

PURIFICACION R. QUIZON, PETITIONER, VS. EMPLOYEES' COMPENSATION COMMISSION, GOVERNMENT SERVICE INSURANCE SYSTEM, AND PHILIPPINE AIR FORCE, RESPONDENTS.

G.R. No. 87590, November 12, 1991

Ponente: DAVIDE, JR., J.

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DAVIDE, JR., J.:

Petitioner, mother of Rolando R. Quizon, a Technical Sergeant of the Philippine Air Force, seeks a reversal of the Decision[1] of 23 November 1988 of the Employees' Compensation Commission (ECC) which affirmed the decision of the Government Service Insurance System (GSIS) denying her claim for death benefits arising out of the death of Rolando due to the absence of conclusive proof that he died of cardio-pulmonary arrest secondary to cerebro-vascular accident.

The factual and procedural antecedents in this case are as follows:

Rolando Quizon joined the Philippine Air Force on 30 June 1967. He was assigned to the Southern Command in Zamboanga City. On 15 December 1981, he was promoted to the rank of Technical Sergeant and held such position until his demise on 17 July 1986. He had been on continuous active duty since his enlistment.

Medical records show that on 15 July 1986 at around 9:00 o'clock in the evening, due to his inability to speak, stand up or walk, Rolando was brought by his fellow soldiers to the Regional Unified Command General Hospital in Camp Navarro, Zamboanga City. As shown in the Clinical History prepared by the Medical Officer thereat, Maj. Jose del Rosario, dated 23 July 1986, the following were the findings made, the medicines given, and the course taken at the ward until Rolando died on 17 July 1986:

"This is a case of Tsgt Rolando R. Quizon who was brought in at this hospital by his fellow soldiers on 15 July 1986 at 2100H because of inability to talk walk or stand up after they allegedly claimed the patient had been drinking the night prior to this confinement.

On P.E. the patient is semi-unconscious with a blood pressure of 110/70mm Hg EENT, pupils readed (sic) to light normally, not dilated nor (sic) constricted. Heart is normal GUT-there is involuntary micturition. Reflexes Knee jerk absent. Plantar or Babinski reflex is hyperactive in both.

Medicines given or ordered: D5LR, Bimex[®] CO₂ inhalation and a close observation was done. An indwelling catheter retained. On 16th July 1986 Pen G. Sodium 3,000,000 "U" was started of 6 hrs I-V-T.T. ANST. Anaroxyl and Bipyrene in action were also administered, Constant follow-up of I-V-Fs using Normosol -M Suction of throat and oral secretion was done. CBC & Urinalysis were ordered.

Course in the Ward: On 17th July 1986 at 0830H the patient developed severe coma with no urine output a (sic) anymore. Pupils appear (sic) dilated with a blood pressure of 120/80 mm Hg. At 1420H there was no respiration nor (sic) cardiac sounds whatsoever, there was complete uremia.

At 1440H a Cardio pulmonary resuscitation was done with the following findings:

B P/0/0 mm Hg

C R-Absent

Pupils dilated

Nailbeds Cyanotic

Pronounced Death: Cardio

Pulmonary/Arrest secondary to
cerebro-Vascular Accident."[2]

As stated in said history, the cause of death is cardio-pulmonary arrest secondary to cerebro-vascular accident.

Petitioner filed a claim for payment of benefits with the GSIS.[3] At the back of the claim, Maj. del Rosario wrote in his own hand the clinical history, and on the space for diagnosis, he made the following entry: Cardio-Pulmonary arrest secondary to cerebro-vascular (CVA) accident.[4]

In a Summary of Finding and Recommendation evaluated and reviewed on 21 October 1986, the Medical Services Center of the GSIS denied due course to the claim "since there is no conclusive proof that the claimant died of above illness," and that "there was not (sic) ecg done to the claimant while he was still alive. There was no history of hypertension, or any record of treatment or by hospitalization for hypertension." [5] The "above illness" referred to is cardio-pulmonary arrest secondary to CVA.

Petitioner appealed this denial to the ECC. In its decision of 23 November 1988,[6] ECC sustained the GSIS, holding:

"We scrutinized the records of this case and uphold the respondent's denial decision. It is very clear that appellant was apparently well as the records show that there was no history that he was treated or hospitalized for hypertension, and no ECG was done to prove the existence of a heart disease, hypertension or CVA, during his stint as serviceman of the Philippine Air Force. Without these proofs, this claim cannot be given due course. The information given by his fellow soldiers that the deceased has (sic) been drinking alcoholic drinks the night before his confinement, led us to conclude that the excessive intake of alcohol had aggravated the death of the former soldier. This claim therefore, does not fall within the purview of P.D. 626, as amended.

IN VIEW THEREOF, the decision appealed from is hereby AFFIRMED, and this instant case is dismissed.

SO ORDERED."

Hence, this petition for review raising this lone issue:

"WHETHER OR NOT RESPONDENT(S) COMMITTED GRAVE ABUSE OF DISCRETION IN HOLDING THAT THIS CLAIM DOES NOT FALL WITHIN THE PURVIEW OF P.D. 626, AS AMENDED." [7]

Petitioner argues that respondents' ruling to the effect that there was no substantial proof that Rolando died of cerebro-vascular accident, an illness included in the List of Occupational Diseases and thus compensable, is not supported by the records of this case. On the contrary, the Clinical History issued by the attending government physician of the hospital where Rolando was confined and later died, categorically stated that the cause of death was cardio-pulmonary arrest secondary to cerebro-vascular accident.

Petitioner further contends that respondents' conclusion that Rolando's death was aggravated by excessive intake of alcoholic drinks the night prior to his confinement is not supported by evidence. The Clinical History prepared by Maj. del Rosario makes no observation that Rolando was indeed drunk. It does not indicate the percentage of

alcohol in the deceased's body to determine whether or not he was intoxicated. Respondents' only basis for assuming the intoxication of the deceased was the allegation of his fellow soldiers which was not even reduced into writing and, therefore, should not have been taken into consideration in the absence of any medical examination that would lead one to conclude that there was an excessive intake of alcohol.

In Our Resolution of 12 February 1990, We required the respondents to comment on the petition.[8]

In the Comment filed on 6 April 1990 for respondent ECC,[9] the Office of the Solicitor General argues that although it is true that death arising from cerebro-vascular accident is among the occupational diseases included in Annex "A" of the Amended Rules on Employees Compensation, compensation may be granted subject to the following conditions:

- "a. There must be a history, which should be proved, or trauma at work (to the head specially) due to unusual and extra-ordinary physical or mental strain or event, or undue exposure to noxious gases in industry.
- b. There must be a direct connection between the trauma or exertion in the course of the employment and the worker's collapse.
- c. If the trauma or exertion then and there caused a brain hemorrhage, the injury may be considered as arising from work." [10]

Respondent ECC submits that there is no showing in the records that the foregoing conditions concur in the instant case, hence the claim for compensation must be denied.

In Our Resolution of 17 April 1991,[11] We ordered the Comment of respondent GSIS expunged from the records for having been filed out of time notwithstanding the numerous extensions given by this Court, gave due course to the petition and required the parties to submit their respective memoranda, which GSIS complied with on 7 May 1991[12] and the petitioner on 24 May 1991. Respondent ECC was allowed to adopt its Comment as its Memorandum. In its Memorandum, the GSIS argues that no reversible error was committed by respondents since: (1) Petitioner failed to prove causal relation between the death of the deceased and his work as technical sergeant in the Philippine Air Force. Furthermore, she failed to show compliance with the conditions for compensability set forth in the Implementing Rules. (2) Payment of Petitioner's claim is prohibited by Section 1, Rule IV of the Amended Rules on Employees' Compensation which reads, to wit:

"1. Limitation. - No compensation shall be allowed to the employee or his dependents when the injury, sickness, disability or death was occasioned by any of the following:

- (1) his intoxication;
- (2) his willful intention to injure or kill himself or another; or
- (3) his notorious negligence." (Underscoring supplied)

From the foregoing, it is quite clear that respondents have adopted new theories to justify their respective prior actions. When the case was at their level, they denied the claim for reasons other than that which they now espouse before Us. GSIS disapproved the claim primarily because "there is no conclusive proof that the claimant died of the above illness" -- meaning cardio-pulmonary arrest secondary to cerebro-vascular accident. In upholding the GSIS' denial, the ECC ruled, in effect, that for recovery of claims there should be proof that there was a history that Rolando was treated or hospitalized for hypertension, and that an ECG was done to prove the existence of a heart disease, hypertension or CVA during his stint as serviceman of the Philippine Air Force. None was offered. Besides, the "excessive intake of alcohol," as he had been drinking alcoholic drinks the night before his confinement per information given by his fellow soldiers, had aggravated his death. Before Us, however, the

GSIS pursues a new tack: denial of the claim because petitioner failed to prove the causal relation between the death of Rolando and his work as Technical Sergeant of the Philippine Air Force and show the compliance with the conditions for compensability. Moreover, it is alleged that payment of the claim is prohibited by Section 1, Rule IV of the Amended Rules aforesaid because of Rolando's intoxication. On the other hand, ECC demands proof of concurrence of the conditions for compensability of cerebro-vascular accident.

If respondents GSIS and ECC had already in mind these theories at the time they separately acted on the claim, they should have expressly asserted them instead of treating the claim in a cavalier fashion, leaving the petitioner at a loss as to why the death of her son, who had served his country for nineteen (19) years, would be for naught.

Under the law,[13] a compensable sickness means any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment subject to proof that the risk of contracting the same is increased by the working conditions. Otherwise stated, for sickness and the resulting death of an employee to be compensable, the claimant must show either: (1) that it is a result of an occupational disease listed under Annex "A" of the Amended Rules on Employees' Compensation with the conditions set therein satisfied; or (2) if not so listed, that the risk of contracting the disease is increased by the working conditions.[14]

Undoubtedly, cerebro-vascular accident is an occupational disease in Annex "A" of the Amended Rules. In such a case, proof of causal relation between the disease which resulted in Rolando's death and his work is not necessary. In *Rodriguez vs. ECC*,[15] We ruled:

"If the disease is listed in the Table of Occupational Diseases embodied in Annex "A" of the Rules on Employees' Compensation, no proof of causation is required. x x x"

In *Abellara vs. Secretary of labor*,[16] We held:

"x x x The new scheme of employees' compensation establishes a state insurance fund built up by the contributions of employers based on the salaries of their employees and applies the social security principle in the handling of workmen's compensation. The open ended Table of Occupational Diseases requires no proof of causation. x x x"

It is to be noted, however, that although cerebro-vascular accident is a listed occupational disease, its compensability requires compliance with all conditions set forth in the Rules, to wit: (a) there must be a history, which should be proved, of trauma at work (to the head specially) due to unusual and extraordinary physical or mental strain or event, or undue exposure to noxious gases in industry, (b) there must be a direct connection between the trauma or exertion in the course of the employment and the cerebro-vascular attack, and (c) the trauma or exertion then and there caused a brain hemorrhage. In short, cerebro-vascular accident is a qualified occupational disease.

Only substantial evidence is required to prove the concurrence of the conditions. This is consistent with the liberal interpretation accorded the provisions of the Labor Code and the social justice guarantee in favor of the workers.[17] For, it is a well-settled rule that in carrying out and interpreting these provisions of the Labor Code and its Implementing Rules, the workingman's welfare should be the primordial and paramount consideration, and any doubt as to its proper interpretation and application must be resolved in favor of the employee whose rights must be protected.[18]

The foregoing notwithstanding, where there is no compliance whatsoever with any of the conditions set forth in the Rules, as in this case, We cannot justify a pronouncement of compensability.

However, it is apparent from the records of the case that the GSIS acted on the claim solely on the basis of the evaluation of the clinical history prepared by Maj. del Rosario. Petitioner was not given the opportunity to submit

any other evidence or be heard. As earlier stated, the denial was made in a very cavalier fashion. There was undue haste in denying the claim. Worse, despite an absence of credible basis, the GSIS and ECC have in effect, although unintentionally, blackened the memory of Rolando by insinuating that excessive intake of alcohol, or intoxication, as bluntly put by the GSIS in its Memorandum, caused or aggravated his death. This is a rather unfair attribution which Rolando can no longer rebut as death has sealed his lips. Petitioner was deprived of due process.

The demands of simple justice, taken in the light of the compassionate policy towards labor which the 1987 Constitution vivifies and enhances,[19] dictate that under the circumstances obtaining in this case, where it is shown beyond cavil of doubt that Rolando did in fact die of cardio-pulmonary arrest secondary to a cerebro-vascular accident, which is a listed occupational disease, petitioner be allowed to present evidence to prove the concurrence of the conditions for compensability of the subject disease.

WHEREFORE, judgment is hereby rendered SETTING ASIDE the Resolution of the GSIS denying due course to the claim of petitioner and the challenged Decision of the Employees Compensation Commission of 23 November 1988 in ECC Case No. 3365, and REMANDING this case to the Employees Compensation Commission for further proceedings, more specifically for the reception of petitioner's evidence on the basis of which it shall render a decision.

No pronouncement as to costs.

IT IS SO ORDERED.

Fernan, C.J., Gutierrez, Jr., Bidin, and Romero, JJ., concur.

[1] Rollo, 15-17.

[2] Annex "D" of Petition; Rollo, 41.

[3] Annex "E" of Petition; Id., 42.

[4] Id., 43.

[5] Annex "F" of Petition; Id., 44.

[6] Annex "H-2" of Petition; Rollo, 48-50.

[7] Id., 33.

[8] Rollo, 55.

[9] Id., 60-67.

[10] Annex "A", no. 19 of the Amended Rules.

[11] Rollo, 98.

[12] Id., 104-111.

[13] Paragraph (e), Article 167, Labor Code of the Philippines.

[14] Section 1 (a), Rule III, Amended Rules on Employees Compensation; Tañedo vs. ECC, 154 SCRA 288; Clemente vs. GSIS, 152 SCRA 500; Debatian vs. GSIS, 149 SCRA 123.

[15] 178 SCRA 30.

[16] 164 SCRA 711.

[17] Article 4, Labor Code of the Philippines, P.D. No. 442, as amended; *Narazo vs. ECC, et al.*, 181 SCRA 874.

[18] *Manila Electric Company vs. NLRC*, 175 SCRA 277; *Manuzon vs. ECC*, 186 SCRA 738; *International Travel Service vs. Ministry of Labor*, 188 SCRA 456; *Lazo vs. ECC*, 186 SCRA 569.

[19] *Aris (Phil.), Inc. vs. NLRC, et al.*, G.R. No. 90501, 5 August 1991.

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