GOVERNMENT SERVICE INSURANCE SYSTEM, PETITIONER, VS. SALVADOR A. DE CASTRO, RESPONDENT.

G.R. No. 185035. July 15, 2009

Ponente: BRION, J.

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BRION, J.:

Before the Court is the petition for review on certiorari[1] filed by the Government Service Insurance System (GSIS) to seek the reversal of the decision[2] and the resolution[3] of the Court of Appeals (CA) in CA-G.R. SP No. 100375 entitled "Salvador A. De Castro v. Government Service Insurance System and Employees' Compensation Commission."

THE ANTECEDENTS

Respondent Salvador De Castro (De Castro) rendered service in the Philippine Air Force (PAF) from April 1, 1974 until his retirement on March 2, 2006.

On December 22, 2004, De Castro was admitted at the V. Luna General Hospital, AFP Medical Center due to chest pains. He underwent on January 21, 2005 a 2-D echocardiography which revealed that he had "dilated left atrium eccentric left ventricular hyperthropy and left ventricular dysfunction." His full diagnosis consisted of hypertensive cardiovascular disease, dilated atrium, eccentric left ventricular hypertrophy and left ventricular dysfunction, and old anterior wall myocardial infarction. He also underwent coronary angiogram procedure which showed that he had significant simple vessel coronary artery disease (CAD).

On August 15, 2005, De Castro was confined in the same hospital and was diagnosed to be suffering from (1) 41X-D21 - Coronary artery disease and (2) 400-533 - Hypertensive cardiovascular disease.

De Castro retired from the service on March 2, 2006 with a "Certificate of Disability Discharge."[4] On this basis, he filed a claim for permanent total disability benefits with the GSIS.

In a decision dated June 20, 2006, the GSIS denied De Castro's claim based on the finding that De Castro's illnesses were non-occupational. De Castro appealed to the Employees' Compensation Commission (ECC).

THE ECC DECISION

At its meeting on June 11, 2007, the ECC Board affirmed the GSIS ruling and dismissed De Castro's claim for lack of merit.[5] The ECC, however, also held that, contrary to the ruling of the GSIS, CAD is a form of cardiovascular disease included in the list of occupational diseases. The ECC still denied the claim despite this observation because of "the presence of factors which are not work-related, such as smoking and alcohol consumption."[6] It likewise noted that manifestations of Cardiomyopathy in De Castro's 2-D echocardiography examination results could be related to his drinking habits.

De Castro sought relief from the CA through a petition for review under Rule 43 of the Rules of Court. Relying

on Dominga A. Salmone v. ECC,[7] De Castro argued that the causal relation between his illness and the resultant disability, on the one hand, and his work, on the other, is not that essential; it is enough that his illness is listed as an occupational disease. He disputed the findings of the ECC that hypertension or high blood pressure (which causes CAD) may have been caused by his cigarette smoking and drinking habits. He posited that other factors, such as stress brought about by the nature of his work, could have caused his illness. He claimed that the positions he held in the PAF, the last being First Sergeant, were comparable to a managerial position in the civilian business community because it served as an extension of the office of his commanding officer in the management, administration, and supervision of his fellow enlisted personnel within the unit.

In response to the petition, the GSIS maintained that hypertensive cardiovascular disease and CAD are not inherent occupational hazards, nor are they concomitant effects of De Castro's employment with the PAF. It argued that there was no significant causal or contributory relationship between De Castro's duties as a soldier and his ailments.

THE CA DECISION

The CA granted the petition.[8] It noted that, as found by the ECC itself, De Castro's illnesses are listed as occupational diseases in Annex "A" of the Amended Rules of the Employees' Compensation Commission (Amended ECC Rules). It explained that under the same rules, the sickness must be the result of an occupational disease under Annex "A" in order for the illness and the resulting disability or death to be compensable.[9]

The CA further explained that it is not necessary that there be proof of causal relation between the work and the illness which resulted in De Castro's disability. Citing GSIS v. Baul,[10] it held that in general, a covered claimant suffering from an occupational disease is automatically paid benefits. While it noted that the exact etiology of hypertension which led to De Castro's cardiovascular ailments cannot be accurately traced, it stressed that medical experiments tracing the etiology of essential hypertension show a relationship between this illness and the nature and conditions of work. The CA found significant the statement in De Castro's Certificate of Disability Discharge that his CAD and hypertensive cardiovascular diseases were aggravated during active service; were not incurred while on AWOL; did not exist prior to entry into service; were incident to service; were not incurred by private avocation; were not due to misconduct; and, were incurred while in line of duty. The appellate court, therefore, brushed aside the findings a quo that De Castro's illnesses might have been caused by his smoking and drinking habits.

THE PETITION

GSIS' present petition presents the following issues: (1) whether the CA erred in reversing the decisions of the ECC and the GSIS that denied De Castro's claim for disability benefits; and (2) whether De Castro proved that his heart ailments are work-related and/or have been precipitated by his duties with the Armed Forces of the Philippines (AFP).

The GSIS asks for a reversal of the CA's July 16, 2008 decision,[11] arguing that it is not enough that a disease or illness is listed as compensable under Annex "A" of the Amended ECC Rules.[12] Other than the listing, the conditions/requisites specified in No. 18, Annex "A" of the rules must be complied with for De Castro's heart ailment to be compensable. These conditions/requisites are:

- 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 work.

- The strain of work that brings about an acute attack must be of sufficient severity and must be followed within

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24 hours by the clinical signs of a cardiac insult to constitute causal relationship.

- If a person who was apparently asymptomatic before being subject 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.

Given the above conditions, the GSIS posits that it is incumbent on De Castro to prove that there was an unusual and extraordinary strain in his work when his chest pain developed, or that there was causal connection between his working condition and heart ailments. The GSIS then submits that De Castro failed to discharge the burden of presenting evidence that his heart ailments were caused by his work. It brushes aside De Castro's reliance on his certificate of disability discharge,[13] contending that it was issued relative to his separation from the AFP; the tests and findings on which the certificate was based are not conclusive or binding in the determination by the GSIS and the ECC of the compensability of De Castro's illness under the law - Presidential Decree No. 626, as amended, and the ECC Rules of Procedure for the Filing and Disposition of Employees' Compensation claims. It maintains that under Rule 2, Section 1 of these rules, the GSIS (in the public sector), and the Social Security System (in the private sector) have original and exclusive jurisdiction, and the ECC, the appellate jurisdiction, to settle any dispute with respect to coverage, entitlement to benefits, collection, and payment of contributions and penalties.

The GSIS further argues, relying on GSIS v. CA,[14] that the proceedings in the AFP and the administrative machinery tasked by law to handle the government's employees compensation program are separate and distinct from one another; thus, the AFP's conclusions may not be used as basis in the determination of the compensability of De Castro's ailments. It thus objects to the CA's rejection of the ECC's findings of fact on the nature of the heart ailments of De Castro, stressing that the decision of the ECC clearly elaborated on what CAD is and why De Castro is not entitled to the employees' compensation. The ECC decision, it explains, was based on well-respected and often quoted medical references;[15] its medical evaluations revealed that De Castro's heart illnesses were related to his drinking and smoking habits. Finding further support in the declarations of the American Heart Association,[16] it maintains that the ECC is correct in taking into consideration De Castro's lifestyle, particularly his smoking and drinking habits, in denying his claim for compensation. The GSIS concludes that based on the findings of the ECC, De Castro's ailments were not acquired by reason of his employment with the PAF and were, therefore, not work-connected.

THE CASE FOR DE CASTRO

In his March 9, 2009 Comment,[17] De Castro asks the Court to deny the petition for lack of merit. He presents the following arguments:

- No further proof of work connection is necessary since his illnesses are listed as occupational diseases.

- There is substantial evidence to prove the work connection of his illnesses.

- The factual findings of the CA are not subject to review.

De Castro submits that under Annex "A" of the Amended ECC Rules, CAD and essential hypertension are listed as occupational diseases;[18] once an ailment is so listed, the causal relation between the ailment and the resultant disability and his work is not essential to declare his disability compensable, citing in this regard the Court's ruling in Dominga A. Salmore v. ECC.[19]

Further, De Castro contends that the GSIS' theory that his drinking and smoking habits must have caused his hypertension is unwarranted; this theory conveniently and arbitrarily disregarded other factors or causes that

might have contributed to his illnesses, such as the stress brought about by the nature of his work. De Castro posits that as the Court held in GSIS v. Baul,[20] the presence of other factors that are work-related makes his ailments compensable; what is required is reasonable work connection and not direct causal relation.

De Castro stresses that the conditions laid down under Item No. 18 of Annex "A" of the Amended ECC Rules, are alternative, not concurrent, pointing out that the caption of the rule states: "Any of the following conditions," meaning, any one of the conditions mentioned in the rule. He argues that the diagnosed ailments that resulted in his separation from the service never existed prior to his entry into the service (as indicated in his certificate of disability discharge),[21] and were, therefore, incurred while he was in the military service; the same document also states that his illnesses were incident to and aggravated by the service. He claims that the circumstances under which he incurred his illnesses satisfy the requirements under No. 18a of the cited rule.

De Castro posits that substantial evidence exists to prove that his ailments were caused by his employment with the PAF. He reiterates that the duties he performed at the PAF as non-commissioned officer-in-charge for operational security, Asst. First Sergeant, and ultimately, as First Sergeant, contributed to the progress of his ailments and, eventually, led to his separation from the service. He contends that the CA upheld his position when it ruled that he contracted CAD and hypertensive cardiovascular diseases in the course of his employment with the PAF, and these were brought about by the stress and the nature of his work.

While De Castro does not dispute that the GSIS has original and exclusive jurisdiction and the ECC has appellate jurisdiction over disputes on compensation benefits,[22] he stresses that neither the GSIS nor the ECC subjected him to any separate medical examination. He argues that the GSIS and the ECC only made a paper evaluation of his condition, based on the medical findings and diagnoses of the V. Luna General Hospital, AFPMC. These hospital findings underwent review by the AFP Disability and Separation Board (DSB) before his discharge for disability was approved. The GSIS and ECC did not take into account his service with the AFP and the nature of his assignments which greatly contributed to the development of his ailments.

Finally, De Castro argues that, procedurally, the CA's findings that his ailments are service-connected are no longer reviewable. Rule 45 of the Rules of Court - the petitioner's chosen mode of review, only allows a review of legal issues.[23]

THE COURT'S RULING

We first resolve the procedural question De Castro raised on whether the present petition is appropriate; De Castro alleges that a Rule 45 petition should involve only questions of law, while the present petition places in issue the CA's factual findings. In effect, De Castro claims that the present petition should be dismissed outright under the terms of Rule 45 of the Rules of Court.

De Castro's procedural objection has no merit. A question of law is involved when a doubt or controversy exists on what the law is or how it applies to a given set of facts; a question of fact exists when the doubt or difference arises on the truth or falsehood of given facts, or on the existence or non-existence of claimed facts.[24]

In this case, the set of facts on which the CA decision is anchored is largely undisputed. De Castro experienced chest pains while on duty; he was medically examined and diagnosed to be afflicted with CAD and hypertensive cardiovascular disease. For this reason, he was separated from the service and given a certificate of disability. The findings and evaluation of the military physicians, while indicating that De Castro smoked and drank, showed a work connection with De Castro's ailments. These findings were affirmed by the AFP's DSB.[25] The GSIS and the ECC refused to be bound by the findings of the military physicians, invoking in this regard their exclusive jurisdiction over employees' compensation cases. They ruled out compensation for De Castro on the ground that

his ailments were not work-related because of De Castro's drinking and smoking; the CA held otherwise.

The issue before us is whether, under our present laws and jurisprudence, the conclusions of the CA on compensability are correct, based on the facts before it. In other words, the facts of the case are given and laid out; our task is to determine the validity of the conclusions drawn from the given facts from the point of view of compensability. This task involves a determination of a question of law and is appropriate for a petition under Rule 45 of the Rules of Court.

We find no merit in the petition.

Other than the given facts, another undisputed aspect of the case is the status of the ailments that precipitated De Castro's separation from the military service - CAD and hypertensive cardiovascular disease. These are occupational diseases.[26] No less than the ECC itself confirmed the status of these ailments when it declared that "Contrary to the ruling of the System, CAD is a form of cardiovascular disease which is included in the list of Occupational Diseases."[27] Essential hypertension is also listed under Item 29 in Annex "A" of the Amended ECC Rules as an occupational disease.

Despite the compensable character of his ailments, both the GSIS and the ECC found De Castro's CAD to be non-work related and, therefore, non-compensable. To use the wording of the ECC decision, it denied De Castro's claim "due to the presence of factors which are not work-related, such as smoking and alcohol consumption."[28] De Castro's own military records triggered this conclusion as his Admitting Notes,[29] made when he entered the V. Luna General Hospital due to chest pains and hypertension, were that he was a smoker and a drinker.

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,[30] 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

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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.[31] 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.

While ECC and GSIS are admittedly the government entities with jurisdiction over the administration of workers' disability compensation and can thus claim primacy in these areas, they cannot however claim infallibility, particularly when they use wrong or limited considerations in determining compensability.

In the present case, they should at least have considered the very same standards that they stated in their own decisions, and should not have simply brushed aside as incorrect the basis for disability that the AFP, as home agency, used in passing upon De Castro's separation from the service and discharge for disability. In saying this, we are not unmindful that neither the GSIS nor the ECC conducted a medical examination of De Castro on their own; they merely relied on the results of De Castro's medical examination conducted at the V. Luna General Hospital, a government military hospital. It was from these same medical findings that the GSIS and ECC derived their conclusion that De Castro's drinking and smoking habits and personal lifestyle caused his ailments. We are aware, too, that De Castro's discharge based on disability was not the sole result of the AFP medical findings; the medical findings were further reviewed and deliberated upon by the AFP's DSB which certified on the causes of De Castro's separation from the service and his disability.

The military's disability certification clearly states that De Castro's ailments were: (1) aggravated by active service, (2) incident to service, (3) not incurred while on AWOL, (4) never existed prior to entry to military service, (5) not due to misconduct, (6) not incurred by private avocation and, (7) in line of duty. De Castro further stated in the course of this case that the positions he occupied as the PAF-Non-Commissioned Officer-in-Charge for Operational Security, Asst. First Sergeant and First Sergeant of the 577[th] CS, 570[th] CTW stationed at Puerto Princesa, Palawan were positions comparable to managerial positions in the private business sector; he served as the extension of his commanding officer in the management, administration, and supervision of the activities of his fellow enlisted soldiers within the unit - tasks whose urgency and sensitivity resulted in job stress. While the task before the GSIS and the ECC was to determine compensability, not merely the fact of disability that justifies a separation from the service, still, these agencies should not have simply glossed over the findings of the military on the matters they certified to, as these are the same facts that are material to compensability. The health of De Castro upon entry into the service and how his work affected his health are very relevant facts that should not have been disregarded in favor of singled out facts that the GSIS and the ECC considered as conclusive indicators of incompensability. The ECC and the GSIS, in short, did not seriously look at all the relevant factors determinative of compensability and thereby decided De Castro's case based on incomplete, if not wrong, considerations. This is a reversible error that requires rectification.

In contrast, the assailed CA ruling was sensitive to all these concerns and found reasonable work connection between De Castro's ailments and his duties as a soldier for 32 years without at all disregarding De Castro's drinking and smoking habits that could have contributed to his afflictions. On the latter concerns, we quote with approval the following CA observations:

> Intoxication which does not incapacitate the employee from following his occupation is not sufficient to defeat the recovery of compensation, although intoxication may be a contributory cause to his injury. While smoking may contribute to the development of a heart ailment, heart ailment may be cause by other factors such as working and living under stressful conditions. Thus, the peremptory presumption that petitioner's habit of

> smoking heavily was the wilfull act which causes his illness and resulting disability, without more, cannot suffice to bar petitioner's claim for disability benefits.[32]

We consider it significant that De Castro entered military service as a fit and healthy new soldier. We note, too, De Castro's service record and the medals, awards, and commendations he earned,[33] all attesting to 32 years of very active and productive service in the military. Thus, the CAD and the hypertension came while he was engaged in these endeavors. To say, as the GSIS and the ECC did, that his ailments are conclusively non-work related because he smoked and drank, is to close our eyes to the rigors of military service and to the demands of De Castro's specific positions in the military service, and to single out factors that would deny the respondent's claim. This is far from the balancing that the GSIS invokes between sympathy for the workingman and the equally vital interest of denying underserving claims.[34] Thus, based on the totality of the circumstances surrounding De Castro's case, we are convinced that his long years of military service, with its attendant stresses and pressures, contributed in no small measure to the ailments that led to his disability retirement. We, therefore, agree with the CA when it concluded that De Castro's "illness was contracted during and by reason of his employment, and any non-work related factor that contributed to its aggravation is immaterial."

We close by reiterating that what the law requires is a reasonable work connection and not direct causal relation.[35] Probability, not the ultimate degree of certainty, is the test of proof in compensation proceedings.[36] For, in interpreting and carrying out the provisions of the Labor Code and its Implementing Rules and Regulations, the primordial and paramount consideration is the employee's welfare. To safeguard the worker's rights, any doubt on the proper interpretation and application must be resolved in favor of labor.[37]

We reiterate these same principles in the present case. Accordingly, we hold that De Castro's ailments - CAD and hypertensive cardiovascular disease - are work-connected under the circumstances of the present case and are, therefore, compensable.

WHEREFORE, premises considered, the petition for review on certiorari filed by the Government Service Insurance System (GSIS) is hereby DENIED for lack of merit. The challenged decision and resolution of the Court of Appeals in CA-G.R. SP No. 100375 are hereby AFFIRMED.

SO ORDERED.

Quisumbing, (Chairperson), Carpio-Morales, [*]Chico-Nazario, and [**]Leonardo-De Castro, JJ., concur.

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[*] Designated additional Member of the Second Division effective June 3, 2009 per Special Order No. 658 dated June 3, 2009.

[**] Designated additional Member of the Second Division effective May 11, 2009 per Special Order No. 635 dated May 7, 2009.

[1] Rollo, pp. 3-27; filed under Rule 45 of the Rules of Court.

[2] Id., pp. 33-52; promulgated on July 16, 2008, penned by Associate Justice Celia C. Librea-Leagogo, and concurred in by Associate Justice Mario L. Guariña IV (retired) and Associate Justice Ricardo R. Rosario.

[3] Id., pp. 53-54; promulgated on October 20, 2008.

[4] Rollo, p. 129.

[5] Id., pp. 57-64.

[6] Id., p. 58.

[7] G.R. No. 142392, September 26, 2000, 341 SCRA 150.

[8] Supra.

[9] Section 1(5), Rule III, Amended ECC Rules.

[10] G.R. No. 166556, July 31, 2006, 497 SCRA 397.

[11] Supra note 2.

[12] Supra note 10.

[13] Supra note 5.

[14] G.R. No. 128523, September 28, 1998, 296 SCRA 514.

[15] Harrison's Principles of Internal Medicine and Robbins Pathological Basis of Diseases.

[16] Rollo, pp. 22-23.

[17] Id., pp. 108-124.

[18] Nos. 18 & 29, respectively.

[19] Supra note 8.

[20] Supra note 11.

[21] Supra note 5.

[22] Section 1, Rule 2, Rules of Procedure for the Filing and Disposition of Employees' Compensation Claims.

[23] Rule 45, Section 1.

[24] Estate of Encarnacion vda. De Panlilio, et al. v. Gonzalo Dizon, et al., G.R. No. 148777 and Reynaldo Villanueva, et al. v. Court of Appeals, G.R. No. 157598, October 18, 2007, 536 SCRA 565; see also Pilar Dev. Corp. v. IAC, et al., G.R. No. L-72283, December 12, 1986, 146 SCRA 215.

[25] Supra note 5.

[26] Supra note 19.

[27] Rollo, p. 58.

[28] Supra note 7.

[29] Rollo, p. 101.

[30] Supra note 6.

[31] Narazo v. Employees Compensation Commission, G.R. No. 80157, February 6, 1990, 181 SCRA 874; see also Clemente v. GSIS, G.R. No. L-4752, July 31, 1987, 152 SCRA 500; Ceniza v. ECC, G.R. No. 55645, November 2, 1982, 118 SCRA 138.

[32] Rollo, p. 49.

[33] Id., pp. 69-70.

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[34] Id., p. 25, citing Raro v. ECC, 172 SCRA 845, 852 (1989).

[35] Supra note 11.

[36] Government Service Insurance System v. Cuanang, G.R. No. 158846, June 3, 2004, 430 SCRA 639, citing Philippine Transmarine Carriers, Inc. v. National Labor Relations Commission, 353 SCRA 47 (2001).

[37] Quizon v. Employees' Compensation Commission, G.R. No. 87590, November 12, 1991, 203 SCRA 426.

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