RHODA CASTOR-GARUPA, HEREIN REPRESENTED BY ATTORNEY-IN-FACT, MS. IMELDA C. ELECTONA, PETITIONER, VS. EMPLOYEES’ COMPENSATION COMMISSION AND GOVERNMENT SERVICE INSURANCE SYSTEM (...

G.R. NO. 158268. April 12, 2006

Ponente: CHICO-NAZARIO, J.

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CHICO-NAZARIO, J.:

Workers, whose capabilities have been diminished, if not completely impaired, as a consequence of their service, ought to be given benefits they deserve under the law. Compassion for them is not a dole-out, but a right.[1]

Before Us is a petition for review on certiorari which seeks to set aside the decision[2]of the Court of Appeals in CA-G.R. SP No. 67866 dated 17 December 2002 dismissing petitioner Rhoda Castor-Garupa's petition for review and affirming respondent Employees' Compensation Commission's (ECC) decision in ECC Case No. MG-11703-800, and the resolution[3]dated 12 May 2003 denying her motion for reconsideration.

The antecedents are as follows:

Petitioner Rhoda Castor-Garupa joined the government service on 1 January 1979 as Resident Physician at the Bayawan District Hospital which has a fifty-bed capacity located at Zamora Street, Bagawan City, Negros Oriental. On 1 January 1990, she was promoted to Medical Officer III.[4]

Sometime in 1994, petitioner started to experience high blood pressure and started to take medicines by way of self-medication with the help of her husband, Dr. Patrocino G. Garupa.[5] In December 1998, she started to suffer from extreme fatigue and lost her appetite causing her to lose weight. Fearing that petitioner might be suffering from a more severe disease, her husband brought her to Cebu City where she was confined at the Chong Hua Hospital from 1 to 8 February 1999. Petitioner was initially diagnosed with Chronic Renal Failure secondary to Intrinsic Renal Disease.[6] As a result, she underwent hemodialysis twice a week.[7] She was transferred to the National Kidney and Transplant Institute (NKTI) where she was confined from 9 to 18 March 1999. The diagnosis was End Stage Renal Disease secondary to Chronic Glomerulonephritis. On 11 March 1999, she underwent a kidney transplant with her brother as donor.[8]

On 16 September 1999, petitioner filed with respondent Government Service Insurance System (GSIS) a claim for compensation benefits under Presidential Decree No. 626, as amended, otherwise known as the Employees Compensation Act.[9]

In a letter dated 4 October 1999, respondent GSIS denied the claim in this wise:

> Please be informed that the same cannot be given due course on the ground that Chronic Renal Failure and Chronic Glomerulonephritis are not among those diseases listed under "Annex A" of PD 626, as amended.
>
> Section 1(b), Rule III of PD 626, as amended, is explicit in its requirements for compensability, to wit:

> "For the sickness and the resulting disability 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."

A study of Chronic Glomerulonephritis, the disease that led to your Chronic Rental Failure, reveals that the disease is not a single entity but a mélange of different diseases which predominantly affect the glomerular tufts, causing inflammatory changes and subsequent scarring. It affects all ages but is more frequent before forty. Affects both sexes but more common in men.

Only a few patients give a clear-cut history of acute nephritis following infection, some cases of chronic nephritis probably originate in an inapparent infection with streptococcus following which edema or bloody urine was not noticed, it seems likely that most instances represent some disease other than poststreptococcal glomerulonephritis. In other instances evidence for an infectious origin is absent and the beginning of the disease can be dated only by the last normal examination. Many patients progress into the terminal stage without even having experienced edema. An occasional patient develops clear-cut acute glomerulonephritis following respiratory infection, succeeded by a "nephrotic stage" which yields over a period of years to slowly progressive renal insufficiency and mounting hypertension, but it is not usual to observe this full sequence of events in one individual.

The explosive course presents fatigue, anemia and breathless quickly appear, hypertension is prominent eventhough the heart may not be initially enlarged, the urine contains large quantities of proteins and red blood cells and may be grossly bloody.

In the slowly progressive course, abnormal urinary findings may be detected in a completely asymptomatic patient in the course of a routine physical examination.

In view of the foregoing, we regret to deny this claim for benefits under PD 626, as amended. Criteria for compensability under said law has not been satisfied.[10]

Petitioner filed a letter for reconsideration[11]but respondent GSIS treated the same as an appeal and forwarded the records of the case to respondent ECC.[12]

The appeal was docketed as ECC Case No. MG-11703-800. In its decision dated 6 April 2001, respondent ECC affirmed respondent GSIS's finding of non-compensability of petitioner's disease and denied the appealed claim. It stated:

> The law, as it now stands requires the claimant to prove a positive thing - that the illness was caused by employment and that the risk of contracting the disease is increased by the working conditions. To say that since the proof is not available, therefore, the trust fund has the obligation to pay is contrary to the legal requirement that proof must be adduced. The existence of otherwise non-existent proof cannot be presumed.
>
> Glomerulonephritis is not an occupational disease considering her employment as a Resident Physician. She must, therefore, prove that her ailment was caused by her employment or that her working conditions increased the risk of contracting her ailment.
>
> Medical literature describes the nature of Glomerulonephritis as follows:
> "Of the many observed forms of Glomerulonephritis, most show evidence of deposits of antibody-antigen complexes in the glomeruli, the kidney's filtering units; thus one common form of the disease occurs two (2) to three (3) weeks after an infection of the throat or skin with streptococci (a type of germ). Most cases are temporary, but a few become chronic, leading to kidney failure and Uremia (a serious illness caused by the inability of the kidneys to eliminate waste products of metabolism." (Robbins, Pathologic Basis of Disease, 4th edition)

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As can be gleaned from the foregoing medical facts, the predisposing factor that might have given rise to the development of the ailment is not inherent in her working conditions. Except for the bare allegation that the disease was caused by her employment and that the risk of contracting the same was increased by her working conditions, the appellant makes no allegations of essential facts that caused her disease and how and why her working conditions increased the risk of contracting said disease, nor was any evidence submitted by appellant to substantiate and support her claim for benefits under PD 626, as amended. Specifically, she failed to allege in her claim as to how her employment caused her to contract Glomerulonephritis.

As there was not even a single allegation as to these matters, this Commission has no basis at all to rule that the appellant got the said disease as a result of or from her job, and/or that the risk of her contracting said disease was increased by her working conditions.[13]

Aggrieved, petitioner, pursuant to Rule 43 of the Revised Rules of Court, filed her petition for review with the Court of Appeals raising as the sole issue the compensability of chronic glomerulonephritis under Presidential Decree No. 626, as amended.[14] In its decision[15]dated 17 December 2002, the Court of Appeals dismissed the petition and affirmed in toto the decision of respondent ECC. The motion for reconsideration[16]filed by petitioner was denied in a resolution dated 12 May 2003.[17] Hence, this instant petition for review on certiorari.

Petitioner reiterates the sole issue of whether or not her disease, End Stage Renal Disease secondary to Chronic Glomerulonephritis, is compensable under Presidential Decree No. 626, as amended. She argues that (1) she was afflicted with the disease during her employment with the Bayawan District Hospital; (2) there is substantial evidence to sustain that her employment increased the risk of contracting the disease; and (3) the law requires merely substantial proof of the risk of contraction and not proof of the actual or direct causation of the disease.

As required, respondent GSIS filed its Comment on 10 October 2003[18]to which petitioner filed a reply[19]dated 16 December 2004. As regards respondent ECC, the Court dispensed its filing of a reply.[20] Petitioner and respondent GSIS filed their respective memoranda.[21]

Petitioner maintains that she was afflicted with the disease during her employment with the Bayawan District Hospital. Though she admits that Chronic Glomerulonephritis that eventually led to End Stage Renal Disease is not listed as an Occupational Disease under Annex "A" of the Amended Rules on Employees' Compensation, she argues that the Court of Appeals and respondent ECC should have considered the nature and character of the bacterium that caused her affliction. In fact, she alleges that the letter of respondent GSIS already emphasized the attendant risk of contracting the disease in her working environment. She says that since the origin of Glomerulonephritis is not clear-cut and is hard to determine, the symptoms thereof may be established and recorded. In her case, the Physician's Certification and the Employer's Certification which she submitted to respondent GSIS clearly established that she suffered hypertension as early as 1994 and displayed sudden loss of appetite, edema and general fatigue in 1998 consistent with symptoms of chronic glomerulonephritis. All these, she claims, establish that she contracted the debilitating disease during her employment with the Bayawan District Hospital.

Petitioner argues that there is substantial evidence that shows that her employment increased the risk of contracting the disease. She says that respondent ECC found the cause of glomerulonephritis to be the bacterium streptococcus, while respondent GSIS declared that chronic glomerulonephritis is not a single entity but a mélange of different diseases which predominantly affect the glomerular tufts. She explains that if respondents GSIS and ECC, as well as the Court of Appeals, only reviewed the nature and character of the bacterium streptococcus, they could have easily found out that same can be easily contracted by mere inhalation, by direct contact by hands, by aerosol droplets and by secretions from patients and carriers. She adds that as a practicing

rural doctor for almost 20 years, it is inevitable that her duty exposes her to direct contact with patients. Thus, she claims that the increase in risk or probability of contracting the disease is neither a mere allegation nor a product of conjecture when one works in a hospital where a mélange of diseases abound.

In proving risk of contraction, petitioner asserts that only substantial or reasonable proof, not actual or direct causation of the disease between the work and the ailment, is required since probability and not certainty is the touchstone.

The Court of Appeals declared that since chronic glomerulonephritis is not an occupational disease, there is a need to prove the risk of contracting the disease. It posed the question: Was petitioner successful in proving that the disease she contracted was work related or connected?

The Court of Appeals ruled that petitioner failed to demonstrate how her working conditions caused her disease and that she did not attempt to show any evidence that would support her claim for benefits. It added that since petitioner failed to introduce evidence that would support her position, she cannot rely on the "Increased Risk Theory."

We find merit in the petition.

Under Section 1(b) of Rule III of the Amended Rules on Employees' Compensation, 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. Petitioner was diagnosed as having End Stage Renal Disease secondary to Chronic Glomerulonephritis. Admittedly, said disease is not one of those enumerated as an Occupational Disease under Annex "A" of the ECC Rules. This fact, however, will not prevent petitioner's claim from being granted as long as she can show that the risk of contracting said ailment was increased by her working conditions.

Respondent GSIS stated that petitioner's Chronic Glomerulonephritis, the disease that led to her Chronic Rental Failure, is not a single entity but a mélange of different diseases which predominantly affect the glomerular tufts, while respondent ECC found the cause of glomerulonephritis to be the bacterium streptococcus. From such findings of both respondents, it is apparent that glomerulonephritis was caused by an infection. The classic clinical presentation of poststreptococcal glomerulonephritis is full-blown nephritic syndrome with oliguric acute renal failure. Physical examination reveals hypervolemia, edema and hypertension.[22]

For the increased risk theory to apply in compensation cases, the claimant must adduce reasonable proof between his work and the cause of the disease, or that the risk of contracting the disease was increased by the claimant's working conditions.[23] Strict rules of evidence are not applicable in claims for compensation.[24] The degree of proof required under Presidential Decree 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.[25] It is sufficient that the hypothesis on which the workmen's claim is based is probable since probability, not certainty, is the touchstone.[26]

Inasmuch as petitioner's disease was not listed as an occupational disease, it is incumbent upon her to adduce substantial proof that would show that the nature of her employment or working conditions increased the risk of End Stage Renal Disease or Chronic Glomerulonephritis. The evidence presented by petitioner shows that her Chronic Glomerulonephritis that led to End Stage Renal Disease was caused by a streptococcal infection. She attached the Physician's Certification and the Employer's Certification which clearly established that she suffered hypertension as early as 1994 and displayed sudden loss of appetite, edema and general fatigue in 1998 consistent

with symptoms of chronic glomerulonephritis.

Petitioner is a practicing doctor in a public rural hospital from 1 January 1979 until she underwent a kidney transplant on 11 March 1999. As a doctor who was in direct contact with patients, she was more exposed to all kinds of germs and bacteria, thus increasing the risk of contracting glomerulonephritis. Given the nature of her work, and considering further that resident physicians work for extended hours, the likelihood of petitioner being infected by the streptococcus bacterium is, without a doubt, increased. We thus find that the probability of petitioner contracting chronic glomerulonephritis in her workstation has been substantiated.

Presidential Decree No. 626, as amended, is said to have abandoned the presumption of compensability and the theory of aggravation prevalent under the Workmen's Compensation Act. Despite such abandonment, however, the present law has not ceased to be an employees' compensation law or a social legislation; hence, the liberality of the law in favor of the working man and woman still prevails, and the official agency charged by law to implement the constitutional guarantee of social justice should adopt a liberal attitude in favor of the employee in deciding claims for compensability, especially in light of the compassionate policy towards labor which the 1987 Constitution vivifies and enhances.[27]

WHEREFORE, the petition for review is GRANTED. The decision of the Court of Appeals dated 17 December 2002 is REVERSED and SET ASIDE. Respondent Government Service Insurance System is hereby ordered to pay petitioner Rhoda Castor-Garupa the compensation benefits due her under Presidential Decree No. 626, as amended.

SO ORDERED.

Panganiban, C.J., (Chairperson), Ynares-Santiago, Austria-Martinez, and Callejo, Sr., JJ., concur.

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[1] Republic of the Philippines v. Mariano, 448 Phil. 99, 109 (2003).

[2] CA rollo, pp. 107-114; Penned by Associate Justice Andres B. Reyes, Jr. with Associate Justices Delilah Vidallon-Magtolis and Regalado E. Maambong, concurring.

[3] Id., p. 146.

[4] Id., pp. 48-49.

[5]Records, pp. 7, 10, 12 and 13.

[6] CA rollo, p. 33.

[7]Id., pp. 53-63.

[8] Records, pp. 7-9; CA rollo, p. 34.

[9]Id., pp. 10-14.

[10] Id., pp. 15-16.

[11] CA rollo, p. 37.

[12] Records, p. 23.

[13] Id., pp. 5-6.

[14]CA rollo, pp. 10-63.

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[15]Id., pp. 107-114.

[16]Id., pp. 117-133.

[17]Id., p. 146.

[18] Rollo, pp. 136-151.

[19] Id., pp. 164-186.

[20]Id., p. 153.

[21]Id., pp. 216-243, 244-262.

[22] Harrison's Principles of Internal Medicine, pp. 1680-1681, 16th Ed. (2005).

[23] Gau Sheng Phils., Inc. v. Joaquin, G.R. No. 144665, 8 September 2004, 437 SCRA 608, 618.

[24] Bonilla v. Court of Appeals, 395 Phil. 162, 168 (2000).

[25]Salalima v. Employees' Compensation Commission, G.R. No. 146360, 20 May 2004, 428 SCRA 715, 722-723.

[26] Limbo v. Employees' Compensation Commission, 434 Phil. 703, 707 (2002).

[27]Salalima v. Employees' Compensation Commission, supra note 25, p. 723.

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