

## THIRD DIVISION

[ G.R. No. 162374, June 18, 2009 ]

**RODOLFO B. ARCEÑO, PETITIONER, VS. GOVERNMENT SERVICE INSURANCE SYSTEM (GSIS), RESPONDENT.**

### DECISION

**PERALTA, J.:**

This resolves the Petition for Review on *Certiorari* under Rule 45 of the Rules of Court, praying that the Decision<sup>[1]</sup> dated June 30, 2003 and Resolution<sup>[2]</sup> dated February 9, 2004 of the Court of Appeals (CA) in CA-G.R. SP No. 69255, denying petitioner's motion for reconsideration, be reversed and set aside.

The antecedent facts are as follows.

Petitioner rendered services to the government as a lawyer beginning April 23, 1971, first as a Legal Researcher in the then Court of First Instance of Capiz, then as Deputy Clerk of Court from 1976 to March 15, 1979. On March 16, 1979, he transferred to the Office of the Provincial Fiscal of Capiz, Roxas City and, after several promotions, he eventually held the position of Provincial Prosecutor from March 16, 1998 up to his retirement on August 31, 1999.

During the course of his government service, specifically on August 28, 1992, petitioner suffered respiratory arrest or failure, hypertension and cardiac malfunction, as a result of which, he was hospitalized and confined until September 19, 1992. During said hospitalization, he was also found to be suffering from *adrenal adenoma*, a benign tumor of the adrenal gland. Thus, after his hypertension was stabilized, he had an operation for removal of the tumor on November 18, 1992. Although the operation was successful, he was able to return to work only in April 1993.

Upon his return to work, he had to act as Trial Prosecutor for two branches of the Regional Trial Court of Roxas City and, in 1998, when he became the Provincial Prosecutor, he allegedly had to take on additional work load due to the resignations of four of their prosecutors.

On April 19, 1999, petitioner again suffered respiratory arrest while working in his office at the Justice Hall of Roxas City. On the same day, a 2-D echocardiogram was conducted on petitioner and Dr. Matias T. Apistar, his attending physician, made the following findings:

1. Dilated Aortic Root
2. Aortic Regurgitation Severe
3. Concentric Left Ventricular Hypertrophy
4. Paradoxical Motion of the Mid Anterior Septum<sup>[3]</sup>

Petitioner was then advised by the physician to retire on a total permanent disability as his work as Provincial Prosecutor would endanger his life.

On July 9, 1999, petitioner filed a total and permanent disability claim with respondent Government Service Insurance System (GSIS). Subsequently, or on July 26, 1999, he also applied for retirement effective August 31, 1999.

Petitioner's claim for income benefits under Presidential Decree No. 626, as amended, was denied by the GSIS in its letter dated June 29, 2001. In a letter dated July 23, 2001, petitioner moved for reconsideration of said denial. It was never mentioned in his motion for reconsideration that his claim for disability benefits is based on cardiovascular disease; instead, he insisted that his *adenoma* was caused by the stress he suffered from being a Prosecutor. On July 26, 2001, the GSIS denied petitioner's motion for reconsideration, reiterating that the claimed ailment, "Adenoma, Adrenal Gland; Hypokalemia, HCVD sec.,"<sup>[4]</sup> is a non-compensable disease.

Upon request of petitioner, the GSIS then elevated the records of his case to the Employees' Compensation Commission (ECC) for the latter's review. In a Decision<sup>[5]</sup> dated December 14, 2001, the ECC upheld the GSIS's denial of petitioner's claim for compensation benefits.

Petitioner then filed a petition for review with the CA. For the very first time, petitioner put forth the allegation that his claimed ailment was not only *adrenal adenoma*, but also cardiovascular disease. On June 30, 2003, the appellate court promulgated its Decision dismissing the petition. The CA ruled that the evidence or certifications and medical records submitted by petitioner "do not convincingly prove a reasonable nexus between the ailment [*adrenal adenoma*] of Arceño and his work."<sup>[6]</sup> Petitioner's motion for reconsideration of the Decision was likewise denied per Resolution<sup>[7]</sup> dated February 9, 2004.

Hence, this petition where petitioner argues that the CA erred in not ruling squarely on the issue raised in the petition for review; that is, whether petitioner's claim for benefits should be approved, since his illness is not only *adrenal adenoma* but also cardiovascular disease, which is clearly compensable since it is included in Annex "A" of the Implementing Regulations on Occupational Diseases.

The petition is doomed to fail.

Indeed, the CA made no categorical ruling on whether the GSIS should have granted petitioner's disability claim based on cardiovascular disease, and not on the illness of adrenal adenoma alone. However, the CA could not be faulted for this altogether because all throughout the proceedings before the GSIS and the ECC, petitioner's claim was apparently based on the illness *adrenal adenoma*. It was only in his petition for review filed with the CA where petitioner advanced the argument that since he was also suffering from cardiovascular disease, he should be awarded disability benefits based on said illness. In fact, when the GSIS denied his claim, petitioner never even mentioned in his motion for reconsideration thereof that his claim for disability benefits was based on cardiovascular disease; instead, he was insisting that his *adrenal adenoma* was work-related as it was caused by the stress he suffered as a Prosecutor. His letter<sup>[8]</sup> dated July 23, 2001 stated thus:

This is a motion for consideration of your order/decision denying my claim for reimbursement and other benefits under PD 626, as amended, which was issued by your department on June 29, 2001, but received by the undersigned on July 14, 2001, based on the following grounds:

1. The Certification issued by Dr. Benjamin Mombay, dated July 17, 2001, who is my doctor and who diagnosed my adenoma stated that in his opinion my ailment could have been caused by stress or have been aggravated by it x x x.
2. I believe that as Trial Prosecutor I have been exposed to stress over an extended period of time. This is a modern accepted theory that stress was based on the idea that excessive demands in a person's life produces high levels of hormones. These hormones lower the body's resistance to disease and cause damage. The life of a Trial Prosecutor is one of the most stressful jobs in the government service for the reason that trial advocacy is adversarial. x x x Overtime, the daily hazzles (sic) day in and day out will take its toll.

x x x x

In the early eighties as Trial Prosecutor, I had the belief that in order to deserve my pay, as Trial Prosecutor, I must be exposed to all kinds of stressful situations as possible. x x x.

This is my explanation why I believe that my adenoma had been caused by stress.

It cannot be any clearer that the illness upon which petitioner was basing his claim was *adrenal adenoma*. As a matter of fact, what may be gleaned from Dr. Mombay's Certification<sup>[9]</sup> dated July 17, 2001, attached to the motion for reconsideration, is that petitioner's *adrenal adenoma* was the cause of his hypertension, heart disease and respiratory failure. Pertinent portions of the Certification are reproduced hereunder:

This is to certify that Fiscal Rodolfo B. Arceño has been a patient since September 1, 1992 at Iloilo Mission Hospital, Iloilo City. He was brought to Iloilo Mission Hospital at about 8:30 in the evening of August 31, 1992, suffering from hypertension, heart disease and respiratory failure.

In my interview with patient, he informed me that he had oftentimes weakness of both arms and legs starting in the early eighties. x x x At first, the patient dismissed the weakness as just a sign of advancing age, but as the years went by the weakness in both his arms and legs became more frequent and lasted longer, until he suffered respiratory arrest on August 31, 1992 at [the] Capiz Emmanuel Hospital, Roxas City.

Having suspected that patient had the growth of tumor somewhere in his body I ordered a C-T. Scan. The result showed that patient had adenoma (tumor) on the left adrenal gland of the size of 4.5 cm. x 3.5 x 4.2 cm.