

The Lethal Health ‘Myths’ Involved in Penn State Student’s Death



By *Jamie Wells, M.D.* — May 12, 2017



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I just read the [final charges and presentment](#) [2] made by the Grand Jury regarding the untimely death of Penn State college student, Timothy J. Piazza. (1) Recently made public, this extensively detailed document of the fatal event culminates with the decision to pursue criminal legal action against his fraternity brothers and classmates presumed to be complicit in this tragedy.

The entire picture and occurrence is disheartening and utterly devastating - on so many levels. I am compelled to write this article as there are many misperceptions among the students, in general, in this public record that warrant clarification. If the spread of informative health and medical awareness is the consequence, then this cautionary tale will serve to bring a modicum of sense out of its overwhelming senselessness.

And, hopefully, prevent future recurrence.

In the [presentment](#) [2], there is a timeline of Mr. Piazza’s decompensating health status, description of repetitive injuries, forensic conclusions and the revelation of delayed pursuit of possible life-sustaining and life-saving intervention as well as beliefs of classmates quoted. For example, one student expressed concern Mr. Piazza needed medical care, could have a concussion and needs to be kept awake to prevent a coma. Another responded, “that’s a myth” and deferred to the group of “biology majors” who he believed knew better. A 911 call did not take place.

The reader is left with such profound sadness. For all parties. Throw alcohol into the mix of fear, denial, misinformation, poor and impaired judgement, self-preservation, adolescent mentality and a toxic, lethal cocktail is imbibed. The result was hours upon hours of delay in receiving appropriate medical intervention that might have changed so dreaded an outcome.

Alleged hazing and extreme inebriation set off a cascade of negative events. Falling down stairs, multiple head traumas, traumatic brain injury and significant laceration of the spleen were among the catastrophic incidents. As was the wasting of time for possible helpful intervention.

To review the court papers in their entirety, see [here](#) [2]. (2) Now, we will shift more generally to elucidate some falsehoods observed in this missive and amplify key messages should one find themselves in such a situation.

Head Trauma

As previously indicated, taking a head trauma seriously—minor or otherwise— is never a “myth.” Especially in the context of knowing there was an actual head injury. Each occurrence should be taken seriously and be properly evaluated by a trained medical professional. It is essential to avoiding a bad outcome. Skull fractures and bleeds in the brain can show varying signs. Certain types have a period of lucidity before a rapid decline. Others are more dramatic sooner. And, time is of the essence.

Impaired cognition or an inability to sustain an awakened state are causes for seeking emergency medical services. As is altered breathing with unresponsiveness. Headache, nausea, vomiting, seizures, vision changes, asymmetry, confusion, limpness, unresponsiveness and other neurological changes are all among the many signs and symptoms that necessitate medical evaluation.

In this specific scenario, multiple efforts that were unsuccessful were made to arouse the student— from liquid pouring to sternal rub. By the mere thought and initiation of these actions, emergency medical care should already be underway.

“Weird” posture and clenched fists were observed in this instance. This can be very telling of the state of blood in the brain, the build-up of intracranial pressure and its progressive influence. Medical personnel would be keenly aware of the significance of all of these physical findings.

When a person does not respond to their name or is confused and disoriented, seek emergency care. The take home message here is if it even occurs to you to involve a physician and call 911, do so. Ask yourself what the worst thing about seeking help could be? That the person is okay?! That is a wonderful thing. But, living with yourself if they are not and you could have done something about it is a horrible position to find yourself—and, one that rarely dissipates.

Mechanisms of injury that seem minimal can sometimes do more damage than more overt ones. A well-trained individual can make a more accurate assessment of when to worry or observe or intervene.

Alcohol Intoxication and “Back-Packing”

In [Alcohol: The Good, The Bad, The Ugly](#) [3], I extensively address the spectrum of alcohol

consumption and its effects. Unfortunately, college campuses are wrought with binge drinking and its deleterious consequences. With education, we can move the needle.

A drunken stupor is not to be managed by classmates, let alone ones also impaired by it or other substances for that matter. It appears from this Penn State example that “managing” inebriation was something certain students were “experts” in, so dangerous assumptions abounded. One was centered around “back-packing” which is apparently code for when you are concerned a drunken friend is at risk of aspiration from the extreme nature of the intoxication. As a result, standard fare was to load a back-pack and place it on the impaired student so the weight would avoid his/her rolling over onto their back.

Improving alcohol awareness programs in colleges is vital to preserving well-being if this is a rampant notion in that population. As is the need for responsible, sober figures who could aid in ensuring good decisions with sound judgement are taking place—especially when circumstances appear to be shifting out-of-control.

The major —among many—flaw in this “back-packing” narrative is the fact that if an otherwise healthy person who is so substantially inebriated that there is even a passing thought he/she is at risk of aspiration, then emergent medical care should already be involved. If there is even a whiff that someone cannot control his/her secretions or be conscious enough to do so, then trained professional medical assessment is essential to a good outcome —and, in some cases, survival.

Bruising and Injury to the Spleen

The spleen is a highly vascularized organ. It is located in the left upper quadrant of the abdomen. When injured or lacerated albeit by blunt force trauma or otherwise, it bleeds profusely.

Tremendous amounts of one’s blood volume can accumulate in the abdomen as a result of splenic rupture or damage. In these situations, hemorrhagic shock and death can ensue if not detected early and properly managed.

As per this report, it appears a bruise on the abdomen was noted by several partygoers. The contusion was affirmed by the forensic pathologist and its location corresponded to a severe splenic laceration— the intensity of which was heightened when peers repetitively jostled, moved and sat on the abdomen. It was estimated the abdominal cavity contained “four liters (80% of human body’s total blood supply)” of blood.

It is important to appreciate that bruising is proof something happened. It can be an invaluable sign that prompts necessary intervention. Often, traumas occur unwitnessed and those arriving to help are uncertain of what happened and what— if any— injury transpired. Since bruising is not always readily apparent in traumas, when it is present it can be a crucial guide to prompt diagnosis and effective treatment.

Unexpected or preventable injury in the community tends to occur in chaotic instances. All the facts may not be instantaneously known. Signs of disability may evolve with time. Putting the puzzle pieces together requires an experienced and appropriately trained health care professional. To the untrained bystander, calling immediately for help and ensuring no further injury takes place can be life-saving and life-altering acts. Moving or shaking, for example, an injured person when

not in imminent environmental danger can do more harm than good if done by an untrained person. Remember 911 operators and emergency room staff, for example, can be excellent resources to talk you through scenarios while help is en route.

In summary...

This tragedy reflects a series of activities that could serve to educate others in an effort to avoid it ever happening again. Hopefully, college campuses throughout the country recognize improvements in policies and awareness are a matter of life and death with no university being immune. Basic medical understanding in emergencies and how to prevent them should be a significant component of these initiatives.

Note(s):

(1) (2) The presentment released by the Commonwealth of Pennsylvania's Office of the District Attorney is entitled "Beta Theta Pi Fraternity and 18 Brothers Charged in Death of Timothy Piazza; 8 Facing Manslaughter Charges."

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[1] <https://www.shutterstock.com>

[2] <https://apps.npr.org/documents/document.html?id=3705264-PSU-Hazing-FINAL-Charges-and-Presentment>

[3] <http://www.acsh.org/news/2016/10/06/alcohol-good-bad-ugly-10260>