

GOVERNMENT SERVICE INSURANCE SYSTEM, PETITIONER, VS. MARILOU ALCARAZ, RESPONDENT.

G.R. No. 187474. February 06, 2013

Ponente: BRION, J.

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BRION, J.:

Before the Court is the petition for review on certiorari[1] to annul the decision[2] dated December 12, 2008 and the resolution[3] dated April 7, 2009 of the Court of Appeals (CA) in CA-G.R. SP No. 100381. These CA rulings reversed the decision[4] of the Employees' Compensation Commission (ECC) denying the claim for death benefits filed by petitioner Marilou Alcaraz following the death of her husband Bernardo Alcaraz.

The Antecedents

Bernardo was employed for almost twenty-nine (29) years[5] by the Metro Manila Development Authority (MMDA) in Makati City. He worked at the MMDA as laborer, Metro Aide and Metro Aide I.

Sometime in February 2004, Bernardo was diagnosed with Pulmonary Tuberculosis (PTB) and Community Acquired Pneumonia (CAP). On May 13, 2004, he was confined at the Ospital ng Makati. He was discharged on May 19, 2004 with the following diagnosis: Acute Diffuse Anterolateral Wall Myocardial Infarction, Killips IV-1, CAP High Risk, PTB III and Diabetes Mellitus Type 2.[6]

On January 15, 2005, Bernardo was found dead at the basement of the MMDA building. His body was brought to the Southern Police District Crime Laboratory in Makati City for an autopsy. Medico-Legal Officer Ma. Cristina B. Freyra performed the autopsy and concluded that Bernardo died of Myocardial Infarction, old and recent.[7] Bernardo's widow, Marilou, subsequently filed a claim for death benefits with the Government Service Insurance System (GSIS).

The GSIS Ruling and Related Incidents

The GSIS denied the claim for death benefits on the ground that myocardial infarction, the cause of Bernardo's death, was directly related to diabetes which is not considered a work-connected illness; hence, its complications, such as myocardial infarction, are not work-related.

Marilou appealed to the ECC which affirmed the GSIS ruling. Aggrieved, she sought relief from the CA through a petition for review under Rule 43 of the Rules of Court, contending that (1) the ECC misappreciated the facts. She argued that even if the undelying cause of Bernardo's death was diabetes, the illness was acquired in the course of his employment and was further aggravated by the nature of his work; and (2) the ECC gravely abused its discretion for giving scant consideration to the medical findings on Bernardo's true condition prior to his death.

The GSIS, on the other hand, prayed that the petition be denied, contending that in the absence of satisfactory evidence that Bernardo's nature of employment predisposed him to contract the ailment, the widow's claim must fail.

The CA Decision

In its challenged decision, the CA granted the petition and set aside the ECC ruling. It opined that while myocardial infarction is not among the occupational diseases listed under Annex “A” of the Amended Rules on Employees Compensation, the ECC, pursuant to Resolution No. 432, laid down conditions under which cardio-vascular diseases can be considered as work-related and therefore compensable, as follows:

18. CARDIO-VASCULAR DISEASES. Any of the following conditions:

- a) If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his/her work.
- b) The strain of work that brings about an acute attack must be of sufficient severity and must be followed within twenty-four hours by the clinical signs of a cardiac insult 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.

It pointed out that, as this Court held in *Salmone v. Employees’ Compensation Commission*,^[8] “[t]he claimant must show, at least, by substantial evidence that the development of the disease is brought largely by the conditions present in the nature of the job.”

The CA found sufficient proof of work-connection between Bernardo’s ailment and his working conditions. It believed that his work as laborer and metro aide must have substantially contributed to his illness.

The CA ordered the GSIS to pay Bernardo’s heirs the proper benefits for his death consistent with the State policy to extend the applicability of the employees compensation law, Presidential Decree No. 626, to a greater number of employees who can avail of the benefits under the law, in consonance with the avowed policy of the State to give maximum aid and protection to labor.^[9]

The GSIS moved for, but failed to obtain, a reconsideration of the CA decision; hence, the petition.

The Petition

In asking for a reversal of the CA decision, the GSIS submits that the appellate court erred in: (1) finding that Bernardo’s illness was work-connected and/or the risk of contracting the illness was increased by the nature of his work; and (2) reversing the factual findings of the GSIS and of the ECC which are accorded respect by the courts.

The GSIS insists that myocardial infarction which caused Bernardo’s death cannot be said to have been aggravated by the nature of his duties. It stresses that on the contrary, there was no evidence showing that it was the performance of his duties that caused the development of myocardial infarction as it was a mere complication of diabetes mellitus, a non-occupational disease. His heart ailment, therefore, cannot be considered an occupational disease.

It faults the CA for disregarding its factual findings, as well as those of the ECC when the appellate court awarded death benefits to Bernardo’s heirs.

The Case for Marilou

In her Comment,^[10] dated September 24, 2009, Marilou asks that the petition be denied for “utter lack of merit,” arguing that the CA did not err in finding that Bernardo’s illness was compensable as it was work-related. She takes exception to the GSIS’ argument that there was no evidence showing that the nature of Bernardo’s work had increased the risk of his contracting myocardial infarction. She maintains that the GSIS failed to consider that while diabetes mellitus does increase the risk of the development of the illness, the same thing is true with CAP, a

compensable disease that Bernardo had been earlier diagnosed with. She adds that stress is another predisposing factor for heart diseases as this Court recognized in *Government Service Insurance System (GSIS) v. Cuanang*.^[11] Marilou thus insists that the GSIS erred in singly attributing the occurrence of Bernardo's fatal heart attack to diabetes mellitus, when Bernardo had been suffering from CAP and experiencing physical stress at the same time. She argues further that the Court had previously held that the incidence of acute myocardial infarction, whether or not associated with a non-listed ailment, is enough basis for requiring compensation.^[12]

Finally, she maintains that the GSIS hastily concluded that myocardial infarction was a mere complication of diabetes mellitus as there was no explicit finding that it was solely caused by his diabetic condition.

Our Ruling

Diabetes mellitus not the sole
predisposing factor to myocardial
infarction

Bernardo died after almost three decades of service with the MMDA (July 1, 1976 to January 15, 2005). His death occurred within his employer's premises, at the basement of the MMDA building while he was at work. The GSIS and the ECC denied the claim of his widow for death benefits on the ground that his death was due to myocardial infarction which they declared to be non-compensable; they opined that it is not work-related as it is simply a complication of diabetes mellitus. They pointed out that diabetes mellitus is not in the list of occupational diseases^[13] and, for this reason, its complications such as myocardial infarction, are not work-related.

We disagree with the GSIS's position. The conclusions of the two agencies totally disregarded the stressful and strenuous conditions under which Bernardo toiled for almost 29 long years as a laborer and as a metro aide. By so doing, they closed the door to other influences that caused or contributed to Bernardo's fatal heart problem – an ailment aggravated with the passage of time by the risks present in the difficult working conditions that Bernardo had to bear from day to day in his employment.

The CA vividly captured Bernardo's hazardous working environment (the streets of Makati City) and its effects on his health when it stated:

Petitioner contends that the ECC erred in ruling that petitioner is not entitled to claim benefits for her husband's death. She pointed out that as early as May 3, 2004, the deceased was already complaining of shortness of breath and dizziness; that despite such condition, he still continued performing his work until he was confined at the Ospital ng Makati from May 13 to 19, 2004 where he was diagnosed with Acute Diffuse Anterolateral Wall Myocardial Infarction; that the short intervening period between his confinement at the hospital and his last day of duty with the MMDA on January 14, 2005, indicate that he had been suffering from such disease at the time that he was employed; that his [everyday] exposure under the sweltering heat of the sun during summer and his constant exposure to rain during the rainy season, aggravated by his contact to smoke emitted by vehicles passing as he cleaned the streets of Makati, are enough proofs of the strenuous nature of his work; that his everyday exposure to these elements not only resulted to his developing myocardial infarction, but also aggravated pre-existing illness which were pulmonary tuberculosis and community acquired pneumonia.^[14]

While diabetes mellitus was indeed a complicating factor in Bernardo's health condition and indisputably aggravated his heart problem, we cannot discount other employment factors, mental and physical, that had been indisputably present; they contributed, if not as a direct cause of the heart condition itself, as aggravation that worsened and hastened his fatal myocardial infarction.

For instance, it is undisputed that Bernardo was earlier diagnosed with CAP which could also be a predisposing factor to myocardial infarction.[15] There is also stress due to the nature of Bernardo's work. As Marilou pointed out, this Court recognized that stress could influence the onset of myocardial infarction. The Court declared in *Government Service Insurance System (GSIS) v. Cuanang*:[16] "Myocardial infarction, also known as coronary occlusion or just a 'coronary,' is a life threatening condition. Predisposing factors for myocardial infarction are the same for all forms of Coronary Artery Disease, and these factors include stress. Stress appears to be associated with elevated blood pressure." [17]

The CA, therefore, is correct in holding that there is substantial evidence supporting the conclusion that myocardial infarction in Bernardo's case is work-related.

Cardio-vascular disease
compensable

The CA's conclusion is bolstered by the fact that the ECC itself, the government agency tasked by law[18] to implement the employees compensation program (together with the GSIS in the public sector and the Social Security System [SSS] in the private sector), included cardio-vascular diseases in the list of occupational diseases, making them compensable, subject to any of the conditions stated in its enabling Resolution No. 432.[19] With the resolution, it should be obvious that by itself, a heart disease, such as myocardial infarction, can be considered work-related, with or without the complicating factors of other non-occupational illnesses. Thus, the Court so ruled in *Rañises v. ECC*,[20] where it emphasized that the incidence of acute myocardial infarction, whether or not associated with a non-listed ailment, is enough basis for compensation.

Resolution No. 432 provides (as one of the conditions) that a heart disease is compensable if it was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reason of the nature of his work. Based on the evidence on record, we find as the CA did, that the nature of Bernardo's duties and the conditions under which he worked were such as to eventually cause the onset of his myocardial infarction. The stresses, the strain, and the exposure to street pollution and to the elements that Bernardo had to bear for almost 29 years are all too real to be ignored. They cannot but lead to a deterioration of health, particularly with the contributing factors of diabetes and pulmonary disease.

Bernardo had in fact been a walking time bomb ready to explode towards the end of his employment days. Records show that the debilitating effect of Bernardo's working conditions on his health manifested itself several months before his death. As early as May 3, 2004, Bernardo was already complaining of shortness of breath and dizziness. From May 13 to 19, 2004, he had to be confined at the Ospital ng Makati and was diagnosed with acute myocardial infarction which caused his death on January 15, 2005 while he was at work. To be sure, a reasonable mind analyzing these facts cannot but arrive at the conclusion that the risks present in his work environment for the entire duration of his employment precipitated the acute myocardial infarction that led to his death.

We thus find no merit in the petition. The CA committed no reversible error nor any grave abuse of discretion in awarding death benefits to Bernardo's heirs. As a final point, we take this occasion to reiterate that as an agency charged by law with the implementation of social justice guaranteed and secured by the Constitution – the ECC (as well as the GSIS and the SSS) – should adopt a liberal attitude in favor of the employees in deciding claims for compensability, especially where there is some basis in the facts for inferring a work-connection to the accident or to the illness.[21] This is what the Constitution dictates.

WHEREFORE, premises considered, the petition is DENIED for lack of merit. The assailed decision and resolution of the Court of Appeals are AFFIRMED.

SO ORDERED.

Carpio, (Chairperson), Del Castillo, Perez, and Perlas-Bernabe, JJ., concur.

[1] Rollo, pp. 9-22.

[2] Id. at 26-34; penned by Associate Justice Sesonando E. Villon, and concurred in by Associate Justices Andres B. Reyes, Jr. and Jose Catral Mendoza (now a member of this Court).

[3] Id. at 35.

[4] Id. at 36-39.

[5] From July 1, 1976 to January 15, 2005; id. at 11.

[6] Ibid.

[7] Ibid.

[8] 395 Phil. 341, 347 (2000).

[9] Carbajal v. GSIS (San Julian, Eastern Samar), 247 Phil. 167, 173 (1988).

[10] Rollo, pp. 49-58.

[11] G.R. No. 158846, June 3, 2004, 430 SCRA 639.

[12] Rañises v. Employees Compensation Commission, 504 Phil. 340, 345 (2005), citing GSIS v. Gabriel, 368 Phil. 187, 195 (1999).

[13] Annex “A” of the Amended Rules on Employees Compensation.

[14] Rollo, p. 29.

[15] Ramirez, J., et al., Acute Myocardial Infarction in hospitalized patients with CAP. Clin Infect Dis, 2008 July 15, 47 (2): 182-7, Abstract available at <http://www.ncbi.nih.gov/sites/entrez>.

[16] Supra note 11.

[17] Id. at 647, citing Luckman and Sorensen, Medical-Surgical Nursing, 3rd Edition, pp. 929, 934.

[18] Presidential Decree No. 626, amending Book IV of the Labor Code.

[19] Annex “A,” No. 18, Amended Rules on Employees Compensation.

[20] Supra note 12.

[21] C. A. Azucena, Jr., The Labor Code, with Comments and Cases, Volume I, Sixth Edition, 2007, citing Lazo v. Employees Compensation Commission, 264 Phil. 953, 959 (1990).

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