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June 26, 2007



DEATH OF TEENAGE TRIATHLETE

Emergency equipment 'too costly'

National sports bodies say it's not feasible to have an ambulance or defibrillator at trials

By Lee Hui Chieh

IT IS not feasible to have an ambulance or a device to jump-start a stalled heart during training sessions or selection trials, national sports associations said yesterday.

They said it would be too costly to hire ambulances to be stationed round the clock, or to buy and maintain an automated external defibrillator - costing \$3,000 to \$4,000 - as well as train staff to use it.

The associations were responding to concerns raised over athletes' safety that were highlighted by teenage triathlete Thaddeus Cheong's death on Sunday.

The 17-year-old Raffles JC student had not been known to be ill or suffering from any heart conditions.

Singapore Athletic Association (SAA) president Loh Lin Kok said: 'It will be well nigh impossible to cater ambulances for training sessions.

'Athletes train throughout the day, and just a few at each time. It's not practical.'

But he added: 'But, if it's a gruelling race, like a triathlon, then we can't play the fool.'

Singapore Swimming Association vice-president (swimming), Oon Jin Gee, said: 'We deal with high-performing athletes, near-professionals. You expect them to be super-fit, and be in the best shape.'

When Thaddeus collapsed after completing a selection trial for the South-east Asia Games, there had been no medical treatment rendered, his mother said.

Angeline Cheong and her husband George, both 46, had been at the trial, rooting for their son when they saw him cross the finish line at Changi Coast Road before falling.

Mrs Cheong said: 'There was no medical help at all - no medical personnel, no



PRIDE OF PLACE: Photographs of Thaddeus Cheong and the medals he won take centre stage at the wake held at the family home yesterday. -- ST PHOTO: DESMOND LIM

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ambulance, no defibrillator. I guess it was because it was not a major race.'

The teenager was taken to hospital by the trial's organiser, the Triathlon Association of Singapore (TAS), in a van.

When Thaddeus arrived at Changi General Hospital 10 to 15 minutes later, he already had no pulse.

Doctors failed to resuscitate him and pronounced him dead after an hour and a half.

Mrs Cheong's sister, Dr Belinda Wee, 43, a general practitioner, said yesterday: 'To prevent this from happening again, in any such races, they should have a defibrillator and medical personnel on standby.'

'If a defibrillator had been used, my nephew might still be here.'

Mrs Cheong added: 'We're not blaming the association. But we hope that, in future, such things can be avoided.'

Three TAS officials present had been trained in cardiopulmonary resuscitation (CPR), but had not performed it on Thaddeus because his heart seemed to be still beating at the time.

Yesterday, TAS' senior executive and assistant national coach Jerry Seah explained: 'I could still see his eyes moving and there was a pulse.'

Trial participant Jonathan Fong, who accompanied Thaddeus in the van to hospital, said: 'I was monitoring his pulse all the way, and there was a very, very weak pulse.'

The TAS did not comment on its reasons for not hiring an ambulance for this trial.

An ambulance equipped with a defibrillator and trained medical staff is a standard requirement for major meets and races, said the Football Association of Singapore (FAS), the SAA and the SSA.

But these are generally not employed during normal training sessions and trials.

The swimmers train at pools where lifeguards are trained in CPR, said Oon.

FAS spokesman Eric Ong said that all its coaches and physiotherapists were trained in CPR, and at least one would be present at the national team's training sessions.

Since 2000, it has made it compulsory for all national team players to go through a thorough health check every year.

It is considering buying automated external defibrillators to beef up precautionary measures, FAS' Ong said.

Similarly, the SSA's coaches are CPR-trained, and it will now relook the feasibility of buying defibrillators, according to Loh.

The Singapore Sports Council was unable to comment by press time on any action it would be taking to prevent a repeat of the incident.

Parliamentary Secretary (Community Development, Youth and Sports) Teo Ser Luck said yesterday that the ministry and the council will work with the national sports associations to improve safety measures for sporting events.

huichieh@sph.com.sg

ADDITIONAL REPORTING BY JEANETTE WANG

'To prevent this from happening again, in any such races, they should have a defibrillator and medical personnel on standby. If a defibrillator had been used, my nephew might still be here.'

DR BELINDA WEE, a general practitioner and Thaddeus' aunt

'We're not blaming the association. But we hope that, in future, such things can be avoided.'

MRS ANGELINE CHEONG, Thaddeus' mother

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TAS should be commended for making proactive efforts to minimise such sudden collapse incidents by screening participants with the Medical Report. However, I'm sure they are aware that a more effective solution is to provide on-site well-trained CPR personnel and equipment.

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Posted by: LauSikKong at Thu Jun 28 13:50:51 SGT 2007

No athlete is immune to cardiac arrest, be it less well train or the very well train(pro) if anyone push their body over the limit, they are most likely to get cardiac arrest.

Posted by: boscombe26 at Thu Jun 28 12:17:19 SGT 2007

Dr Charles, most people knows is sudden cardiac arrest the mystery is what cause it in young fit adults. I hoped when u are teaching CPR u tell them pulse check is very inaccurate way of ascertaining circulation as u said. I presume the best advise when in doubt start CPR

Posted by: FreeNEasy at Thu Jun 28 11:40:05 SGT 2007

I wonder if the incident is related to Hyponatremia ?

Yes or No. I think it is still a good idea for all elite competitive athletes to attend a Sports Physiology and Nutrition course with specialised advise related to their sport. Me myself I was obsessed with self-studying these topics as I used to train intensively for my favourite sport in my youth.

Guys scaling Everests and pushing the limits take calculated risks, nobody would want to use the emergency medical service, it is important to have a basic understanding to know what is happening inside the human body as we pushing our limits and putting our body at higher risk.

Even for medical personnel, they have to be alert for some emergency cases that may more likely to happen in sports events and adept to dealing with these, e.g. dehydration, heat stroke, etc. Fluids and equipment like the defib and people who know how to administer these quickly have to be there.

Posted by: cheshirecat at Wed Jun 27 19:30:48 SGT 2007

I happened to discuss this last Feb with a foreigner about defibrillator (as he was connected with the manufacturing of such equipment in some way..) and he reckoned that one day the insurance company will impose that such equipment be available because it helps save life and to the insurer it helps to delay the pay-out too.

Hopefully when this happens the demand will allow the cost of this equipment to drop to a more affordable level and help to save life - like this one and many other valuable one.

There is hope!

Posted by: ebchnj at Tue Jun 26 22:33:58 SGT 2007

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