

PEOPLE OF THE PHILIPPINES, PLAINTIFF-APPELLEE, VS. ROSALINO DUNGO, ACCUSED-APPELLANT.

G.R. No. 89420. July 31, 1991

Ponente: PARAS, J.

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PARAS, J.:

This is an automatic review of the Decision* of the Regional Trial Court of the Third Judicial Region, Branch 54, Macabebe, Pampanga, convicting the accused of the crime of murder.

The pertinent facts of the case are:

On March 24, 1987, the prosecuting attorney of the Province of Pampanga filed an information charging Rosalino Dungo, the defendant-appellant herein, with the felony of murder, committed as follows:

"That on or about the 16th day of March, 1987 in the Municipality of Apalit, Province of Pampanga, Philippines, and within the jurisdiction of this Honorable Court, the above-named accused ROSALINO DUNGO, armed with a knife, with deliberate intent to kill, by means of treachery and with evident premeditation, did then and there willfully, unlawfully and feloniously attack, assault and stab Mrs. Belen Macalino Sigua with a knife hitting her in the chest, stomach, throat and other parts of the body thereby inflicting upon her fatal wounds which directly caused the death of said Belen Macalino Sigua.

"All contrary to law, and with the qualifying circumstance of alevosia, evident premeditation and the generic aggravating circumstance of disrespect towards her sex, the crime was committed inside the field office of the Department of Agrarian Reform where public authorities are engaged in the discharge of their duties, taking advantage of superior strength and cruelty." (Record, p. 2)

On arraignment, accused-appellant Rosalino Dungo pleaded not guilty to the crime charged. Trial on the merits thereafter ensued.

The prosecution, through several witnesses, has established that on March 16, 1987 between the hours of 2:00 and 3:00 o'clock in the afternoon, a male person, identified as the accused, went to the place where Mrs. Sigua was holding office at the Department of Agrarian Reform, Apalit, Pampanga. After a brief talk, the accused drew a knife from the envelope he was carrying and stabbed Mrs. Sigua several times. Accomplishing the morbid act, he went down the staircase and out of the DAR's office with blood stained clothes, carrying along a bloodied bladed weapon. (TSN, pp. 4-19, 33-46, April 13, 1987; TSN, pp. 5-21, 28-38, April 20, 1987).

The autopsy report (Exh. "A") submitted by Dra. Melinda dela Cruz Cabugawan, reveals that the victim sustained fourteen (14) wounds, five (5) of which were fatal.

Rodolfo Sigua, the husband of the deceased, testified that, sometime in the latter part of February, 1987, the accused Rosalino Dungo inquired from him concerning the actuations of his wife (the victim) in requiring so many documents from the accused. Rodolfo Sigua explained to the accused the procedure in the Department of Agrarian Reform but the latter just said "never mind, I could do it my own way." Rodolfo Sigua further testified

that his wife's annual salary is P17,000.00, and he spent the amount of P75,000.00 for the funeral and related expenses due to the untimely death of his wife. (TSN, pp. 4-21, April 22, 1987).

The accused, in defense of himself, tried to show that he was insane at the time of the commission of the offense.

The defense first presented the testimony of Andrea Dungo, the wife of the accused. According to her, her husband had been engaged in farming up to 1982 when he went to Lebanon for six (6) months. Later, in December 1983, her husband again left for Saudi Arabia and worked as welder. Her husband did not finish his two-year contract because he got sick. Upon his arrival, he underwent medical treatment. He was confined for one week at the Macabali Clinic. Thereafter he had his monthly check-up. Because of his sickness, he was not able to resume his farming. The couple, instead, operated a small store which her husband used to tend. Two weeks prior to March 16, 1987, she noticed her husband to be in deep thought always; maltreating their children when he was not used to it before; demanding another payment from his customers even if the latter had paid; chasing any child when their children quarreled with other children. There were also times when her husband would inform her that his feet and head were on fire when in truth they were not. On the fateful day of March 16, 1987, at around noon time, her husband complained to her of stomach ache; however, they did not bother to buy medicine as he was immediately relieved of the pain therein. Thereafter, he went back to the store. When Andrea followed him to the store, he was no longer there. She got worried as he was not in his proper mind. She looked for him. She returned home only when she was informed that her husband had arrived. While on her way home, she heard from people the words "mesaksak" and "menaksak" (translated as "stabbing" and "has stabbed"). She saw her husband in her parents-in-law's house with people milling around, including the barangay officials. She instinctively asked her husband why he did such act, but he replied, "that is the only cure for my ailment. I have a cancer in my heart." Her husband further said that if he would not be able to kill the victim in a number of days, he would die, and that he chose to live longer even in jail. The testimony on the statements of her husband was corroborated by their neighbor Thelma Santos who heard their conversation. (See TSN, pp. 12-16, July 10, 1987). Turning to the barangay official, her husband exclaimed, "here is my wallet, you surrender me." However, the barangay official did not bother to get the wallet from him. That same day the accused went to Manila. (TSN, pp. 6-39, June 10, 1981)

Dra. Sylvia Santiago and Dr. Nicanor Echavez of the National Center for Mental Health testified that the accused was confined in the mental hospital, as per order of the trial court dated August 17, 1987, on August 25, 1987. Based on the reports of their staff, they concluded that Rosalino Dungo was psychotic or insane long before, during and after the commission of the alleged crime and that his insanity was classified under organic mental disorder secondary to cerebro-vascular accident or stroke. (TSN, pp. 4-33, June 17, 1988; TSN, pp. 5-27, August 2, 1988).

Rosalino Dungo testified that he once worked in Saudi Arabia as welder. However, he was not able to finish his two-year contract when he got sick. He had undergone medical treatment at Macabali Clinic. However, he claimed that he was not aware of the stabbing incident nor of the death of Mrs. Belen Sigua. He only came to know that he was accused of the death of Mrs. Sigua when he was already in jail. (TSN, pp. 5-14, July 15, 1988)

Rebuttal witnesses were presented by the prosecution. Dr. Vicente Balatbat testified that the accused was his patient. He treated the accused for ailments secondary to a stroke. While Dr. Ricardo Lim testified that the accused suffered from occlusive disease of the brain resulting in the left side weakness. Both attending physicians concluded that Rosalino Dungo was somehow rehabilitated after a series of medical treatment in their clinic. Dr. Leonardo Bascara further testified that the accused is functioning at a low level of intelligence. (TSN, pp. 6-20, September 1, 1988; TSN, pp. 4-29, November 7, 1988).

On January 20, 1989, the trial court rendered judgment the dispositive portion of which reads:

"WHEREFORE, finding the accused guilty beyond reasonable doubt as principal for the crime of murder, the Court hereby renders judgment sentencing the accused as follows:

"1. To suffer the penalty of reclusion perpetua and the accessories of the law;

"2. To indemnify the family of the victim in the amount of P75,000.00 as actual damage, P20,000.00 as exemplary damages and P30,000.00 as moral damages.

"SO ORDERED." (p. 30, Rollo)

The trial court was convinced that the accused was sane during the perpetration of the criminal act. The act of concealing a fatal weapon indicates a conscious adoption of a pattern to kill the victim. He was apprehended and arrested in Metro Manila which indicates that he embarked on a flight in order to evade arrest. This to the mind of the trial court is another indication that the accused was sane when he committed the crime.

It is an exercise in futility to inquire into the killing itself as this is already admitted by the defendant-appellant. The only pivotal issue before us is whether or not the accused was insane during the commission of the crime charged.

One who suffers from insanity at the time of the commission of the offense charged cannot in a legal sense entertain a criminal intent and cannot be held criminally responsible for his acts. His unlawful act is the product of a mental disease or a mental defect. In order that insanity may relieve a person from criminal responsibility, it is necessary that there be a complete deprivation of intelligence in committing the act, that is, that the accused be deprived of cognition; that he acts without the least discernment; that there be complete absence or deprivation of the freedom of the will. (People v. Puno, 105 SCRA 151)

It is difficult to distinguish sanity from insanity. There is no definite defined border between sanity and insanity. Under foreign jurisdiction, there are three major criteria in determining the existence of insanity, namely: delusion test, irresistible impulse test, and the right and wrong test. Insane delusion is manifested by a false belief for which there is no reasonable basis and which would be incredible under the given circumstances to the same person if he is of *compos mentis*. Under the delusion test, an insane person believes in a state of things, the existence of which no rational person would believe. A person acts under an irresistible impulse when, by reason of duress or mental disease, he has lost the power to choose between right and wrong, to avoid the act in question, his free agency being at the time destroyed. Under the right and wrong test, a person is insane when he suffers from such perverted condition of the mental and moral faculties as to render him incapable of distinguishing between right and wrong. (See 44 C.J.S. 2)

So far, under our jurisdiction, there has been no case that lays down a definite test or criterion for insanity. However, We can apply as test or criterion the definition of insanity under Section 1039 of the Revised Administrative Code, which states that insanity is "a manifestation in language or conduct, of disease or defect of the brain, or a more or less permanently diseased or disordered condition of the mentality, functional or organic, and characterized by perversion, inhibition, or by disordered function of the sensory or of the intellectual faculties, or by impaired or disordered volition." Insanity as defined above is evinced by a deranged and perverted condition of the mental faculties which is manifested in language or conduct. An insane person has no full and clear understanding of the nature and consequence of his act.

Thus, insanity may be shown by surrounding circumstances fairly throwing light on the subject, such as evidence of the alleged deranged person's general conduct and appearance, his acts and conduct inconsistent with his previous character and habits, his irrational acts and beliefs, and his improvident bargains.

Evidence of insanity must have reference to the mental condition of the person whose sanity is in issue, at the very time of doing the act which is the subject of inquiry. However, it is permissible to receive evidence of his mental condition for a reasonable period both before and after the time of the act in question. Direct testimony is not required nor the specific acts of derangement essential to establish insanity as a defense. The vagaries of the mind can only be known by outward acts: thereby we read the thoughts, motives and emotions of a person; and through which we determine whether his acts conform to the practice of people of sound mind. (People v. Bonoan, 64 Phil. 87)

In the case at bar, defense's expert witnesses, who are doctors of the National Center for Mental Health, concluded that the accused was suffering from psychosis or insanity classified under organic mental disorder secondary to cerebro-vascular accident or stroke before, during and after the commission of the crime charged. (Exhibit L, p. 4). Accordingly, the mental illness of the accused was characterized by perceptual disturbances manifested through impairment of judgment and impulse control, impairment of memory and disorientation, and hearing of strange voices. The accused allegedly suffered from psychosis which was organic. The defect of the brain, therefore, is permanent.

Dr. Echavez, defense's expert witness, admitted that the insanity of the accused was permanent and did not have a period for normal thinking. To quote

"Q. Is there such a lucid intervals?

A. In this case, considering the nature of the organic mental disorder, the lucid intervals unfortunately are not present, sir." (TSN, p. 36, August 2, 1988)

However, Dr. Echavez disclosed that the manifestation or the symptoms of psychosis may be treated with medication. (TSN, p. 26, August 2, 1988). Thus, although the defect of the brain is permanent, the manifestation of insanity is curable.

Dr. Echavez further testified that the accused was suffering from psychosis since January of 1987, thus:

"Q. In your assessment of the patient, did you determine the length of time the patient has been mentally ill?

A. From his history, the patient started (sic) or had a stroke abroad. If I may be allowed to scan my record, the record reveals that the patient had a stroke in Riyadh about seven (7) months before his contract expired and he was brought home. Sometime in January of 1987, the first manifestation is noted on the behavioral changes. He was noted to be in deep thought, pre-occupied self, complaining of severe headache, deferment of sleep and loss of appetite; and that was about January of 1987, Sir." (TSN, pp. 21-22, August 2, 1988)

The defense reposed their arguments on the findings of the doctors of the National Center for Mental Health, specifically on Dr. Echavez's assessment that the accused has been insane since January of 1987 or three (3) months before the commission of the crime charged. The doctors arrived at this conclusion based on the testimonies of the accused's wife and relatives, and after a series of medical and psychological examinations on the accused when he was confined therein. However, We are still in quandary as to whether the accused was really insane or not during the commission of the offense.

The prosecution aptly rebutted the defense proposition, that the accused, though he may be insane, has no lucid intervals. It is an undisputed fact that a month or few weeks prior to the commission of the crime charged the accused confronted the husband of the victim concerning the actuations of the latter. He complained against the various requirements being asked by the DAR office, particularly against the victim. We quote hereunder the testimony of Atty. Rodolfo C. Sigua:

"Q. In the latter part of February 1987 do you remember having met the accused Rosalino Dungo?

A. Yes, sir.

Q. Where?

A. At our residence, sir, at San Vicente, Apalit, Pampanga.

Q. Could you tell us what transpired in the latter part of February 1987, when you met the accused at your residence?

A. Accused went to our residence. When I asked him what he wanted, accused told me that he wanted to know from my wife why she was asking so many documents: why she was requiring him to be interviewed and file the necessary documents at the Office of the DAR. Furthermore, he wanted to know why my wife did not want to transfer the Certificate of Land Transfer of the landholding of his deceased father in his name.

xxx xxx xxx

Q. When the accused informed you in the latter part of February 1987 that your wife the late Belen Macalino Sigua was making hard for him the transfer of the right of his father, what did you tell him?

A. I asked the accused, "Have you talked or met my wife? Why are you asking this question of me?"

Q. What was his answer?

A. Accused told me that he never talked nor met my wife but sent somebody to her office to make a request for the transfer of the landholding in the name of his deceased father in his name.

Q. When you informed him about the procedure of the DAR, what was the comment of the accused?

A. The accused then said, "I now ascertained that she is making things difficult for the transfer of the landholding in the name of my father and my name."

(TSN, pp. 5-7, April 22, 1987)

If We are to believe the contention of the defense, the accused was supposed to be mentally ill during this confrontation. However, it is not usual for an insane person to confront a specified person who may have wronged him. Be it noted that the accused was supposed to be suffering from impairment of the memory, We infer from this confrontation that the accused was aware of his acts. This event proves that the accused was not insane or if insane, his insanity admitted of lucid intervals.

The testimony of defense witness Dr. Nicanor Echavez is to the effect that the appellant could have been aware of the nature of his act at the time he committed it. To quote:

"Q. Could you consider a person who is undergoing trial, not necessarily the accused, when asked by the Court the whereabouts of his lawyer he answered that his lawyer is not yet in Court and that he is waiting for his counsel to appear and because his counsel did not appear, he asked for the postponement of the hearing of the case and to reset the same to another date. With those facts, do you consider him insane?

A. I cannot always say that he is sane or insane, sir.

Q. In other words, he may be sane and he may be insane?

A. Yes, sir.

COURT

Q. How about if you applied this to the accused, what will be your conclusion?

A. Having examined a particular patient, in this particular case, I made a laboratory examination, in short all

the assessment necessary to test the behavior of the patient, like for example praying for postponement and fleeing from the scene of the crime is one situation to consider if the patient is really insane or not. If I may elaborate to explain the situation of the accused, the nature of the illness, the violent behavior, then he appears normal he can reason out and at the next moment he burst out into violence regardless motivated or unmotivated. This is one of the difficulties we have encountered in this case. When we deliberated because when we prepared this case we have really deliberation with all the members of the medical staff so those are the things we considered. Like for example he shouted out 'Napatay ko si Mrs. Sigua!' at that particular moment he was aware of what he did, he knows the criminal case.

COURT

Q. With that statement of yours that he was aware when he shouted that he killed the victim in this case, Mrs. Sigua, do we get it that he shouted those words because he was aware when he did the act?

A. The fact that he shouted, Your Honor, awareness is there." (TSN, pp. 37-41, August 2, 1983; underscoring supplied)

Insanity in law exists when there is a complete deprivation of intelligence. The statement of one of the expert witnesses presented by the defense, Dr. Echavez, that the accused knew the nature of what he had done makes it highly doubtful that accused was insane when he committed the act charged. As stated by the trial court:

"The Court is convinced that the accused at the time that he perpetrated the act was sane. The evidence shows that the accused, at the time he perpetrated the act was carrying an envelope where the fatal weapon was hidden. This is an evidence that the accused consciously adopted a pattern to kill the victim. The suddenness of the attack classified the killing as treacherous and therefore murder. After the accused ran away from the scene of the incident after he stabbed the victim several times, he was apprehended and arrested in Metro Manila, an indication that he took flight in order to evade arrest. This to the mind of the Court is another indicia that he was conscious and knew the consequences of his acts in stabbing the victim." (Rollo, p. 63)

There is no ground to alter the trial court's findings and appreciation of the evidence presented. (People v. Claudio, 160 SCRA 646). The trial court had the privilege of examining the deportment and demeanor of the witnesses and therefore, it can discern if such witnesses were telling the truth or not.

Generally, in criminal cases, every doubt is resolved in favor of the accused. However, in the defense of insanity, doubt as to the fact of insanity should be resolved in favor of sanity. The burden of proving the affirmative allegation of insanity rests on the defense. Thus:

"In considering the plea of insanity as a defense in a prosecution for crime, the starting premise is that the law presumes all persons to be of sound mind. (Art. 800, Civil Code; U.S. v. Martinez, 34 Phil. 305) Otherwise stated, the law presumes all acts to be voluntary, and that it is improper to presume that acts were done unconsciously (People v. Cruz, 109 Phil. 288). x x x Whoever, therefore, invokes insanity as a defense has the burden of proving its existence. (U.S. v. Zamora, 52 Phil. 218)" (People v. Aldemita, 145 SCRA 451)

The quantum of evidence required to overthrow the presumption of sanity is proof beyond reasonable doubt. Insanity is a defense in a confession and avoidance, and as such must be proved beyond reasonable doubt. Insanity must be clearly and satisfactorily proved in order to acquit an accused on the ground of insanity. Appellant has not successfully discharged the burden of overcoming the presumption that he committed the crime as charged freely, knowingly, and intelligently.

Lastly, the State should guard against sane murderer escaping punishment through a general plea of insanity. (People v. Bonoan, supra)

PREMISES CONSIDERED, the questioned decision is hereby **AFFIRMED** without costs.

SO ORDERED.

Melencio-Herrera, (Chairman), Padilla, and Regalado, JJ., concur.
Sarmiento, J., in the result.

* Penned by Judge Lorenzo B. Veneracion

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