LEC4:

GNANGO (2012) UKSC

Before Jogee and reform in UK. Extended form of JCE. GNANGO drug dealer, owed a lot of money. bandana man and GNANGO shoot each other in the parking lot. No more information about the realtion. A innocent women walked in to the scene and get shot and died. GNANGO was found and captured into custody, charged with murder. However, the bullet killed women was from the bandana man.

The only way to argue is through extended form of JCE. However, they ended up winning the case using transferred malice.

Two types of JCE.

1. Basic JCE-> Shared intention to commit a specific crime  
2. Extended JCE(parasitic accessorial liability) -> Foresight of an additional crime beyond the

Distinction between ‘pre-planned’ and ‘spontaneous’ violence

Standard of withdawl is different

LEC5:  
Insanity

Common law defence, legal test, not medical.

M’Naghten’s case-> common law definition of insanity -> “labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know he was doing what was wrong”(this is the the test, other parts talks about the elements of the test)

**Result: special verdict** that the accused person is “**not guilty by reason of insanity**”.’

M’Naghten himself satisfies first limb, but not the second.

3 Limbs: limb 1and2 is internally linked.

Limb1: Defect of reason

Limb2: Cognitive effect

First cognitive effect: Not to know the nature and quality of act

Second cognitive effect: Not to know [that act] is wrong -> dabate of “legally wrong”.

Windle and Stapleton have different version of wrong. Stapleton’s morally wrong is more easily to established. Current state of the law is Keal[2022] EWCA 341.

Lack of volition-> both tests does not take into account volitional aspects. Insanity does not cover “irresistible impulse” even its pathologically incurred.

Limb3: Disease of the mind

Not a medical term(Sullivan).

Diabetes

Automatism

Three common law limitations on ‘automatism’ as a

basis for denying criminal liability:

1. ‘Proper evidential foundation’

2. Not caused by a ‘disease of mind’: ie. not ‘insane automatism’

3. Not ‘self-induced’: ie. not caused by D’s own prior fault; overlaps with ‘intoxication’ principles

LEC6:

Insanity vs. diminished responsibility ->Full defence vs. partial defence

Limb1: abnormality of mind

A fortiori there is no scientific measurement of the degree of difficulty which an abnormal person finds in controlling his impulses.

Limb2: substantial impairment of mental responsibility

Medical evidence could be helpful but not decisive that could raise the impai level to substantial threshold(Bryne).

Limb3: aetiology – ARISING FROM WHAT?

Need to be “arising from a condition of arrested or retarded development of mind or any inherent causes or induced by disease or injury”

Drugs and Drinking:

Tandy [1988] Crim LR 308: Tandy was an alcoholic. She killed her 11 year old daughter by strangulation after the daughter told her she was being sexually abused by her step father. Tandy himself does not succeed on diminished responsibility because he drank more than normal on the day of killing. However, alcoholism is an inherent cause which can be relyed on for diminished responsibility defence.

Often succeed when arguing that drinking or taking drugs are caused by **inherent causes/disease/injury**

In DR case, hospital order is not mandatory but can be given by the judge if deemed necessary.

New UK Law vs HK LAW:

Must arose from recognized medical condition vs. no medical evidence required.

1A-> better than exiting law or restatement of the old case law.

Lec7

DPP v. Majewski [1977] – distinguish specific intent and basic intent.

There is no clear doctrinal principle leading to the distinction of specific intent and basic intent. It’s more based on policy rather than principle.

Create a list of crimes of specific intent and basic intent.