

SALLY A. RODRIGUEZ, PETITIONER, VS. EMPLOYEES' COMPENSATION COMMISSION (ECC), SOCIAL SECURITY SYSTEM (SSS), GLOBE COCO PRODUCTS MANUFACTURING CORP., RESPONDENTS.

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GALAPATE-LAGUILLES, J:

For review under Rule 43 of the Rules of Court is the Decision[1] dated 29 October 2012 of the Employees' Compensation Commission (ECC for brevity) in ECC Case No. SM-19001-0904-12, which affirmed the Social Security System's denial of claim for death and funeral benefits filed by petitioner Sally A. Rodriguez (hereinafter petitioner) following the death of her husband Emiliano M. Rodriguez, Jr. (hereinafter Emiliano).

The facts are simple.

Emiliano was employed by Globe Coco Products Manufacturing Corp. as an Expeller Mechanic – Maintenance from 7 January 2008 until 6 January 2011. Prior to his employment, Emiliano underwent the customary pre-employment medical examination[2] on 5 July 2007. His Medical Certificate[3] issued on even date revealed that he was “physically fit and healthy at the time of examination.”

As an Expeller Mechanic – Maintenance, Emiliano was tasked with the following duties and responsibilities, to wit: a.) maintenance of the machine every breakdown and shutdown period; b.) assist the Leadman in his duties and responsibilities; c.) coordinate with the Expeller Operator and Leadman every time there is trouble in the machine; d.) maintain and clean the machine to prevent lubricant leaks; and e.) does the assigned work under the supervision of the Leadman.[4]

At around 9:15 in the morning of 6 January 2011, while replacing some parts of the copra mill flakers, a machinery used by the company, Emiliano suddenly felt chest pain. He immediately stopped and went to the boiler room to take some rest. A few minutes later, he complained of severe chest pain and requested that he be rushed to the nearest hospital.[5]

At around 11:30 in the morning of the same day, Emiliano was pronounced dead[6] in Tanchuling Hospital, Legazpi City, due to the following causes:

Immediate cause: Cardio-Respiratory Arrest

Antecedent cause: Acute Myocardial Infarction

Underlying cause: Gastroenteritis with Dehydration Moderate

On 13 April 2011, petitioner filed a claim for death and funeral benefits[7] under P.D. 626, as amended, otherwise known as the Employees' Compensation Law, before the Social Security System (SSS) – Legazpi City Branch. However, in a Letter[8] dated 19 May 2011, the said claim was denied by the SSS-Legazpi City Branch for the following reason:

Based on the documents submitted and interview conducted, the Medical Programs Management Department opined that that his being a smoker and occasional drinker increased the risks of his developing cardiovascular disease. Furthermore, the nature of his work as a mechanic has no causal relationship to Myocardial Infarction, the cause of his death.[9]

On 29 February 2012, petitioner wrote[10] the SSS-Legazpi City Branch requesting for its assistance on the denial of her claim, which was indorsed[11] on 13 March 2012 to the SSS-Medical Operations Department (SSS-MOD).

On 7 June 2012, the SSS-MOD denied the claim of petitioner on the following basis, to wit:

P.D 626 states that for an illness to be compensable[,] it must be listed as an occupational disease and if not listed, there should be proof that the risk of contracting the illness is increased by the working condition.

Based on the interview with member's wife, subject member was a smoker and an occasional gin drinker. These are facts which increases (sic) the risk of a person having a Cardiovascular disease. Furthermore, claimant did not submit substantial proof that the nature of the member's work as a mechanic had a causal relationship to the cause of his death.[12]

Unperturbed, petitioner appealed the denial of her claim to the ECC. However, the ECC affirmed the SSS in its Decision dated 29 October 2012, to wit:

This Commission believes that the circumstances in the present case do not fall under any of the foregoing conditions. It bears stressing that the Amended Rules on Employees' Compensation speaks of "unusual strain by reasons of the nature of work." In this case, there is no substantial evidence showing that unusual strain or strenuous physical activity at work was present during the time of contingency that might predisposed the development of cardiac complications.

On that basis, this Commission believes that the deceased's history of cigarette smoking precipitated the manifestation of his heart ailment. The circumstance in the present case negates the probability of reasonable work-connection in view of the medical findings buttressed by scientific evidence that:

- "Cigarette smokers are more likely than non-smokers to develop large-vessel atherosclerosis as well as small-vessel disease. There is a multiplicative interaction between cigarette smoking and other cardiac risk factors such that the increment in risk produced by smoking among individuals with hypertension or elevated serum lipids is substantially greater than the increment in risk produced by smoking for individuals without these risk factors.

- In addition to its role in promoting atherosclerosis, cigarette smoking also increases the likelihood of myocardial infarction and sudden cardiac death by promoting platelet aggregation and vascular occlusion.

Reference: Harrison's Principles of Internal Medicine, 16th ed., Vol. II Chapter 375, pp. 2574-2575

Further, the suddenness of a heart attack common in middle age or elderly men can be explained by the typical progress atherosclerosis over time. As stated in the following medical findings:

- Atherosclerosis manifests itself focally not only in space, as just described, but in time as well. Atherogenesis in humans typically occurs over a period of many years, usually many decades. Growth of atherosclerosis plaques probably does not occur in a smooth linear fashion, but rather discontinuously, with period of relative quiescence punctuated by periods of rapid evolution. After generally prolonged "silent" period, atherosclerosis may become clinically manifest. A dramatic acute clinical event such as myocardial infarction, a cerebrovascular accident, or sudden death may first herald the presence of atherosclerosis. (Reference: Principles of Internal Medicine, 16th Edition, Vol. II Page 1425: The pathogenesis of atherosclerosis.)

Thus, owing to the absence of any substantial evidence that will establish causal relationship between the deceased's heart ailment and his last occupation, this Commission sustains the decision of the System denying appellant's claim.

Aggrieved by the said Decision, petitioner filed the instant Petition for Review raising the following issues[13] for this Court's resolution, viz:

I

WHETHER OR NOT THE MYOCARDIAL INFARCTION OR "HEART ATTACK" WHICH CAUSED THE DEATH OF THE LATE EMILIANO M. RODRIGUEZ, JR., IS COMPENSABLE;

II

WHETHER OR NOT THE MYOCARDIAL INFARCTION OR "HEART ATTACK" WHICH CAUSED THE DEATH OF THE LATE EMILIANO M. RODRIGUEZ, JR., IS WORK-CONNECTED;

III

WHETHER THERE WAS ANY PROOF TO SHOW THAT THE RISK OF CONTRACTING THE SAME WAS INCREASED BY THE FACTORS ATTENDANT TO HIS EMPLOYMENT.

Petitioner vehemently argues that she is entitled to her claim for death and funeral benefits because her husband's fatal ailment, cardiovascular disease, which includes myocardial infarction, is one among those listed as occupational and compensable diseases under Item 18 of Annex "A" of P.D. 626, as amended.[14] Further, the

nature of her husband's job as Expeller Mechanic – Maintenance was, in itself, strenuous.[15]

The respondent SSS, on the other hand, counters that petitioner failed to show any unusual strain or strenuous activity of sufficient severity that might have triggered Emiliano to suffer from cardiovascular disease.[16] If at all, Emiliano's fatal ailment could be attributed to his history of cigarette smoking habit for eight (8) years. It further maintains that the Emiliano's smoking habit made him susceptible to develop large-vessel atherosclerosis (the usual cause of heart attack), as well as small-vessel disease and increase the risk factor of other cardiac related illnesses.[17]

We find merit in the Petition.

Under PD 626, as amended, the beneficiaries of an employee are entitled to death benefits under the system if the cause of death of the employee is a sickness listed as an occupational disease by the ECC or any other illness caused by employment, subject to proof that the risk of contracting the same is increased by the working conditions.[18]

By Resolution No. 432 approved on July 20, 1997, the ECC included cardio-vascular diseases in the List of Occupational and Compensable Diseases (Annex "A") appended to the Amended Rules on Employees' Compensation.[19] Item 18[20] thereof provides that cardiovascular disease is an occupational disease that may be compensated by the ECC under any of the following conditions, viz: a) If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reason of the nature of his work; b) The strain of work that brings about an acute attack must be of sufficient severity and must be followed within twenty-four (24) hours by the clinical signs of a cardiac assault to constitute causal relationship; c) If a person who was apparently asymptomatic before subjecting himself to strain of work showed signs and symptoms of cardiac injury during the performance of his work and such symptoms and signs persisted, it is reasonable to claim a causal relationship.

In a number of cases,[21] the Supreme Court has already declared that myocardial infarction is included in the classification of cardiovascular disease. Myocardial infarction is also known as heart attack. It results in permanent heart damage or death. A heart attack is called myocardial infarction because part of the heart muscle (myocardium) may literally die (infarction). This occurs when a blood clot blocks one of the coronary arteries (the blood vessels that bring blood and oxygen to the heart muscle). When the heart muscle does not obtain the oxygen-rich blood that it needs, it will begin to die. The severity of a heart attack usually depends on how much of the heart muscle is injured or dies during the heart attack. Heart attack accounts for 1 out of every 5 deaths. It is a major cause of sudden death in adults. Heavy exertion or emotional stress can trigger a heart attack.[22]

In the case at bar, Emiliano's heart disease falls under the second condition under Item No. 18, Annex "A" of the Amended Rules on Employees' Compensation which states that the strain of work that brought about the acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship. At around 9:15 in the morning of 6 January 2011, Emiliano was replacing some parts of the copra mill flakers when he suddenly felt chest pain. He immediately stopped and went to the boiler room to take some rest. A few minutes later, he complained of severe chest pain and requested that he be rushed to the nearest hospital where he expired at around 11:30 in the morning just two (2) hours after he initially complained of chest pain, which is much less than the 24 hours required by Item No. 18, Annex "A" of the Amended Rules on Employees' Compensation. This is a clear indication that severe strain of work brought about the acute attack that caused Emiliano's death.

Moreover, the Court finds sufficient proof of work connection between the ailment of Emiliano and his working conditions. The position he held as Expeller Mechanic – Maintenance must have substantially contributed to his

illness. Prior to his employment with Globe Coco Products Manufacturing Corp., Emiliano was certified as physically fit and healthy at the time of the examination. As correctly argued by petitioner, Emiliano was subjected to extreme stress of work as he had to make long routine inspections on the company's heavy machineries and equipment on a daily basis throughout his 8-hour shift duty just to ensure that the machineries and equipment are in good running condition.

Indeed, in denying the claim of petitioner, respondent SSS narrowly and restrictively confined its finding on the alleged smoking habit of Emiliano for eight (8) years as the cause of the latter's ailment. While it maybe true that smoking cigarettes may have contributed to Emiliano's illness, it should not be considered as the sole cause of his ailment so as to bar petitioner's claim for death benefits. In *GSIS v. De Castro*,^[23] the Supreme Court pronounced that smoking cigarettes and drinking alcoholic beverages should not be taken alone as the sole causes of claimant's illness, thus:

As the CA did, we cannot accept the validity of this conclusion at face value because it considers only one side – the purely medical side – of De Castro's case and even then may not be completely correct. The ECC itself, in its decision, recites that CAD is caused, among others, by atherosclerosis of the coronary arteries that in turn, and lists the following major causes: increasing age; male gender; cigarette smoking; lipid disorder due to accumulation of too much fats in the body; hypertension or high blood pressure; insulin resistance due to diabetes; family history of CAD. The minor factors are: obesity; physical inactivity; stress; menopausal estrogen deficiency; high carbohydrate intake; and alcohol.

We find it strange that both the ECC and the GSIS singled out the presence of smoking and drinking as the factors that rendered De Castro's ailments, otherwise listed as occupational, to be non-compensable. To be sure, the causes of CAD and hypertension that the ECC listed and explained in its decision cannot be denied; smoking and drinking are undeniably among these causes. However, they are not the sole causes of CAD and hypertension and, at least, not under the circumstances of the present case. For this reason, we fear for the implication of the ECC ruling if it will prevail and be read as definitive on the effects of smoking and drinking on compensability issues, even on diseases that are listed as occupational in character. The ruling raises the possible reading that smoking and drinking, by themselves, are factors that can bar compensability.

We ask the question of whether these factors can be sole determinants of compensability as the ECC has apparently failed to consider other factors such as age and gender from among those that the ECC itself listed as major and minor causes of atherosclerosis and, ultimately, of CAD. While age and gender are characteristics inherent in the person (and thereby may be considered non-work related factors), they also do affect a worker's job performance and may in this sense, together with stresses of the job, significantly contribute to illnesses such as CAD and hypertension. To cite an example, some workplace activities are appropriate only for the young (such as the lifting of heavy objects although these may simply be office files), and when repeatedly undertaken by older workers, may lead to ailments and disability. Thus, age coupled with an age-affected work activity may lead to compensability. From this perspective, none of the ECC's listed factors should be disregarded to the exclusion of others in determining compensability.

In any determination of compensability, the nature and characteristics of the job are as important as raw medical findings and a claimant's personal and social history. This is a basic legal reality in workers' compensation law. We are therefore surprised that the ECC and the GSIS simply brushed aside the disability

certification that the military issued with respect to De Castro's disability, based mainly on their primacy as the agencies with expertise on workers' compensation and disability issues.

In arriving at this conclusion, We stress that the degree of proof required under P.D. No. 626 is merely substantial evidence, which means, "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." What the law requires is a reasonable work-connection and not a direct causal relation. It is enough that the hypothesis on which the workman's claim is based is probable. Medical opinion to the contrary can be disregarded especially where there is some basis in the facts for inferring a work-connection. Probability, not certainty, is the touchstone.[24] It is not required that the employment be the sole factor in the growth, development or acceleration of a claimant's illness to entitle him to the benefits provided for. It is enough that his employment contributed, even if to a small degree, to the development of the disease.[25]

To the point of being pedantic, as provided in P.D. 626, it is sufficient that the sickness, to be compensable, should either be listed by the ECC as an occupational disease, as in this case, or that the risk in contracting Emiliano's illness is increased by his working conditions. We find that the second criterion to qualify his cardiovascular disease as compensable is likewise present here. Hence, having proven the existence of both criteria, petitioner is all the more qualified to be compensated for her claims.

As a final note, We find it necessary to reiterate that P.D. No. 626, as amended, is a social legislation whose primordial purpose is to provide meaningful protection to the working class against the hazards of disability, illness and other contingencies resulting in the loss of income. Thus, as the official agents charged by law to implement social justice guaranteed by the Constitution, the ECC and the SSS should adopt a liberal attitude in favor of the employee in deciding claims for compensability especially where there is some basis in the facts for inferring a work connection with the illness or injury, as the case may be. It is only this kind of interpretation that can give meaning and substance to the compassionate spirit of the law as embodied in Article 4 of the New Labor Code which states that all doubts in the implementation and interpretation of the provisions of the Labor Code including its implementing rules and regulations should be resolved in favor of labor.[26]

WHEREFORE, premises considered, the instant Petition for Review is hereby GRANTED. The assailed Decision dated 29 October 2012 of the Employees' Compensation Commission in ECC Case No. SM-19001-0904-12 is REVERSED and SET ASIDE. Accordingly, the Social Security System is DIRECTED to pay petitioner Sally A. Rodriguez the proper benefits for the death of Emiliano M. Rodriguez, Jr.

SO ORDERED.

Librea-Leagogo, (Chairperson), and Diamante, JJ., concur.

[1] Rollo, pp. 31-37, Annex "A" to the Petition.

[2] See Certified True Copies of the X-Ray findings, id., p. 43, Annex "E-1" to the Petition; Urine Analysis, id., p.44, Annex "E-2" to the Petition; and Hematology Result id., p. 45, Annex "E-3" to the Petition.

[3] Id., p. 42, Annex "E" to the Petition.

[4] Id., p. 46.

[5] Id., p. 47. See Incident Report issued by Security Detachment of Global Ground Force Security Agency, Inc., Annex "G" to the Petition.

[6] Id., p. 49. See Certificate of Death of Emiliano M. Rodriguez, Annex "H" to the Petition.

[7] Id., pp. 51-53, Annexes “J,” “J-1” and “J-2” to the Petition.

[8] Id., p. 56, Annex “L” to the Petition.

[9] Id., p. 56. See Letter of the SSS-Legazpi City Branch Head, Annex “L” to the Petition.

[10] Id., p. 57. See Letter, Annex “M” to the Petition.

[11] Id., p. 58. See Endorsement Letter, Annex “N” to the Petition.

[12] Id., pp. 38-39. See SSS-MOD Decision, Annex “B” to the Petition.

[13] Id., p. 18.

[14] Id., p. 19.

[15] Id., p. 20.

[16] Id., pp. 67-68.

[17] Id., p. 68.

[18] *Government Service Insurance System v. Villareal*, G.R. No. 170743, April 12, 2007, citing *Bunao v. Social Security System*, G.R. No. 159606, 13 December 2005, 477 SCRA 564, 571-572, citations omitted. Section 1 (b), Rule III of the Amended Rules Implementing PD 626 states:

"RULE III

Compensability

SECTION 1. Grounds — xxxx

(b) For the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease listed under Annex "A" of these Rules with the conditions set therein satisfied, otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions."

[19] *Leviste v. Social Security System*, G.R. No. 159060, November 28, 2007.

[20] Item 18 of Annex “A” of the Amended ECC Rules provides:

“LIST OF OCCUPATIONAL AND COMPENSABLE DISEASES x x x

18. **CARDIO-VASCULAR DISEASES.** Under any of the following conditions -

(a) If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his/her work.

(b) The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac [injury] to constitute causal relationship.

(c) If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of cardiac injury during the performance of his/her work and such symptoms and signs persisted, it is reasonable to claim a causal relationship.”

[21] *Government Service Insurance System v. Villareal*, supra; *Rañises v. Employees’ Compensation Commission*, G.R. No. 141709, August 16, 2005; and *Government Service Insurance System v. Cuanang*, G.R. No. 158846, June 3, 2004.

[22] *Obra v. Social Security System*, G.R. No. 147745, April 9, 2003, citing *Lee B. Weitzman, M.D., FACC, FCCP, "Heart Attack,"* (2001)

[23] G.R. No. 185035, July 15, 2009.

[24] *Government Service Insurance System v. Vicencio*, G.R. No. 176832, May 21, 2009, citing *Salalima v. Employees' Compensation Commission*, G.R. No. 146360, May 20, 2004, 428 SCRA 715, 722-723; *Salmone v. Employees' Compensation Commission and Social Security System*, G.R. No. 142392, 26 September 2000, 341 SCRA 150.

[25] *Government Service Insurance System v. Vicencio*, *supra*, citing *La O v. Employees' Compensation Commission*, G.R. No. L-50918, May 17, 1980, 97 SCRA 780, 790; *Manila Railroad Co. v. Workmen's Compensation Commission*, G.R. No. L-19773, May 30, 1964, 11 SCRA 305.

[26] *Obra v. Social Security System*, *supra*, citing *Nitura vs. Employees' Compensation Commission*, 201 SCRA 278, 283 (1991); *Santos vs. Employees' Compensation Commission*, 221 SCRA 182, 188 (1993).

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