

PROSPERO NAVAL, PETITIONER, VS. EMPLOYEES' COMPENSATION COMMISSION AND GOVERNMENT SERVICE INSURANCE SYSTEM, RESPONDENTS.

G.R. No. 83568. July 18, 1991

Ponente: PADILLA, J.

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PADILLA, J.:

In this petition for review, petitioner seeks the reversal and annulment of the decision of the Employees' Compensation Commission (Commission for brevity), dated 10 May 1988,[1] denying permanent total disability benefits to petitioner.

The facts , as culled from the decision of the respondent Commission, are as follows:

Petitioner, Prospero Naval, started his government service on 1 July 1950 when he was appointed Clerk in the Office of the Provincial Assessor of Camarines Sur. Five (5) years later, he transferred to the ACCFA, Naga City, where he held the position of Audit Examiner until 5 February 1962 when he transferred to the Development Bank of the Philippines (DBP), Naga Branch, where he started as a clerk-typist. He served the DBP for nineteen (19) years, earning for himself several promotions, from bookkeeper to Financial Planning Supervisor, Accountant and finally as Chief of the Planning Staff. He was holding the last mentioned position at the time of his retirement on 31 December 1985.

His medical records show that as early as 1977, Pros-pero Naval was already suffering from bronchiectasis, emphysema and hypertension. On 24 June 1985, he was hospitalized in the Mother Seton Hospital upon a complaint of "on and off" difficulty of breathing, easy fatigue and cough associated with weight loss, under the management of a certain Dr. Ruben Chavez. His condition did not improve compelling him to retire at the early age of fifty-five (55).

On account of his disability, Naval filed a claim for compensation benefits with the Government Service Insurance System (GSIS). Acting on the claim the GSIS awarded the petitioner permanent partial disability benefits for eight (8) months starting on 1 January 1986 on account of his essential hypertension. Petitioner's other ailments, bronchiectasis and emphysema, were not considered work-connected, hence, were held not compensable. Petitioner requested for a reconsideration of the System's decision awarding only permanent partial disability benefits. He insisted in his claim that he is entitled to permanent total disability benefits, considering that he was evaluated to be under permanent and total disability for the purpose of retirement by the GSIS itself. The request for reconsideration was not given due course by the GSIS, hence, petitioner appealed to the respondent Commission. His appeal before the Commission was dismissed; hence, the present petition for review.

In resolving the appeal, respondent Commission, considered only essential hypertension suffered by petitioner as work- connected. It held that the other ailments namely bronchiectasis and emphysema, were not the result of petitioner's employment but were largely attributable to cigarette-smoking by petitioner as medically determined by the GSIS. Referring to petitioner's medical records, respondent Commission declared that his permanent total

disability may have been brought about by these two (2) non-work related illnesses, for which reason he is not entitled to the claimed benefits. According to respondent Commission, Article 166 of PD 442 provides for compensation only for work-connected disability or death. In the present case, the Commission held that petitioner was properly compensated for his work-related ailment, namely, essential hypertension.

Petitioner submits that even if bronchiectasis and emphysema were not considered work-connected, yet he was found to be suffering from Essential Hypertension by the GSIS itself when it acted favorably on his disability claim on 4 June 1986. Hence, he maintains that he is entitled to a lifetime of monthly income benefits as provided in Article 192 of the Labor Code.[2] A year after June 1986, he said he was again examined and found by a cardiologist of the Philippine Heart Center for Asia, Dr. Esperanza Icasas Cabral, to be suffering from bronchiectasis, emphysema and hypertension. The same doctor certified that his disability is considered permanent and total.[3]

On the other hand, the Solicitor General counters that petitioner was awarded, on account of his essential hypertension, partial disability benefits for eight (8) months starting on 1 January 1986, which is considered the maximum benefit allowed under P.D. 626 for said disease, and that the denial of his claim for permanent total disability benefits was based on the finding of the Chief Medical Examiner of the GSIS that bronchiectasis and emphysema were causes of his permanent total disability. These ailments, the Solicitor General points out, were found by both the GSIS and the Commission to be due to petitioner's chronic cigarette-smoking and were not work-connected.

Both the GSIS and the Commission maintain that petitioner failed to present evidence to prove that it was hypertension, and not the non-work-related illnesses of bronchiectasis and emphysema, which caused his permanent total disability. Since under the Labor Code, the burden is on the petitioner to prove that it was his newly-acquired hypertension, and not his more advanced but non-work-related illnesses of bronchiectasis and emphysema, which caused his permanent total disability, petitioner's failure to overcome said burden of proof calls for a dismissal of this petition.

The main issue to be resolved in this petition is whether or not respondent Commission erred in affirming the decision of the GSIS which denied total permanent disability benefits to petitioner.

In denying petitioner total permanent disability benefits, respondent Commission relied on the finding that petitioner's bronchiectasis and emphysema were not work-related but the result of chronic cigarette-smoking as determined by the Chief Medical Examiner of the GSIS. Since said ailments were not work-related, the Commission denied compensation for permanent total disability, pursuant to Article 166 of PD 442 (Labor Code), as amended.[4] However, the Commission concurred with the GSIS that essential hypertension, of which petitioner was also suffering, was compensable. He was thus granted permanent partial disability benefits for eight (8) months starting 1 January 1985, which benefits petitioner actually received.

The new Labor Code has abolished the presumption of compensability for illnesses contracted by a worker during employment.[5] Indeed, to be entitled to disability benefits, petitioner had to present evidence to prove that his ailments, bronchiectasis, emphysema and hypertension, were the results of, or the risk of contracting the same were aggravated by, working conditions or the nature of his work. Unfortunately, except for a sweeping statement that his "long years of service in the government exposed him to dust and the elements and to viruses, mycoplasmas and bacteria," petitioner failed to prove that bronchiectasis and emphysema were work-related. Besides, these two (2) ailments, as correctly pointed out by the Solicitor General, are not listed as occupational diseases in the Amended Rules on Employees Compensation.

Sensing that his argument to justify compensability for his lung ailments was unconvincing, it is then urged by

petitioner that the said lung ailments were not really the causes of his permanent total disability but hypertension.[6] He alleges that after his medical treatment of these two (2) ailments, bronchiectasis and emphysema, he was still able to work efficiently for six (6) years and earned two (2) promotions, namely, Chief, Planning Staff (1983) and Chief, Collection and Acquired Assets Division which position he was holding when he was forced to retire on 31 December 1985. According to petitioner, the duties and functions of these last two (2) positions held by him were the causes of his hypertension which rendered him permanently and totally disabled.

The records do not support the aforesaid argument of petitioner. It is apparent from the evidence he presented, i.e., the medical certificate of Dr. Esperanza Icasas-Cabral and the Action on Disability Claim, that his lung ailments were always mentioned together with essential hypertension. In fact, as observed by public respondent, petitioner's lung diseases are mentioned or listed first, thereby indicating that the said lung diseases are the primary causes of petitioner's claimed permanent and total disability. As for essential hypertension -

"The term essential hypertension has been employed to indicate those cases of hypertension for which a specific endocrine or renal basis cannot be found, and in which the neural element may be only a mediator of other influences. Since even this latter relationship is not entirely clear, it is more properly listed for the moment in the category of unknown etiology. The term essential hypertension defines simply by failing to define; hence it is of limited use except as an expression of our inability to understand adequately the forces at work."[7]

Simply put, the term essential hypertension is commonly used to describe a rise in the blood pressure of an individual when no specific factor is attributed to its development.

We do not believe that essential hypertension alone caused petitioner's total and permanent disability. As above stated, bronchiectasis and emphysema were found by the GSIS Medical Director to have been caused by petitioner's chronic cigarette-smoking. These ailments, together with essential hypertension, contributed to his weakened bodily condition. Petitioner himself admits that after he was treated of these two (2) ailments, i.e. bronchiectasis and emphysema his health did not improve and was, in fact, aggravated by the development of essential hypertension as the years passed.[8] The nature and condition of his work cannot be said to have caused or contributed to his hypertension. The positions he held prior to his retirement did not entail stressful activity. They were "desk jobs." As a division chief, he was not exposed to the elements or exerted physical strain such as driving a taxicab (*Abana vs. Quisumbing*, 22 SCRA 1278); or like a school teacher whose strenuous work of teaching school children of tender age or assignment to barrios for community work therein contributed to or aggravated his ailments (*De Castro vs. Republic*, 75 SCRA 372). While ample jurisprudence has indeed established that where an illness or disease intervened or was contracted by the employee in the course of his employment, said employee is entitled to disability compensation, yet, said decisions were promulgated under the former Workmen's Compensation Act where the presumption of compensability was the rule. Under the Labor Code, petitioner has the burden of proving that his illness is work-related and hence compensable. We agree with the counsel for respondent GSIS that no evidence was adduced by petitioner to show that he would still be permanently and totally disabled even in the absence of his non-work connected lung ailments of emphysema and bronchiectasis.

The respondent Employees' Compensation Commission, therefore, did not err in affirming the decision of the Government Service Insurance System (GSIS).

WHEREFORE, the decision of respondent Employees' Compensation Commission denying petitioner's claim for permanent total disability benefits, is AFFIRMED. No costs.

SO ORDERED.

Melencio-Herrera, (Chairman), Paras, and Regalado, JJ., concur.
Sarmiento, J., on leave.

[1] Rollo, pp. 20-22

[2] Annex 'B', Action on Disability Claim, Rollo, p. 23

[3] Annex 'C', Medical Certificate, *ibid.*, p. 24

[4] Art. 166. Policy. - The State shall promote and develop a tax-exempt employees' compensation program whereby employees and their dependents, in the event of work-connected disability or death, may promptly secure adequate income benefit, and medical or related benefits.

[5] *Sulit vs. ECC*, 98 SCRA 483

[6] Reply, p. 2

[7] Harrison, *Principles of Internal Medicine*. 5th Ed., p. 706

[8] Reply, p. 2; Rollo, p. 53

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