

GOVERNMENT SERVICE INSURANCE SYSTEM, PETITIONER, VS. ANGELITA L. GABRIEL, RESPONDENTS.

G.R. No. 130379. June 21, 1999

Ponente: PARDO, J.

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PARDO, J.:

The case is an appeal via certiorari from a decision of the Court of Appeals[1] and its resolution denying reconsideration of the decision[2] reversing the ruling of the Employees Compensation Commission and the Government Service Insurance System that denied the claim of respondent Angelita L. Gabriel, as surviving spouse of the late Prosecutor Rosendo Gabriel, Jr., for death benefits arising from his death due to work connected ailment.

The pertinent facts are as follows:

Prosecutor Rosendo Gabriel, Jr. was at the time of his death on January 11, 1995, Prosecutor II, Office of the City Prosecutor, Quezon City, with the following duties:

- Conducting preliminary investigation of cases, misdemeanors, violations of city ordinances and resolving the same;
- Attending court trials-prosecution of criminal offenses, trial and resting the omission same for the State;
- Attending inquest duties at assigned police stations once a week, daytime as well as night-time;
- Attending detailed assignment at the Philippine Commission on Good Government.[3]

His service record showed that he had more than thirty (30) years service in the government starting as temporary clerk in the office of Congressman Ramon Mitra on September 16, 1959.[4]

On December 6, 1993, Rosendo Gabriel, Jr. was confined in the Philippine Heart Center for Asia, where he was found suffering from "mild restrictive and obstructive pulmonary defect" and "lower esophageal obstruction probably malignant" for which he was advised to see a surgeon.[5] He consulted a surgeon at the Philippine General Hospital; however, he refused to undergo surgery.[6]

On December 25, 1994, Rosendo Gabriel, Jr. was rushed to the De Ocampo Memorial Hospital in Manila, for chest pains. An EKG examination showed "acute myocardial infarction".[7] The certificate of the attending physician stated that he also suffered from "esophageal cancer, hypertensive atherosclerotic heart disease." [8]

On December 26, 1994, ECG examination on Rosendo Gabriel, Jr. revealed "diffuse myocardial ischemia." [9]

On January 2, 1995, he was taken to the Chinese General Hospital and Medical Center, where a diagnosis of "esophageal cancer, metastatic" was made. Obviously, the cancer was the immediate concern of the physicians because he complained of dysphagia and dyspnea.[10] On the other hand, on December 25, 1994, in his examination at the De Ocampo Memorial Hospital, a cardiologist found him to have suffered from "acute

myocardial infarction" as the chief complaint was chest pains and "body malaise".[11]

On January 6, 1995, he was discharged from the Chinese General Hospital and Medical Center. On January 8, 1995, he was back in the Chinese General Hospital and Medical Center, where he was admitted and diagnosed suffering from "esophageal cancer, metastasis with pleural effusion." [12]

On January 11, 1995, Rosendo Gabriel, Jr. died of "cardiac arrest" secondary to esophageal cancer.[13] The physician issued the following final diagnosis:

- Coronary artery disease;
- Myocardial infarction;
- Esophageal carcinoma;
- Pleural effusion, right;
- Tube thoracostomy, right; [14]
- Mild restrictive and obstructive ventricular defect.[15]

On February 8, 1995, respondent, widow of the deceased, filed with the Government Service Insurance System (GSIS) a claim for death benefits under P. D. No. 626, as amended. She submitted the required physician's certificate and hospital records.[16]

On February 18, 1995, the GSIS denied the claim because esophageal cancer is not listed as an occupational disease under Annex "A" of P. D. No. 626, and "there is no showing that claimant's duties involve risk of contracting the above illness." [17]

On March 9, 1995, respondent moved for reconsideration of the denial of her claim, and in connection therewith, submitted additional documents to the GSIS in the form of physician's certification showing that during the lifetime of the deceased, he suffered from "atherosclerotic heart disease", aside from esophageal cancer. Indeed, on account of such coronary artery disease, the doctor certified that the deceased suffered from total permanent disability.[18]

The case was elevated to the Employees Compensation Commission. On November 16, 1995, the Employees Compensation Commission denied the motion.

On May 7, 1996, respondent filed with the Court of Appeals[19] a special civil action seeking to reverse the ruling of the Employees Compensation Commission.

On July 7, 1997, the Court of Appeals rendered decision reversing the decision of the Employees Compensation Commission, finding that the deceased also suffered from acute myocardial infarction with final diagnosis of "esophageal cancer", "hypertensive atherosclerotic heart disease, per medical certificate of his attending physician, Dr. Joseph T. Villanueva." [20]

Hence, this appeal, which we find to be without merit.

The basic question presented is whether the resulting death of prosecutor Rosendo Gabriel, Jr. from his last illness is compensable under Presidential Decree No. 626, as amended.

We rule that the Employees Compensation Commission and the Government Service Insurance System (GSIS) erred in denying compensation benefits to the surviving spouse of the deceased because even if esophageal cancer is not compensable, there can be no question that coronary artery disease or atherosclerotic heart disease is

compensable. Incidentally, the benefits under the Employees Compensation Act for total permanent disability or death are the same.[21]

What is more, the deceased's immediate cause of death was "cardiac arrest". Medical experts agree that when the onset is instantaneous or abrupt, the probability is that the arrest is cardiac in origin and related to an underlying coronary artery disease.[22] In the case of prosecutor Gabriel, the cardiac arrest causing sudden death was more likely precipitated by myocardial infarction or hypertensive heart disease rather than by esophageal cancer, which is a chronic disease.[23] In this case, no autopsy was done. Hence, we have to accept the fact that the cardiac arrest was caused primarily by myocardial infarction rather than by esophageal cancer. It must be emphasized that on December 25, 1994, barely two (2) weeks before he suffered cardiac arrest, Rosendo Gabriel, Jr. had an EKG done which showed "acute myocardial infarction."

Consequently, we hold that the deceased Rosendo Gabriel, Jr. suffered from a compensable ailment, whether it be "acute myocardial infarction" or "hypertensive, atherosclerotic heart disease", which associated with "esophageal carcinoma, metastatic, with pleural effusion" precipitated a "cardiac arrest" that was the immediate cause of death. It has been held that "hypertension and heart ailment" are compensable.[24] And so was "ischemic heart disease" held compensable, whether or not the cause of the disability is work-connected.[25] Hence, we have enough basis for holding, as we do, that prosecutor Gabriel suffered from a compensable disease, and thus his heirs are entitled to death benefits.

In *Government Service Insurance System vs. Court of Appeals*,[26] we said that "the incidence of a listed occupational disease, whether or not associated with a non-listed ailment is enough basis for requiring compensation."

Thus, the GSIS and the Employees Compensation Commission erred in denying the claim of the widow of the deceased Rosendo Gabriel, Jr. for death benefits.

WHEREFORE, we AFFIRM the decision of the Court of Appeals in CA-G. R. SP No. 40540, ordering the Government Service Insurance System to pay respondent Gabriel's claim for death benefits under the Employees Compensation Act.

No costs.

SO ORDERED.

Melo, Kapunan, and Ynares-Santiago, JJ., concur.

Davide, Jr., C.J. (Chairman), see dissent.

[1] In CA-G. R. SP. No. 40540, promulgated on July 7, 1997, Elbinias, J., ponente, Barcelona and Asuncion, JJ. concurring.

[2] Adopted on August 22, 1997.

[3] Comment, Rollo, pp. 50-59, on p. 52; Annex "B", Rollo, p. 61.

[4] Comment, Rollo, on p. 51, Annex "A", Rollo, p. 60.

[5] Comment, Rollo, on p.52; Petition for Review, Annex "E-1" CA-G. R. SP No. 40540, CA Rollo, p. 20.

[6] Idem. p. 20.

[7] Idem. CA Rollo, p. 20.

- [8] Petition, Annex "E", CA Rollo, p. 16.
- [9] Petition, CA Rollo, p. 41.
- [10] Idem. CA Rollo, p. 34.
- [11] Idem. Rollo, pp. 20, 31.
- [12] Petition, Annex "E-3", CA Rollo, p. 33.
- [13] Death Certificate, CA Rollo, p. 167; SC Rollo, pp. 34, 208.
- [14] This is a procedure to remove fluids from the pleural cavity, not an illness.
- [15] SC Rollo, p. 101.
- [16] Petition, Rollo, p. 13; Comment, Rollo, p. 53.
- [17] Comment, Rollo, p. 53.
- [18] Comment, Rollo, pp. 53-54.
- [19] Docketed as CA-G. R. SP No. 40540.
- [20] Petition, Annex "A", Rollo, pp. 27-30.
- [21] See Section 192, 194, Labor Code of the Philippines.
- [22] Harrison's Principles of Internal Medicine, 1994 13th ed. Vol. 1, pp. 194-195.
- [23] Current Medical Diagnosis and Treatment, 35th Edition, 1996, p. 81.
- [24] Roldan vs. Republic, 182 SCRA 230.
- [25] Tria vs. Employees Compensation Commission, 208 SCRA 834.

[26] 250 SCRA 491, 499.

DISSENTING OPINION

DAVIDE, JR., C.J.:

I beg to dissent.

The pertinent facts as related by the Employees' Compensation Commission (hereafter ECC) in its decision in ECC Case No. MG-7416-395 are as follows:

The service records revealed that the late Rosendo Gabriel's public service commenced on September 16, 1959 as a Temporary Clerk at the office of the then Congressman Ramon V. Mitra. On September 1, 1960, he was appointed Legal Assistant at the Office of the Secretary. He later served as a Municipal Court Judge in Fajre, Cagayan from May 20, 1965 to May 30, 1973, when he resigned from the service to run as a Sangguniang Panlalawigan Member of the Province of Cagayan, for which he was elected. After his term of office, he re-entered the service on August 18, 1981 as a Polcom Hearing Officer of the National Police Commission up to February 2, 1987 when he was appointed 4th Assistant City Fiscal at the Office in Quezon City. On July 1, 1989 he was designated Prosecutor II, a position he held up to the time of his death on January 11, 1995. He was 60 years old.

Medical records submitted in support of the instant claim showed that the decedent's ailment started several

years prior to his death as difficulty in swallowing of foods. He consulted a physician who advised him to undergo endoscopy. Findings showed malignant growth at the esophagus. No surgery was done, but he received [a] series of palliative and supportive treatments. Two months prior to his admission at the Chinese General Hospital, he complained of dyspnea, epigastric pain and loss of weight. This prompted him to seek confinement on January 8, 1995. However, he died five days later due to Esophageal Carcinoma.

As a result of his death, Gabriel's spouse, private respondent Angelita Gabriel, filed, on 8 February 1995, a claim for compensation benefits under Presidential Decree (P.D.) No. 626, as amended. GSIS denied the claim on 18 February 1995, on the ground that cancers not listed as occupational diseases under Annex "A" of P.D. No. 626 were not compensable unless proof was shown that the risk of contracting the disease was increased by the nature of the claimant's duties. Private respondent filed a motion for reconsideration of the decision, followed by a Supplemental Motion for Reconsideration dated 2 May 1995.

In the supplemental motion, private respondent admitted that esophageal carcinoma was not listed as an occupational disease, but there was sufficient basis to assume that the deceased contracted the illness during his employment as a prosecutor. Private respondent elaborated that the service car used by her husband to travel to work emitted toxic waste inhaled by her husband, as a result of which the latter often complained of severe chest pains, difficulty in breathing, dizziness, and discomfort every time he used the defective car. She added that her husband also suffered from hypertensive atherosclerotic heart disease, which was compensable since her husband contracted the ailment in the course of his employment. Private respondent stressed that the ECC should adopt a liberal attitude in favor of the employee in deciding claims for compensability and, therefore, should decide in her favor. The ECC, however, denied the motion.

Private respondent appealed to the Court of Appeals which docketed the appeal as CA-G.R. SP No. 40540. In its decision of 7 July 1997, the Court of Appeals gave much weight to private respondent's supplemental motion and agreed with private respondent's position therein. Citing *Roldan v. Republic*,^[1] *Tria v. ECC*^[2] and *Diopenes v. GSIS*,^[3] the Court of Appeals ruled that heart disease was a compensable illness entitling the heirs of the deceased Gabriel to compensation. Respondent court thus reversed and set aside the decision of the ECC, as follows:

The petitioner may have failed to submit proof that the working conditions of the job of the deceased husband had increased the risk of contracting the same, but in her supplemental motion for reconsideration she apprised the ECC of the fact that, on December 28, 1994 aside from Esophageal Carcinoma with Metastasis, her deceased husband was also found suffering from acute myocardial infarction with final diagnosis to be "Esophageal CA", Hypertensive Atherosclerotic Heart Disease, per medical certificate of this attending physician, Dr. Joseph T. Villanueva.

The record of this case shows that the ECC ruled only as to the non-compensability of Esophageal Carcinoma with Metastasis suffered by the deceased, failing to resolve said supplemental motion.^[4]

The Court of Appeals thus ordered the GSIS to grant private respondent's claim under the Employees Compensation Act.

Hence, GSIS filed the instant petition, which we find to be impressed with merit.

GSIS contends that the Court of Appeals gravely erred in reversing the denial of private respondent's claim, and that its decision was contrary to law and jurisprudence.

GSIS relies on Article 194 of the Labor Code, which provides:

Art. 194. Death - (a) Under such regulations as the Commission may approve, the System shall pay to the primary beneficiary upon the death of the covered employees under this title...

and Section 1, Rule XIII of the Amended Rules on Employees Compensation, which states:

Sec. 1. Conditions to Entitlement - (a) The beneficiaries of a deceased employee shall be entitled to an income benefit if all of the following conditions are satisfied:

- (1) The employee has been duly reported to the System;
- (2) He died as a result of an injury or sickness; and
- (3) The system has been duly notified of his death as well as the injury or sickness which caused his death.

His employer shall be liable for the benefit if such death occurred before the employee is duly reported for coverage to the System.

Relevant to the above provisions is Article 167 (1) of the Labor Code, which defines "sickness" as:

any illness definitely accepted as an occupational disease listed by the [Employees Compensation] Commission, or any illness caused by employment subject to proof that the risk of contracting the same is increased by working conditions.

Considering the above provisions, GSIS argues that as private respondent failed to show that the death of her husband was caused by an occupational disease listed by the ECC or an illness caused by his employment, she could not claim death benefits. While GSIS admits that the deceased's heart ailment could entitle him to reimbursement of medical/hospitalization expenses and/or disability benefits, such ailment should have been reported during the deceased's lifetime within the prescribed period and after complying with all the requirements prescribed by law and the GSIS. These, private respondent failed to do. Moreover, the medical certificate and other documents submitted in support of private respondent's claim for death benefits did not contain any finding of hypertensive atherosclerotic heart disease. Only on appeal to the ECC did private respondent allege that her husband suffered from heart ailment and hypertension. Only upon review by the Court of Appeals was this additional allegation considered which ultimately resulted in an award in favor of private respondent. GSIS objects to the sudden change in private respondent's claim and asserts that the nature of an action cannot be changed on appeal to permit recovery on a cause of action not sued upon in the court below.[5]

On the other hand, private respondent comments that the ECC denied her claim for death benefits because said Commission considered only the immediate cause of her husband's death, which was esophageal carcinoma, without considering the latter's other illness such as acute myocardial infarction and hypertensive arteriosclerotic heart disease with final diagnosis to be esophageal carcinoma. These other illnesses were alleged in private respondent's supplemental motion for reconsideration before the ECC.

Private respondent emphasizes that her husband joined the government in good health and, due to work-related stress, contracted heart ailments which ultimately led to "a very dismal condition of cancer." While private respondent admits that the causes of cancer are still unknown, she posits that the cancer may possibly have been contracted due to the pressures of work, as in the case of hypertension and heart disease.

Private respondent then resorts to the theory of increased risk, and asserts that in such a case, the claimant must show, by substantial evidence, that due to the nature of the employee's work, he or she increased the risk of contracting a particular ailment. As to this burden, private respondent claims that the strict rules of evidence are not applicable, for to do so would negate the principle of liberality in evidence and the compassionate spirit of labor law.

Private respondent then concludes she was able to sufficiently prove that her husband's work increased his risk of acquiring his life-ending ailment, hence she is entitled to compensation for her husband's death.

The lone issue in this case is whether private respondent is entitled to compensation for her husband's death. According to the Amended Rules on Employees Compensation (Hereafter ECC Rules), for the sickness and the resulting death to be compensable, "the sickness must be the result of an occupational disease listed under Annex 'A' of the said Rules. Since the Labor Code defines "sickness" as "any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment subject to proof that the risk of contracting the same is increased by working conditions," the provision on compensability of death simple means that it must be caused by an occupational disease recognized by the ECC. According to the death certificate, the subject deceased's death was due to esophageal carcinoma, a non-compensable disease as it is not listed in Annex "A" of the ECC Rules.

In an effort to prove that the conditions of her husband's work increased his risk of contracting esophageal carcinoma, private respondent wrote Mr. Marcelino S. Alejo, Division II Chief, Employee's Compensation Department, GSIS, thus:

Please consider this letter as a request for reconsideration of disapproval of my claim [for] Income Benefit as I believe the cause of my husband's death was due to his employment.

I [say] this because my husband used to complain about difficulties in breathing, chestpain and discomfort, everytime he was using the car. The car he was using was immitting [sic] inside smoked [sic] fumes most probably asbestos, which caused so much irritation to his throat. It was an irritating mechanism to the body, that in the long run had caused the esophagosh [sic] growth. Later he became malnurish [sic] in the process of not eating enough until such time dextrose had been his only food.[6]

Private respondent likewise alleged in her Supplemental Motion for Reconsideration filed with the ECC that her husband's physician, Dr. Hernando Cruz, concurred with her opinion. Dr. Cruz reportedly found as follows:

It is highly possible because of the history of a defective exhaust system and sticky brakes of his car contributing to a daily exposure and inhalation of gas fumes together with burnt asbestos emitting from the sticky brakes impregnated the mucusal lining of the nasopharyngal passages. The carcinogen impregnated mucus was subsequently swallowed and has implanted itself on the walls of the sophagus causing and contributing to the development of cancer of the esophagus.[7]

We find, however, that private respondent was not able to demonstrate by substantial evidence, which is such amount of relevant evidence that a reasonable mind might accept as adequate to justify a conclusion,[8] that there was a connection between her husband's work and his esophageal carcinoma. Substantial evidence is necessary to establish a fact in cases filed before administrative or quasi-judicial bodies.[9] The statements of private respondent and her husband's physician, neither of whom were shown to be experts in the field of cancerology, are inadequate to convince a reasonable mind that the deceased's ailment was work-related.

Interestingly, before the Court of Appeals, the Solicitor General argued that private respondent was unable to establish a reasonable connection between her husband's illness and his work.[10] In all likelihood, it was this advocacy that prompted or swayed private respondent to abandon her theory of work-related esophageal carcinoma. As such, private respondent's current theory is that her husband's heart ailment weakened his resistance to esophageal carcinoma. It appears then that in the hope of recovering compensation benefits, private respondent has attempted to establish a connection between her husband's heart ailment and cause of death. However, no such link was established as the medical evidence on record merely state:

IMPRESSION:

1. Coronary artery disease - myocardial infarction
2. Esophageal Carcinoma
3. Pleural effusion, right
4. Tube thoracostomy, right[11]

(c) Diagnosis: Esophageal CA

Hypertensive Atherosclerotic Heart Disease[12]

Diagnosis: Esophageal CA

Hypertensive Atherosclerotic Heart Disease[13]

DIAGNOSIS : = Esophageal CA

= Hypertensive Atherosclerotic Heart Disease[14]

These findings merely indicate that the deceased suffered from both hypertensive atherosclerotic heart disease and esophageal carcinoma. There is no evidence of any link between the two diseases nor that the heart disease caused the deceased's death. We reiterate that in a claim for death benefits under P.D. No. 626, compensability depends on the cause of death; specifically, if death was caused by an occupational disease or a work-related ailment, then the death is compensable, otherwise it is not. As such, the deceased's heart ailment, although compensable under other circumstances,[15] does not entitle his heirs to receive compensation, for the same was not the cause of his death.

In her appeal to the ECC, private respondent alleged further that her husband also suffered from hypertensive atherosclerotic heart disease, a compensable illness which would entitle private respondent to the payment of disability benefits. This allegation is a flagrant departure from the original claim that the deceased died as a result of esophageal carcinoma. Such a change of theory cannot be tolerated on appeal, not due to the strict application of procedural rules but as a matter of fairness. A change of theory on appeal is objectionable because it is contrary to the rules of fair play, justice and due process.[16]

Aside from the blatant unfairness of private respondent's deviation in theory, we also detect some irregularities in the evidence she presented on appeal. A Hospitalization Claim for Payment[17] in favor of Rosendo Gabriel, Jr., dated 2 March 1995, indicated the physician's diagnosis as "Esophageal CA, metastatic." There was no mention of any heart disease. A similar form[18] accomplished on 7 January 1995 again indicated the physician's diagnosis as Esophageal CA, without stating any heart disease. A Certificate of Attending Physician[19] executed on 2 January 1995 stated the doctor's diagnosis as "Metastatic Esophageal CA;" again, no mention of any heart ailment. In an undated Attending Physician's Certification,[20] the diagnosis was stated as "Esophageal CA = metastasis" without any reference to heart disease. The reference to hypertensive atherosclerotic heart disease occurs in documents[21] signed on 15 June 1995, and a medical Certificate[22] dated 23 January 1995.

In any case, it is irrelevant that the deceased also suffered from hypertensive atherosclerotic heart disease. Assuming that the deceased acquired such disease due to the nature of his work, the same did not cause his death, hence, his heirs are not entitled to death benefits simply because he had a heart ailment.

The instant case must be distinguished from Roldan and Diopenes[23] where the Court awarded benefits to workers who suffered from heart diseases. In those cases, the workers were claiming compensation for a sickness,

not for death. To claim compensation for a sickness the same must be listed under Annex "A" of the ECC Rules 24.[24] In the stated cases the claimants suffered from cardiovascular ailments contracted in the course of their employment. Cardiovascular disease is among the compensable illnesses recognized by the ECC, hence, the claimants were clearly entitled to compensation.

On the other hand, for death to be compensable, the same must have been caused by a disease listed in said Annex "A." Esophageal carcinoma, which caused the deceased's death in this case, is not listed in Annex "A." Thus the cases relied upon by private respondent and the Court of Appeals are not in point.

The inevitable conclusion is that private respondent cannot recover compensation for her husband's death, and not even the liberal construction of social justice legislation in favor of the working person may be validly invoked. In the first place, such liberality must be balanced by the equally vital interest of denying undeserving claims for compensation, as compassion for the victims of diseases not covered by the law ignores the need to show a greater concern for the trust fund to which the tens of millions of workers and their families look to for compensation whenever covered accidents, diseases and deaths occur.[25] Secondly, there is no doubt in the construction and interpretation of the applicable statutes, their meaning is clear and no obscurity has come into operation in this case. Consequently, we have no choice but to apply the statutes as they are written, with the result that private respondent's claim must be denied.

WHEREFORE, I vote to GRANT the petition; to set aside the decision and subsequent resolution of the Court of Appeals, dated 7 July 1997 and 26 July 1997, respectively, rendered in CA-G.R. CV No. 40540 and to reinstate the decision of the Employees Compensation Commission in ECC Case No. MG-7416-395 dated 16 November 1995 upholding the decision of the Government Service Insurance System dated 18 February 1995, denying private respondent's claim for compensation for her husband's death.

[1]182 SCRA 230 [1990].

[2] 208 SCRA 834 [1992].

[3] 205 SCRA 331 [1992].

[4] CA Rollo, 154.

[5] Citing RULES OF COURT, Rule 44, sec. 15 and *Atkins, Knoll & Co., Inc. v. Chu Hian Tek*, 54 O.G. 7892.

[6] CA Rollo, 51.

[7] CA Rollo, 43.

[8] *Madlos v. National Labor Relations Commission*, 254 SCRA 248, 257-258 [1996]; *Employees' Compensation Commission v. Court of Appeals*, 264 SCRA 248, 256-257 [1996].

[9] RULES OF COURT, Rule 133, Sec. 5.

[10] CA Rollo, 138.

[11] Attending Physician's Certification, Annex "G" of memorandum; Rollo, 204.

[12] Certificate of Attending Physician, Annex "G-1" of memorandum; Rollo, 205.

[13] Medical Certificate, Annex "G-2" of memorandum; Rollo, 206.

[14] Medical Certificate, Annex "G-3" of memorandum; Rollo, 207.

[15] Annex "A" of the ECC Rules includes the following provision:

Under ECC Resolution No. 432 dated July 20, 1977, the following diseases are deemed compensable:

18. Cardiovascular Disease: 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 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 insult to constitute causal relationship.

(c) If a person who was apparently asymptomatic before subjecting himself to strain at 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.

[16] *Drilon v. Court of Appeals*, 270 SCRA 211, 219 [1997].

[17] CA Rollo, 33.

[18] *Id.*, 34.

[19] *Id.*, 35.

[20] CA, Rollo, 36.

[21] *Id.*, 29-31.

[22] *Id.*, 29-31.

[23] *Tria v. Employees Compensation Commission* cannot be grouped with *Roldan* and *Diopenes* as *Tria* involves a different issue, viz., whether an ailment which recurred after the worker's retirement could be considered a new illness, hence not work-related and consequently not compensable.

[24] ECC Rules, Rule III, sec. 1(b).

[25] *Raro v. Employees Compensation Commission*, 172 SCRA 845, 852 [1989]; *Government Service Insurance System v. Court of Appeals*, G.R. No. 128523, 25 September 1998, 12

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