not a terrorist but an individual acting under the influence of drugs.

[7] Apart from the specific incidents referred to above, this plaintiff was also subject to a number of other general sources of stress. The greatest part of his professional career in Northern Ireland was spent in the Special Branch, work which by its very nature involved a degree of isolation and restriction of companionship to his fellow Special Branch officers, frequent contacts with informants under dangerous and clandestine conditions and which attracted particular attention from terrorists concerned to disrupt the effective intelligence network maintained by the RUC. In addition, many of his fellow officers, including a number with whom he had been closely associated, were murdered during the course of the terrorist campaign.

### **Medical Evidence**

[8] Both Dr Turner and Professor Fahy gave evidence and, in addition, they consulted and produced a helpful, joint note to reflect their views. The medical experts agreed that there had been no constitutional predisposition and that the plaintiff had probably suffered from an Adjustment Disorder with predominant anxiety symptoms of fluctuating severity since the mid 1970s. The experts agreed that there was a significant deterioration in the plaintiff's symptoms subsequent to 1989 resulting from 3 main factors although they differed as to the degree of emphasis to be placed upon the contribution of each of these factors. These factors were his reaction to the

murders of Chief Superintendent Breen and Superintendent Buchanan, the escalation of the threat to the plaintiff and his family subsequent to those murders and the dislocation of his removal to the mainland. The experts agreed that the plaintiff subsequently manifested the symptoms of chronic PTSD although there was some difference of opinion as to whether he met the A criterion. They also agreed that he later developed more depressive symptoms and went on to experience a recurrent Major Depressive Disorder.

[9] It is not easy to reach a settled view as to the nature, extent and severity of the anxiety symptoms suffered by Mr French prior to 1989. Dr Turner's understanding of the plaintiff's evidence was that he had been continuously symptomatic from 1974 as a result of a persisting Adjustment Disorder. He accepted that, in such circumstances, it was difficult to explain the "normal" result produced by the General Health Questionnaire completed in January 1989. I do not think that Dr Turner's interpretation can be correct. Indeed, while he was not altogether consistent in his clinical accounts, Mr French stated in direct evidence that he made no claim that his symptoms were constant but rather that they were episodic and that the episodes were variable in duration. Professor Fahy thought that it was probable that there were stages at which the plaintiff would not have been suffering from an Adjustment Disorder during this period. On the other hand Professor Fahy did accept that his condition was sometimes quite acute and that, at such times, the plaintiff was deeply distressed. It seems to me that support for Professor Fahy's interpretation may be found in the plaintiff's relatively infrequent attendances at his GP, limited absences from work and the regular extremely positive assessments made by his professional colleagues. I am satisfied that, given his personality, the plaintiff is the sort of person who would have sought to maintain very high professional standards and he himself referred to maintaining a "magnificent façade". On the other hand, as Professor Fahy noted, the professional appraisals of the plaintiff involved a lot of detail and very close levels of monitoring as compared to other forms of employment. These assessments almost invariably confirmed the plaintiff to be an extremely effective and able officer reaching a high level of performance in extremely difficult and demanding circumstances. He is also recorded as being popular, taking part in social events and displaying a considerable sense of humour. William Beattie, who was supervised by the plaintiff from approximately 1976 until 1984, described him generally as a "cheerful, competent officer who had the respect of all, usually giving the impression of not having a care in the world" although he also described him as becoming depressed for a period after the 1982 attack when he voiced concerns about the safety of himself and his family. Mr Beattie saw the plaintiff reduced to tears upon two occasions one of which appears to have been when he was helping him to move his belongings after he was forced to leave his house in Crumlin and upon another occasion in the plaintiff's private office. Mr Nigel Coey served as a Sergeant in the Special Branch under the plaintiff from approximately 1976 to 1980 and he confirmed having seen him reduced to

tears upon several occasions when they were together in the private office in the early hours of the morning after completing long tours of duty in West Belfast. Mr Coey also provided a graphic account of the difficulties encountered by the plaintiff in maintaining contact with his family in West Belfast during his service in Special Branch.

[10] Bearing in mind my findings in relation to the generic issue of foreseeability it is necessary to give consideration to the situation of this plaintiff subsequent to the implementation of the OHU in 1986.

### **The Plaintiff's Relationship with the OHU**

[11] The plaintiff recalled the setting up of the OHU and the publication of Force Order 32 of 1986. At that time the plaintiff was a Superintendent at the Computer Services Branch at Headquarters and concerned with the preparation of a 5 year strategy for computer services throughout the force. In the course of that work he had met Dr Courtney and discussed the computer equipment provided for the OHU by PANI. The plaintiff agreed that he had read and assimilated the Force Order but, having done so, he was adamant that he had interpreted it as being limited to purely physical injuries. It is difficult to understand how he reached this conclusion bearing in mind that no such restriction was contained in the wording of the order which specifically stated at paragraph 3.2 that the job of the unit was to "promote and protect the physical and mental health of the serving officers of the Force." When cross-examined about the absence of any restriction to physical injuries the plaintiff said:

"I know that.....but that's the Force Order and that's the way we read them."

The plaintiff was also asked about Force Order 64 of 1986 which dealt with sickness levels and which provided, at paragraph 10(1), that:

"Any illness identified by supervisory members as being associated with aspects of stress, depression or allied condition must be instantly referred to the Chief Medical Advisor through Chief Constable (Personnel Branch). The conditions such as described may result in serious consequences and professional guidance at an early stage is of paramount importance."

The plaintiff accepted that he had read this document although he qualified his acceptance by saying that he might well "have given it a quick perusal" and that Force Orders "... weren't necessarily ... studied in depth." However, the plaintiff also accepted that, at the material time, he was the relevant

supervisory member in the computer branch. In such circumstances he was again asked why he thought that the OHU was only concerned with physical matters and his answer was:

“That’s just the conscious awareness I had of it  
.....in terms of dealing with it.”

He accepted that it was “inherent in the document” that it referred to stress related conditions but said that “quite frankly ... I didn’t take it on board at the time.” I find it very difficult to understand the plaintiff’s adamant belief that the OHU dealt only with physical injuries bearing in mind that at the time of the publication of these two Force Orders he was a Superintendent and a supervisory member in the Computer Services Branch and not subject to the stresses of operational Special Branch duties. Indeed, in his witness statement, he observed that he had absolutely no concerns about the work at this time. In my view the plaintiff must be regarded as having the ability and duty to exercise an appropriate degree of personal responsibility.

[11] During the course of giving evidence the plaintiff firmly maintained that, at all material times, he had significant doubts as to the confidentiality of OHU records. When asked in direct examination whether he had considered attending the OHU subsequent to his appointment with Dr Henry in January 1987 the plaintiff’s answer was:

“Not remotely..... The OHU certainly did not occupy the centre of my consciousness in terms of the operational role with which we had and I would not have had the confidence in any of them to go there.”

He reaffirmed this attitude during cross-examination emphasising that however often he had been assured of confidentiality he would not have been persuaded. He said that he had that perception at the time and that it was a perception that he retained.

[12] Despite these fundamental beliefs that the OHU was concerned solely with physical injuries and not with mental disorders or nervous conditions resulting from stress and that it represented a risk in terms of confidentiality, the plaintiff did have three contacts with the OHU before he was moved to England. However, before dealing in detail with those contacts, I think it is important to record my view that certain aspects of the plaintiff’s evidence should be treated with a degree of caution. I have absolutely no doubt that after his move to England, with the passage of time, the plaintiff developed a deep seated sense of bitterness and frustration and that he has continued to harbour a consuming belief that he has been shabbily treated and that his long and distinguished career with the RUC in dangerous and demanding

circumstances has not been properly or adequately recognised. The basis for this belief is not an issue about which I am able to reach an informed determination save to say that it may not be without some justification and that it is not easy to reconcile the apparent willingness of the RUC authorities to permit him to return to Northern Ireland as a Chief Superintendent but not as an Assistant Chief Constable in circumstances in which a high degree of personal risk apparently had not changed. However, as a consequence of this belief and, possibly compounded by the mental conditions from which he undoubtedly does suffer, I consider that his evidence about his feelings and symptoms many years ago has to be regarded with a certain degree of caution. The plaintiff himself said that, subsequent to being diagnosed by Dr Lyon as suffering from PTSD in July 1991, he began to rationalise all his experiences over the years and the cumulative affects of the tragedies and threats in his life. He said that he examined those affects back to his time in Magherafelt and it suddenly put into context the feelings, pain and grief that he had encountered over the years. It then became obvious that there were connections between his job and the symptoms that he had experienced.

[13] There are a number of examples of how the plaintiff's recollection is likely to have been affected by this process. In his original witness statement the plaintiff referred to his emotional problems beginning during his service in Magherafelt at which time, amongst his other symptoms, he began to suffer from nightmares. He stated that, as time progressed, these became increasingly more frequent maybe three or four times a week. There is no objective record of the plaintiff complaining of nightmares prior to his review by Dr Pilgrim's assistant, Mrs Jill Green, on 10 November 2000. When asked about this record the plaintiff accepted it as accurate but maintained that his nightmares had persisted from a much earlier date during his service in Northern Ireland. On the other hand, it is very difficult if not impossible to reconcile this evidence with the plaintiff's clear statements to Dr Turner in the course of his medical examination that he had not experienced nightmares in Magherafelt and the first time these had started had been subsequent to the deaths of Superintendents Breen and Buchanan in 1989. I think that a similar process of rationalisation is likely to be the explanation for the plaintiff's interpretation of his colleague's reference to him as a "nervous wreck" during the Wakefield course which was probably no more than a somewhat surprised reaction to the instinctive security precautions observed by most members of the RUC at the material time.

[14] On 5 June 1987 the plaintiff referred himself to the OHU and was seen by Dr Courtney. The doctor's note confirmed that the plaintiff was complaining of twitching of his left eye for some 2 weeks together with a feeling of grittiness in the eye during a meeting held in the previous week. He gave a history of having received some drops in Dublin which had been of little help. On examination the doctor did not find any redness, there was no obvious increase in pressure and no clear twitching was noted. The diagnosis



was recorded as “probably nervous reaction.” Dr Courtney added the following note:

“NB: Recently transferred SDC Newry.  
Has suffered bomb and gun attack at home.  
Ongoing legal proceedings.  
Son badly affected.”

[15] In his statement of evidence the plaintiff said that he did not volunteer any information about his mental reaction to this attack which he described in evidence as “recent” and that the reason that he had attended the OHU upon this occasion was because he was suffering from a strictly physical problem with no connotations that would affect his standing or personality or mental capacity. Consequently he was not concerned about any breach of confidentiality. He was unable to recall whether he had volunteered the information relating to the attack upon his home or whether it had arisen in answer to a question from Dr Courtney. In any event, he said that the event was “general knowledge” in headquarters. In the circumstances it seems to me that the most likely explanation for this note is that, on being unable to ascertain an obvious physical cause for the plaintiff’s complaint about his eye, Dr Courtney made some inquiry directed towards the possibility of a nervous or stress induced cause. In response, I think that it is likely that the plaintiff suggested the tension of the prolonged contested legal proceedings which were either still ongoing or close to a conclusion. The incident itself had occurred some 5 years earlier and concern or anxiety about legal proceedings, the existence of which were already generally known, would not have represented a threat to the plaintiff’s career. I have no doubt that Dr Courtney would have recorded any additional information that the plaintiff had volunteered about the mental symptoms from which he had been suffering or the prescriptions of Valium that he had recently received from his own GP. In such circumstances I do not consider that Dr Courtney was negligent in failing to further question the plaintiff or to arrange a follow-up appointment.

[16] The plaintiff again attended the OHU and saw Dr Courtney towards the end of his duty in Newry which terminated on 23 May 1988. Upon this occasion the plaintiff wished to discuss the situation of a young officer who was suffering from a great deal of stress as a result of being stationed in Newtownhamilton where the dangers from terrorism were so great that police officers had to be flown in and out by helicopter. The officer was also struggling with marital and debt problems. The condition of this officer was such that the plaintiff entertained concerns as to whether being in possession of an official issue weapon might represent a threat either to himself or others but he did not possess the authority to withdraw the weapon without the support of medical opinion. After relating the history of this young officer to Dr Courtney the plaintiff said that, as he was leaving, he made a comment to

Dr Courtney that “It wasn’t only junior officers who were subject to stress as senior officers weren’t exempt.” At this point Dr Courtney was standing in the doorway of his office and, according to the plaintiff, he “sort of smiled knowingly” and said goodbye. The plaintiff’s recollection is that by this remark he was intending to provide an oblique opportunity for Dr Courtney to discuss his own mental difficulties. While, at least prima facia, it is not easy to reconcile the offering of such an opportunity with the plaintiff’s deeply seated belief about breaches of confidentiality, it may be that logic is not always the best guide to the complexities of human behaviour particularly in those affected by a significant degree of anxiety or stress. However, I do think that, with the passage of time and subsequent developments over the years, the plaintiff has come to imbue this remark with a greater degree of significance than it originally possessed. I think that this has occurred in relation to both his visits to the OHU and I note that he stated in evidence, when dealing with Force Order 14 /88 that, having visited Dr Courtney upon two occasions “with a less than satisfactory outcome,” he had little faith in promulgating the Force Order and details of the OHU although that was his responsibility and he did so when required. Viewed objectively, I do not think that it was unreasonable for Dr Courtney to have received the comment as a general reflection on the difficult circumstances faced by the police at that time and not to see it as an indication that he should be taking further specific steps with regard to any potential mental disorder suffered by the plaintiff.

[17] On 22 June 1988 the plaintiff had a third and final contact with the OHU, upon this occasion by telephone. Contemporaneous OHU simply records:

“Welby Henry, all clear.  
Accepts pressure, long hours etc etc.”

The plaintiff had some faint recollection that he had telephoned to inform Dr Courtney of the outcome of a visit that he had made to Dr Henry but, when questioned further in cross-examination, he candidly admitted that he did not recall taking the call or the context in which it had been made.

## **Conclusions**

[18] As I have already recorded there can be no doubt but that this plaintiff enjoyed a long and distinguished career with the RUC. The commendations and favourable assessments with which his personnel record is littered bear eloquent testimony to his commitment and powers of leadership. I think that his personality was accurately assessed by Professor Fahy who said:

“I found him to be a very impressive person, very intelligent, articulate, by his own description and by the description in the records also reticent,

resilient, reluctant to disclose symptoms, perhaps partly cultural reasons, partly career ambition reasons, partly because of his notion of what being masculine and a police officer is about.”

The plaintiff clearly harboured a deep seated and virtually unshakable belief that the disclosure of any symptoms of a psychiatric nature to the OHU could not be treated with confidentiality. While he may have been prepared to reveal some of his feelings to Chief Superintendent Breen, who was subsequently so tragically murdered, I am satisfied that he would only have done so on the clear understanding that, as a fellow Special Branch Officer, there would be no circumstances under which such a revelation could be further disclosed. I do not consider that any of his contacts with the OHU were such as to reasonably require Dr Courtney and his staff to take any further action and, in my view, it was reasonable to interpret his responses to the GHQ questionnaire in January 1989 as “normal”. In relation to the latter point I preferred the evidence of Professor Fahy to that of Dr Turner.

[19] I think that it is also clear that the plaintiff’s concerns about confidentiality and his need to maintain a “magnificent façade” are probably rooted in an RUC culture according to which the disclosure of psychiatric type symptoms or serious concerns about stress would adversely affect career prospects and represent a potential risk to the safety of fellow officers. As I have already indicated in relation to the generic issues I am satisfied that such a culture did exist among many members of the force and that the steps that should have been taken in accordance with the recommendations of the Committee on Health and Welfare to institute appropriate education and training courses, over time, probably would have assisted to some degree in the neutralisation of such a culture. However, from the coming into operation of the OHU in 1986 to his departure from Northern Ireland the plaintiff was successively in charge of the Computer Services Branch, the SDC in Newry and Chief Superintendent Border Zone and, as such, was the supervising officer responsible for the promulgation and implementation of Force Orders 32/86, 64/86 and 14/88. Despite this responsibility and the contents of these documents the plaintiff seems to have remained adamant that the OHU dealt only with physical injuries and that, in any event confidentiality could not be guaranteed. He does not appear to have been affected by any of the steps taken to publicise the remit of the OHU and its guarantee of confidentiality and in evidence he resolutely maintained that however much he had been assured he would not have been entirely convinced about confidentiality within the RUC. Dr Turner speculated that a psycho-education programme illustrating the way people often react to stressful experiences and that police officers were at risk of developing a range of emotional problems might have been helpful and might have made the plaintiff feel less isolated but he accepted that the plaintiff had given very clear evidence that he would not have agreed any intervention that might have been career threatening and

that he did not want any specific problem brought to the attention of the authorities. In such circumstances, while I cannot exclude the possibility, I am not persuaded that an earlier implementation of the stress awareness pack or other training/education courses would have persuaded this plaintiff to positively consult the OHU prior to the events of March 1989.

## **Treatment**

[20] Both Dr Turner and Professor Fahy agreed that any symptoms suffered by the plaintiff during the course of his duty in Northern Ireland were mainly anxiety and Dr Turner accepted that while treatment in Northern Ireland might have helped those symptoms he did not make the case that any treatment in Northern Ireland would have prevented the plaintiff from developing PTSD or his subsequent Depressive Disorder. While both experts agree that the treatment the plaintiff subsequent received in England was to use their phrase “sub-optimal” they are also agreed that the plaintiff would have been a difficult patient to treat and I think that it is likely that he would also have been difficult had there been an opportunity to treat him in Northern Ireland. In any event, in my opinion, the timescale of the relevant events renders it highly improbable that any treatment he might have received in Northern Ireland would have made a significant difference to his condition. Chief Superintendent Breen and Superintendent Buchanan were murdered on 20 March 1989. On 11 April 1989 the plaintiff learned of the serious threat to the security of himself and his family and in late May or early June the incident took place outside his house. He did not go to see his GP until 9 June 1989 during the same month he was transferred to Bramshill for his own security. Sadly, the death of close colleagues and the threat to his personal security were not new experiences for the plaintiff and, apart from his attendance with the GP none of the contemporaneous medical reports refer to a significant escalation of symptoms prior to leaving Northern Ireland.

[21] Both Dr Turner and Professor Fahy agree that there are three factors involved in the deterioration of the plaintiff’s mental condition into PTSD and a serious Depressive Disorder. These were the deaths of Superintendents Breen and Buchanan, the subsequent incident at the plaintiff’s house and his dislocation from Northern Ireland to England. In answer to a question that I asked him about the significance of the loss of the plaintiff’s career Professor Fahy observed that:

“Having watched him for three days (giving evidence) it seemed to me to become more and more the central issue in his problems.”

When Mr Irwin QC, as he then was, suggested in cross-examination that the effect of the dislocation of the plaintiff from Northern Ireland to England had

“long gone” Professor Fahy expressed the view that the dislocation was the primary force acting on the plaintiff’s primary focus which was his career. As Professor Fahy said, the plaintiff remains dislocated. In my view, Professor Fahy’s clinical judgment that the plaintiff would have coped if he had stayed in Northern Ireland is probably accurate. Over the years, despite having to withstand enormous pressures, the plaintiff had proved himself to be extremely resilient and courageous, capable of impressive demonstrations of leadership and noted, among other things, for his sense of humour. Had he remained in Northern Ireland I think that, in time, his reluctance to disclose his symptoms and discuss his problems might have been overcome and that, despite being a difficult patient to treat, there is a real possibility that his symptoms might at least have been reduced by treatment afforded by the OHU.

[22] Accordingly, not without regret, I consider that this claim must be dismissed and there will be judgement for the defendant.