The novice Comrades Marathon runner, Michael Gordan, 34, of Gauteng, seen by millions of television viewers being carried limp and unconscious across the finishing line by several of his 11th-hour fellow finishers, was probably seconds from death.

That is the speculative opinion of the Comrades medical director, Dr Jeremy Boulter, who attended to Gordan within minutes of his being lowered to the ground by the group of determined and exhausted fellow runners.

A second runner, Willem Malapi, 48, of Worcester, who cleared the finishing line as doctors were vainly trying to resuscitate Gordan, was rushed to the nearby medical tent where he also suffered cardiac arrest but was successfully resuscitated. Malapi’s potassium count was 8.3 during resuscitation. Tragically, however, he died in Durban’s St Augustine’s Hospital later that evening after a second arrest.

Ironically, Gordan’s wife reportedly asked him shortly before he took part, why he was ‘running this mad race’, and he had replied, ‘so that I don’t die young’.

These were the sixth and seventh deaths respectively in the 82 years that the Comrades Marathon has been run. There have only ever been 2 deaths in one Comrades before (2001).

The death of the late-finishing duo has revived medical debates about selective pre-race screening, enhancing emergency treatment access near the Comrades finish (in spite of logistical difficulties), and improving athletes’ general health risk awareness.

Gordan was running his first Comrades and had a family history of heart-related early death (father and grandfather) – something that top cardiologists interviewed by Izindaba believe points to pre-existing hypertrophic cardiomyopathy.

One in 3 athletes under 35 who die suddenly and unexpectedly during strenuous exercise in the USA suffers from this condition.

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Selective pre-competition screening needed

In Canada and in many American states pre-competition health screening is mandatory. Athletes must produce a certificate in order to take part in races and competitions.

Malapi was running his 14th Comrades. His heart risk factor history was unknown.

Boulter told Izindaba that when he got to Gordan, a paramedic and a Netcare doctor had begun CPR.

‘My impression was that he was already dead – I would think he was close to death when he crossed the line.’

Boulter said that in the dramatic television footage, Gordan ‘appeared to be cyanosed already’ (while being carried by his fellow runners).

‘I think when he went down was when he had his infarct. Certainly it was massive and severe. The people carrying him also said he suddenly seemed to get heavier.’

Izindaba asked Boulter about the apparent delay in emergency medical staff getting to Gordan (his fellow runners were seen repeatedly struggling to lift and carry him over several minutes as he progressively deteriorated).

He said suggestions made after previous Comrades that included strategically placing medical staff a kilometre out from the stadium and again just within its confines would now be ‘revisited’.

‘We’ve spoken about having an emergency lane where a motorbike with a siren can move up and down, but it wouldn’t be easy with the crowds, not to mention hundreds of determined, exhausted finishers bearing down on you with an eye on the clock.’

The Comrades committee would focus on the practical difficulties posed in Scottsville, Pietermaritzburg, where crowds and structure ‘make it practically impossible to get a vehicle near the finish area’.

One of Gordan’s fellow runners, Carsten Frischmuth, said Gordan seemed fine 2 kilometres out, even encouraging fellow runners he was passing. But a kilometre further on, he was seen ‘wandering all over the road’.

Quick access to victims ‘vital’

Dr Wayne Smith, deputy director of Metro Rescue in the Western Cape and Wayne Derman, Associate Professor of Sports Medicine at the University of Cape Town, agreed that speed of access to the victim of a cardiac arrest was vital.

‘The big issue is that there are athletes out there exercising with underlying coronary artery disease.’

The quicker you can get them out of a dysfunctional rhythm, the better – that’s why you see AV lines and defibrillators all over the walls at airports,’ said Smith.

Derman, a veteran of the Two Oceans Marathon medical tent, said that ‘generally you have to get to them within 2 or 3 minutes’.

Research data from interviews with surviving spouses and families showed that athletes who fell prey to sudden cardiac deaths had lived with symptoms ‘for many years’.

‘The big issue is that there are athletes out there exercising with underlying coronary artery disease – paradoxically it’s kept them going more years than if they were not exercising.’

He warned any athlete experiencing chest pain, dizziness, abnormal heart beats, palpitations, shortness of breath, severe chest discomfort or excessive sweating or fatigue to consult their GP or a specialist. Any flu or bronchial condition prior to racing was potentially fatal.

Anyone over 45 should also have an ECG before starting any exercise programme.

Deaths ‘potentially preventable’

He agreed with Groote Schuur Hospital cardiologist and Head of Medicine, Professor Bongani Mayosi, that sudden unexpected death in athletes was preventable with screening and education. Both said the available data pointed to either myocardial infarction (if there was a family history of premature heart attack) or hypertrophic cardiomyopathy (if the family history was of sudden unexpected death) in Gordan and advised a postmortem to establish the cause of death because of the implications for his surviving blood relatives. Gordan, who was Jewish, was buried the next day without a postmortem having been performed.

Mayosi cited the young Cameroonian soccer national Marc-Vivien Foe who ‘dropped dead’ from hypertrophic cardiomyopathy in a 2003 FIFA Confederation Cup match in front of a live TV audience.

South Africa was ‘lagging behind’ other countries in legislation and awareness.

Derman pondered: ‘Wouldn’t it be fantastic if school rugby teams came to us for cardiovascular check-ups and even pre-season bio-mechanical injury potential checks?’

Boulter said he had personally handed Gordan’s bronze medal to Gordan’s wife while Malapi and the runners who assisted both victims also achieved this honour. (A runner’s feet have to touch the ground across the finish line for him/her to qualify.)

Race organisers also pledged a major health risk education campaign to minimise the chances of future Comrades deaths.

Chris Bateman