

FIRST DIVISION

[G.R. No. 235336, June 23, 2020]

LEONIDES P. RILLERA, PETITIONER, VS. UNITED PHILIPPINE LINES, INC. AND/OR BELSHIPS MANAGEMENT (SINGAPORE) PTE., LTD., RESPONDENTS.

DECISION

LAZARO-JAVIER, J.:

The Case

This petition for review on *certiorari*^[1] seeks to reverse the following dispositions of the Court of Appeals in CA-G.R. SP No. 144028 entitled "*United Philippine Lines, Inc., and/or Belships Management (Singapore) Pte., Ltd. v. Leonides P. Rillera:*"

1. Decision^[2] dated January 6, 2017, reversing the grant of total and permanent disability benefits to petitioner Leonides P. Rillera; and
2. Resolution^[3] dated October 26, 2017 denying petitioner's motion for reconsideration.

Antecedents

On January 6, 2012, respondent United Philippine Lines, Inc., for and on behalf of its principal respondent Belships Management (Singapore) Pte., Ltd., hired petitioner as 3rd Mate on board the vessel *Carribean Frontier* for nine (9) months with a monthly salary of USD1,316.00.^[4]

As 3rd Mate, petitioner's responsibilities included directing the operation of the ship during his tour of watch, performing navigational duties, plotting ship positions on chart and checking the pre-plotted course, maintaining records of important events during his watch, taking charge of life-saving equipment, lifeboats, and visual signaling equipment, and leading a team in case of emergencies.^[5]

Prior to his deployment, petitioner underwent routinary Pre-Employment Medical Examination (PEME). In the process, he was asked whether he was aware of, diagnosed with, or treated for hypertension, heart disease, and diabetes, among others. He answered in the negative. Based on the results of his examination, he was declared fit for sea duty and got deployed on January 22, 2012.^[6]

On September 3, 2012, petitioner complained of chest pain, shortness of breath, and difficulty in breathing whenever he climbed stairs. When the ship docked at Kushiro, Japan, he was diagnosed with congestive heart failure, possible infectious

endocarditis, and hypertension. At the Wakayama Harbour Clinic in Japan, he was further diagnosed with pleuritis. He was declared unfit to work and was medically repatriated on September 11, 2012.^[7]

Upon repatriation, petitioner was referred to the company-designated doctor at the Marine Medical Services of the Metropolitan Medical Center (MMC). He was confined there from September 11, 2012 due to difficulty in breathing. He underwent several laboratory tests such as chest X-ray, 2D echo, and chest CT scan. He was given anti-tuberculosis and anti-hypertensive medications and was discharged on September 21, 2012. He was, however, re-admitted and confined from October 8 to 15, 2012 during which, he was also given medicines for diabetes.^[8]

On November 29, 2012, MMC Assistant Medical Coordinator Dr. Esther Go opined that petitioner's hypertension and diabetes were hereditary, not work-related. Petitioner had a series of check-ups with the company-designated doctors, Dr. Eduardo O. Tanquieng (Pulmonologist), Dr. Robert Michael G. Gan (Internal Medicine/Endocrinologist), and Dr. Melissa Co Sia (Adult Clinical and Interventional Cardiologist) who referred him to an orthopedic surgeon.^[9]

Petitioner also complained of knee pain, blurring vision and dizziness but according to him, the company designated doctors only addressed and treated his pleural effusion. Despite treatments, he was not restored to good health. Hence, he consulted Dr. Celestino S. Dalisay, a chest and lung specialist. Dr. Dalisay opined that he had to complete nine (9) months of anti-tuberculosis regimen and advised him not to return to his previous work as a seaman.^[10]

On March 14, 2013, Dr. Go informed respondents that the specialists gave the following report on petitioner's condition:^[11]

This is a follow-up report on 3rd Mate Leonides P. Rillera who was initially seen and admitted here at Metropolitan Medical Center on September 12, 2012 and was diagnosed to have Pulmonary Tuberculosis with Left Pleural Effusion; Diabetes Mellitus.

xxx xxx xxx

Repeat laboratory tests done showed normal fasting blood sugar, HBA1C and creatinine. His repeat urinalysis showed no more urine sugar.

xxx xxx xxx

The specialists opine that patient is now cleared for work with regards (sic) to his Pulmonary Tuberculosis and Diabetes Mellitus as of March 14, 2013.

He was advised to continue his oral hypoglycemic medication (Janumet).

Enclosed are the comments of the specialists.

Final
Diagnosis - Pulmonary Tuberculosis - Treated

Left Pleural Effusion - Resolved Diabetes Mellitus, Controlled

Thus, the specialists opined that petitioner was already cleared for work. Petitioner, however, did not accept this finding and informed respondents that he would be seeking the opinion of other doctors.^[12]

Petitioner went to cardiologist Dr. Efren R. Vicaldo from the Philippine Heart Center who diagnosed him with hypertensive cardiovascular disease; kocks pleural effusion, left; S/P thoracentesis; and arthritis, knees, bilateral. As such, Dr. Vicaldo declared petitioner to be permanently unfit to resume sea duties.^[13]

Petitioner also went to Internal Medicine-Adult Cardiology Specialist Dr. Paul C. Lucas who diagnosed him with hypertensive cardiovascular disease - uncontrolled; type 2 diabetes mellitus; osteoarthritis; urolithiasis; and upper respiratory tract infection and prescribed him several medicines.^[14]

Based on these findings, petitioner sought total and permanent disability benefits from respondents. Respondents refused to pay on ground that the company-designated doctor had earlier declared petitioner fit to work. Hence, petitioner filed a complaint before the NCMB for permanent and total disability benefits.^[15]

Respondents argued that the NCMB had no jurisdiction over the case considering there was no applicable Collective Bargaining Agreement (CBA) between the parties. In any case, petitioner was precluded from collecting total and permanent disability benefits because he fraudulently concealed the fact that he was previously diagnosed with hypertension and diabetes. During his PEME, when asked whether he suffered from hypertension and diabetes, petitioner answered in the negative despite knowing full well that he was diagnosed with such illnesses in his previous PEMEs. He disclosed this fact only upon his repatriation. Petitioner also failed to comply with the procedure for claiming disability benefits when he did not ask to be referred to a third doctor.^[16]

Even disregarding the foregoing, petitioner was still not entitled to disability benefits because his illnesses were hereditary and not work-related. More, the company-designated doctors had certified petitioner as fit to work. His hypertension was already under control as early as October 2012; his tuberculosis, treated; left pleural effusion, resolved; and diabetes, controlled.^[17]

Petitioner, however, denied that he was guilty of concealment. He averred that hypertension and diabetes could easily be detected during his PEME. If, indeed, these illnesses were pre-existing, then respondents' PEME should have revealed he had such illnesses, but it did not. Respondents certified him as fit to work prior to deployment instead.^[18]

The NCMB's Ruling

By Decision^[19] dated September 18, 2015, MVA Edgar C. Recina granted petitioner's claim for total and permanent disability benefits, *viz.*:

WHEREFORE, PREMISES CONSIDERED, judgment is hereby rendered **ORDERING** the Respondents UNITED PHILIPPINE LINES, INC. and/or BELSHIPS MANAGEMENT (SINGAPORE) PTE. LTD., to jointly and severally pay complainant, LEONIDES P. RILLERA, the amount of SIXTY THOUSAND U.S. DOLLARS (US\$60,000.00) as disability benefits, plus 10% of the total recoverable amount as attorney's fees, at its Philippine Peso equivalent converted at the time of payment.

All other claims are **DISMISSED** for lack of merit.

SO ORDERED.^[20]

MVA Recina essentially held:

First. The NCMB had jurisdiction over the case because there was an existing IBF JSU/AMOSUP CBA between the parties effective January 1, 2012 to December 31, 2014.^[21]

Second. Petitioner was not guilty of material concealment. Information given in good faith by a non-doctor regarding his medical history, if it turned out to be erroneous or untrue will not defeat his or her claim.^[22]

Third. Petitioner's failure to be referred to a third doctor should not work against him considering that the company-designated doctor did not make a categorical disability rating within the 120-day period.^[23]

Fourth. While hypertensive cardiovascular disease may not be among the occupational diseases listed under Section 32 of the Philippine Overseas Employment Administration - Standard Employment Contract (POEA- SEC), the Court had ruled that the list did not preclude other illnesses not so listed from being compensable. The POEA-SEC even considers illnesses not listed there as presumably work-related where the illness was contracted during employment, as in this case. Respondents failed to dispute this presumption.^[24]

More, the Court had repeatedly held that cardiovascular disease and other heart ailments are work-related, thus, compensable. In some cases, the Court even found a causative relation between the strenuous work of a seaman and hypertensive cardiovascular disease. All indications pointed to exposure to risk factors on board the vessel which led to the development or even contributed or aggravated petitioner's illness.^[25]

At any rate, the company-designated doctor's report saying that petitioner's illness was not work related should not be given credence as it only pertained to hypertension, not hypertensive cardiovascular disease.^[26]

Fifth. Petitioner's osteoarthritis was work-related. Petitioner's duties included carrying and lifting heavy materials, forcing him to repeatedly bend and make heavy use of his joints. Petitioner informed respondents of this condition but the latter took no action.^[27]

Sixth. The clearance for work of the company-designated doctor was not definite. It did not expressly state that petitioner was fit for sea duties. Also, the clearance was only for tuberculosis and diabetes. Petitioner was not cleared from hypertensive cardiovascular disease. Dr. Dalisay also opined that petitioner must complete nine (9) months of anti-tuberculosis medication. When the company-designated doctor issued her report, petitioner had only had six (6) months of this medication.^[28]

Finally. Petitioner was unable to work for more than 120 to 240 days. The company-designated doctors even belatedly issued her report only on the 184th day from petitioner's repatriation. This entitled him to the maximum disability benefits.^[29]

In its Resolution^[30] dated January 4, 2016, the NCMB denied respondents' motion for reconsideration.

The Court of Appeals' Ruling

By its assailed Decision^[31] dated January 6, 2017, the Court of Appeals reversed, viz.:

WHEREFORE, the petition is **GRANTED**. Accordingly, the Decision dated September 18, 2015 and the Resolution dated January 4, 2016 both rendered by MVA Edgar C. Recina in AC-433-RCMB-NCR-

MVA-061-06-07-2014 are **REVERSED**. Private respondent Leonides P. Rillera is declared **NOT ENTITLED** to the payment of permanent total disability benefits and attorney's fees.

SO ORDERED.^[32]

The Court of Appeals held that petitioner was disqualified from receiving compensation benefits for knowingly concealing his previous diagnosis with hypertensive cardiovascular disease and diabetes. The fact that petitioner passed his PEME cannot excuse his willful concealment of his illnesses. PEMEs are not exploratory and do not allow the employer to discover any and all pre-existing medical conditions of the seafarer. PEMEs are nothing more than a summary examination of the seafarer's physiological condition. The "fit-to-work" declaration in the PEME cannot be considered conclusive proof to show that a seafarer was free from any ailment prior to deployment.^[33]

Petitioner also failed to observe the proper procedure under the POEA-SEC for contesting the company-designated doctor's findings. The contrary findings of petitioner's chosen doctors should have been referred to a third doctor jointly chosen by the parties. Petitioner should have initiated the referral. But after his chosen doctors declared him unfit for sea duties, petitioner immediately sought payment of total and permanent disability benefits instead. Without referral of the contrary findings to a third doctor, petitioner's complaint was premature, hence, should have been dismissed.^[34]

In any event, respondents successfully overcame the presumption that petitioner's hypertensive coronary disease and diabetes were work-related. The company-