



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYEES' COMPENSATION COMMISSION

4th& 5th Floors, ECC Building, 355 Sen. Gil J. Puyat Avenue, City of Makati
Tel. No. 899-4251; 899-4252 • Fax. No. 897-7597 • E-mail: info@ecc.gov.ph • Website: http://www.ecc.gov.ph



Management
System
ISO 9001:2008
www.tuv.com
ID 9105081530

SUSANA J. BONODE,
Appellant,

-versus-

ECC CASE No. GM-19510-0527-16

**GOVERNMENT SERVICE
INSURANCE SYSYEM (GSIS),**
Appellee.

x-----x

DECISION

This appeal seeks to review the decision of the Government Service Insurance System (GSIS) denying appellant's claim for disability benefits, under the Employees' Compensation Law (P.D. 626, as amended), due to Coronary Artery Disease S/P (Status-Post) Acute Myocardial Infarction.

The appellant, Susana J. Bonode, 56 years old at the time of the filing of the claim and a resident of Boac, Marinduque, has occupied the following positions at the Provincial Agriculture Office of the Provincial Government of Marinduque:

Position	Period of Employment
Agricultural Technician II/ Agriculturist I	Feb. 15, 1991-March 17, 1994
Agriculturist II	March 18, 1994-to date

As Agriculturist II, the duties and responsibilities of the appellant include:

1. Formulates farm family development plans on livestock/breeding to increase production, raise income of clientele and uplifts the well-being of the community;
2. Disseminates information thru trainings/classes/meetings and conferences on improve farm practice; maintenance/upgrading of livestock and poultry;
3. Supervises the conduct of applied researches and the implementation of regulatory and quarantine laws, rules, and regulations;
4. Promotes/maintains clientele organization in the transfer of package technology;

5. Coordinates with local/national agency representatives in the implementation of livelihood programs/projects in the locality; Administers in the preparation of periodic report and performs other functions as required;
6. Acts as focal person for farm machineries, irrigation, infrastructure and other support services for agricultural production;
7. Validates/evaluates and monitors support services for agricultural production;
8. Assists farmers/clients in project proposal making;
9. Acts as focal person of the Philippine Rural Development Project (PRDP) in the province of Marinduque.

Medical records reveal that sometime in November 2011, the appellant sought medical consultation due to Urinary Tract Infection and Hypercholesterolemia. Records further reveal that between September and November, 2015, the appellant have officially travelled in the following places:

Date of Official Travel	Place of Assignment
Sept. 10-11, 2015	Danao, Mogpog, Marinduque
Sept. 12, 2015	Tugos, Antipolo
Sept. 17, 2015	DAR, Tanza, Cavite
Sept. 21-24, 2015	Quezon City
October 1-2, 2015	Malibago
Oct. 7-9, 2015	Davao City
Oct. 14-15, 2015	Sta. Cruz; Torrijos; Gasan (Marinduque)
Oct. 22-23, 2015	Cawit; Caigangan; Mogpog; Balogo (Marinduque)
Oct. 26, 30, 2015	Manila
Nov. 1-7, 2015	Sta. Cruz, Manila
Nov. 9-13, 2015	Legazpi, Albay
Nov. 19-20, 2015	Masiga; Gasan; Buenavista (Marinduque)

The official travel entails data gathering, encoding, analysis and defending project outcomes before the World Bank representatives for funding assistance purposes.

On December 1, 2015, the appellant was admitted at the Metropolitan Hospital, Manila, when she experienced severe chest pain while she was on her way to the Manila Grand Opera Hotel to attend the MIMAROPA Regional Conference on Provincial Commodity Investment Plan. It was noted that she has old anterior wall myocardial infarction. On December 6, 2015, she was discharged from the said hospital with diagnosis of Coronary Artery Disease S/P (Status-Post) Acute Myocardial Infarction.

On February 9, 2016, the appellant filed a claim for EC disability benefits before the GSIS Lucena Branch Office (Branch). On April 21, 2016, the Branch wrote a letter to the appellant informing her of the denial of the claim on the ground of no causal relationship.

On May 6, 2016, the Marinduque Provincial Agriculture Office wrote a letter, which was signed by Mr. Armando P. Pedrigal, Agriculture Center Chief II, to the Branch requesting for reconsideration of the denial of the claim, on behalf of the appellant, based on the following grounds:

- a. "... the claimant is on official travel when the ailment happened ...
- b. "Months before the ailment happened, series of official business travels were attended to comply with the issued Travel order by the Supervisors. After the travel, there are formatted reports for accomplishment immediately for submission for funding.
- c. "As stated in the actual duties of the office being the Focal Person for the Philippine Rural Development Project (PRDP), a World Bank funded project, for the province of Marinduque since 2014 there are works that was so stressful for an employee such as gathering of data, encoding, analysis of information and defending the proposal to the panel of consultants has been done by the claimant. Drafting the manuscript in a limited time, editing and proof-reading with the Team before defending to the consultants is not an easy job. These tasks were time bounded as dictated by the timeline given by the Regional Office of the Department of Agriculture for accomplishment.
- d. "Project proposals and other documents in the Provincial Agriculture Office as supporting documents for funding is also the responsibility of the claimant. Farmers who need financial assistance for their projects were also assisted to acquire assistance from other funding agencies for agricultural purposes."

On May 16, 2016, the Branch endorsed the records of the claim to the GSIS Central Office, Pasay City for review purposes. The GSIS-Office of the Senior Vice-President (GSIS-OSVP) Luzon Operations Group sustained the denial in this manner, to wit:

"In this case, it has not been shown that a severe or unusual strain at work precipitated the manifestation of the claimant's heart ailment. With a history of hypercholesterolemia four years prior to the onset of this cardiac problem, the manifestation of Myocardial Infarction and

Coronary Artery Disease is attributed to atherosclerosis secondary to hypercholesterolemia.

"Hypercholesterolemia, the main risk factor in this case, is a condition characterized by very high levels of cholesterol in the blood. Cholesterol is a waxy, fat-like substance that is produced in the body and obtained from foods that come from animals (particularly egg yolks, meat, poultry, fish, and dairy products). The body needs this substance to build cell membranes, make certain hormones, and produce compounds that aid in fat digestion. Too much cholesterol, however, increases a person's risk of developing heart disease.

"People with hypercholesterolemia have a high risk of developing a form of heart disease called coronary artery disease. This condition occurs when excess cholesterol in the bloodstream is deposited in the walls of blood vessels, particularly in the arteries that supply blood to the heart (coronary arteries). The abnormal buildup of cholesterol forms clumps (plaque) that narrow and harden artery walls. As the clump gets bigger, they can clog the arteries and restrict the flow of blood to the heart. The buildup of plaque in coronary arteries causes a form of chest pain called angina and greatly increases a person's risk of having a heart attack.

"Based on medical literature:

- The main pathology in **coronary artery disease** is arteriosclerosis. Arteriosclerosis, a generic term for thickening and hardening of the arterial wall, is responsible for the majority of deaths in the United States and most westernized societies. One type of **arteriosclerosis** of the disorder of larger arteries that underlies most coronary artery disease, aortic aneurism, and arterial disease of the lower extremities and also plays a role in cerebrovascular disease.
- Coronary artery disease is a progressive disease process that begins as early as childhood and manifest clinically in mid to late adulthood.
- Risk factors for atherosclerosis include aging, male sex, generic traits, cigarette smoking, hypertension, obesity, **hyperlipidemia and hypercholesterolemia**, hyperglycemia and diabetes mellitus, low HDL levels, physical inactivity, emotional stress and or/personality type.
- One generally accepted theory for the pathogenesis of atherosclerosis consistent with a variety of experimental evidence is the *reaction to injury* hypothesis. Examples of types of "injury" to the endothelium include chemical injury, as in *chronic hypercholesterolemia* or homocystinemia, mechanical stress associated with hypertension, and immunologic injury, as may be seen after cardiac surgery or renal transplantation.
- Ischemic heart disease (IHD), synonymous with coronary artery disease or arteriosclerotic heart disease is the most reliable indicator of atherosclerosis available today. *Practically all*

patients with myocardial infarction, as defined by electrocardiographic and enzyme changes, have coronary atherosclerosis.

- There is a general agreement from the epidemiologic perspective that *hypercholesterolemia*, hypertension and cigarette smoking maybe the most potent factors involved in causation of atherosclerosis. A major multicenter trial has shown that reduction of hypercholesterolemia reduces the risk of IHD.
- Both hypercholesterolemia and hypertriglyceridemia appear to be important risk factors for atherosclerosis. For both sexes combined, the relative incidence of myocardial infarction in individuals between the ages of 30-49 with cholesterol levels greater than 260 mg/dl was three to five times that for individuals with cholesterol levels less than 220. There appears to be a continuous gradient risk as the cholesterol level ascends.
- More than half of the hyperlipidemic atherosclerotic survivors appeared to have simple monogenic familial disorders inherited as an autosomal dominant trait (familial combined hyperlipidemia, familial hypertriglyceridemia, and familial hypercholesterolemia, in descending order of frequency). These simple inherited hyperlipidemias (particularly hypercholesterolemia) were more frequent in myocardial infarction survivors below age 60.

(Harrisons' Principles of Internal Medicine, 11th Edition, Chap. 195 Atherosclerosis and Other Forms of Arteriosclerosis)

"For the Increased Risk Theory to apply, Item 3.1 and 3.2 of the ECC Board Resolution No. 93-08-0068 (Policy on Prescription, Permanent Total Disability, Increased Risk, Progression [Deterioration] of Illness or Injury, Presumptive Death, Personal Comfort Doctrine and Definition of Excepting Circumstances) provides that "there is an increased risk if the illness is caused or precipitated by factors inherent in the employee's nature of work and working conditions" and "to establish compensability of the claim, the claimant must show proof of work-connection."

"Appellant alleged that her working conditions increase the risk of contracting the claimed illnesses. However, she failed to present substantial evidence to support causal relationship between the claimed illnesses and her nature of work.

"Instead, medical findings showed correlation between the appellant's history of hypercholesterolemia and the development of her ailment. Medical studies support that the appellant's Coronary artery disease is a complication of a progressive disease known as atherosclerosis. The risk factor of which, in this case, is lifestyle in nature and hence, not considered work-connected."

On May 25, 2016, the Secretariat received the records of the case from the GSIS for review purposes. On June 10, 2016, this case was submitted to the Technical Review Committee (Committee) for initial deliberation. The majority of the members of the Committee decided to elevate this case to this Commission with a recommendation to grant EC disability benefits on the ground of satisfaction of condition for compensability of Cardiovascular Diseases.

The appeal is meritorious.

Article 167 (l) of Presidential Decree (P.D.) No. 626, as amended, defines sickness as "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 working conditions." Section 1 (b), Rule III, of the Rules Implementing P. D. No. 626, as amended, provides that "for the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease included under Annex "A" of these Rules (Amended Rules on Employees' Compensation) with the conditions set therein satisfied; otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions."

Medical findings describe the etiology of Coronary Artery Disease in this manner, to wit:

"Causes of Coronary Artery Disease:

1. *"Atherosclerosis of the coronary arteries-* a disorder of the coronary arteries characterized by the presence of yellowish plaques of fats and cellular debris within the arteries. This leads to the narrowing of the arteries resulting in a decreased blood supply in organs and areas normally supplied by these arteries. Atherosclerosis is the leading cause of CAD. The risk factors identified for atherosclerosis essentially are the risk factors for CAD. The major risk factors making a person vulnerable to atherosclerosis are the following:
 - a. *"Increasing age;*
 - b. *"Male gender;*
 - c. *"Hypertension or high-blood pressure;*
 - d. *"Cigarette smoking;*
 - e. *"Lipid disorder due to accumulation of too much fats in the body;*
 - f. *"Insulin resistance which is seen in Diabetes Mellitus;*
 - g. *"Family history of CAD*

"Minor Risk Factors:

- a. *"Obesity or an excessively heavyweight;*
- b. *"Physical Inactivity;*
- c. *"Stress;*
- d. *"Postmenopausal Estrogen Deficiency;*
- e. *"High Carbohydrate Intake;*

- f. "Alcohol
- 2. "*Thromboemboli*- a blood clot that circulates in the bloodstream and becomes lodged in the blood vessel such as the coronary arteries;
- 3. "*Coronary artery spasm*- a sudden constriction of the coronary arteries;
- 4. "*Coronary Arteritis*- an inflammatory condition of the inner layers or the outer coat of the coronary arteries that lead to a decreased blood flow;
- 5. "Conditions that increase the work-load of the heart such as increased heart rate and hyperactivity of the thyroid gland;
- 6. "Conditions that decrease oxygen delivery to the heart like anemia and severe bleeding;
- 7. "Inborn abnormalities of the coronary arteries."

Under Annex "A" of the Amended Rules on Employees' Compensation, the Cardiovascular (or heart) Disease of the covered member must have occurred under any of the following conditions to be considered as compensable:

- 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 work;
- b. The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 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 impairment during the performance of relationship subject to the following conditions:
 - 1. "If a person is a known hypertensive, it must be proven that his hypertension was controlled and that he was compliant with treatment;
 - 2. "If a person is not known to be hypertensive during his employment, his previous health examination must show normal results in all of the following, but not limited to: blood pressure, chest x-ray, electrocardiogram (ECG)/treadmill exam, CBC and urinalysis.
- d. "A history of substance abuse must be ruled out."
(ECC Resolution No. 432, dated July 20, 1977, as amended by ECC Resolution No. 11-05-13, dated May 26, 2011)

In denying the claim of the appellant, the SSS states that elevated level of cholesterol caused the manifestation of her heart illness as the same was a complication of atherosclerosis which, in turn, is caused by lifestyle risk factors. However, the GSIS may have failed to consider the strenuous working conditions of the appellant. The same has been continuously considered by the Supreme Court in the granting of EC disability benefits.

In the case of GSIS v. De Castro (G.R. No. 185035, July 15, 2009, reiterated in the case of GSI v. Calumpiano, G.R. No. 196102, November 26, 2014), the Supreme Court made the following pronouncements:

"...none of the ECC's listed factors should be disregarded to the exclusion 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..."

The GSIS may have failed to consider that for three straight months, September to November, the appellant was engaged in almost daily official travels to different parts of the country. Although it was noted that the appellant has previous history of myocardial infarction, the rigors of almost daily travel by land, air, and water may no longer be as easy for a 59 year old female government employee,

After a thorough medical evaluation of the case, this Commission believes that the condition of the appellant falls under the abovementioned first condition which provides:

- 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 work

The GSIS may have considered the previous findings of elevated level of cholesterol in the blood of the appellant in denying her claim. However, the said condition is only one of the risk-factors of heart illness. This Commission cannot ignore the physically tiring and straining working conditions of the appellant. The same, in turn, may have weakened her resistance and affected her physical condition. Stated differently, there is a reasonable probability that the numerous stressful tasks and duties that the appellant has to accomplish may have caused or contributed to the manifestation of her heart ailment.

WHEREFORE, the appealed decision is hereby **REVERSED** and the GSIS is ordered to **GRANT EC disability benefits** to the appellant plus reimbursement of medical expenses incurred for consultations due to her Coronary Artery Disease.

SO ORDERED.

CITY OF MAKATI,

June 21, 2016





BOARD RESOLUTION NO. 16-06-24

Approving the Recommendations of the Technical Review Committee (TRC) on three (3) EC Appealed Cases from the GSIS and One (1) EC Appealed Case from the SSS

WHEREAS, Article 180 of P.D. No. 626, as amended, partly provides:

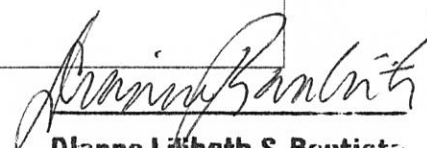
"ART. 180. Settlement of Claims.- The System shall have original and exclusive jurisdiction to settle any dispute arising from this Title with respect to coverage, entitlement to benefits, collection and payment of contributions and penalties thereon, or any other matter related thereto, subject to appeal to the Commission..." (emphasis supplied)

WHEREAS, on April 20, 2016, the Technical Review Committee (TRC) has deliberated on the following EC appealed cases from the GSIS. The recommendations of the TRC are as follows:

I. GSIS

<i>Title of the Case/ Nature of Appeal</i>	<i>TRC Recommendation</i>
1.1. Bonode Susana J. vs. GSIS (GM-19510-0527-16) Nature of Claim: <i>disability benefits due to Coronary Artery Disease; S/P AMI (Acute Myocardial Infarction)</i> Occupation: <i>Agriculturist II</i>	For Award
1.2. Dela Cruz, Ma. Teresa C. vs. GSIS (GM-19509-0517-16) Nature of Claim: <i>disability benefits due to Cerebrovascular Disease (CVD), infarct, left cerebellar with Obstructive Hydrocephalus; Hypertension S/P (status-post) Ventricular Shunt (VPS)</i> Occupation <i>Public School Teacher:</i>	For Denial

CERTIFIED TRUE COPY



Dianne Lilibeth S. Bautista
Board Secretary III

1.1. Soriano, Ma. Teresa M. vs. GSIS (GL-19511-0602-16) Nature of Claim: PTD <i>benefits due to CVD Infarct, Multiple and RMCA, Left Thalamic</i> Occupation/Position: Assistant Secretary, DOLE	For Denial
---	-------------------

II.SSS

<i>Title of the Case/ Nature of Appeal</i>	TRC Recommendation
II..1 Punongbayan, Virgilio, Jr. B. vs. SSS (SM-19508-0504-16) Nature of Claim: PTD <i>benefits due to Fracture, Tibia-Fibula, right</i> Occupation/Position: Bosun (Seaman [cargo vessel])	For Award

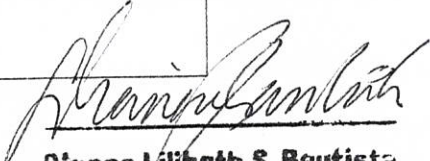
WHEREAS, considering that this Commission is mandated to resolved EC appealed cases within the period of 20 working days, the abovementioned EC appealed cases are deemed resolved on the date of start of routing, or on June 21, 2016, by the Secretariat of this Resolution to the other members of the Commission for purposes of compliance with the prescribed 20 working day PCT;

ON THE BASIS OF THE CONCURRENCE OF THE MEMBERS OF THE COMMISSION

This Commission **RESOLVES AS IT HEREBY RESOLVED** that the recommendations of the TRC in the following cases be approved:

I. GSIS

Title of the Case	TRC Recommendation
1.1. Bonode Susana J. vs. GSIS (GM-19510-0527-16)	For Award

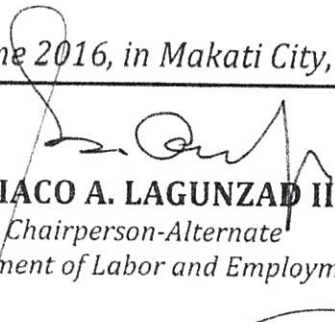
CERTIFIED TRUE COPY

Dianne Lilibeth S. Bautista
Board Secretary III


1.2. Dela Cruz, Ma. Teresa C. vs. GSIS (GM-19509-0517-16)	For Denial
1.3.Soriano, Ma. Teresa M. vs. GSIS (GL-19511-0602-16)	For Denial

II.SSS

Title of the Case/ Nature of Appeal	TRC Recommendation
2.1 Punongbayan, Virgilio, Jr. B. vs. SSS (SM-19508-0504-16) Nature of Claim: PTD benefits due to Fracture, Tibia-Fibula, right Occupation/Position: Bosun (Seaman [cargo vessel])	For Award

DONE, this 21st day of June 2016, in Makati City, Philippines.


CIRIACO A. LAGUNZA III
Chairperson-Alternate
Department of Labor and Employment


BRENDA P. VIOLA
Member-Designate
Social Security System

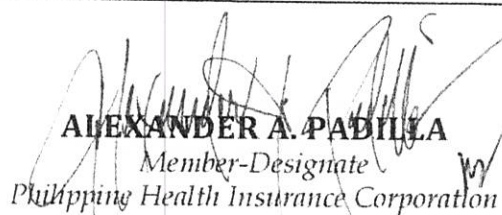

DIONISIO C. EBDANE, JR.
Member-Designate
Government Service Insurance System


CARLITO P. ROBLE
Member
Employees' Sector

Absent
MIGUEL B. VARELA
Member
Employers' Sector

CERTIFIED TRUE COPY


Dianne Lilibeth S. Bautista
Board Secretary III


ALEXANDER A. PADILLA
Member-Designate
Philippine Health Insurance Corporation

ROBERT S. MARTINEZ
Member-Designate
Civil Service Commission


STELLA ZIPAGAN-BANAWIS
Member
Employees' Compensation Commission - Secretariat

CERTIFIED TRUE COPY


Dianne Lilizeth S. Bautista
Board Secretary III