

GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS), PETITIONER, VS. EMMANUEL P. CUNTAPAY RESPONDENT.

G.R. No. 168862. April 30, 2008

Ponente: NACHURA, J.

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NACHURA, J.:

This petition for review stems from the Court of Appeals' Decision[1] dated May 17, 2005, and Resolution dated July 8, 2005, which granted the respondent's claim for compensation under Presidential Decree (P.D.) No. 626, as amended, or the Employees' Compensation Law.

Respondent Emmanuel P. Cuntapay entered the government service on November 17, 1975 as an Architectural Draftsman of the Department of Public Works and Highways (DPWH). He rose from the ranks and was promoted on October 22, 1999 as Architect V (Chief, Architectural Division, Bureau of Design of the DPWH). An Architect V generally performs the following duties:

(1)

Supervises, coordinates, and provides direction and work assignments in the Division;

(2)

Does final review and checking of projects/papers from the Division prior to [submission] to higher authorities;

(3)

Provides direction in the formulation of architectural design guidelines and standards, architectural/sanitary design specifications, terms of reference and other pertinent documents for architectural and related engineering design services;

(4)

Confers/meets with representative of using agencies regarding the project requirements for the architectural and engineering design services;

(5)

Prepares and recommends action on cases referred to the Division regarding the implementation of the National Building Code (NBC);

(6)

Participates in the deliberation in the formulation and information dissemination of the implementing rules and regulations of the NBC; and,

(7)

Performs such other duties and functions that may be assigned from time to time.[2]

Aside from being the Chief of the Architectural Division of the Bureau of Design, the respondent was also designated Overall Head of the Technical Staff of the National Building Code Development Office (NBCDO) in a concurrent capacity. In addition, he was designated Representative to the National Steering Committee for the National Urban Development and Housing Framework 1999-2004, and Alternate Representative to the National Council for the Welfare of Disabled Persons Board.[3]

On April 8, 2003, while attending a meeting of the National Building Code Board of Consultants at the DPWH Architectural Division, the respondent suddenly experienced difficulty in breathing. Upon the advice of Dr. Shirley Reyes, the DPWH resident physician, the respondent underwent electrocardiogram (ECG) test at the DPWH clinic. The ECG test disclosed that there was an irregularity in the respondent's heartbeat. For this reason, Dr. Reyes advised the respondent to seek hospital services. Heeding the advice, the respondent immediately proceeded to the Philippine Heart Center where he was admitted at about two o'clock in the afternoon of the same day.[4]

Dr. Jose G. Abad-Santos, the respondent's attending physician, diagnosed his illness as acute myocardial infarction. The respondent then underwent "aortocoronary bypass" operation. He was discharged from the hospital on April 18, 2003.[5] Afterwards, he underwent cardiac rehabilitation on an out-patient basis. All in all, the respondent spent P411,127.00 for his hospital bills and other medical expenses.

Consequently, the respondent filed with the petitioner Government Service Insurance System (GSIS) a claim for compensation benefits under Presidential Decree (P.D.) No. 626, as amended. However, in a letter dated February 16, 2004, the GSIS denied the claim on the ground that there was no substantial proof that the nature of his job increased the development of the claimed illness.[6]

Upon denial of his request for reconsideration by the GSIS, the respondent interposed an appeal with the Employees' Compensation Commission (ECC).

In its November 12, 2004 Decision, the ECC affirmed the findings of the GSIS and subsequently dismissed the respondent's appeal. The ECC held that

A circumspect review of the records however failed to show any causal link between his present occupation and his ailment. As explained medically, the development of IHD or otherwise termed as CAD is caused by atherosclerosis, the hardening of the inner lining of arteries. Smoking, hypertension, diet and diabetes are factors that cause atherosclerosis.

Based on the etiology established by medical science, hypertension is the sole risk factor in the development of CAD to be considered as work-related. Under Annex A of the Implementing Rules on Employees' Compensation, hypertension is compensable provided it causes end-organ damage to the heart, eyes, brain or kidneys and is substantiated by diagnostic and laboratory test results. As regard (sic) appellant's case, however, nowhere in the records is there a showing that he has a history of hypertension that could predispose him to contract his cardiovascular disease.[7]

On appeal, the CA reversed the decision of the ECC, thus:

UPON THE VIEW WE TAKE OF THIS CASE, THUS, the petition for review is GRANTED. The November 12, 2004 Decision of the Employees' Compensation Commission in ECC Case No. GM-16487-0803-04 is REVERSED and SET ASIDE. The respondent Government Service Insurance System is ORDERED to pay petitioner Emmanuel P. Cuntapay's full claim for compensation benefits under PD No. 626, as amended. Without costs in this instance.

SO ORDERED.[8]

In so ruling, the appellate court stressed that the law only requires a reasonable work connection and not direct causal connection, and that it is enough that the hypothesis on which the claim is based is probable. It then held that the probability existed that the respondent's illness was due to work-related stress considering his assigned duties at that time.[9]

On July 8, 2005, the CA denied the petitioner's motion for reconsideration for lack of merit.[10]

Thus, this petition raising the following issues:

- WHETHER OR NOT PETITIONER'S AILMENT -- CORONARY ARTERY DISEASE (CAD), S/P, MYOCARDIAL INFARCTION --MAY BE CONSIDERED WORK-CONNECTED.

- WHETHER OR NOT RESPONDENT HAS PRESENTED POSITIVE PROOF, THROUGH A REAL AND SUBSTANTIAL EVIDENCE, THAT THE NATURE OF HIS WORK AND HIS WORKING CONDITIONS AS ARCHITECT V HAS (sic) INCREASED THE RISK OF CONTRACTING HIS CLAIMED AILMENT.[11]

The petition is meritorious.

For a sickness to be compensable, the claimant must prove either (1) that the sickness is the result of an occupational disease listed under the Rules on Employees' Compensation and the conditions set therein are satisfied; or (2) that the risk of contracting the disease was increased by the claimant's working condition.[12]

ECC Resolution No. 432 dated July 20, 1977 includes cardio-vascular or heart diseases in the list of occupational diseases and enumerates the conditions under which they are considered work-related and, thus, compensable, 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 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.

In a number of cases,[13] the Court already declared that myocardial infarction is included in this category. Myocardial infarction is the clinical term for a heart attack. It is caused by occlusion (blockage) of the coronary artery (atherosclerosis) or a blood clot (coronary thrombosis), resulting in the partial or total blockage of one of the coronary arteries. When this occurs, the heart muscle (myocardium) does not receive enough oxygen.[14]

The petitioner argues, on one hand, that the respondent's case does not fall under any of the three instances enumerated in ECC Resolution No. 432 because there was no showing that he was suffering from a heart disease, or that the strain of work prior to the 24-hour period of time when he suffered the heart attack was of sufficient severity, or that he was asymptomatic to the subject ailment.[15] On the other hand, the respondent avers that the

circumstances of his illness satisfy the conditions under paragraphs (b) and (c) of ECC Resolution No. 432.[16] He points out that the allegation that he has no history of hypertension is belied by the clinical abstract which shows that prior to his confinement he experienced three episodes of chest pain.[17]

We agree with the petitioner, considering that there was, indeed, no proof that any of said conditions has been satisfied. In particular, there was no evidence to show that respondent was previously diagnosed with a heart ailment or that he was under a severe strain of work sufficient to have caused the heart attack since a board meeting could hardly inflict such a severe strain. Moreover, from the evidence at hand, we cannot safely conclude that the respondent's case falls under paragraph (c). While it is true that the clinical abstract showed that on the day prior to the incident respondent experienced three episodes of chest pains, this alone would not satisfy the requirements of paragraph (c), more specifically the condition that the claimant must have shown signs and symptoms of cardiac injury during the performance of his work and such symptoms and signs persisted.

To successfully recover compensation for his heart ailment, the respondent must therefore prove, through substantial evidence, that the risk of contracting the disease was increased by the nature of his work and working conditions. Thus, the respondent posits that the underlying cause of his illness is stress caused by the performance of his numerous duties as Chief of the Architectural Division of the Bureau of Design and as representative to different committees. To show how stressful his work was, he submitted in evidence minutes of the meetings that he attended since January 2000. The petitioner disputes this allegation on the ground that, based on respondent's diagnostic test result which showed that he had a high cholesterol level, the cause of the heart attack was hypercholesterolemia -- the main cause of atherosclerosis resulting in coronary artery disease and myocardial infarction.[18]

Six primary risk factors have been identified with the development of atherosclerotic coronary artery disease and myocardial infarction: hyperlipidemia or high blood cholesterol, diabetes mellitus, hypertension or high blood pressure, smoking, male gender, and family history of atherosclerotic arterial disease.[19] In *Government Service Insurance System v. Cuanang*,[20] while the Court recognized stress as one of the predisposing factors of myocardial infarction, it also noted that "stress appears to be associated with elevated blood pressure." The ECC, for its part, does not seem to treat stress as a separate risk factor for myocardial infarction. In fact, in its decision, it stated that hypertension is the sole risk factor in the development of a coronary artery disease that is considered work-related.[21] Some references,[22] however, include stress as a risk factor, distinct from hypertension. [23]

Noticeably, the record is devoid of any medical information on the cause of respondent's acute myocardial infarction which could help the Court determine whether there was a causal link between the respondent's allegedly stressful work and his ailment. A physician's report would have been the best evidence of work-connection of workmen's ailments.[24] Medical evidence is particularly vital where the causal connection is not clearly apparent to an ordinary person[25] or readily observable or discoverable without medical examination[26] for it is not our task to determine where the connection lies.

The claimant must show, at least, by substantial evidence that the development of the disease was brought about largely by the conditions present in the nature of the job. What the law requires is a reasonable work connection and not a direct causal relation. It is enough that the hypothesis on which the workmen's claim is based is probable.[27] Probability, not the ultimate degree of certainty, is the test of proof in compensation proceedings.[28] And probability must be reasonable;[29] hence, it should, at least, be anchored on credible information. Moreover, a mere possibility will not suffice; a claim will fail if there is only a possibility that the employment caused the disease.[30]

The absence of any medical information stating that the respondent's illness could have been caused by stress and

not by any other factor reduces the respondent's claim of work connection to a mere possibility. Such deficiency restrains the Court from concluding that the respondent's illness is compensable. Contrarily, in Cuanang, the expert opinion of a physician was presented in evidence and it was specifically stated therein that the employee's acute myocardial infarction could be the consequence of her chronic hypertension vis-à-vis her rheumatic heart disease. This expert opinion, together with the information that stress appears to be associated with elevated blood pressure, provided the Court with the link that tied the employee's sickness to her work as a teacher.

Finally, we reiterate here that, with prudence and judicial restraint, a tribunal's zeal in bestowing compassion should yield to the precept in administrative law that absent a showing of grave abuse of discretion, courts are loathe to interfere with and should respect the findings of quasi-judicial agencies in fields where they are deemed and held to be experts due to their special technical knowledge and training.[31] 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 and millions of workers and their families look for compensation whenever covered accidents, diseases and deaths occur.[32]

WHEREFORE, premises considered, the petition is GRANTED. The Decision of the Court of Appeals in CA-G.R. SP No. 88038 dated May 17, 2005, and Resolution dated July 8, 2005 are REVERSED and SET ASIDE. The Decision of the Employees' Compensation Commission dated November 12, 2004 is AFFIRMED.

SO ORDERED.

Ynares-Santiago, (Chairperson), Austria-Martinez, Chico-Nazario, and Reyes, JJ., concur.

[1] Penned by Associate Justice Renato C. Dacudao, with Associate Justices Noel G. Tijam and Jose C. Reyes, Jr. concurring; rollo, pp. 33-42.

[2] Rollo, p. 126.

[3] Id. at 125.

[4] Id.

[5] Id. at 96.

[6] Id. at 194.

[7] Id. at 47.

[8] Id. at 41-42.

[9] Id. at 39-41.

[10] Id. at 218.

[11] Id. at 19.

[12] *Limbo v. Employees' Compensation Commission*, 434 Phil. 703, 706 (2002).

[13] *Government Service Insurance System v. Villareal*, G.R. No. 170743, April 12, 2007, 520 SCRA 741; *Rañises v. Employees' Compensation Commission*, G.R. No. 141709, August 16, 2005, 467 SCRA 71; *Government Service Insurance System v. Cuanang*, G.R. No. 158846, June 3, 2004, 430 SCRA 639; *Obra v. Social Security System*, 449 Phil. 200 (2003).

[14]

[15] Rollo, pp. 262-263.

[16] Id. at 231.

[17] Id. at 235.

[18] Rollo, pp. 261-266.

[19] Christopher T. Bajzer, M.D., Acute Myocardial Infarction, May 30, 2002. <<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/cardiology/acute/acute.htm>> (visited April 16, 2008)

[20] Supra note 13.

[21] Rollo, p. 47.

[22] See Heart Attack (Myocardial Infarction) (visited April 17, 2008); Nutrition and Well-Being A-Z (visited April 17, 2008).

[23] "Medical researchers are n[ot] sure exactly how stress increases the risk of heart disease. Stress itself might be a risk factor, or it could be that high levels of stress make other risk factors (such as high cholesterol or high blood pressure) worse. For example, if you are under stress, your blood pressure goes up, you may overeat, you may exercise less and you may be more likely to smoke.

"If stress itself is a risk factor for heart disease, it could be because chronic stress exposes your body to unhealthy, persistently elevated levels of stress hormones like adrenaline and cortisol. Studies also link stress to changes in the way blood clots, which increases the risk of heart attack." (Hypertension: Easing Stress <<http://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-easing-stress>>)

[24] Limbo v. Employees' Compensation Commission, G.R. No. 146891, July 30, 2002, 385 SCRA 466, 469.

[25] Tucson Unified School District v. Industrial Commission of Arizona, 138 Ariz. 1, 672 P.2d 953 (1983).

[26] Scotty's Inc. v. Jones, 393 So.2d 657, 659 (1981).

[27] Salmone v. Employees' Compensation Commission, 395 Phil. 341, 347 (2000).

[28] Government Service Insurance System v. Baul, G. R. No. 166556, July 31, 2006, 497 SCRA 397, 404.

[29] Dowell v. Ochsner Clinic of Baton Rouge, 874 So. 2d 852, 858 (2004).

[30] Id.

[31] Government Service Insurance System v. Fontanares, G.R. No. 149571, February 21, 2007, 516 SCRA 330, 341.

[32] Government Service Insurance System v. Court of Appeals, 357 Phil. 511, 529 (1998).

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