## Problem Question 1

In 2004, Karen and Jacob met at university in Sydney, where Karen qualified as a doctor and Jacob as a mechanical engineer. Frances, the youngest of their six children, was born with a chronic health condition requiring the administration of a replacement hormone five times per day. If the hormone is withheld for any reason, those who suffer from the condition can experience irritability, sudden changes in behaviour, hunger, dizziness, shakiness, seizures, sweating, unconsciousness, headache, confusion, and poor coordination.

Karen, Jacob, and their children frequently attended their local place of worship, dedicating much of their spare time to volunteering at the community’s meeting place. Over a decade, they became close to three families, all of whom regarded themselves as more dedicated to their spiritual movement than other, less committed, attendees of their gatherings.

In 2020, instigated by the “head” of one of these families, the self-styled “zealous ones” left the wider spiritual community to form their own splinter group, which held secret meetings in Karen and Jacob’s family home on the Central Coast. It was during these daily gatherings that Karen and Jacob’s beliefs in the “Higher Power”—and a distrust of Western medicine and healthcare professionals—became increasingly entrenched. Karen and Jacob paid their final visit to the specialist doctor who had treated Frances since birth at the end of 2021.

In early 2022, a week after Frances’ sixth birthday, the four families relocated to a commune in regional NSW, where they intended to devote much of their time in service to the “Higher Power”. The day after they arrived at the commune, Frances experienced bouts of dizziness and sweating. Her parents attributed this to the stress of the relocation and “trust[ed]” that the “Higher Power” would “heal” her. However, Frances’ symptoms did not subside. Within 24 hours, Frances lost consciousness and was bedbound. Karen and Jacob, supported by the head of the community, sat at Frances’ bedside for four days, ceaselessly asking the “Higher Power” for her “healing”.

As soon as Frances had clearly stopped breathing, a member of the community grabbed the communal telephone and called for an ambulance, which arrived at the site one hour later. On arrival, the paramedic on board administered CPR to Frances, whose heart had stopped. However, unknown to anyone present at the scene, Frances had developed osteoporosis, a condition that had weakened her bones. The paramedic’s compressions fractured Frances’ sternum, triggering an internal bleed. Frances succumbed to her injuries within ten minutes. Immediately overcome with regret, Karen tried to revive her child, to no avail.

Specialists later found that Frances had not been given her replacement hormone since the family’s arrival at the commune one week earlier.

**Examine Karen’s liability for Frances’ death under s 18 of the *Crimes Act 1900* (NSW)**.

**Criminal Law Problem Solving Rubric**

There are 3 criteria which total 30 marks.

**Structure (8 marks)**

Structures answer in a logical order. Clearly identifies and considers legal elements separately and thoroughly. Introduction identifies relevant offences, burdens and standards of proof. Conclusion clearly identifies outcome based on analysis of problem.

**Critical Analysis (14 marks)**

Identifies and comprehends factual and legal issues. Determines strong and weak arguments. Identifies relevant and irrelevant facts. Integrates analysis of fact and law. Integrates analysis of relevant statute and case law.

**Expression & Referencing (8 marks)**

Use of plain English including: clear and correct sentence structure; correct spelling, grammar and punctuation; clear, fluent and persuasive expression. Correct referencing in accordance with AGLC4.