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Clinical Research

The Myth of “Tongue Swallowing” Delays Cardiopulmonary Resuscitation of Athletes With Cardiac Arrest, Yet It Is Often Perpetuated by the Media

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ABSTRACT

Background: In June 2021, during a Union of European Football Associations soccer competition, a Danish soccer player had cardiac arrest. Millions of spectators witnessed the event. The initial response of team players, attempting to prevent “tongue swallowing,” was visible on television and was inaccurately portrayed as a “life-saving measure.”

Methods: From 1990 to 2024, we continuously searched the Internet for videos showing athletes undergoing resuscitation maneuvers after collapsing during competition, focusing on the first response. We also analyzed the news coverage of these resuscitation efforts.

Results: We report 45 cases of athletes collapsing during sporting events that were caught on video or published and publicly available. When the first action was visible, an inappropriate response, including attempts to prevent tongue swallowing, preceded proper cardiopulmonary resuscitation (CPR) in 32 (84%) cases. Death or severe anoxic brain damage was more likely to follow cardiac arrest events when the victims were subjected to tongue-swallowing prevention maneuvers than when victims received CPR at first response (18 of 27 [67%] vs 0 of 3, $P = 0.045$). Twenty-eight cases were covered in a total of 84 news articles. The term “tongue swallowing” appeared in 40 articles and was generally praised, indicating that nearly half of the articles reinforced this misconception.

Conclusions: During bystander resuscitation of athletes with cardiac arrest, attempts to prevent “tongue swallowing are common and are associated with a poor prognosis. Still, such attempts are praised by the media. Education on proper CPR techniques should include a critical reassessment of the myth of tongue swallowing.

RÉSUMÉ

Contexte : En juin 2021, un joueur de soccer danois a fait un arrêt cardiaque lors d'une partie du championnat de l'UEFA. Des millions de spectateurs ont été les témoins de l'événement. Ses coéquipiers lui ont administré les premiers secours en essayant de l'empêcher de s'étouffer en « avalant sa langue », un geste dépeint à tort dans les médias comme une intervention « qui sauve la vie ».

Méthodologie : De 1990 à 2024, nous avons fait des recherches sur Internet pour trouver des vidéos montrant des athlètes faisant l'objet de manœuvres de réanimation après s'être effondrés pendant une compétition, en nous intéressant plus particulièrement à l'administration des premiers secours. Nous avons également analysé la manière dont ces tentatives de réanimation étaient couvertes dans les médias.

Résultats : Nous avons répertorié 45 cas d'athlètes qui se sont effondrés pendant une compétition sportive, filmés ou publiés et accessibles au grand public. Lorsque l'administration des premiers secours était visible, une réaction inappropriée, par exemple tenter d'empêcher la personne de s'étouffer en avalant sa langue, a précédé les mesures de réanimation cardiorespiratoire (RCR) appropriées dans 32 cas (84 %). Les victimes d'un arrêt cardiaque soumises à des manœuvres visant à les empêcher de s'étouffer en avalant leur langue étaient plus susceptibles de décéder ou de présenter des lésions cérébrales anoxiques graves que celles ayant fait l'objet d'une RCR en guise de premiers secours (18 sur 27 [67 %] vs 0 sur 3; $p = 0,045$). Vingt-huit cas ont été couverts dans 84 articles de presse au total. L'expression « empêcher d'avalant sa langue » est apparue dans 40 articles et l'intervention a été généralement saluée. Autrement dit, près de la moitié des articles ont renforcé cette idée fausse.

Keywords: athletes; cardiac arrest; cardiopulmonary resuscitation; social media; tongue swallowing

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On June 12, 2021, the Danish soccer player Christian Eriksen collapsed from cardiac arrest during a Union of European Football Associations (UEFA) Europa League soccer competition. The game was televised globally¹ and millions of viewers witnessed the dramatic event in real time as it unfolded. The first response by Eriksen's teammates was visible on television.² The players placed the cardiac arrest victim on his side and kept him in that position for nearly 50

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seconds while forcefully opening his mouth in what appeared to be an *attempt to prevent him from swallowing his tongue* (Fig. 1). This action was described by the British daily newspaper, *The Guardian*, in an article entitled, “The Instant Heroes,” as *an action to make sure the airway is open*.³ Proper cardiopulmonary resuscitation (CPR) with chest compressions was *not* the first action, but this important fact was ignored by the lay press reporting on the event worldwide. Fortunately, proper CPR and defibrillation were ultimately performed, and the athlete survived. Paradoxically, this positive endpoint prompted major news agencies³⁻⁶ to praise the entire resuscitation process, including the initial incorrect actions undertaken. Such reporting was emulated multiple times over numerous web pages.⁷⁻⁹ Also, a study analyzing the emotions expressed in > 45,000 “tweets” posted within 24 hours of the event reported that “trust” was the most commonly expressed emotion.¹⁰

The case described suggests that, despite our initial report in 2017,¹¹ the myth of tongue swallowing and its perception as a cause of cardiac arrest is widespread and often delays the initiation of effective CPR. In our preliminary study¹¹ reporting on 29 cases of athletes collapsing with cardiac arrest between 1990 and 2017 and fortuitously caught on video, the attempt to prevent “tongue swallowing” was the first action undertaken in 65% of cases and preceded chest compressions.¹¹ To further understand its commonness and the possible contribution of the media to the propagation of this myth, we have now expanded our series of consecutive cases of cardiac arrest of athletes caught on video to the years 1990-2024, nearly doubling the number of cases reported. More importantly, we can now emphasize the role of the international media in the continuous propagation and perpetuation of “the myth of tongue swallowing.”

Methods

Since 1990, we have conducted an ongoing Internet search of events captured on video of cardiac arrest or transient loss of consciousness severe enough to prompt resuscitation maneuvers. As described elsewhere,¹¹ we continuously searched Google, Google Images, Google Videos, and YouTube, using the following keywords: collapse, athlete, sudden cardiac event, sudden cardiac death, sudden death, and commotio cordis. For each identified video, we specifically focused on the first response to the cardiac arrest event, including the action undertaken by the first person and subsequent persons approaching the collapsed individual. The first author classified these and subsequent actions as either an appropriate response or an attempt to prevent tongue swallowing. An appropriate response involved placing the victim on his back

Conclusions : Lorsqu'un athlète fait un arrêt cardiaque, il est fréquent que les personnes présentes sur place tentent de l'empêcher d'avaler sa langue en guise de premiers secours, une intervention associée à un mauvais pronostic. Cette intervention est pourtant saluée dans les médias. La sensibilisation aux bonnes techniques de RCR devrait inclure une réévaluation critique de l'idée fausse voulant qu'il faille d'abord empêcher la personne qui subit un arrêt cardiaque de s'étouffer en avalant sa langue.

and initiating chest compressions. An attempt to prevent tongue swallowing was defined as a clear vision of hands placed inside the player's mouth *instead* of performing chest compression. In the case of uncertainty regarding the classification, the video was reviewed by the last author and a third author if necessary. We analyzed the sequence of events from the moment of the initial collapse and throughout the entire rescue process as caught on video. Whenever the initial actions were not clearly visible because of being blocked by other athletes, the case was defined as “unclassified action” and excluded from further analysis.

For our study, we searched and examined the news coverage of each of these events, focusing on how the resuscitation efforts were described, including the title selected, the pictures chosen, and the specific description of the event. Media reports include information for each of the events caught on video. Outcomes were determined based on what was reported in the media for all athletes with cardiac arrest. For each event, we reviewed the most popular local or international media platforms describing the incident, that is, the platform that received the highest exposure rate. Each case was carefully reviewed by the first author and, if conflict arose regarding a certain case, an additional review by the last author was conducted. Statistical analysis was conducted using the Fisher exact test to assess the difference in survival outcomes based on the initial resuscitation response. Descriptive statistics were calculated for athlete demographics and event characteristics to summarize the data collected from the identified cases. Institutional review board approval was not required for our study because these events are in the public domain.

Results

We identified 46 athletes collapsing with cardiac arrest ($n = 37$) or loss of consciousness leading to resuscitation attempts ($n = 9$) with videos (44) or reports (2) posted on the Internet between 1990 and 2024. The 2 reports for which videos are no longer available were nevertheless included because we had accessed these reports through our original search for videos and because they include detailed descriptions of attempts to prevent tongue swallowing. From these 46 cases, 1 video was excluded because the player received a shock from an implanted defibrillator before resuscitation maneuvers were initiated.¹² Thus, 45 cases are reported, including 36 with cardiac arrest (Fig. 2).

The mean age of the athletes at the time of the event was 24.9 ± 3.9 years; 44 (98%) of them were male. All events occurred during active competition (95%) or training (5%). Most cases (30 of 45 [66%]) took place during a



Figure 1. Christian Eriksen in the moments after his collapse and the response from his teammates. Images from articles describing the collapse. The images offer a close-up view of a teammate's initial response to Eriksen's collapse with insertion of the thumbs into his mouth and forcefully opening. Other players support Eriksen while keeping him lying on his side. These images were presented along with headlines of articles pertaining to the collapse event while also providing a graphic description of how to prevent tongue swallowing: (A, C) <https://guardian.ng/sport/denmark-star-eriksen-awake-in-hospital-after-collapsing-in-euro-2020-game> and (B) <https://wos.nine.com.au/football/euro-2020-christian-eriksen-collapse-cardiac-arrest-doubt-he-will-play-again/7b6598e7-9b61-4162-9f2d-b61fd396db85>.

soccer game; 6 (13%) occurred during ice hockey games; 6 during basketball, volleyball, or American football; and 3 during martial arts competitions (Supplemental Table S1). The majority of events, for the 43 events with this information, occurred in Europe (21 of 43 [49%]) and North America (10 of 43 [23%] events); the others were evenly distributed in Latin America (3), Africa (4), Asia, and the Middle East (5).

The first action during resuscitation was clearly visible in a total of 38 events (30 events of cardiac arrest and 8 with transient loss of consciousness prompting resuscitation). Forceful opening of the victim's mouth to prevent tongue swallowing was evident in 32 of 38 (84.2%) cases; these attempts preceded the performance of chest compressions in all these cases. Only 6 (15.8%) received proper CPR with chest compressions as initial resuscitation actions. For the 30 cardiac arrest events with visible initial actions, prevention of tongue swallowing was the first maneuver performed in 90% (27 of 30 [purple square in Fig. 2]).

The prevalence of tongue-swallowing prevention maneuvers for the events caught on video was higher in Europe compared with North America ($P = 0.0103$ by Fisher exact test). Otherwise, we found no significant associations between players' characteristics and the type of initial resuscitation performed. An example of a video showing frantic attempts to prevent tongue swallowing is available at <https://www.youtube.com/watch?v=FhR7MLeMH4w>.

Data regarding survival were available for 44 (97.7%) cases. Thirty of 38 cases with the first action visible involved cardiac arrest. For the 30 cases with cardiac arrest and visible initial resuscitation actions, data on survival are available for 29 (97.7%) cases (Fig. 2). Not surprisingly, the initial maneuvers performed during resuscitation had a profound effect on the outcome: Nearly 70% of athletes receiving tongue-swallowing prevention attempts died or remained in a vegetative state (Central Illustration), whereas all 3 athletes with cardiac arrest who received chest compressions as the first CPR maneuver survived without significant anoxic brain damage. The difference in outcome according to the type of resuscitation reached statistical significance ($P = 0.045$ by Fisher exact test).

Media coverage of tongue-swallowing prevention maneuvers

We reviewed the main media coverage of resuscitation events involving tongue-swallowing prevention maneuvers, including 1-6 media articles with the highest exposure for each event, for a total of 84 articles with high visibility that are then shared by multiple web pages over the Internet. The term "tongue swallowing" appeared in 40 (48%) of these 84 press articles, and the terms "hero," "life saver," or other forms of praise appeared in 27 articles. Furthermore, among the 23 cases dealing exclusively with cardiac arrest victims who

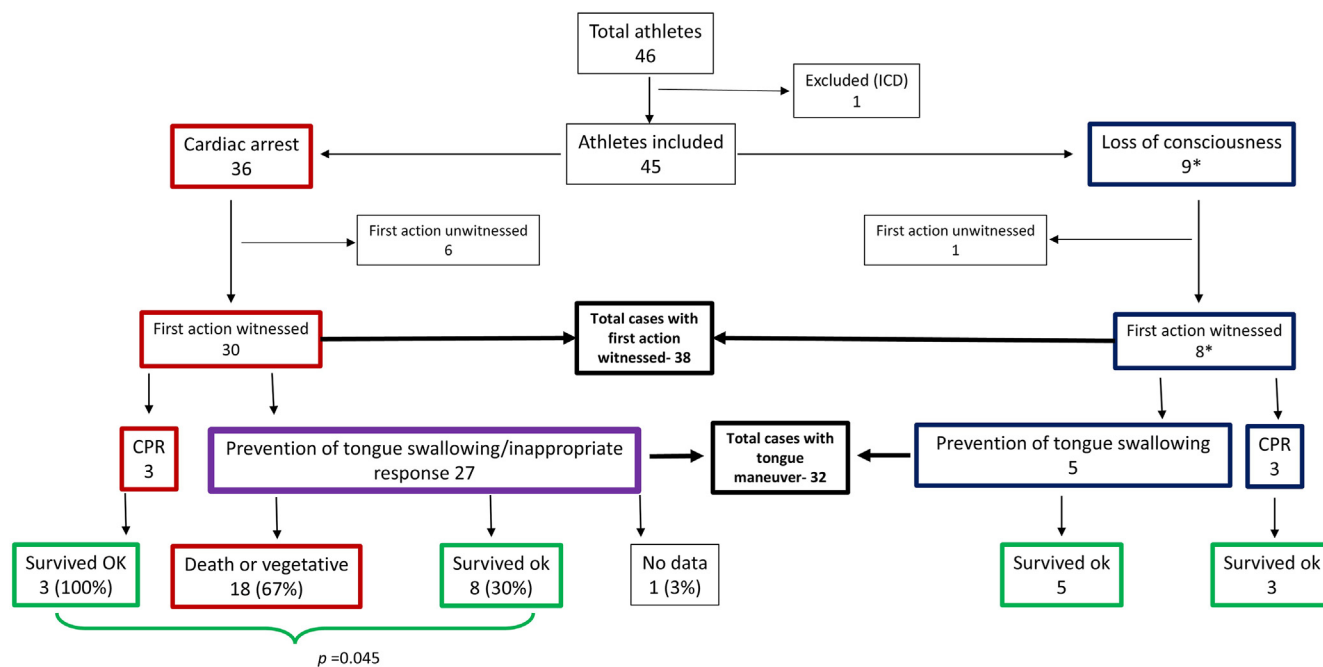


Figure 2. Flowchart of included cases. Included in this subgroup are 2 cases of transient loss of consciousness for whom the videos are not available who were nevertheless included because posted reports of the event include very detailed descriptions of attempts at preventing tongue swallowing (**asterisk**). The Fisher exact test takes into account 24 cases with data on survival.

received “tongue-swallowing prevention maneuvers” or some form of inappropriate first response as the first action, we found a total of 69 articles. The vast majority (53 of 69, 77%) either praised the incorrect response, specifically using the term “tongue swallow” without condemning the attempts at its prevention or simply lacked criticism of these incorrect responses. Only 16 of 69 (23%) articles reporting on cardiac arrest cases receiving attempts to prevent tongue swallowing criticized the incorrect response. In what follows are case examples to further demonstrate the role of the lay press in promoting “the myth of tongue swallowing.”

The case of Christian Eriksen. As described earlier, this renowned Danish soccer player collapsed during the UEFA European Football Championship in 2020, in a match against Finland. In the prominent online news coverage by Sky News, the attempts to prevent tongue swallowing by Eriksen’s teammates were described as “a potentially life-saving role in the response.”¹¹ One news media outlet, *The Sun*, noted that the maneuvers for “prevention from swallowing his tongue” were then followed by the “life-saving decision to start giving CPR on his stricken friend.”⁶ We found 6 additional articles, all on common news websites, with all of them using the terms “hero,” “life saver,” and “prevention of tongue swallowing” in either their headline or in the main article. These headlines erroneously described the incorrect initial response as exemplary (Supplemental Table S2). Of note, the news reports in these 2 leading news outlets alone (Sky News and *The Sun*) had > 200,000 views.¹³ An Internet search using the search phrase “Christian Eriksen tongue swallow” yielded about 23,000 results (as of March 12, 2025). The first 8 webpages found with this search, all praising the act of “tongue-swallowing prevention,” had at least 500,000 views.¹³

The case of Antonio Puerta. In 2007, 22-year-old Sevillian midfielder, Antonio Puerta, collapsed during a broadcast soccer game. Team players immediately responded. One YouTube video demonstrates how attempts to prevent tongue swallowing (instead of proper CPR) were delivered.¹⁴ This video had nearly 1 million views. Then, the Reuters news agency and *The Guardian* newspaper literally stated that Puerta’s teammates opened his mouth to prevent him from swallowing his tongue when reporting the event.^{15,16} The player regained consciousness only to collapse again in the locker room. He died 3 days later from complications of cardiac arrest.

Additional examples of Internet-based articles, all praising in their headlines the prevention of tongue swallowing as a life-saving act, are shown in Figure 3. These applauding headlines were posted on popular websites by Mirror.co.uk (the online edition of *The Mirror*, one of Britain’s news brands [Fig. 3, A and C]), *The Sun* (the British tabloid newspaper, published by the News Group Newspapers division of News UK [Fig. 3B]), BeSoccer (a live soccer app with 50 million downloads [Fig. 3D]), and Telegraf (an Albanian news website [Fig. 3E]) with 380,000 views.¹⁷

Media impact of the Damar Hamlin case. In contrast to the examples just presented, the case of Damar Hamlin has sparked a growing interest in proper CPR. In one of the most-watched telecasts in the history of ESPN,¹⁸ a 24-year-old Buffalo Bills football player, Damar Hamlin, collapsed after tackling another player. The first action is not clearly visible in the videos showing the event, although several seconds passed before any action was taken. A CNN article describing the timeline of this event states that it took 10 seconds for trainers and medical personnel to arrive by his side and start



Figure 3. Headlines from major news websites showing graphical examples of prevention of tongue swallowing. These are clear examples of the disservice the media does to promotion of proper cardiopulmonary resuscitation attempts: (A) <https://www.mirror.co.uk/sport/football/news/hero-footballer-saves-opposing-goalkeepers-9919637>; (B) <https://www.thesun.co.uk/sport/football/2997762/fernando-torres-head-injury-hospital-atletico-madrid-swallowing-tongue>; (C) <https://www.mirror.co.uk/sport/football/newcastle-star-nearly-swallowed-tongue-14181872>; (D) <https://www.besoccer.com/new/the-player-who-has-saved-the-lives-of-four-people-on-the-pitch-329607>; and (E) <https://telegraf.com/en/lojtari-fiorentines-pergezohet-per-afesite-e-tij-per-dhenien-e-ndihmes-se-pare-qe-mund-te-kete-shpetuar-jeten-e-bove>.

administering treatment, including CPR, which preceded his intubation.¹⁹ Four days after this incident, the American Heart Association reported a 620% increase in page views to hands-only CPR content pages, a 66% increase in web traffic to cpr.heart.org, a 145% increase in page views to the “What is CPR?” page, and a 113% increase in views of the “CPR Course Catalog” page.²⁰ Notably, nearly 380,000 tweets were posted in response to this event and the vast majority were posted within 1 hour of Hamlin’s successful resuscitation.²¹ This is a clear-cut example of how the lay media has a dramatic effect on the way these events are understood.

Google Trends search for “tongue swallowing”

We used Google Trends to learn about changes in search trends online. When looking up the search term “tongue swallow” on Google Trends, the highest level of online searches for this term occurred on the day of the Christian Eriksen collapse with cardiac arrest in 2021 (Fig. 4A). A Google Trends search for the combination of terms “tongue swallow” and “Eriksen collapse” revealed that a clear mutual rise in interest occurred for these 2 terms occurred around the time of Eriksen’s collapse, demonstrating a direct link between the incident and the Internet search for “tongue swallowing” (Fig. 4B). However, when searching the term “tongue swallow” with the term “Ty Solomon” (an example of a player who underwent successful CPR), there is no correlation between the terms (Fig. 4C).

Discussion

Exercise-related cardiac arrest occurs predominantly in males and presents with a shockable ventricular arrhythmia in most cases, emphasizing the importance of proper CPR with chest compression and rapid access to defibrillation.²² We described 45 cases of athletes who collapsed during sports activities and underwent visually documented resuscitation maneuvers. These available videos show that attempts to prevent tongue swallowing took precedence over proper CPR with chest compression in most cases, including 75% of cardiac arrest events. Not surprisingly, improper resuscitation was associated with a worse outcome of the cardiac arrest event, as three fourths of athletes with cardiac arrest who received “tongue-swallowing prevention maneuvers” died or remained in a vegetative state because of anoxic brain damage. The poor outcome of these events strikes as particularly dismal for 2 reasons: 1) these were all *witnessed* cardiac arrest events, a characteristic generally associated with better outcomes^{23,24}; and 2) exercise-induced cardiac arrest generally involves shockable rhythms,²⁵ a second characteristic associated with better outcomes.²⁶ In fact, the Federation International de Football Association Sudden Death Registry, created in 2014, reports a survival rate of 85% when an automatic external defibrillator is used.²⁵ Therefore, it is conceivable that the delay in initiating effective CPR caused by attempts to prevent “tongue swallowing” contributed to the poor outcome in the present series. The importance of any delays in proper

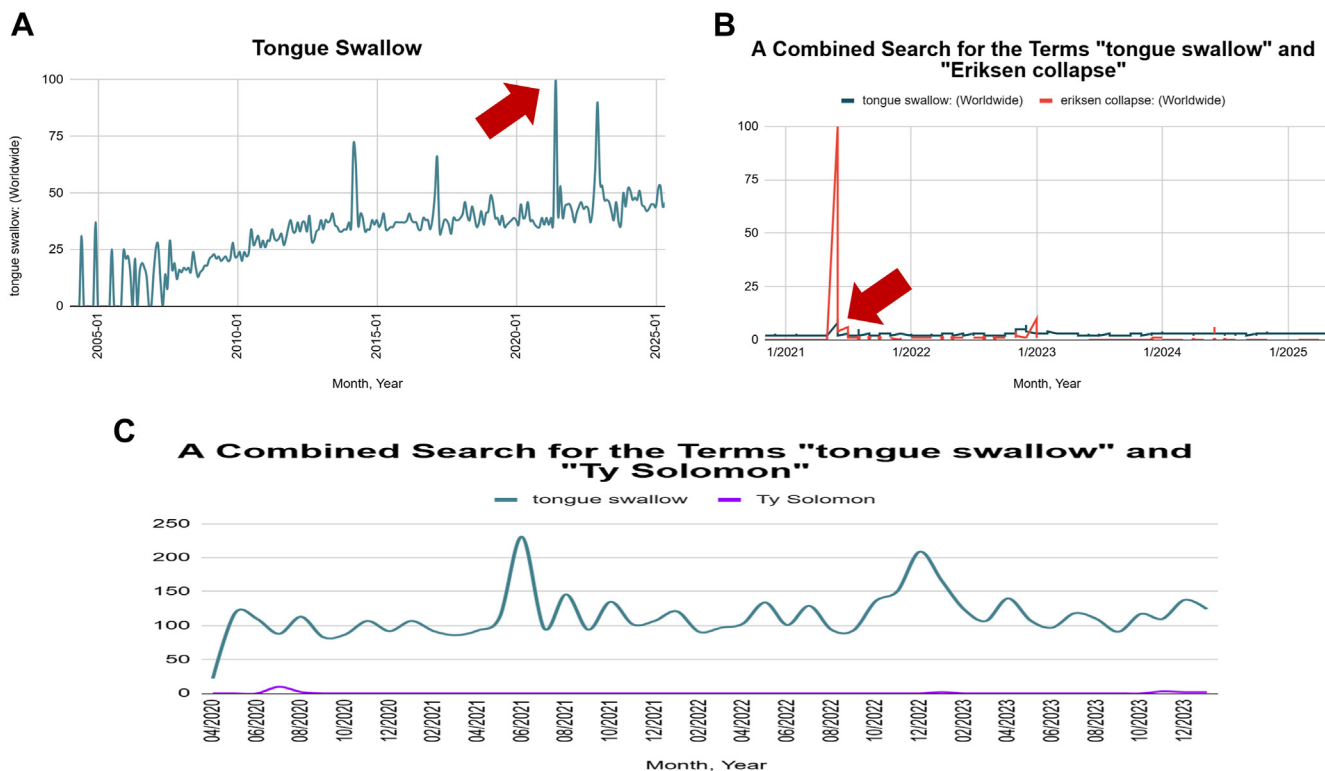


Figure 4. A Google Trends search for the term "tongue swallow" alone and in conjunction with different players' names—specifically a player with a clear attempt to prevent tongue swallowing as part of his cardiopulmonary resuscitation (CPR), and a player who underwent correct and successful CPR. **(A)** A search for the term "tongue swallow" on Google Trends shows that the highest level of online searches for the term "tongue swallowing" occurred in June 2021 on the day of Christian Eriksen's collapse (**arrow**). **(B)** A search for the 2 terms together—"tongue swallow" and "Eriksen collapse"—shows a clear mutual rise in interest in the 2 terms around the time of his collapse, showing a direct link between Eriksen's incident and tongue swallowing (**arrow**). **(C)** A search for the term "tongue swallow" with the term "Ty Solomon" (an example of a player who underwent successful CPR) shows no correlation between the terms.

resuscitation cannot be overemphasized, as a survival rate of 74% has been reported for patients who undergo defibrillation within 3 minutes of collapse from cardiac arrest.²⁷ Importantly, our aim in the study was to demonstrate that "the myth of tongue swallowing" is a problem that needs to be acknowledged and addressed, as attempts to prevent tongue swallowing delay the onset of proper resuscitation maneuvers. Our expanded data set allowed us to demonstrate that athletes with cardiac arrest had a lower chance of survival without severe anoxic brain damage, so we included that information. This finding is consistent with Guidelines recommendations to initiate proper CPR with chest compressions as soon as cardiac arrest is recognized or even suspected.

Although attempts to prevent tongue swallowing appeared to occur more often in Europe than in the United States, we documented such attempts from videos taken on all continents, suggesting that "the myth of tongue swallowing" is widespread. Yet, the origin of this myth is not well defined. We can only speculate that perhaps the well-intended "ABC" acronym for **A**irway, **B**reathing, and **C**irculation during basic CPR has promoted this unintended action. Since the inception of the first published Resuscitation Guidelines by the American Heart Association, back in 1966, the basic formula has recommended assessing the conscious state, then checking the airway, and then presence of breathing and circulation

(the "ABC" steps of resuscitation). The Guidelines state that, despite the lack of evidence proving a clear benefit when using oropharyngeal and nasopharyngeal airways during cardiac arrest, these can be used to *prevent the tongue from occluding the airway*.²⁸ However, as early as 2010, the CPR Guidelines rearranged the order of CPR steps. In the 2010 Guidelines update, a paradigm shift toward performing chest compressions first, effectively changing the ABC of basic life support to CAB.²⁸ It seems that these new recommendations have failed to reach the general population, or at least failed to reach the sports communities, and even now we see an airway maneuver taking precedent over chest compressions, as evident from our findings.

Our study has also shown that the lay press and popular Internet web pages play a major role in perpetuating this misconception. At best, the media ignores the delay in proper CPR initiation resulting from attempts to prevent tongue swallowing. Furthermore, reporters often praise these incorrect initial resuscitation attempts. This is important because such reports have enormous numbers of views.^{29,30} For example, one video describing the Christian Eriksen incident, with a clear focus on airway protection, had more than 2.4 million views by March 2025.³¹ Numerous websites reproduced the misleading narrative of the original reports. When looking up the search term "tongue swallow" on Google

Key Question**The Impact of the Tongue-Swallowing Myth on Resuscitation Outcomes in Athletes with Cardiac Arrest**

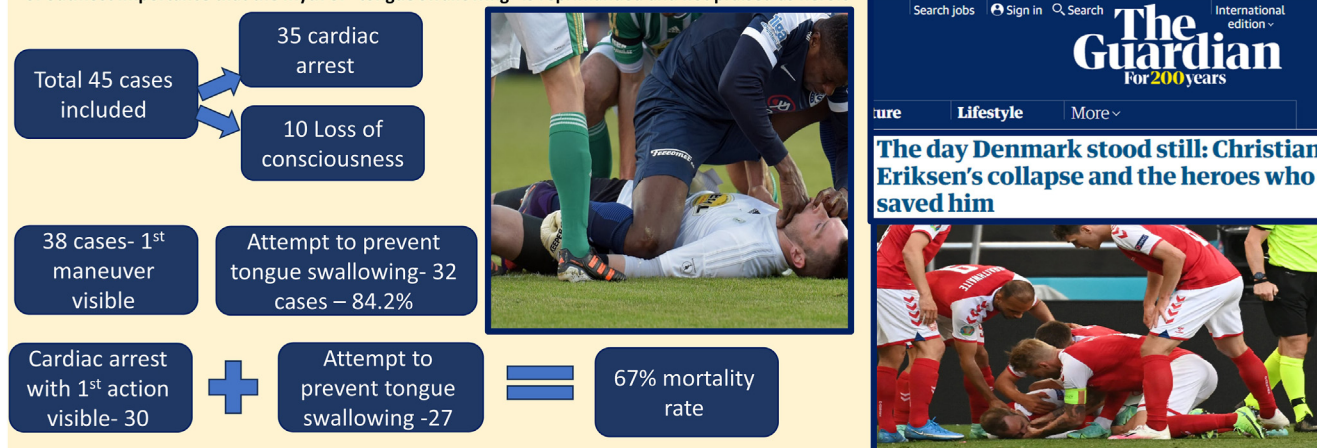
Does the myth of the prevention of tongue swallowing as part of the resuscitation protocol have an impact on survival of athletes suffering from cardiac arrest (CA). What is the role of the media in the perpetuation of this myth

Key Finding

CA victims subjected to tongue-swallowing prevention maneuvers had a 68% mortality rate, compared to those receiving proper CPR. The term "tongue swallow" appeared in nearly half of the articles found. 77% either praised the incorrect response, specifically using the term "tongue swallow" without condemning the attempts to prevent it, or simply lacking criticism of these incorrect responses.

Take Home Message

Rather than ignoring the myth of tongue swallowing, this misconception should be specifically addressed. With the growing access to live media worldwide, it is of utmost importance that the myth of "tongue swallowing" is reprimanded and not praised as heroic



Central Illustration. Impact of the "tongue-swallowing myth" on resuscitation outcomes in athletes with CA. This graphical illustration shows the detrimental effects of the widespread myth regarding "tongue swallowing" in the setting of cardiac arrest (CA) among athletes.

Trends, the highest level of online searches for the term "tongue swallowing" occurred in June 2021, the day of Eriksen's collapse (Fig. 4A). In addition, when searching the 2 terms together—"tongue swallow" and "Eriksen collapse" a clear mutual rise in interest occurred for these 2 terms around the time of his collapse, showing a direct link between the incident and tongue swallowing (Fig. 4B). However, when searching for the term "tongue swallow" with the term "Ty Solomon" (who had successful CPR), there is no correlation between terms (Fig. 4C).

To improve the prompt recognition of cardiac arrest in the event of an athlete collapsing, FIFA has taken practical measures by giving courses to medical officers and team physiotherapists.²⁵ According to the emergency action plan encouraged by FIFA and other sports organizations, when an athlete is unresponsive or presents with agonal breathing or seizure-like activity, cardiac arrest should be immediately suspected, and basic life support with chest compressions should be initiated.²⁵ Recently, the UEFA and the European Resuscitation Council launched the "Get Trained, Save Lives" campaign to promote education of the proper CPR protocol using an interactive training module.³²

Limitations

Our work has several noteworthy limitations. First, our series was based exclusively on cardiac arrest events of athletes fortuitously caught on video. It is unclear how representative our observations are of the resuscitation maneuvers performed during the more numerous cardiac events involving athletes not caught on camera. The athletes with cardiac arrest reported

herein are similar to the "typical athlete with cardiac arrest" in terms of sex (almost invariably male), but are younger than those reported in larger series.²² This age difference probably reflects the fact that the cases we described were mainly captured during competitions, often by TV cameras drawn to competitive events involving younger athletes. Importantly, although we have no data on the prevalence of this phenomenon, the fact that attempts to prevent tongue swallowing were filmed in different countries suggests that the misbelief about the role of tongue swallowing is more widespread than generally appreciated. Second, the possibility of confounders, such as the level of medical support on site, distance to the nearest hospital, and access to an automated external defibrillator, probably affected the players' outcomes. However, even if attempts to prevent tongue swallowing are not in themselves detrimental, the fact that they took precedence and therefore delayed the onset of chest compression likely had a profound impact on the victims' outcomes because "time to first CPR" is a well-recognized prognostic factor.³³⁻³⁵ Finally, there may have been bias in the selection of articles.

Conclusions

Our study has shown that the "myth of tongue swallowing" prevails, affecting the quality of the initial resuscitation steps during witnessed cardiac arrest events of athletes. We call upon the European Resuscitation Council and the American Heart Association to address this problem, perhaps by initiating a "Leave-My-Tongue-Alone" education campaign. By-standers taking action when witnessing a cardiac arrest event

should be commended. However, it is our duty to educate them so that CPR is performed properly.

Ethics Statement

Institutional review board approval was not required for our study because the events described are in the public domain.

Patient Consent

The authors confirm that patient consent is not applicable to this article. This is a retrospective report of known cases.

Funding Sources

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Disclosures

The authors have no conflicts of interest to disclose.

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Supplementary Material

To access the supplementary material accompanying this article, visit the online version of the *Canadian Journal of Cardiology* at www.onlinecjc.ca and at <https://doi.org/10.1016/j.cjca.2025.06.002>