IN THE GENERAL DIVISION OF
THE HIGH COURT OF THE REPUBLIC OF SINGAPORE

[2025] SGHC 155

Admission of Advocates and Solicitors No 561 of 2023

In the matter of Section 12 of the Legal Profession Act 1966

And

In the matter of Rule 25 of the Legal Profession (Admission) Rules 2011

Pulara Devminie Somachandra

… *Applicant*

JUDGMENT

[Legal Profession — Admission — Anonymisation of grounds of decision]

Re Pulara Devminie Somachandra

[2025] SGHC 155

General Division of the High Court — Admission of Advocates and Solicitors
No 561 of 2023
Sundaresh Menon CJ
3 July 2025

7 August 2025

Sundaresh Menon CJ:

Introduction

1 In *Re Tay Quan Li Leon* [2022] 5 SLR 896 ("*Leon Tay*"), I stressed that the principle of open justice "is a hallowed one that is fundamental to the integrity of the justice system" (at [17]), and that any derogation from this principle must be grounded in statute or in the court's inherent powers to do what is necessary in order to serve the ends of justice (at [19]). In essence, what this means is that justice will almost invariably be administered in public. Save in exceptional circumstances, anyone can see for themselves what is sought from a court, on what grounds, by whom, and to what end; and how the court responds.

2 In *Re DOC* [2025] SGHC 72, I released the Grounds for my Decision (the "GD") in which I explained my reasons for dismissing the application brought by an applicant who was seeking admission as an Advocate and

Solicitor of the Supreme Court and in turn imposing a minimum exclusionary period of five years. The applicant had been found to have plagiarised in the Part A Bar Examinations and on three occasions in university, and she had failed to disclose those offences when applying for admission (GD at [18], [20] and [35]). The GD was anonymised on an interim basis on the request of the applicant, who also provided a medical memorandum of a psychiatrist stating that the applicant had reported some suicidal ideation, and that the publication of a non-anonymised judgment posed an immediate risk to her health and safety. I directed that the applicant should undergo psychiatric evaluation at the Institute of Mental Health ("IMH"), to enable me to determine whether the circumstances were such as to warrant the departure from the principle of open justice, as sought by the applicant. The report of the IMH was pending at the time the GD was released (GD at [3]–[4]).

3 The report from the IMH (the "IMH Report") has since been provided to the court. With the benefit of that report, which I considered against the initial psychiatric memorandum provided by the applicant, I dismiss the application for anonymisation and direct that the GD should cease to be redacted. To this end, the GD is re-published to identify the applicant as Ms Pulara Devminie Somachandra ("Ms Somachandra"): see *Re Pulara Devminie Somachandra* [2025] SGHC 72. I make this order because, in my judgment, the principle of open justice is the pre-dominant and overriding interest in this case and there are insufficient grounds for departing from it. My reasons for coming to this decision are set out below.

Open justice is crucial to proceedings involving the legal profession

4 The principle of open justice rests on the important consideration of public policy, that justice must not only be done but "should manifestly and

undoubtedly be seen to be done" (*R v Sussex Justices, Ex p McCarthy* [1924] 1 KB 256 at 259, *per* Lord Hewart CJ). This is so deeply entrenched in the common law tradition that it has even been described in an oft-cited decision of the House of Lords as a "sound and very sacred part of the constitution of the country and the administration of justice" (*Scott v Scott* [1913] AC 417 at 473). In recent years, this principle has been repeatedly emphasised in our jurisprudence (see, for instance, *Leon Tay* at [17]; *Chua Yi Jin Colin v Public Prosecutor* [2022] 4 SLR 1133 ("*Colin Chua*") at [34]; *DJP and others v DJO* [2025] 1 SLR 576 at [54]; and *The Republic of India v Deutsche Telekom AG* [2023] 2 SLR 77 at [14]).

5 The principle of open justice finds legislative expression in, among other place, the Supreme Court of Judicature Act 1969 (2020 Rev Ed) ("SCJA"), a key statute governing court proceedings in the General and the Appellate Divisions of the High Court, as well as in the Court of Appeal. Section 8(1) of the SCJA provides that the place at which court proceedings are held are generally "deemed an open and public court to which the public generally may have access". This provision is a facet of the broader notion that court proceedings and the decisions they result in should generally be accessible to scrutiny by members of the public. For the same reason, the threshold for allowing the public to inspect the documents in a casefile is a relatively low one (*Tan Chi Min v The Royal Bank of Scotland plc* [2013] 4 SLR 529 at [14]).

6 As I explained in *Colin Chua*, there are two key reasons why justice may not generally be hidden from the public eye and ear. First, the public administration of justice promotes transparency and "provides a safeguard against judicial arbitrariness or idiosyncrasy" (*Attorney-General v Leveller Magazine Ltd and others* [1979] 2 WLR 247 at 252, cited in *Colin Chua* at [34]). Second, by enabling the public to witness the operation of the rule of law,

public confidence in the judicial system is reinforced (see the Honourable Justice Stephen Hall, Judge of the Supreme Court of Western Australia, "Open Justice – Seen to be Done", keynote address at the Fremantle Law Conference (19 February 2021), cited in *Colin Chua* at [34]).

7 The principle of open justice entails, as a general rule, that the identities of the parties are made known to the public and anonymisation orders are a derogation from this principle (*R (on the application of Javadov and another) v Westminster Magistrates' Court (National Crime Agency and another, interested parties*) [2022] 1 All ER 730 at [46]). This is true even where a litigant is accused of serious wrongdoing. In *Colin Chua*, I observed that the law generally permits the publication of an accused person's identity in criminal proceedings, despite the risk that he may suffer considerable and even unwarranted reputational damage if he were acquitted (at [35]).

8 In proceedings involving the legal profession, the default rule that the identities of litigants must be made public is also of great importance because questions of public interest are engaged pertaining to the character that is required of a candidate for admission to the Bar (*Leon Tay* at [17]). Open and public proceedings provide a forum for the character of applicants to be scrutinised transparently, which is especially important as advocates and solicitors are tasked with the "onerous responsibility of assisting the court in the administration of justice" (*Re Gabriel Silas Tang Rafferty* [2024] 4 SLR 401 at [1]). They also signal to the public that those who are admitted have been publicly assessed as morally competent to meet the high standards of probity expected of members of the legal profession.

9 It follows that any derogation from the principle of open justice necessarily requires that strong countervailing interests be shown (*Colin Chua*

at [37]) and that these be grounded in statute or in the court's inherent powers to do what is *necessary* in order to serve the ends of justice (*Leon Tay* at [19]). This explains why, in *Leon Tay*, I opined that where the publication of an applicant's name in admission applications is sought to be withheld, this would typically only be warranted if it is required to avert an "imminent and credible threat of real harm" (at [30]). This is a high threshold, requiring a close causal connection between the publication of the usual details of the proceedings and the harm that will likely follow as a result of such publication, that is supported by credible evidence. Further, it is insufficient that *some* harm will likely follow; the harm must be "grave and disproportionate" when weighed against the predominant interest in open justice (*Leon Tay* at [25]).

10 With these principles in mind, I turn to the facts of the present application for anonymisation.

The anonymisation application is dismissed

The psychiatric reports

11 The initial psychiatric memorandum that Ms Somachandra relied on was written by Dr Lim Yun Chin ("Dr Lim"), a Consultant in Psychological Medicine at Raffles Hospital and dated 15 November 2024 (the "RH Memorandum"). The RH Memorandum stated:

> (a) On 28 October 2023, Ms Somachandra first consulted Dr Lim and was prescribed an antidepressant. She was also referred to a psychotherapist for evaluation as she expressed that she had difficulty recalling certain past events in preparing the affidavit in support of her application to be admitted to the Bar. To put the timeframe in context, this consultation was three days after the Singapore Institute of Legal

Education (the "SILE") had written to Ms Somachandra highlighting that she had not made any declaration of her having been found to have committed plagiarism in the Part A Bar Examinations in her admission application (see GD at [21]).

(b) The admission application was heard on 1 October 2024. On 9 October 2024, Ms Somachandra visited Dr Lim again and informed him among other things that a specialist from the National University Hospital Polyclinic had diagnosed her with Major Depressive Disorder ("MDD") with anxious distress, and that it was expected that there would be a public judgment in relation to her admission application. She stated that she had been deeply distressed and was experiencing suicidal ideation which had intensified since the hearing. However, when questioned further by Dr Lim, she said that she did not wish to talk about it. She did, however, suggest to Dr Lim that her decision to plagiarise in one instance in university was connected to medical reasons.

(c) Dr Lim stated that he "believe[d] that [Ms Somachandra was] traumatized". However, Dr Lim was unable to formally diagnose her with Post-Traumatic Stress Disorder ("PTSD") under the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association Publishing, 5th Ed, 2013) framework. Dr Lim nevertheless opined that Ms Somachandra's difficulty in recalling details was "consistent with the dissociative symptoms and memory impairments commonly observed" in persons in similar circumstances. For the avoidance of doubt, Dr Lim did not suggest any direct connection between the possibility of PTSD and Ms Somachandra's plagiarism (see [(b)] above), which she had advanced as an explanation for her alleged

failure to recall and disclose the plagiarism and related issues in her application for admission.

(d) In the round, Dr Lim opined that "a non-anonymized judgment in this case poses immediate risk to the [Ms Somachandra's] mental health and safety".

12 After the further psychiatric evaluation that I had directed (see [2] above), the IMH Report was prepared and dated 3 June 2025. The significant time taken to complete this report was attributed to the multiple assessments of Ms Somachandra that were conducted and the significant delay in making payment for the report. The IMH Report was eventually completed by Dr Derrick Yeo ("Dr Yeo"), a Senior Consultant Psychiatrist and Deputy Chief (Education) with the Department of Forensic Psychiatry at the IMH. It was prepared on the basis of, among other things, three interviews conducted with Ms Somachandra, an interview with her sister, and the RH Memorandum.

13 The IMH Report recorded the following observations:

(a) Ms Somachandra was "circumstantial and vague about the specific timepoint and origin of her depressive symptoms", and direct questioning revealed that they started in the weeks or months of her correspondence with both the SILE and the Attorney-General's Chambers (the "AGC") – when the parties were seeking details of her alleged improper collaboration in the Part A examinations. Ms Somachandra also asserted that she "simply forgot" about the plagiarism incident and suggested that this forgetfulness was linked to other medical reasons. In this regard, Dr Yeo noted that Ms Somachandra did not experience any symptoms nor functional

debilitation until the inquiry by the AGC commenced. When asked by Dr Yeo why she had not experienced any symptoms nor sought psychiatric treatment until the time of her correspondence with the AGC, Ms Somachandra was unable to offer any reasons.

(b) Ms Somachandra's sister reported that the former did not have any difficulties during her work attachments, studied diligently for the Part A and B examinations, and celebrated with her friends after passing the Part B examinations. However, after her application for admission to the Bar was dismissed, she noticed that Ms Somachandra started to lock herself in her room, had reduced interaction with her family members and friends, and did not go out as often as before. She could tell that Ms Somachandra was deeply affected by the turn of events as she had confided in her about her desire to work as a lawyer and her fear that she would not be able to return to her previous law firm to work as a lawyer. In the latter half of 2024, Ms Somachandra had become increasingly melancholic and lost interest in her social activities and hobbies, lost weight, and was more withdrawn.

(c) Despite the recommendations in the RH Memorandum for Ms Somachandra to undergo treatment, she had not gone for treatment or taken medication but had instead attended informal counselling sessions and had done some "worksheets" given to her by her friends (who were not doctors) to improve her mood. When asked why, Ms Somachandra cited the cost of medical treatment at Raffles Hospital and her dislike of hospitals.

14 Having regard to the foregoing, the conclusions that Dr Yeo drew were as follows:

(a) Ms Somachandra has MDD of mild severity based on the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Publishing, 5th Ed, text rev, 2024). Fortunately, Ms Somachandra did not enact any self-harming behaviour or attempt suicide; nor did she formulate any specific plan for ending her own life. Nevertheless, these symptoms had a significant social-occupational effect on her as she had become withdrawn from her family and friends and had remained unemployed since the conclusion of the SILE's findings.

(b) However, there was insufficient clinical evidence to substantiate a diagnosis of PTSD. First, Ms Somachandra's forgetfulness did not amount to a dissociative reaction. More importantly, there was no plausible medical reason for why she had committed one of the plagiarism offences in university, which she had tried to explain away when she consulted Dr Lim (see [11(b)] above). Similarly, there was no medical explanation for why Ms Somachandra might have forgotten to report the plagiarism finding to the SILE and the AGC. In this regard, Dr Yeo noted:

> … the sequential association between … the decision to plagiarize and then to the inability to recall the plagiarism incident appeared to [*sic*] far-fetched to be attributed to a sequela of PTSD. In fact, if a diagnosis of PTSD were to be given on this ground, the diagnosis would seem to be a convenient way of medicalizing [Ms Somachandra's] intention to plagiarize.

Dr Yeo concluded that the negative alterations in cognition and mood were better explained by a finding of MDD rather than PTSD as those only surfaced and intensified after her interactions with the SILE and the AGC.

(c) At present, while there is no immediate risk to Ms Somachandra' personal safety as she has endured the current stressors for a protracted period of many months, the publication of her name in the GD may cause a sudden deterioration of her MDD. However, Dr Yeo was unable to ascertain the degree of such an event on her mental health as the severity of her MDD had remained constant even while arguments over the continued anonymisation of the GD were ongoing.

15 If the court were to publish her name, Dr Yeo suggested a period of consistent psychological and psychiatric care and treatment, to which Ms Somachandra has agreed, and for the treating psychiatrist to monitor her symptoms.

The parties' positions

16 The parties take divergent positions on whether the GD should continue to be anonymised.

17 The AGC takes the position that the anonymisation should not continue. Where the inherent powers of the Court are invoked to seek anonymisation of the GD, the order sought can only be granted where there is "credible evidence that the publication of the name of the litigant would pose imminent risks or danger to that litigant", or if the order sought is "necessary in order to spare the litigant from an imminent harm", citing *Leon Tay* at [25]. Given the contents of the IMH Report, which also refer to and comment on the findings in the RH Memorandum, the AGC takes the view that neither of the requirements stated in *Leon Tay* are met in the current case.

18 The Law Society of Singapore (the "Law Society") contends that the Court's inherent powers to grant an anonymisation are not limited only to cases

of imminent risks or danger, or imminent harm. The focus should be on what the justice of the case demands. The Law Society notes that while the IMH Report concludes that Ms Somachandra does not fulfil the diagnosis of PTSD, the IMH Report nevertheless states that it is likely that publishing Ms Somachandra's name would worsen her MDD. However, since the IMH Report is unable to opine on the extent of deterioration, it is somewhat tentative or provisional, at best. The possibility remains that the Ms Somachandra's condition might well deteriorate substantially. The Law Society proposes that she undergo a period of consistent psychological and psychiatric treatment at the IMH with a treating psychiatrist engaging in mental health safety planning, and the formulation of a risk management plan. In the meantime, the anonymisation should remain in force until such time when she re-applies for admission after the expiration of the five-year minimum exclusionary period.

19 The SILE is of the view that the GD should now be published in unredacted form as this would not result in a "grave and disproportionate harm" to Ms Somachandra when weighed against the "pre-dominant interest in open justice", as expressed in *Leon Tay* (at [25]). The SILE also notes that she has agreed to undergo treatment and that the IMH provides subsidised care and financial assistance to its patients. It is also suggested that Ms Somachandra's situation was "self-induced" to some extent in that she had declined treatment over the past two years. There are also questions over her candour in the course of her consultations with the IMH. The SILE disagrees with the Law Society's suggestion that the publication of the unredacted GD be deferred until after the expiration of the Applicant five-year exclusionary period, as it is not clear how the publication of her name after the five-year period would address the concern of not "retraumatising" her, and it is contrary to Dr Yeo's recommendation for the Applicant to undergo monitoring, treatment and care *at the same time* as the

publication of the non-anonymised GD. Moreover, an applicant is supposed to confront his or her misconduct (through, among other things, a non-anonymised judgment) and work towards full rehabilitation during the prescribed preclusion period and before admission. Lastly, the Law Society's proposal might require the court to police Ms Somachandra's treatment over the next five years.

20 Ms Somachandra argues that the GD should continue to be anonymised. She argues that while there is a difference of views between Dr Yeo and Dr Lim, there is no reason why the IMH Report should be given greater weight. She also clarifies that she had not deliberately declined treatment and that the delay in her treatment was due to the cost of treatment, delays in the public healthcare system, and the adverse physical and mental reactions she experienced in response to the prescribed medication. For these reasons, she opted to engage in various forms of counselling and therapy within her financial means and remains committed to her recovery. Nevertheless, she now accepts the Law Society's proposal for consistent psychiatric care and of a risk management plan. Further, she contends that both medical reports document her recurrent suicidal ideation and show a serious and potentially life-threatening state of mental health. As for the countervailing interest in open justice, she submits that the needs of the administration of justice have been met as the GD already sets out the standards to be observed in admission applications and the consequences of failing to meet those standards. Finally, Ms Somachandra says that she and her family have borne the burden of her misconduct and that continued anonymisation will make the road ahead "less bumpy and less weary". In contrast, the lifting of the anonymisation will mean that her past conduct will come back to haunt her, regardless of the progress she has made or may hope to make.

The principle of open justice is the pre-dominant interest in this case

21 In light of the pre-dominant interest in open justice which applies strongly to proceedings of this nature, the question I had to consider is whether there is an imminent and credible threat of real harm that is grave and disproportionate, which will likely be occasioned by lifting the interim anonymisation of the GD (see [8]–[9] above). In my judgment, the balance lies in favour of lifting the interim anonymisation of the GD.

22 There is insufficient evidence to suggest that there is a substantial risk that Ms Somachandra's condition will likely deteriorate to such an extent that it would be a disproportionate consequence of lifting the anonymisation of the GD. While Dr Lim previously stated that if the judgment were not anonymised, this would pose an "immediate risk" to Ms Somachandra's health and safety, including intensified suicidal ideation, the RH Memorandum was dated on 15 November 2024 – more than seven months ago – and Dr Lim's conclusions were drawn solely on the basis of two consultations that were more than a year apart and largely on the basis of Ms Somachandra's self-reported symptoms (see [11] above). I therefore do not regard the RH Memorandum as having much weight. Turning to the IMH Report, it is significant that Dr Yeo observed that Ms Somachandra's MDD is of mild severity and has remained stable for a protracted period of many months even while these proceedings were ongoing, and that she had not sought any professional psychiatric or psychological treatment following her consultation with Dr Lim. These facts, considered together with her stated willingness to undergo treatment (see [14(c)] and [15] above), fall short of establishing an imminent and credible risk of grave and disproportionate harm to Ms Somachandra if the anonymisation of the GD were lifted, even if her MDD might well worsen to some extent.

23 I turn to the points raised by Ms Somachandra (see [20] above). First, a key concern that underlies Ms Somachandra's stance on the issue of anonymisation is that lifting it will mean that her past conduct will, in her words, "come back to haunt her". To this, the following should be emphasised:

(a) As I explained (at [8] above), open proceedings provide a platform for the character of applicants to be scrutinised and engender public confidence that those who are admitted to the Bar are morally competent to discharge the attendant onerous responsibilities. As a corollary, it follows that those who seek to be admitted to the Bar must put their character up for public scrutiny and be assessed as suitable persons to be entrusted with the office. Therefore, contrary to Ms Somachandra's argument, it is irrelevant that the anonymised GD explains the standards to be observed in admission applications and the consequences of failing to meet those standards.

(b) Further, from the time of the decision to not anonymise the proceedings in *Leon Tay* and of the public judgments that were issued in respect of subsequent applicants, it has been abundantly clear that admission applications are generally public proceedings, even if an applicant is found not to be a fit and proper person. Ms Somachandra would or should have known this when she applied for admission, and she would have been all the more alive to this issue because of her past academic misconduct. Indeed, this was the likely reason she failed to make any disclosure in her initial affidavit for admission. She nevertheless went ahead with the application in the manner that she did.

(c) Moreover, it is contrary to the notion of repentance and rehabilitation for Ms Somachandra to now seek to sweep her past

> misconduct under the rug. While second chances ought to be given, the journey to repentance, rehabilitation and reintegration begins with the willingness to confront and to be honest and open about her past misconduct. Where the legal profession is concerned, information about a legal practitioner's character (including any antecedents) is even more important given the ethical standards to which legal practitioners are held. An applicant therefore cannot erase the past, but must seek to acknowledge it, make the necessary amends, and then move on.

24 Second, Ms Somachandra adds that she did not attempt to conceal any information from Dr Yeo during the IMH consultation. However, this was contrary to Dr Yeo's view, as he opined that her attempt to find a medical justification for her decision to plagiarise in one instance and for her inability to recall the plagiarism incident "appeared too far-fetched to be attributed to a sequela of PTSD". He added that "if a diagnosis of PTSD were to be given on this ground, the diagnosis would seem to be a convenient way of medicalizing [Ms Somachandra's] intention to plagiarize" (see [14(b)] above).

25 Third, in response to Ms Somachandra's explanation that she has had difficulties navigating the public healthcare system, with the cost of treatment, and with taking medication, I am prepared to give her the benefit of the doubt. However, this is not ultimately material to the present issue. What Ms Somachandra needs to do is to acknowledge her errors, and start working towards her rehabilitation.

26 I am also unpersuaded for two reasons by the Law Society's proposal that the Court should revisit the issue of anonymisation only if and when Ms Somachandra decides to re-apply for admission at the end of her minimum exclusionary period. First, I agree with the SILE that it is not clear how the

revisiting the matter only after five years would alleviate Ms Somachandra's psychiatric condition (see [19] above); on the contrary, it is quite arguable that matters may be made worse, since the fear of having her name published would hang over her for the next few years. Second, the court should not have to police whether Ms Somachandra has made progress in her recovery over the next five years or so. There must be some personal responsibility and willingness on Ms Somachandra's part to take steps towards her rehabilitation.

Conclusion

27 I conclude by reiterating that while there is an important interest in facilitating an applicant's rehabilitation and in preventing harm, the interest in open justice in proceedings of this nature is a weighty one that cannot easily be derogated from. In the present case, while I am sympathetic to Ms Somachandra's circumstances, it is not appropriate as a matter of principle to continue with the anonymisation of the GD. That said, it remains my hope that, moving forward, she will do her best to make good progress in both her mental health and in her rehabilitation.

28 The parties are to bear their own costs.

Sundaresh Menon
Chief Justice

Narayanan Sreenivasan SC (Sreenivasan Chambers LLC) for the applicant;
Liang Hanwen Calvin and Lim Rui-Qi Rochelle (Calvin Liang LLC) for the Singapore Institute of Legal Education;
Jeyendran Jeyapal and Chong Yun Ling (Attorney-General's Chambers) for the Attorney-General;
Sanjiv Kumar Rajan, Kang Yanyi and Jonathan Goh Fang Yi (Allen & Gledhill LLP) for the Law Society of Singapore.
