

Senator Thom Tillis Collapses at Race, Early Media Reports Confusing



By *Jamie Wells, M.D.* — May 18, 2017



Credit: Shutterstock [1]

Republican Senator Thom Tillis of North Carolina released two videos on his Twitter account correcting prior seemingly false reports about the consequences of his collapse at a race in Washington, DC.

For example, as per the Senator, it was erroneously stated he received cardiopulmonary resuscitation (CPR)—there had been published claims chest compressions were performed by bystanders.(1)

In the first video, he clarifies from his hospital bed: “Hey everybody, I’m fine. Just running about 2.5 miles in, got overheated. No CPR. No special measures. Just checking me out. See you back on the Hill.” (See [video here](#) [2])

Shortly after his hospital discharge Sen. Tillis posted a [second clip](#) [2] featuring him wearing a suit in his office entitled (in part) “I’m happy to be back to work on Capitol Hill after receiving a clean bill of health.” In it he thanks first responders, good samaritans and hospital staff and reiterates he was given a clean bill of health and is ready to get back to work.

This example underscores a current systemic issue. With a twenty-four hour news cycle in so competitive an industry as media, being first trumps the desire to be precise which seems to be fading among its top priorities. Without this being imperative, misinformation spreads.

There is a lasting impact of perpetuating medical falsehoods. In general, the public could delay seeking treatment based on them. Or, initiate dangerous therapies.

Quick judgement without the facts is becoming the norm for media producers as well as its

consumers. Deleterious effects can result. The reality is contemporaneous medical coverage of an incident requires way more than bystander input—which in an ideal world would stick to observable facts without interpretations and premature conclusions.

Clinical courses are fluid and dynamic, not static. For instance, what was moments ago important might no longer have relevance to one's medical condition and what an untrained observer views might not be accurately understood and perceived. Precision in language when discussing "reviving" or "unconscious" or "resuscitated" matters. It matters for the medical treatments and interventions moving forward, for family communication updates, for assessing future prognosis etc. It also matters in properly educating our citizens; for, should these situations recur, it is in everyone's best interest to possess good information— it can be life-saving.

It is important for the public to appreciate what is an emergency and what isn't, what necessitates quick stays in emergency rooms versus hospital admissions. As I always say in the medical realm, good information saves lives while bad information can end them. The interventions are not the same for someone seizing as opposed to someone experiencing mild dehydration. The medical history of the individual (e.g. comorbidities, medicines and their interactions, family history) and the acute event matter and their accurate portrayal directly impacts diagnosis, treatments and prognosis.

What a doctor would describe as reviving may drastically differ from what a non-doctor might describe. To me, CPR ostensibly means chest compressions and supporting the airway along with rescue breathing so that circulation and breathing are maintained when they have stopped. To a non-physician, CPR might mean a wide range of signs and symptoms.

Labels need not be arbitrarily placed on actions. Elucidating the steps taken is way more meaningful than assigning any efforts to the term "CPR." Saying it "appeared to be" is more helpful than "it was" if there is any doubt. A doubt is okay. It is honest. It is exact. The description of the course of events without embellishment is most helpful. Putting together the whole story can be left to those who have access to all of the information, inside knowledge and expertise.

In medicine it is par for the course for individuals to contact a physician when worried or concerned. These are routinely high stress situations. Emotion is in the mix and can cloud storytelling. This is where being a seasoned clinician makes all the difference in clarifying a comprehensive picture and putting the puzzle pieces together to determine a diagnosis.

During these often frantic phone calls, one example comes immediately to mind. The word "lethargic" is frequently used by the general public. As a medical term, it warrants an urgent response. To a physician, this means the person can barely if at all sustain an awakened state and is in emergent peril from a host of variable etiologies ranging from meningitis to profound head trauma.

When it is teased out further in discussion, the typical conversation between doctor and patient (or parent) tends to follow a more benign trajectory. In my experience, *lethargy* is the word of choice worried parents use to describe their ill child. It is often used to mean they seem tired, defined by missing a nap or two or not wanting to participate in their favorite activity.

The experienced practitioner will follow-up with questions about what the child or patient is currently doing. When the answer is “he was just chasing his sister and is now playing outside with the dog,” then the concern for a serious illness diminishes. But, only with active exchanges and emphasizing the significance of a thorough history is superior care able to be provided.

The events surrounding Senator Tillis’ health issue provide a teachable moment. Reporting the collapse itself by the media is a witnessed event and makes sense with a public figure, but tacking on a host of bad information out of flurries of speculation and false interpretation is how misperceptions are disseminated. The rush for first should not trump the desire to be precise.

Only this individual and his medical team are fully informed about the situation. They are the primary sources that can decipher the account. And with HIPAA privacy regulations, it is really the patient who is ultimately responsible for determining what is disclosed. Physicians require a patient’s consent to reveal any or all of a patient’s record.

When these types of events occur in the public sphere, it is always up to the person at the center of the issue to decide what is or is not revealed. So, weighing in on the exact narrative is often speculative at best. It is rare it conveys the entire story. (See [Who’s NOT Medically Fit to Be President](#) ^[3])

What is of use is to recognize the topical nature of the scenario and identify the aspect that could most inform and help others to avoid such untoward effects. Here, the meaningful take-home is that “overheating” is a potentially avoidable condition that all of us can be susceptible to experiencing— whether a more experienced runner or a novice. Running a race in extremes of weather requires appropriate preparation and maintenance during and after the activity. (2)

Discussing with your physician who knows what medicines you are taking and aspects of your history that might put you at greater risk is always worthwhile, in general, and when you know you will engage in significant physical endeavors. Together, you can devise a plan to maintain your optimal hydration and electrolyte balance and determine whether the event is safe for your participation. (See [7 Marathons In 7 Days On 7 Continents \(Healthy?\)](#) ^[4]) (3).

It is also essential to remember the next time such a health event plays out in the media that gathering all of the facts represents the most truthful depiction— and, this often does not happen on our timeline.

Note(s):

(1) Fox News also confirms at [this link](#) ^[5] that CPR reports were false: “Initial reports said Tillis received CPR, though Fox News later confirmed that did not happen.”

(2) The Centers for Disease Control and Prevention (CDC) serves as a useful resource on warning signs for heat-related illnesses and their prevention at [this link](#) ^[6].

(3) The links within that article provide comprehensive information on cardiac effects of extreme exertion to altitude sickness and its prevention etc. There are innumerable preparatory efforts that are essential to consider when engaging extreme sports or otherwise especially in challenging conditions.

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Links

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

[2] https://twitter.com/SenThomTillis?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor

[3] <http://www.acsh.org/news/2016/09/21/whos-not-medically-fit-be-president-10196>

[4] <http://www.acsh.org/news/2017/01/18/7-marathons-7-days-7-continent-healthy-10740>

[5] <http://www.foxnews.com/politics/2017/05/17/sen-thom-tillis-collapses-during-dc-race.html>

[6] <https://www.cdc.gov/extremeheat/warning.html>