

THIRD DIVISION

[G.R. No. 203080, November 12, 2014]

**DR. IDOL L. BONDOC, PETITIONER, VS. MARILOU R. MANTALA,
RESPONDENT.**

D E C I S I O N

VILLARAMA, JR., J.:

Before us is a petition for review on certiorari assailing the Decision^[1] dated May 24, 2012 and Resolution^[2] dated August 14, 2012 of the Court of Appeals (CA) in CA-G.R. SP No. 120563. The CA affirmed the Decision^[3] dated August 12, 2010 and Order^[4] dated February 28, 2011 of the Office of the Deputy Ombudsman for Luzon in OMB-L-A-09-0681-K.

The Facts

On November 6, 2009, Marilou R. Mantala (respondent) filed a complaint for grave misconduct against Dr. Idol L. Bondoc (petitioner), Medical Officer III at the Oriental Mindoro Provincial Hospital (OMPH).

Respondent was admitted at the OMPH on April 3, 2009, at around 11:00 in the morning, with referral^[5] from the Bansud Municipal Health Office (BMHO). She was due to deliver her fifth child and was advised by the BMHO for a cesarean section because her baby was big and there was excessive amniotic fluid in her womb. She started to labor at 7:00 in the morning and was initially brought to the Bongabon Health Center. However, said health center also told her to proceed directly to the hospital.

In her complaint-affidavit,^[6] respondent alleged that inside the delivery room of OMPH, she was attended to by petitioner who instructed the midwife and two younger assistants to press down on respondent's abdomen and even demonstrated to them how to insert their fingers into her vagina. Thereafter, petitioner went out of the delivery room and later, his assistants also left. As she labored in pain, she felt the movement of her baby inside her womb and the intermittent stiffening of her abdomen.

At about 4:00 in the afternoon, petitioner returned to the delivery room and asked her, "*Hindi ka pa nanganganak?*" Since she could no longer bear the pain, she requested petitioner to perform a cesarean section but this was not done. The midwife arrived and berated her for not yet sleeping and holding on to the steel bar. The midwife and the younger assistants again pressed down on her abdomen causing excruciating pain on her ribs and made her very weak. They repeatedly did this pressing until the baby and placenta came out. When she regained consciousness, she was already at the recovery room. She learned that an operation

was performed on her by petitioner to remove her ruptured uterus but what depressed her most was her stillborn baby and the loss of her reproductive capacity. The next day, she was transferred to a ward. She noticed her very swollen vulva and her surgical wound open with liquid squirting from it. Her wound was regularly cleaned by a nurse. On April 9, 2009, she was discharged notwithstanding that the suture on her wound needs to be fixed and she still has a cough. At home, she took the antibiotics, cough medicine and multivitamins prescribed by petitioner.

After two days, the opening in her wound widened. Her husband brought her to the Bongabon Community Hospital but they were advised to have her wound re-stitched by the same surgeon (petitioner) who operated on her. Thus, on April 14, 2009, they went back to OMPH. She was attended to by a certain Dr. Gonzales who cleaned her wound which now has a lot of pus, and the said doctor commented that "*problema ito ni Bondoc.*" On April 18, 2009, after she was given blood transfusion, petitioner re-stitched her wound. Thereafter, it was Dr. Gonzales who regularly checked on her condition.

On April 27, 2009, petitioner removed the sutures but still left open three of them. She wondered then why petitioner suddenly showed kindness towards her. In the evening of April 28, 2009, petitioner talked to her and said in a threatening tone "*Ikaw ang sadyang ayaw magpa-cs*" and also told her that he just came from Pinamalayan and Bansud and already talked to Dr. Atienza and Dr. Sales. Petitioner then told the nurse on duty, "*Papirmahin mo si Mantala, pauuwiin ko na 'yan bukas. Tanggalin mo na rin ang tahi.*" He further said, "*huwag sana akong idemanda ni Mantala kasi kaya ko siyang baligtarin*" The following day, she was discharged after the nurse had removed the remaining sutures. At home, it was her sister who cleaned the still open wound.

Joel F. Mantala, respondent's husband, and her sisters Mylen R. Amistad and Lucia Rala, executed their respective affidavits^[7] to corroborate her story. In addition, respondent submitted the affidavit of Dr. Rosinico F. Fabon, the anesthesiologist on duty during the operation performed by petitioner on April 3, 2009.

Joel Mantala claimed that at the OMPH at around 2:30 in the afternoon when her wife was still laboring, petitioner talked to him and told her that the baby is too big and if it comes out alive it will probably be abnormal so that it would be better if the baby is stillborn. He further averred that despite the pleas of her wife for a cesarean operation, petitioner insisted on a normal delivery during which she almost died.^[8]

On the other hand, Dr. Fabon narrated that in the afternoon of April 3, 2009, he was attending to a patient being operated on by petitioner when he heard the latter saying that "*meron pa nga kami sa DR macrosomia, polyhydramnios pa, pero paanakin na lang 'yon, abnormal din naman ang bata kahit mabuhay, kawawa lang siya*" After the operation, petitioner went out of the Operating Room (OR) and proceeded towards the direction of the OB ward. At 5:35 in the afternoon, a Request for Surgery^[9] was forwarded to the OR for Emergency Pelvic Laparotomy of respondent with a diagnosis of T/C Ruptured Uterus.

When respondent was brought to the OR at 8:15 p.m., Dr. Fabon found her conscious but very weak and pale, with abdominal pain and tenderness on very slight palpation. He then heard from petitioner himself that it was the same patient

he was referring to earlier with a diagnosis of macrosomia, polyhydramnios. Petitioner volunteered that respondent had just delivered her baby but that her uterus probably ruptured in the process of childbirth. *"Pinilit no 'ng tatlong ungas, ayon lumusot pero patay ang bata, tapos Ho, mukhang pumutok"* petitioner said.

Dr. Fabon immediately prepared respondent for General Anesthesia; respondent was induced at 8:35 p.m. while surgery began at 8:45 p.m. He continued to narrate what transpired next and his observations, as follows:

That right after induction - when patient was asleep already and don't feel any pain at all - her blood pressure suddenly dropped to 70/40 mmHg;

That after opening the abdomen, I saw massive hemoperitonium and the ruptured uterus with bleeding from various directions. I immediately requested for additional blood to be used intra-operatively while at the same time I established another intravenous line so as to cope with on-going surgical blood loss. I had now three big-bore fast-dripping IV lines.

That in spite of this measure, blood pressure dropped to 50/30 mmHg. There was an instance wherein I cannot even appreciate the blood pressure of the patient, her pulse hardly noticeable on palpation and she was very pale that necessitates turning the anesthetic gas off so as to keep her alive. She was given a dose of Atropine after patient did not respond to two 10mg doses of Ephedrine. I prescribed Dobutamine and Dopamine drips to help improve her blood pressure and maintain adequate urine output. Unfortunately, only Dopamine was available. I had to use 100% Oxygen at 3L/minute without mixture of volatile gas for several minutes. She was maintained using muscle relaxants alone on controlled ventilation.

That Dr. Bondoc operated on the patient all by himself without the help of a consultant or an assistant surgeon. Nowhere in the patient chart will show that he referred this case to his consultant; one thing that I was wondering why he was doing the surgery alone. He utilized the scrub nurse to assist him making a delicate and bloody surgery more bloody and difficult.

That after Dr. Bondoc had removed the ruptured uterus and the bleeding was controlled, he made intra-operative referral to Dr. Ariel Tria, a resident surgeon, to check on the urinary bladder and the ureters.

That the operation performed was Subtotal Hysterectomy with Unilateral Salpingo-oophorectomy. I noticed that the operation technique was different from that which Dr. Bondoc had written in the Surgical Memo and that the patient did not tolerate the procedure well.

That the patient was very pale after the procedure with low blood pressure due to massive blood loss. That her blood pressure started to improve at the Recovery Room but the pulse rate remained considerably high for several hours. Her urine output was inadequate and that it had

to be maintained using Dopamine.

That when Leo Reyes, the Recovery Room nurse, referred the patient to me and I checked the urinary catheter, I noticed her vagina to be massively swollen with hematomas all over.

That the patient had to be referred to Internal Medicine for co-management[.]

That Marilou Mantala stayed in the Recovery Room for almost eleven (11) hours. She was transferred to Gyne Ward at 9:20 AM the following day.

[10]

In his counter-affidavit,^[11] petitioner averred that when respondent was brought to OMPH with referral form from BMHO, she had been in labor for more than twelve (12) hours at home. He submitted his admitting diagnosis of the patient, "Gravida 5 Parity 4 (4004) Pregnancy Uterine 38 to 39 Weeks Age of Gestation by Last Menstrual Period Cephalic in Labor; Macrosomia; Fetal Death in Utero."

Petitioner alleged that during his interview with respondent, the latter admitted to him that she doesn't want to be confined at any hospital because she was afraid to be handled by medical doctors. Instead, she went to a traditional birth attendant (TBA) or "*hilot*" which she voluntarily named as Apolonia Salcedo, residing at Dalapian, Labasan, Bongabon, Oriental Mindoro. Respondent clearly defied the advice of Drs. Theresa Atienza and Mario Sales not to give birth at home. As to her swollen vulvar hematoma which was noticed by Dr. Fabon, it was the result of prolonged labor.

As to the charge that he abandoned the respondent to his assistants, petitioner claimed that between 12 noon and 2:00 o'clock in the afternoon, he was busy checking on pregnant patients at the out-patient department (OPD) of OMPH until he was called for his first cesarean section (CS). Later at 4:00 o'clock, without resting and having lunch, he visited respondent and other admitted patients at the delivery room. Together with the nurse on duty, Mrs. Evelyn D. Morales, petitioner said he explained to respondent her and her baby's condition based on the referral from BMHO (*polyhydramnios*) and initial findings that her abdomen and baby were big and the baby's heartbeat is not appreciated. He presented the respondent with two options: have a normal delivery or undergo cesarean section, and the consequences of each choice. Respondent chose the former believing that she can handle this childbirth at home, and petitioner respected her decision.

After seeing other patients at the delivery room, petitioner was called for his second CS that day. Thus, he was obliged to proceed to the OR and left the respondent under the care of three assistants, one of whom is an experienced midwife. That he was not the one who attended to the, respondent during her delivery is confirmed by the statements of respondent herself, Dr. Fabon and Mrs. Morales. Further, petitioner claimed it has been a long-time practice at OMPH that whenever the doctor is at the OR, the experienced midwives will take over the delivery of laboring patients.

Petitioner blamed respondent for risking her own life in not seeking immediately a

higher level of medical care and instead preferring a TBA who is prohibited under a 2006 provincial circular to handle deliveries at home. He emphasized that upon admission the fetal heart tone is no longer appreciated and maintained that diligent care was extended to respondent during her stay at OMPH. As to the complications like cough and wound dehiscence, he explained that these were the effects of anesthesia and surgery (loss of blood, massive blood transfusion and intravenous fluid infusion), and also poor compliance with prescribed medication. He further asserted that he had referred the patient to other co-doctors on duty like Dr. Romy Lomio (Internal Medicine) for co-management.

On April 23, 2010, petitioner submitted a manifestation that he had resigned as Medical Officer of OMPH effective March 5, 2010. He thus posited that the administrative case is now rendered moot and academic.

On August 12, 2010, the Office of the Deputy Ombudsman for Luzon rendered a Decision finding the petitioner administratively liable. It held that by fully entrusting to his subordinates the task of handling respondent's complicated delivery, petitioner exhibited an improper or wrongful conduct and dereliction of duty as medical practitioner. Being the most competent person who should have rendered the appropriate medical service to respondent, petitioner should have personally attended to the latter. Such action or inaction of his part amounts to intentional or willful neglect in discharging his sworn duty as a government physician which is also equivalent to misconduct in office. The administrative case filed against the respondent is also not rendered moot by his subsequent resignation in office.

The Decision of the OMB thus decreed:

WHEREFORE, judgment is hereby rendered finding respondent Medical Officer Idol L. Bondoc of Oriental Mindoro Provincial Hospital (OMPH), Barangay Ilaya, Calapan City, Oriental Mindoro, guilty of Grave Misconduct.

Respondent **Idol L. Bondoc** is hereby meted the penalty of **DISMISSAL** in the Government Service pursuant to Section 10, Rule III, Administrative Order No. 07, as amended by Administrative Order No. 17, in relation to Section 25 of Republic Act No. 6770. The penalty of dismissal shall carry with it that of cancellation of eligibility, forfeiture of the retirement benefits, and the perpetual disqualification for reemployment in the government service pursuant to Section 58, Rule IV of the Uniform Rules on Administrative Cases in the Civil Service.

The Honorable Governor of the Province of Oriental Mindoro, is hereby directed to implement this DECISION immediately upon receipt thereof pursuant to Section 7, Rule III of Administrative Order No. 7, as amended by Administrative Order No. 17 (Ombudsman Rules of Procedure) in relation to Memorandum Circular No. 1, series of 2006 dated 11 April 2006 and to promptly inform this Office of the action taken hereon.

SO DECIDED.^[12]