

ROQUE V. ZOZOBRAO, PETITIONER, VS. EMPLOYEES' COMPENSATION COMMISSION AND GOVERNMENT SERVICE INSURANCE SYSTEM (MINISTRY OF PUBLIC WORKS), RESPONDENTS.

G.R. No. 65856. January 17, 1986

Ponente: MELENCIO-HERRERA, J.

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MELENCIO-HERRERA, J.:

This is a Petition for Review on Certiorari to set aside the Decision of respondent Employees' Compensation Commission, dated July 21, 1983, in ECC Case No. 1992, affirming the Decision of the Government Service Insurance System (GSIS) denying petitioner's claim for disability benefits.

The factual background follows:

- (a) Roque Zozobrado, petitioner herein, began working for the then Bureau of Public Highways at Cebu City on October 20, 1958 as civil engineer aide.

(b) On April 16, 1959, he was transferred to the then Bureau of Public Works at Marawi City. At this post, petitioner was promoted to Associate Civil Engineer in 1961, Senior Civil Engineer in 1966, Supervising Civil Engineer in 1968, and District Engineer on March 23, 1971 until he retired on September 1, 1979 from the Ministry of Public Works at age 63 due to glaucoma and cataract. He "was paid under PB 13822 in the amount of P33,365.40".[1]

- Petitioner also filed a claim for total and permanent disability with the GSIS based on the following clinical history:

(a) In December, 1967 he had a glaucoma operation (OS) of the left eye.

(b) In August, 1970 he had a glaucoma operation (OD) of the right eye.

(c) In May, 1978 he had an operation for "cataract, mature (OS)," and submitted himself for lens extraction at the Perpetual Succor Hospital in Cebu City.

- (a) On February 2, 1981, the GSIS, through its Disability Benefits Department, denied the claim on the ground that under Presidential Decree No. 626 (as amended) glaucoma and cataract are not occupational diseases.

(b) On July 20, 1981, petitioner moved for reconsideration. He averred that his eye ailment can be considered to have emanated from his employment because his work entailed constant use of his vision in the process of reviewing "plans, specifications, bill of materials, cost estimates of projects, act on letters, decide office problems, settle dispute of sites for projects in the fields, prepare guidelines for Project Engineers and all other similar duties".[2]

(c) On September 23, 1981, the GSIS reiterated its previous denial. It emphasized that on the basis of the evidence presented by petitioner there is no showing that the ailment contracted directly arose or resulted from the nature of

his employment.

(d) On appeal to the ECC, the latter affirmed the Decision of the GSIS and dismissed petitioner's claim for compensation. The ECC explained:

"A meticulous review of the records and the evidence submitted convince us of the wisdom of the respondent System in denying the instant claim. Cataract is an opacification of the lens or its capsule. In this sense, almost any adult has cataract. They are not considered of serious clinical significance unless they interfere with vision. Cataracts re-develop through the alteration of the physical and chemical states of the lens proteins. Denaturation of protein and the inhibition of water may each play a role. It is known that in cataractous lens, sodium and calcium contents are lower than normal. An etiological classification of cataracts is as follows: (1) Congenital - most common cause is heredity; (2) Senile - due to morphologic and metabolic changes undergone by the aging lens; (3) Secondary or after-cataract - may occur after some forms of cataract extraction; (4) Complicated - caused by disease of the uveal tract, pigmentary retinal detachment and old injuries; (5) Traumatic - caused by blunt injuries or penetrating injuries to the eye, intraocular foreign bodies, radiation and high voltage electricity; (6) Toxic Cataract - certain drugs such as ergot, dinitrophenol, naphthalene, phenothiazines and tiparanol may produce cataracts. (H. Schie and Albert, Adler's Textbook of Ophthalmology, 8th ed., pp. 281-282). Appellant's cataract being the senile type has to do with morphologic and metabolic changes undergone by the aging lens.

"Medical authorities further disclose that glaucoma is a disease characterized by increased intraocular tension which can cause impairment of vision ranging from slight abnormalities to absolute blindness. It may either be primary or secondary. Among the predisposing factors of primary glaucoma are vasomotor and emotional instability, hyperopia and heredity. Secondary glaucoma results from pre-existing ocular disease, usually uveitis and intraocular tumor. Prolonged corticosteroid therapy especially with topical ophthalmic preparations can produce an increased pressure, particularly in patients with predisposition. (The Merck Manual of Diagnosis and Therapy, 13th edition, p. 1977).

"We took into consideration appellant's averment that his work entailed reviewing plans, specifications, bill of materials, and cost estimates of projects; that he likewise resolved office problems, settled disputes on sites for projects and prepared guidelines for project engineers. These, however, are not sufficient bases to establish proof that appellant's risk of developing cataract was increased by his working conditions. Senile cataract is an ailment to which all persons are exposed regardless of whether they are employed or not its etiology being attributed to degenerative changes or aging. While it may be argued that 'cataract' is listed by the Commission as an occupational disease, appellant's case cannot fall under this classification since his occupation did not subject him to frequent and continued exposure to the glare or rays from molten glass or red-hot metal which is the criterion for compensability of cataract.

"The findings of the Medical Division of this Commission also failed to indicate a causal link between appellant's duties and his contracted ailments."[3]

Dissatisfied, petitioner filed this Petition for Review.

In petitioner's letter, dated July 20, 1981, addressed to the GSIS, seeking reconsideration of the denial of his claim, he states that his disability was due to cataract in 1978, since his glaucoma in 1967 and 1970 had been operated on successfully.[4]

The applicable law at the time petitioner contracted the cataract in 1978 is the Labor Code.[5] Section 1(b), Rule III of the Amended Rules on Employees' Compensation embodied therein explicitly provides:

"SECTION 1.

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(b) 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."

The doctrine of "presumptive compensability" in the old Workmen's Compensation Law that when an illness supervenes during the course of employment it is deemed to have either arisen out of or been aggravated by petitioner's employment has been abandoned.[6] Under Presidential Decree No. 626, as amended, the present law on compensation, the listed occupational diseases are compensable when the conditions contained therein are met, and certain diseases are allowed to be compensable whenever the claimant can prove that the risk of contracting the disease is increased by the conditions of the employment of the deceased. As to the degree of proof required, the 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.[7]

Petitioner's eye ailment is "cataract, senile OS" of the left eye.[8] A cataract is any opacity in the crystalline lens. Senile cataract is by far the most common type, usually associated with factors related to aging.[9] "Senile cataract as defined, is the most common form of cataract occurring after the age of fifty (50) due to aging or degenerative changes (Adler's Text Book of Ophthalmology by Schele and Albert, 8th Edition, 1968, pp. 281-282). It is a risk or hazard to which all persons are exposed regardless of whether they are employed or not, the same (Senile Cataract) being attributed to degenerative changes or to aging process".[10]

Senile cataract is not a listed occupational disease.[11] Neither does it have any causal connection with his work as District Engineer in Marawi City. It is due to degenerative changes accompanying the aging process. It is not generated by strain on the eyes, as petitioner claims. Nor was the risk of contracting it aggravated by the nature of his duties or his working conditions. It is a physiologic process occurring after the fourth decade of life and to which everyone is exposed whether employed or not. The claim for disability benefits, therefore, was correctly denied by public respondents.

WHEREFORE, the Decision of the Employees' Compensation Commission, dated July 21, 1983, is hereby AFFIRMED. No costs.

SO ORDERED.

Abad Santos, Plana, Escolin, Relova, Gutierrez, Jr., Cuevas, Alampay, and Patajo, JJ., concur.
Aquino, C.J. and Teehankee, J., no part.
Concepcion, Jr., and De La Fuente, JJ., reserves their vote.

[1] Decision, ECC Case No. 1992, p. 6.

[2] ECC Records, p. 12.

[3] *ibid.*, pp. 25-27.

[4] *ibid.*, p. 12.

[5] Presidential Decree No. 442 as amended by Presidential Decree No. 626, with took effect on January 1, 1975.

[6] *Armeña vs. Employees' Compensation Commission*, 122 SCRA 851 (1983).

[7] *Acosta vs. Employees' Compensation Commission*, 109 SCRA 209 (1981).

[8] ECC Record, p. 7.

[9] Vaughan & Asbury, General Ophthalmology, 8th ed. (1977), p.137; Newell, Ophthalmology Principles and Concepts, 4th Edition,(1978), p. 381.

[10] cited in Jarillo vs. Employees' Compensation Commission, 112 SCRA 264 at 267 & 268 (1982).

[11] Annex "A", Amended Rules on Employees' Compensation.

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