THIRD DIVISION

[G.R. No. 168862, April 30, 2008]

GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS), PETITIONER, VS. EMMANUEL P. CUNTAPAY RESPONDENT.

D E C I S I O N

NACHURA, J.:

This petition for review stems from the Court of Appeals' Decision[1] dated May 17, 2005, and Resolution dated July 8, 2005, which granted the respondent's claim for compensation under Presidential Decree (P.D.) No. 626, as amended, or the Employees' Compensation Law.

Respondent Emmanuel P. Cuntapay entered the government service on November 17, 1975 as an Architectural Draftsman of the Department of Public Works and Highways (DPWH). He rose from the ranks and was promoted on October 22, 1999 as Architect V (Chief, Architectural Division, Bureau of Design of the DPWH). An Architect V generally performs the following duties:

   (1) Supervises, coordinates, and provides direction and work assignments in the Division;

   (2) Does final review and checking of projects/papers from the Division prior to [submission] to higher authorities;

   (3) Provides direction in the formulation of architectural design guidelines and standards, architectural/sanitary design specifications, terms of reference and other pertinent documents for architectural and related engineering design services;

   (4) Confers/meets with representative of using agencies regarding the project requirements for the architectural and engineering design services;

   (5) Prepares and recommends action on cases referred to the Division regarding the implementation of the National Building Code (NBC);

   (6) Participates in the deliberation in the formulation and information dissemination of the implementing rules and regulations of the NBC; and,

   (7) Performs such other duties and functions that may be assigned from time to time.[2]

Aside from being the Chief of the Architectural Division of the Bureau of Design, the respondent was also designated Overall Head of the Technical Staff of the National Building Code Development Office (NBCDO) in a concurrent capacity. In addition, he was designated Representative to the National Steering Committee for the National Urban Development and Housing Framework 1999-2004, and Alternate Representative to the National Council for the Welfare of Disabled Persons Board.[3]

On April 8, 2003, while attending a meeting of the National Building Code Board of Consultants at the DPWH Architectural Division, the respondent suddenly experienced difficulty in breathing. Upon the advice of Dr. Shirley Reyes, the DPWH resident physician, the respondent underwent electrocardiogram (ECG) test at the DPWH clinic. The ECG test disclosed that there was an irregularity in the respondent's heartbeat. For this reason, Dr. Reyes advised the respondent to seek hospital services. Heeding the advice, the respondent immediately proceeded to the Philippine Heart Center where he was admitted at about two o'clock in the afternoon of the same day.[4]

Dr. Jose G. Abad-Santos, the respondent's attending physician, diagnosed his illness as acute myocardial infarction. The respondent then underwent "aortocoronary bypass" operation. He was discharged from the hospital on April 18, 2003.[5] Afterwards, he underwent cardiac rehabilitation on an out-patient basis. All in all, the respondent spent P411,127.00 for his hospital bills and other medical expenses.

Consequently, the respondent filed with the petitioner Government Service Insurance System (GSIS) a claim for compensation benefits under Presidential Decree (P.D.) No. 626, as amended. However, in a letter dated February 16, 2004, the GSIS denied the claim on the ground that there was no substantial proof that the nature of his job increased the development of the claimed illness.[6]

Upon denial of his request for reconsideration by the GSIS, the respondent interposed an appeal with the Employees'

Compensation Commission (ECC).

In its November 12, 2004 Decision, the ECC affirmed the findings of the GSIS and subsequently dismissed the respondent's appeal. The ECC held that

> A circumspect review of the records however failed to show any causal link between his present occupation and his ailment. As explained medically, the development of IHD or otherwise termed as CAD is caused by atherosclerosis, the hardening of the inner lining of arteries. Smoking, hypertension, diet and diabetes are factors that cause atherosclerosis.
>
> Based on the etiology established by medical science, hypertension is the sole risk factor in the development of CAD to be considered as work-related. Under Annex A of the Implementing Rules on Employees' Compensation, hypertension is compensable provided it causes end-organ damage to the heart, eyes, brain or kidneys and is substantiated by diagnostic and laboratory test results. As regard (sic) appellant's case, however, nowhere in the records is there a showing that he has a history of hypertension that could predispose him to contract his cardiovascular disease.[7]

On appeal, the CA reversed the decision of the ECC, thus:

> UPON THE VIEW WE TAKE OF THIS CASE, THUS, the petition for review is GRANTED. The November 12, 2004 Decision of the Employees' Compensation Commission in ECC Case No. GM-16487-0803-04 is REVERSED and SET ASIDE. The respondent Government Service Insurance System is ORDERED to pay petitioner Emmanuel P. Cuntapay's full claim for compensation benefits under PD No. 626, as amended. Without costs in this instance.
>
> SO ORDERED.[8]

In so ruling, the appellate court stressed that the law only requires a reasonable work connection and not direct causal connection, and that it is enough that the hypothesis on which the claim is based is probable. It then held that the probability existed that the respondent's illness was due to work-related stress considering his assigned duties at that time.[9]

On July 8, 2005, the CA denied the petitioner's motion for reconsideration for lack of merit.[10]

Thus, this petition raising the following issues:

> I. WHETHER OR NOT PETITIONER'S AILMENT -- CORONARY ARTERY DISEASE (CAD), S/P, MYOCARDIAL INFARCTION --MAY BE CONSIDERED WORK-CONNECTED.
>
> II. WHETHER OR NOT RESPONDENT HAS PRESENTED POSITIVE PROOF, THROUGH A REAL AND SUBSTANTIAL EVIDENCE, THAT THE NATURE OF HIS WORK AND HIS WORKING CONDITIONS AS ARCHITECT V HAS (sic) INCREASED THE RISK OF CONTRACTING HIS CLAIMED AILMENT.[11]

The petition is meritorious.

For a sickness to be compensable, the claimant must prove either (1) that the sickness is the result of an occupational disease listed under the Rules on Employees' Compensation and the conditions set therein are satisfied; or (2) that the risk of contracting the disease was increased by the claimant's working condition.[12]

ECC Resolution No. 432 dated July 20, 1977 includes cardio-vascular or heart diseases in the list of occupational diseases and enumerates the conditions under which they are considered work-related and, thus, compensable, *viz.*:

> (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/her 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 [injury] 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 injury during the performance of his/[her] work and such symptoms and signs persisted, it is reasonable to claim a causal relationship.

In a number of cases,[13] the Court already declared that myocardial infarction is included in this category. Myocardial infarction is the clinical term for a heart attack. It is caused by occlusion (blockage) of the coronary artery (atherosclerosis) or a blood clot (coronary thrombosis), resulting in the partial or total blockage of one of the coronary arteries. When this occurs, the heart muscle (myocardium) does not receive enough oxygen.[14]

The petitioner argues, on one hand, that the respondent's case does not fall under any of the three instances