CORONERS' REPORT

死因裁判官報告

2017

Contents 目錄

第一部

2017年死因裁判官報告

死亡數字上升趨勢

1. 今年共有 45,883 宗死亡登記，至於曾向死因裁判官報告的死亡個案，則有 10,768 宗。過去 17 年的數字列出如下：

	死亡登記數字	曾向死因裁判官報告的個案
2001	33,305	7,733
2002	34,316	7,890
2003	36,421	9,315
2004	37,322	9,108
2005	38,683	9,506
2006	37,415	9,025
2007	39,963	9,422
2008	41,530	10,314
2009	41,034	10,070
2010	42,705	9,999
2011	42,188	10,017
2012	43,672	10,472
2013	43,399	10,249
2014	45,710	10,598
2015	46,757	10,767
2016	46,662	10,773
2017	45,883	10,768

2. 從上表可以看到，死亡登記數字由 2001 至 2005 年按年遞升，到了 2006 年才稍微下跌；而在過去 10 年，即 2007 至 2016 年期間，數字反覆向上。2017 年的死亡登記數字及向死因裁判官

報告的個案相對 2016 年輕微回落。2017 年的數目比 2001 年的高出百分之三十八左右。整體而言，死亡登記數字及向死因裁判官報告的個案均有逐漸上升的趨勢。此趨勢相信可能是因為香港人口不斷增加及人口老化所致。

死亡個案調查

3. 警方會調查每宗有向死因裁判官報告的死亡個案，並把調查報告連同臨床病理學家或法醫科醫生的驗屍報告提交死因裁判官。死因裁判官會考慮警方的報告和驗屍報告，如果認為警方所進行的調查已提供足夠資料，令死因裁判官能夠履行《死因裁判官條例》第 9 條中所述的職責，而死亡原因和有關的情況又清晰和並無可疑之處，便會根據世界衛生組織所制訂的《疾病和有關健康問題的國際統計分類》，把有關的死亡個案分類並給予編碼，以便生死登記官登記。

4. 如果我們認為有關的死亡個案須予進一步調查，便會通知警方展開進一步調查和提交更詳盡的死亡調查報告。我們會根據警方第一份調查報告考慮每一死亡個案的所有情況後，行使司法酌情權作出上述指示。警方展開進一步調查和提交更詳盡的報告通常需時六至十二個月，有時甚至更久。我們會在閱讀該份報告和考慮有關個案的所有情況後，決定是否進行死因研訊。

5. 至於受官方看管期間死亡的個案，法例規定必須進行研訊。死因裁判官會要求警方就這些個案展開進一步調查和提交詳盡的死亡調查報告，以便進行死因研訊。

6. 下表列出關於過去十七年曾向死因裁判官報告的死亡個案的處理方式的數字：

	向死因裁判官報告的個案	須予進一步調查的個案	須進行研訊的個案	有陪審團參與的研訊	沒有陪審團參與的研訊	有陪審團的研訊的百分率
2001	7,733	2,374	158	71	87	45%
2002	7,890	2,451	132	83	49	63%
2003	9,315	2,678	108	67	41	62%
2004	9,108	2,059	141	99	42	70%
2005	9,506	1,351	189	150	39	79%
2006	9,025	1,061	210	181	29	86%
2007	9,422	767	185	155	30	84%
2008	10,314	1,364	145	135	10	93%
2009	10,070	1,260	193	167	26	87%
2010	9,999	1,106	172	131	41	76%
2011	10,017	1,224	182	149	33	82%
2012	10,472	1,420	164	138	26	84%
2013	10,249	1,099	176	140	36	80%
2014	10,598	967	148	139	9	94%
2015	10,767	751	100	93	7	93%
2016	10,773	730	77	63	14	82%
2017	10,768	1128	117	112	5	96%

7. 雖然近幾年所進行的死因研訊的次數沒有明顯的增加，但其實越來越多死者的家人或死者家人的律師要求進行公開研訊，而所召開的研訊所牽涉的議題亦較過往複雜，因而令所需的聆訊日子比過往較長；有關的死亡個案大多涉及醫療或手術事故。提出這些要求的人通常誤解研訊的目的是調查和決定死者是否死於醫療或手術不當。在處理這些要求時，死因裁判官通常會行使酌情權滿足死者家人的要求，命令警方提交進一步調查報告，以及獨立的醫學專家報告，以便死者的家人可藉此更詳細了解死因和有關的情況。此外，在有需要的情況下，尤其是在看來可以作出有用的建議的情況下，死因裁判官也會進行死因研訊。

8. 近年也有好幾宗與醫學美容有關的死亡個案，死者的家人或死因庭認為應該進行公開研訊。死因研訊的主要作用，當然是通過公開聽證，希望能得知有關死亡的真相以為在適當的個案中提出切實可行的建議，希望防止類似死亡事故。其實研訊還有一個重要的功能，是希望家人能夠在研訊過程中，親眼見到證人作供，親耳聽到證人的證詞，從而希望對於親人的死亡，能夠釋懷。

內庭申請

9. 死者的家人可以到死因裁判官席前申請豁免進行屍體剖驗，有關的申請程序在以前的報告中已有所說明。處理這些申請是死因裁判官一項非常重要而困難的工作，而今年的申請亦較去

年為多。由於公眾須了解死因裁判官這方面的工作，因此有關的程序會在此再予以說明。

10. 公立醫院的臨床病理科醫生或衞生署的法醫科醫生通常都會查看死者的醫療記錄和致死經過，以及對屍體進行外部檢驗。如果他們未能決定死因，便會向死因裁判官建議須進行屍體剖驗以查明死因。死者的家人對這項建議很多時候都深感不悅，並會到死因裁判官席前提出他們所堅信的文化上、宗教上和其他方面的理由，以證明不應進行屍體剖驗。於 2017 年，死因裁判官一共處理了 984 宗屬於此類別的申請。

11. 在處理這類申請時，死因裁判官絕對明白死者家人的關注，他們本身已因痛失親人而情緒深受困擾，再加上如果死者生前一向表示害怕和厭惡施手術或甚至住院治療的話，許多死者的家人便會對須進行屍體剖驗的建議感到極難接受。

12. 每一個案都必須根據它本身的情況處理，而進行屍體剖驗的目的通常都是找出死亡原因。根據世界衞生組織和《生死登記條例》的規定，死因裁判官有責任找出每一死亡個案的死亡原因，以及按照訂明的分類準則把死亡個案分類。生死登記官在死亡登記冊上登記一宗死亡個案之前，亦有責任先找出死亡原因。死因裁判官在找出死亡原因時，很多時會致電法醫科醫生或病理科醫生或甚至病房醫生跟他們討論研究，以決定可否根據相對可能性的衡量標準來推斷某項死因。不過，在某些個案中，法醫科醫生或病理科醫生可能由於死者的病歷資料不足而沒有足夠的醫學證

據來推斷死亡原因，在此情況下，便須向死者家人詳盡解釋須進行屍體剖驗的理由。

13. 近年來，由於公立醫院和衞生署法醫部門在死因裁判官的建議下加強病歷資料的交流，法醫科醫生現在已可以獲得更多在臨終前曾於公立醫院接受治療的病人的病歷資料，因此有較大機會無須進行屍體剖驗也能夠找出死亡原因。

14. 死因裁判官一方面有責任確定每一宗死亡個案的死亡原因，但另一方面亦須考慮死者家人的情緒和感情。因此，在處理每一項要求豁免進行屍體剖驗的申請時，死因裁判官都必須在考慮所有有關因素和情況後謹慎地行使他的職權。

自殺個案

15. 今年有 916 宗自殺個案，其中 172 宗須由警方進一步調查並提交更詳盡的死亡調查報告。男性自殺人數和往年一樣，遠高於女性，比率為 569:347。

意外死亡個案

16. 今年有 590 宗意外死亡個案，其中 169 宗須由警方進一步調查並提交更詳盡的死亡調查報告。上述意外死亡人數與去年相若。男性因意外引致死亡的數字遠高於女性，比率為 386:204。

職業死亡個案

17. 過往直至 2009 年的死因裁判官報告，均只提到有進行死因研訊的職業死亡個案的數目，我們經過考慮之後，認為這樣並不能較全面反映整體情況，因此自 2010 年開始提到的數字，便包括了所有看來是與職業有關的意外(包括陸上和海上) 而引致的死亡個案。整體職業死亡個案共有 27 宗，包括 25 宗在陸上發生的和 2 宗在海上發生的。26 名死者是男性，1 名是女性，比率為 26:1。

殺人個案

18. 今年有 17 人死於被殺，其中男性佔 11 人，女性佔 6 人。

車輛導致死亡的個案

19. 今年有 147 宗由車輛導致的死亡。其中 88 名死者是行人，佔去死亡數字的大半。147 名死者中，有 52 名是 70 歲以上的老人家，多於死亡數字的三分一。很明顯，老人家在交通意外中，比任何其他年齡組別的人，更容易成為受害者。男女性死者的比率是 99:48。

與毒品及藥物有關的個案

20. 今年有 77 宗死亡與毒品或藥物有關，大部份為危險藥物，當中包括自殺、意外及意圖不明的個案，男女死者的比率是 54:23。

自然死亡個案

21. 今年因各種疾病而死亡的人數是 9030 人，其中因循環系統疾病而死亡的有 4217 人，佔死亡人數差不多一半。根據《疾病和有關健康問題的國際統計分類》，循環系統疾病包括各種高血壓病、各種心臟病、腦血管病等等。男女性死者的比率是 5339:3691。

22. 我們可以看到，以上各項所提到的死亡數字，都是男性高於女性，有些死亡類別甚至高出很多，例如職業死亡個案是 26 與 1 之比。

建議

23. 一如往年，死因裁判法庭在今年內亦作出各種各樣的建議，部分已被接納和付諸實行。以下為死因裁判官或陪審團所作的部分建議：

(i) 一名被捕的男子在醫院內被注射精神科藥物氟哌啶醇後，出現抗精神病藥物惡性症候群，最終因缺血性腦部損傷和支氣管肺炎離世

醫院管理局

(1) 醫管局的 A&E Clinical Guideline No. 17 應加入以下指引：

1.1 若病人有服用精神科藥物記錄，應避免使用 haloperidol (氟哌啶醇)作鎮靜之用。

1.2 如必需使用 haloperidol (氟哌啶醇)，需監察病人及後有否出現與 NMS (抗精神病藥物惡性症候群)有關症狀。

(2) 建議醫管局將 NMS 納入為需要呈報的疾病。

(ii) <u>一名 31 個月的男嬰因肺炎鏈球菌所引致敗血症離世</u>

醫院管理局

屯門醫院

(1) 就醫生下達命令抽取樣本作化驗及至最終有關樣本送達化驗室的時間制定指引，令醫生更有效計劃住院病人的治療方案。

(2) 就送交化驗室樣本失效事宜制定跟進機制 / 指引以避免不必要的延誤。

(3) 定期提醒醫生交叉配血的所有程序 (包括所需時間) 及進一步血液樣本要求的重要性，令醫生更有效計劃治療方案。

(iii) 一名患有腸系膜血管畸形的男士因腹腔積血及軟組織出血死亡

醫院管理局

雅麗氏何妙齡那打素醫院

(1) 建議假日期間 (公眾假期、星期六、日) 增加當值資深醫生的比例。

(2) 加強隔離病房醫生，姑娘和病人及家屬之間的溝通，例如：建立電話錄音系統記錄雙方對話的內容。

(3) 考慮在隔離病房設立病人和家屬見面的玻璃密封見面處。

(4) 短期在那打素醫院加設駐院外科顧問醫生。

(5) 長遠擴建那打素醫院規模，設置外科部門 (包括手術室及人手)。

(6) 建議那打素醫院使用電子化排版作記錄。

(iv) 一名年長男士因支氣管肺炎，自發性腦出血及高血壓死亡

醫院管理局

(1) 在遇到可能嚴重的頭部受傷個案，醫生應該儘量安排病人接受電腦掃描，以策安全。

(2) 在處理可能嚴重頭部傷者時，必須經一名高級醫生覆核後，才可讓病人出院。

(3) 如知道病人有服用一些重要藥物，如華法林，必須在排版上清楚列明。

(4) 建議正在服用華法林的病人隨身携帶一張顯示咭，以協助醫護人員得悉他的情況。

(v) 一名年長的女士因醫生以吸取及環鑽法抽取骨髓期間，刺穿其左上髂嵴引致嚴重出血，最後死亡

醫院管理局

(1) 一名實習醫生在首次為病人以吸取 / 環鑽法抽取骨髓前，必須有一名對抽取骨髓程序富有經驗的醫生，曾向該名實習醫生親自示範相關程序及作出指導。而該名監督醫生需確保實習醫生有足夠知識及技術才可讓實習醫生在其監督下首次替病人抽取骨髓。

(2) 負責監督實習醫生進行抽取骨髓程序的醫生必須在監督前一段時間曾頻密及持續地進行抽取骨髓 (包括以吸取 / 環鑽法) 程序。

(vi) 一名 4 歲大患有梅克爾憩室 - 小腸先天性畸形的男孩，因急性腸道阻塞導致小腸梗塞致死

醫院管理局

(1) 建立“拒絕入院表格”，表格上需列明病人所存在的風險，入院後或將進行的檢查等。如病人於知悉一切風險後仍堅持拒絕入院，則需簽署以上“拒絕入院表格”。

(2) 排版上須清楚列明經診症後得出的病徵或其他關於病人的詳細資料，讓下次跟進的醫生能了解及注意病情或潛在風險。

(vii) 一名 73 天大，患有心室中隔缺損的男嬰在家中猝死

循道衛理中心

僱員再培訓局

就陪月員訓練：提供加強陪月員若知道嬰兒有疾病而在病發時的危機管理及處理技巧，但並不包括辨認嬰兒所患疾病及提供相關的急救程序。

(viii) 一名患糖尿病及曾接受冠狀動脈介入治療術的男士，在醫院專科門診，未獲處方藥物氯吡多，其後血管有血栓形成，最後因急性心肌梗塞離世

醫院管理局

(1) 於手術前介紹及手術後第一次覆診需由家屬或社區陪診員陪同。

(2) 加強藥物警示系統：

a. 界定重要藥物

b. 界定負責單位

c. 有專屬部門負責定期更新藥物清單

(ix) 一名孕婦在剖腹生子後，因在接受子宮按摩期間，因外力令其下腹壁動脈受創而持續出血，導致瀰漫性血管內凝血，最終因缺血致器官衰竭而死亡

香港婦產科學院

陪審團建議日後如有不尋常產後大量出血及維生指標出現異常情況，院方應安排其他專科醫生及早介入作出適當診斷及治療。

陪審團建議當處理高危產婦需要預留充份時間觀察病人產後出血情況，確保病人安全。

(x) 一名患有白血病的男士，因溝通上問題未獲原訂安排而到醫院專科覆診及驗血，以致醫生未能及早發現其血小板下降情況，最後他因腦內大量出血致死

醫院管理局

建議醫院增設電子化病人識別系統，每當病人登記後將警示型式自動顯示該病人的危急程度及必需要的醫療安排（如抽血化驗），自動系統需加入定時的重複警示功能以確保安排按時按序進行。

(xi) 一名年長的男士因甲型鏈球菌導致嚴重敗血病，連帶中毒性休克及過敏性反應而死亡

恆健醫務所

(1) 當新症登記時，請病人自行填寫個人資料，聲明表格以減少錯漏，當中除一般個人資料外，需記錄病人過往病史，如糖尿病，高血壓，高血脂等，亦需記錄病人對任何敏感，包括食物、藥物敏感及其敏感症狀以作記錄。

(2) 在恆建醫務所電腦記錄中，每位醫生應以獨立帳號使用者登入輸入資料，以確定記錄的建立者，而當記錄建立者的醫生替病人診症時，需詢問病人過往病史，

敏感史及其症狀，並需確實記錄相關事項，為有／沒有，而非因沒有而不作任何記錄。

(3) 電腦系統除顯示記錄最後更新日期及時間外，需加上記錄建立日期、時間、更改者及日後對有關記錄的更改日期、時間、更改者以清楚當中的記錄更新時序。

(xii) <u>一名配戴左心室輔助器的男子因連接輔助器及外置電池的喉管意外地被拔去，令輔助器停止運作而離世</u>

醫院管理局

建議醫院在替病人裝上 LVAD 心室輔助器後，在其心室輔助器的表面上貼上其心胸外科部門之聯絡電話以便患者或其他人士在緊急情況下聯絡有關醫生。

消防處

建議消防處為 LVAD 左心室輔助器的指引上加上以下指示：

(1) 指示應先介紹其不同響號的意思；

(2) 當救護員留意到傷者有配戴 LVAD 並留意到其不同之響號，應把其響號之情況及意思同時通報予急症室之

護士及醫生，以便急症室作出相關的安排並立刻通知心臟科醫生到場診治。

食物環境衞生署酒牌局

建議為同類型娛樂場所之員工守則加上以下指示：

若遇到有客人暈倒及失去意識之情況，應先為其作簡單之情況檢查，包括檢視其是否完全失去意識，心跳或呼吸。假若沒有以上任何一項，不應移動傷者及應立即報警處理。

(xiii) <u>一名少女在遊艇會內參加私人派對期間在泳池內遇溺致死</u>

香港遊艇會

(1) 應該張貼警告字眼於當眼處，並提示泳客酒後不准下水。

(2) 建議所有泳池需提供培訓給員工，是有關急救用品的存放位置，並且提供施行急救崗位人員每年一次的內部急救演習及訓練。

(3) 於泳池範圍內裝設閉路電視系統，並需有放大縮小的功能。

(4) 所有駐場員工及救生員需配備對講機。

(xiv) 一名患有心房間隔缺損的女士，在進行開胸手術修補缺損期間，大量出血引致心包填塞，最終死亡

將軍澳醫院

(1) 將軍澳醫院的醫療團隊應加強溝通。

(2) 將軍澳醫院的醫護人員應提高對開胸手術可能出現各種惡劣情況的意識；可由心臟病專家或專科醫生主講教育性講座，向初級醫生進行小組講授。

(3) 將軍澳醫院心臟病學科的跟進日程應編排更頻密，應在手術後一個月頻密進行心臟超聲波檢查。

(xv) 一名 17 歲患有白血病的學生在接受化療後因廣泛性腸壞死死亡

醫院管理局

(1) 基於駐院醫生未必具有足夠經驗去判斷病人最適合的治療，而需要向候召醫生咨詢情況。我們建議候召醫生在提出治療方案前必須親自到場檢查病人的情況，才能提出最佳的治療方案。在候召醫生未能及時到場

情況下，駐院醫生必須通知主診醫生，以確保病人得到最佳治療。

(2) 基於排版作為了解病人的重要文件，對治療病人十分重要。醫院應確保接更或巡房的醫生清晰閱讀排版，透徹了解病人最新情況。在主診醫生巡房時，建議由另一位醫生陪同及在排版上雙簽，確保主診醫生對病人情況正確掌握。

(3) 就本次事件，建議醫院針對化療病人特別是有可能發生併發症情況時，詳盡檢討所採取的診斷標準。

(xvi) <u>一名正在服刑的年長犯人在監倉內因心包積血致死</u>

懲教署

在老人倉的洗手間加裝召喚鐘及扶手以供不便時之需。

(xvii) <u>一名工人在建築地盤內死亡</u>

新基建築有限公司

中國建築工程(香港)有限公司

1. 應提供及維持一個戶外電弧焊接程序的安全工作系統。這種安全工作系統應包括但不限於下列各項：

a) 委任一名勝任人員進行特定風險評估，並應考慮到工作環境以確定現場所有潛在危險，包括電力危險；

b) 進行風險評估後制定安全的工作方法和程序時，包括需要時採用工作許可證制度；

c) 應妥善關掉焊接器材的電源，並在完成焊接後妥為除掉焊鉗上的剩餘焊枝；

d) 在進行清理工作前，應切斷電弧焊接變壓器的電源使其不能運作；

e) 所有暴露於天氣或水的儀器，如電弧焊接器材和導體，均需要因應防止電力危險而建造、安裝及保護；

f) 應為有關工人提供額外的保護，為他們提供並確保他們使用合適的個人防護裝備，如絕緣手套；

g) 應遵守和遵從由勞工處編製的工作守則：手動電弧焊接工作的安全與健康〔2002 年版〕所列的要求，包括確保焊線狀況及避免在任何導電體外露及因焊機和燒焊範圍距離太遠而引致焊線不必要地過長；

h) 制定和實施有效的監測和管理制度，以確保有關人員嚴格遵守所有安全預防措施。

2. 應向所有使用電弧焊接器材在戶外進行電弧焊接的工人提供足夠的安全資訊、指示和培訓，以確保他們熟悉安全工作程序和安全措施。

(xviii) 一名中學生在學校休學期間在校園內從高處墮下自殺身亡

天水圍中華基督教青年會中學

在校園露天範圍加裝閉路電視錄像系統。

(xix) 一名疑犯被警員帶其回家中搜屋期間，自行從睡房窗戶躍下，當場死亡

香港警務處

當警方拘捕疑犯後的押解方法

從警方拘捕疑犯開始直到到達警署期間，警員應全程控制疑犯，例如保持身體接觸，將手臂放在疑犯膊頭或捉緊疑犯手臂。

(xx) 一名被羈留在青山醫院的女病人因服用過量甲福明死亡

醫院管理局

(1) 加裝閉路電視給醫院範圍，例如：大廳，藥物治療室。
(2) 有關「藥物存庫記表」，需保存 3-5 年，尤其是藥車上的藥物存量 (記錄可以是文件或電子記錄)。
(3) 增設派藥程序的明確指引，例如：派藥期間對藥車監管，人手安排，員工職責崗位與分工的清楚指引。

(xxi) 一名女子在進行內窺鏡手術後死亡

醫院管理局

主診醫生在進行同類 ERCP 手術前須提議病人及其家屬可選擇去私營醫療機構作 MRCP 及 CT 檢查，以便主診醫生決定更適合治療方案。

(xxii) 一名女子在接受子宮切除手術後死亡

醫院管理局

(1) 當要進行非緊急、高風險手術時，建議安排主診醫生以外另一名醫生，分開會見病人，解釋手術風險、是否一個必要手術、以及不同治療方法的相對可行性。

(2) 當病情涉及不同專科，各專科應該有共識的醫療方案，並向病人及家屬交待，而非各自表述各專科的問題。

(xxiii) 一名男子在接受經皮內視鏡胃造口手術後死亡

醫院管理局

日後需進行經皮內視鏡胃造口手術的醫院，建議需要配有可更快檢查出內部出血情況的儀器（如 CT Scan），讓醫生能更有效率地作出診斷。

(xxiv) 一名男子在進行心導管介入程序期間，因右外側髂動脈被刺穿或剔破，引致出血死亡

醫院管理局

(1) 建議醫院管理局各醫護人員在處理緊急情況時，加強內部各部門之間的溝通和協調，並作適當清晰的記錄。

(2) 建議醫院管理局加強前線醫生監管，並完善心導管介入程序指引。

(xxv) 一名男子遭警員開槍擊中頭部及頸部死亡

警務處處長

基於庭上的證供及證物，陪審團不滿意警隊處理這次事件的手法，建議警隊加強危機處理的訓練。例如在遇到危急情況時，警員應快速並合理地判斷現場情況的嚴重程度，運用更有效的方法控制場面，加強游說訓練，包括口頭回應及身體語言，並安排合適的警務人員及專家進行增援。例如此案，可以在死者脅持人質時安排談判專家，避免事件升級。

(xxvi) 一名女子因大量肺血栓栓塞死亡

醫院管理局

(1) 建議私家醫院和公立醫院溝通上作出改善，例如可做聯網或訂立通報機制，從而作出合適的治療。在危急病人的轉院過程，應該即時互相通報病人的情況，以便更快作出相對的治療。

(2) 建議醫院可訂立監察機制，例如訂立清單，由第三者或者電腦系統作出提示未完成的工作或檢測，例如查看排版或維生指數檢測。

(3) 建議訂立明確指引，副顧問醫生應與主診醫生定期一起診斷病人，例如每隔兩天。

(4) 建議醫院在判斷病人是否適合出院的時候，應該在完成檢測後諮詢當值醫生的意見。

(xxvii) 一名女子因腹膜炎連帶敗血性休克死亡

醫院管理局

(1) 當醫護人員留意到腹水渾濁的時候，除非醫生判定該治療對於病人有傷害，否則應即時加入適當抗生素。

(2) 醫院 microbiology 化驗室加入緊急通報系統。

(xxviii) 一名受監護令所監管的男子因肺炎及心臟病死亡

醫院管理局

鈞溢（香港仔）安老院

(1) 加強院舍與 CGAT 的溝通，尤其對於特別護理的個案，希望達致最佳的醫療或護理效果及應有一致的紀錄。

(2) 因應死者於 7 月 9 日之出院決定，如再有類近的個案，尤其對於重度病患者，希望院方除了現有之參考條件，例如維生指數，應當取得可反映病者出院時情況之驗血報告，作出一併考慮。

(xxix) 一名女子因支氣管肺炎及冠心病死亡

醫院管理局

(1) 按照病人的嚴重程度分級別標示於床頭，提示醫護人員必須特別留意某些病人情況，提供特別照顧。

(2) 設立內部稽核小組，定期進行審查，抽查醫療記錄例如排版，各項量度記錄等，確保醫護人員記錄詳盡，完善監察制度，是否切實按照既定程序通報緊急情況。

(3) 建議東華三院馮堯敬醫院設立 24 小時醫生駐院，檢討醫護人員對病人比例。

(xxx) 一名地盤管工在豎井內觸電致死

勞工處

金門建築有限公司

陪審員同意勞工處就今次事故所作出之防範建議，包括以下各項：

1. 必須委任一位合資格人士為工作進行針對性的風險評估，以查找所有與工作相關的安全隱患，並於工作開展前制訂合適的安全工作程序，包括准許工作制度。
2. 開始工作前，所有可能危害相關工人的帶電電泵部件必須斷絕電源，相關的電力供應必須關掉並予以上鎖，合適的警告字句必須張貼出來。
3. 必須為工人提供個人保護設備，如絕緣手套及絕緣墊。
4. 必須為金屬平台提供安全的出入口並予以適切保養。
5. 必須為工人提供適當的救援設備，如救生衣及救生圈，並在有效狀態下將之擺放在工地隨時供人使用。
6. 必須提供適當設計及建造的懸掛式工作台，於工作豎井內升降或載人，以確保運載在上面的所有人得以安全。
7. 必須向工作豎井內重置電泵的所有相關人員就安全問題提供適當而充分的信息、指導、培訓和監督。
8. 必須爲所有器具和導電體配備保護及提供保養，以防止電力危險；以及

9. 必須採取足夠的預防措施，包括防止任何導電體或器具意外帶電，以確保工程得以在沒有電力危險的不當風險下進行。

另外，基於今次個案，地盤於合資格安全人員不在工地及欠缺風險評估的情況下仍然施工，陪審團建議金門檢討及嚴格執行准許工作制度。金門須確保每工地有足夠的安全人員及切實執行安全工作，包括清楚知道每個工作安排及風險。同時把資料向相關工人清楚解釋及建議必須作出的安全措施。而安全措施必須於施工期間的各個階段嚴格執行。

而政府相關部門應考慮制定相關守則以確保上述得以執行。

陪審團亦建議金門各設備的安全檢查及維修有清晰的部門及人員負責。

(xxxi) <u>一名入住護老中心的男子因吸入性肺炎、腦部惡性神經膠質瘤及左小腦急性出血死亡</u>

社會福利署

(1) 有關於保健員註冊/牌照制度。

需要續牌 例如 2-3 年需乎合資格續牌。

(2) 可考慮公開已註冊保健員的過往紀錄、資料給予護老院舍作招聘考慮用途。

來來護老中心(荃灣)有限公司

(3) 發牌時給予指引/規定護老院舍就閉路電視的角度、影像紀錄的保存時間等作監管，尤其是需特別照顧的區域。(e.g. 3 個月/以上)

(xxxii) 一名女子被塌下的大樹擊中頭部致死

發展局局長

棕櫚閣業主立案法團

恒益物業管理有限公司

(1) 政府部門對業主立案法團和有關物業管理人士，例如：物業管理公司和外判承辦商發出明確指引，他們需對物業範圍內的樹木作出妥善管理。

(2) 政府部門盡快研究立法包括私人地方在內的樹木登記、定期檢查及保養，並由專業認可人士作出風險評估。

(3) 成立專責部門負責定期巡查包括私人地方的樹木及對樹木作出風險評估。

(4) 政府需增撥資源予樹木辦以便進行以下工作：

i) 主動聯絡物業管理公司及其他有關樹木管理的承辦商參加宣傳及培訓活動，例如：研討會及講座；

ii) 加強對公眾教育及宣傳。

(5) 設立專業註冊制度以確保業內人士有專業資格處理樹木相關工作。

(6) 政府需增撥資源培訓更多人士成為註冊樹藝師，例如：資助相關樹木管理人士修讀課程。

(7) 業主立案法團需多加關注樹木健康問題及其風險。

(8) 私人物業管理公司需聘請註冊樹藝師定期檢查及保養其管理範圍內的樹木。

(xxxiii) <u>一名女子因急性心肌梗塞死亡</u>

醫院管理局

(1) 院方應確保 24 小時心臟監察儀正常運作及記錄齊全，不容有失。

(2) 院方應主動與病人及病人家屬於術前術後就病人的情況作全面性評估並作詳細解釋，以加強病人及病人家屬對院方醫療對策的了解及信心。

(xxxiv) 一名對「非類固醇消炎藥」過敏的女子在服用藥物後引發哮喘死亡

食物及衞生局局長

強制所有私家診所參與醫健通，求診者則可選擇是否參與。

(xxxv) 一名受監護令所監管的女子因肺炎死亡

醫院管理局

提供全護理服務的老人院，需要有全面的醫療服務，如外展醫生，或定期到診的醫生，減低院友進出醫院受到疾病感染的風險。

(xxxvi) 一名曾接受「非緊急救護車」接送服務的女子期後因支氣管肺炎死亡

醫院管理局

意見：非緊急救護車接送

(1) 聯絡系統方面：可以加入聯絡人名稱及與病者關係，明確聯絡人先後次序。

(2) 建議加入「非緊急救護車」接送服務抽查機制，事後由中心聯絡曾使用服務之人士，對服務評分及提供意見。

(xxxvii) 一名患有輕度弱智的男子因心肌炎死亡

醫院管理局

參考証物 C7 HO Hiu Fai 醫生的醫療報告，陪審團一致建議醫管局醫生為所有有心痛表徵的患者進行心電圖測試以便醫生作進一步診斷及治療。

(xxxviii) 一名水喉技工遭滑下的水管擊中致死

中國港灣工程有限責任公司

建議工程公司執行公司的安全指引及採納勞工處就今次事故提出的"防止事故建議"；及我們建議工程公司應在進行工地抽樣檢查後，備留書面記錄。

(xxxix) 一名外遊回港的男子因肺炎死亡

醫院管理局

(1) 於排版中加上醫生填寫病人外遊紀錄部份，可寫詳細資料位置，因現社會人群交往頻繁，確有此需要。

(2) 同時建議提供欄位給醫生填寫已參閱病人病歷，確知病人近況（例如：日期、時間、地點–5 月 6 日早上九時浸會中醫）。

(3) 從 C11 專家報告文件中，如病人有外遊紀錄及持續幾天發燒，急症室理應提供基本化驗測試如肺片、血液測驗、尿液測驗等以作日後診斷。請以此作日後指引或常規化。

(4) 從 C8 柳醫生醫療報告中，病人需進入 ICU 後才能作退伍軍人症之病毒測試，建議日後可由顧問醫生提供彈性給有需要之病人，以免延誤對症下藥之時間。

總結

24. 我們非常感謝死因裁判庭的所有同事，他們在死因裁判官書記的領導下，勤奮盡責，表現卓越。

25. 我們也要感謝終審法院首席法官、總裁判官以及司法機構政務處從總部給予精神上及資源上的支援。在 2017 年，我們委派了死因裁判官嚴舜儀前往澳洲阿德萊德參加亞太區死因裁判官協會會議，獲益良多。我們同時感謝其他政府部門提供的人力及所有其他資源，使我們的死亡個案調查工作得以順利進行。這些部門包括，但不限於律政司、警務處、衛生署的法醫科和政府化驗所等等。

26. 警務處的調查員就死亡事故進行了高水平的調查，也擬備了高水平的死亡調查報告。警務處亦調派了三名高級督察擔任死因

研訊主任，負責聯絡工作，並協助處理死因研訊，他們的表現尤為出色。

27. 此外，我們感謝律政司各級別的政府律師，包括資深大律師 ，他們在死因裁判法庭上提出證據，協助死因裁判官處理了多宗較爲複雜的死因研訊。

28. 與往年一樣，我們在此感謝一眾曾協助法庭的病理學家，包括衞生署的法醫科醫生及醫院管理局的臨床病理科醫生；他們不但肩負了剖驗屍體的工作，並在法庭上提供證據，協助死因研訊的進行；他們亦協助我們解答公衆對驗屍及死因等一般事宜所作的電話查詢。

29. 一直以來，法庭傳譯主任不論在庭內和庭外，均提供了一流的傳譯和翻譯服務。

30. 勞工處和海事處努力不懈，繼續就陸上和海上的意外展開詳盡的調查，並撰寫報告；該等報告所提出的建議，對死因裁判官及有關業界而言，往往甚有幫助。他們工作的成果，可見於職業死亡個案的數目在過往數年有減少的趨勢。我們在此謹向勞工處和海事處表示謝意。

死因裁判官　　死因裁判官

高偉雄　　何俊堯

二零一八年四月

Part One

Coroners' Report 2017

Number of Deaths on a Rising Trend

1. A total of 45,883 deaths were registered this year, and a total of 10,768 deaths were reported to the Coroners. Figures for the last 17 years are set out below :

	Deaths registered	Deaths Reported to the Coroners
2001	33,305	7,733
2002	34,316	7,890
2003	36,421	9,315
2004	37,322	9,108
2005	38,683	9,506
2006	37,415	9,025
2007	39,963	9,422
2008	41,530	10,314
2009	41,034	10,070
2010	42,705	9,999
2011	42,188	10,017
2012	43,672	10,472
2013	43,399	10,249
2014	45,710	10,598
2015	46,757	10,767
2016	46,662	10,773
2017	45,883	10,768

2. From the list above we can see that the number of deaths registered increased year by year from 2001 to 2005. The trend has turned downward a little bit in 2006. The figures in the past 10 years, between 2007 and 2016, show a mixed uptrend. The number of deaths registered and the number of cases

reported to coroners for 2017 have slightly dropped as compared with the figure of 2016. The figure of 2017 is about 38% over the 2001 figure. The number of deaths registered and the number of case reported show a tendency of gradual rise as a whole. It is believed that this trend is due to a continuously rising population and an aging population of Hong Kong.

Investigation of deaths

3. The Police will investigate every death which has been reported to the Coroners. They will submit an investigation report together with the post mortem report by the clinical pathologist or the forensic pathologist to the Coroners. The Coroners will consider the police report and the post mortem report. If we are of the view that the investigation carried out by the Police has come up with sufficient information to enable us to exercise our power and perform our duties under S.9 of the Coroners' Ordinance and that the cause of death and the circumstances of the death is clear and there is no suspicion, we shall assign the death a classification code in accordance with the "International Statistical Classification of Diseases and Related Health Problems" as prescribed by the World Health Organization, so that the Registrar of Births and Deaths is able to register the death.

4. If we consider that further investigation of the death is required, we shall inform the Police to investigate further and to submit a more detailed death investigation report to us. In this regard, we exercise our judicial discretion taking into account all the circumstances of each individual death, as contained in the Police's first investigation report. The further investigation and submission of a more detailed report by the Police typically takes 6 months to 1 year or sometimes even longer. Upon perusal of that report, and upon considering all the circumstances of the case, we shall consider whether to hold an inquest into the death.

5. As to deaths in official custody, the law requires that an inquest must be held. In these cases, the Coroners shall ask the Police to further investigate the death and to submit a more detailed death investigation report so that an inquest will be held in due course.

6. The following table sets out the figures for the last 17 years showing how reported deaths were dealt with :

	Deaths Reported to the Coroners	Further Investigations	Inquests	With Jury	Without Jury	Percentage of Inquests with Jury
2001	7,733	2,374	158	71	87	45%
2002	7,890	2,451	132	83	49	63%
2003	9,315	2,678	108	67	41	62%
2004	9,108	2,059	141	99	42	70%
2005	9,506	1,351	189	150	39	79%
2006	9,025	1,061	210	181	29	86%
2007	9,422	767	185	155	30	84%
2008	10,314	1,364	145	135	10	93%
2009	10,070	1,260	193	167	26	87%
2010	9,999	1,106	172	131	41	76%
2011	10,017	1,224	182	149	33	82%
2012	10,472	1,420	164	138	26	84%
2013	10,249	1,099	176	140	36	80%
2014	10,598	967	148	139	9	94%
2015	10,767	751	100	93	7	93%
2016	10,773	730	77	63	14	82%
2017	10,768	1128	117	112	5	96%

7. Even though the number of inquests during the recent years shows no obvious increase, there is in fact an increasing number of requests from family members or their legal representatives that public inquests be held into the deaths of their loved ones. Some of the issues involved in the inquests if held are much more complicated as compared with the past, and as a result, more hearing days are required. Most of those requests involved deaths connected with medical or surgical care and are often made on a common misconception that the purpose of an inquest is to investigate and determine whether the deceased died as a result of medical or surgical mismanagement. In dealing with those requests, discretion is often exercised in favour of the families in ordering further investigation reports and expert opinions from independent medical experts, which will be made available to the families so that they will be able to know more about the cause of death and the circumstances connected with it. In addition, inquests are held where necessary, especially when it appears that useful recommendations might be made.

8. There are also several cosmetic surgery related death cases in recent years of which the families or the Coroner's Court are of the opinion that an open inquest should be held. The main purpose of an inquest is, of course, to find out the truth of the death through evidence given in open court. This is for the sake of putting forward realistic and practicable recommendations in appropriate cases, in the hope of preventing the occurrence of similar death incidences. There is however another important function, and that is after the family has seen the witnesses and heard their evidence in open court, it is hoped that they may be more able to accept the fact of the death of their loved ones.

Chamber Applications

9. In our previous reports we described the procedure by which family members may appear before the Coroners to apply for waiver of autopsy. This is a very important and difficult task of the Coroners. Applications in 2017 has increased as compared to last year. It is important for the public to understand this aspect of work of the Coroners and we therefore mention the procedure yet again here.

10. Typically a public hospital clinical pathologist or a Department of Health forensic pathologist will have examined the medical records of the deceased and the course of events leading to his death. The pathologist will have also carried out an external examination of the body. If he is still unable to determine a cause of death, he would advise the Coroners that it is necessary to perform an autopsy to ascertain the cause. Members of the family of the deceased are often deeply upset by this suggestion and will come before a Coroner and express intensely cultural, religious, sentimental and other reasons as to why an autopsy should not be performed. In 2017, the Coroners dealt with a total of 984 applications under this category.

11. The Coroners fully appreciate the family members' concern when they handle this kind of applications. These family members themselves are attempting to deal with intense emotional feelings of loss. When on top of this, they have to face the suggested need for autopsy when throughout his life, the deceased had indicated a fear and abhorrence of surgical intervention or even hospital stay, it will be something which is extremely difficult for many family members to accept.

12. Each such case must be dealt with on its merits but very often the purpose of an autopsy is to find out the cause of death. The World Health

Organization and the Births and Deaths Registration Ordinance both effectively impose a duty on the Coroners to find out the cause of death in respect of every death and to classify the death in strict accordance with the prescribed classification. The Registrar of Births and Deaths is also under a duty to find out the cause of death before he may register the death in the death register. In order to find out the cause of death the Coroner very often has to call the pathologist or even the ward doctor to see whether on the balance of probabilities, a certain cause of death may be identified. However, in some cases because the deceased has, for instance, limited medical history, there is no satisfactory medical evidence upon which a pathologist may identify a cause of death. In such cases a careful explanation to the family as to why an autopsy is required is necessary.

13. In recent years, upon the suggestion of the Coroners, the flow of medical information between public hospitals and the Government Forensic Pathology Service has increased. As a result, in regard to Hospital Authority patients who have been treated in the public hospitals in the period immediately prior to death, the forensic pathologists now have more medical history of the deceased to enable them to find the cause of death without having to perform an autopsy.

14. On the one hand, the Coroners have a duty to ascertain the cause of death in respect of every death, on the other hand, we also have to consider the emotion and sentiment of family members. The Coroners therefore have to exercise their judicial powers carefully on every waiver application, taking into consideration all the relevant factors and circumstances of the matter.

Suicides

15. The number of suicides this year is 916, 172 of these were further investigated by the Police, followed by a more detailed death investigation

report. The number of men committing suicide is still much higher than that of women, with the ratio of 569 : 347.

Accidental Deaths

16. The number of accidental deaths this year is 590, including 169 where further investigation by the Police followed by a more detailed death investigation report is required. This year's figures are more or less the same as last year's . The number of men died as a result of an accident is much higher than that of women, with the ratio of 386 : 204.

Occupational Deaths

17. In our reports up to 2009 we have only mentioned occupational deaths in respect of which an inquest has been held. Having given the matter careful consideration we think the whole picture has not been fully presented. Therefore starting from the 2010 report, we refer to the number of deaths which appears to be occupational deaths, including those occurring on land and at sea. There are a total of 27 occupational deaths, of which 25 are on land and 2 is at sea. 26 of the deceased's are men, and 1 is woman; the ratio is therefore 26 : 1.

Homicides

18. The number of people unlawfully killed is 17, including 11 men and 6 women.

Vehicular Accidents

19. The number of deaths arising from vehicular accidents is 147. Of these 147 deaths, 88 deceased are pedestrians, being more than a half of the total death figure. 52 deceased are 70 years or older, which represents more than a third of the total death figure. It is therefore clear that old people are much more vulnerable to road traffic accidents than other age groups. The number of men died in road traffic accident is much higher than women, the ratio being 99 : 48.

Drugs and Poisons related Deaths

20. There are 77 deaths which are related to drugs and poisons, mostly what is commonly called dangerous drugs. The figure includes suicides, accidental deaths, and deaths where the intent is undetermined. The ratio of men to women is 54 : 23.

Deaths from natural causes

21. There are 9030 deaths due to various natural diseases, of which 4217, i.e. slightly less than half, are classified as diseases of the circulatory system. According to the "International Statistical Classification of Diseases and Related Health Problems", diseases of the circulatory system include hypertensive diseases, various heart diseases, cerebrovascular diseases, etc. The ratio of men to women is 5339 : 3691.

22. We can see that more men than women died in all the above mentioned classifications of deaths. In some classifications, the ratio is rather extreme, for example, in occupational deaths, the ratio is 26 to 1.

Recommendations

23. As in previous years, a wide variety of recommendations have been made during the year, some of which have been accepted and put into effect. Here are some of the recommendations made by the Coroners or the Jury :-

(i) An arrested male injected with haloperidol, a kind of psychotic drug, in a hospital presented with neuroleptic malignant syndrome and eventually died of ischemic brain damage and bronchopneumonia

Hospital Authority

(1) The Hospital Authority should add the following guideline to the A & E Clinical Guideline No. 17:

1.1 If the patient has history of taking psychotics drugs, Haloperidol should be avoided for the purpose of sedation.

1.2 If Haloperidol has to be used, the patient should be monitored to see if he or she presents any symptoms associated with NMS (Neuroleptic Malignant Syndrome).

(2) It is recommended that the Hospital Authority should include NMS as a reportable illness.

(ii) A 31-month-old boy passed away due to sepsis caused by streptococcal pneumoniae

Hospital Authority

Tuen Mun Hospital

(1) Formulate guidelines regarding the lapse of time between an order given by a doctor for the collection of test samples and the ultimate arrival of the said samples at the laboratory, so that doctors are able to construct the inpatient's treatment plan more effectively.

(2) Formulate mechanisms/guidelines for following up on failed sample delivery to the laboratory so as to avoid unnecessary delay.

(3) Remind doctors regularly of all the procedures [including the time required] involved in the cross-matching of blood and of the importance of the requirement for further blood samples, so that doctors are able to construct treatment plans more effectively.

(iii) A male with mesenteric vascular malformation died of hemoperitoneum and soft tissue hemorrhage

Hospital Authority

Alice Ho Miu Ling Nethersole Hospital

(1) Recommend to increase the ratio of senior doctors on duty during holidays [public holidays, Saturdays and Sundays].

(2) Enhance communication between doctors and nurses of the isolation ward, and the patients and relatives thereof, for example: establishing a call recording system to record the dialogues between the parties.

(3) Consider setting up a glass-sealed meeting area for patients and relatives in the isolation ward.

(4) In the short term, attach a resident consultant surgeon to the Nethersole Hospital.

(5) In the long term, expand the scale of the Nethersole Hospital to include a surgical department [including operating theatres and manpower].

(6) Recommend the adoption of electronic medical notes in the Nethersole Hospital.

(iv) An elderly male died of bronchopneumonia, spontaneous intracerebral hemorrhage and hypertension

Hospital Authority

(1) Doctors should arrange for patients to have CT scan as far as possible to play safe in cases which may involve serious head injury.

(2) In the management of a patient with possible serious head injury, a review by a senior doctor must be sought before the patient can be discharged.

(3) If the patient is known to be on a certain significant medication, eg. warfarin, it must be explicitly set out in the medical notes.

(4) It is recommended that patients on warfarin always carry an alert card on person to facilitate the medical personnel to be aware of his condition.

(v) An elderly female eventually died of severe bleeding resulting from penetrations at left upper iliac crest during bone marrow aspiration and trephine biopsy performed by doctors

Hospital Authority

(1) Before a houseman performs a bone marrow aspiration/trephine biopsy for the first time, there must be a doctor with rich experience in bone marrow aspiration procedures to demonstrate the relevant procedures to the houseman and give supervision. The supervising doctor needs to make sure that the houseman has sufficient knowledge and skills before he or she is allowed to perform bone marrow aspiration for the patient under supervision for the first time.

(2) The doctor who supervises the houseman in conducting bone marrow aspiration must have frequently or continuously performed bone marrow procedures (including aspiration/trephine biopsy) for a period of time before giving supervision.

(vi) A 4-year-old boy suffering from Meckel's Diverticulum (congenital deformity of small intestine) died of infarction of small intestine due to acute intestinal obstruction

Hospital Authority

(1) To set a "Decline hospital admission" form, on which the risks of patients, checks to be conducted after admission or soon after need to be stated clearly. Having acknowledged all the risks, if the person still insists to decline to hospital admission, he or she needs to sign on the "Decline hospital admission" form.

(2) After medical examination, the symptoms of the patients or other relevant details about the patient should be clearly stated in the medical notes, so that the follow-up doctors could have an understanding and awareness of the medical conditions or underlying risks.

(vii) A 73-day-old male infant suffering from ventricular septal defect suddenly died at home

Methodist Centre

Employees Retraining Board

Training for post-natal carers:

To enhance risk management and management techniques of post-natal carers on how to deal with infants suffering from illnesses, but identification of illnesses and resuscitation procedures are not included.

(viii) A male diabetic patient having undergone percutaneous coronary intervention failed to get the prescription of Clopidogrel in the specialist out-patient department and eventually died of acute myocardial infarction due to blood vessel thrombosis

Hospital Authority

(1) During the briefing before surgery and the first follow-up appointment after the surgery, patients need to be companied by family members or community attendants.

(2) To strengthen the drug alarm system by:

a. Defining the important drugs

b. Defining the responsible unit/s

c. Designating a department to be exclusively responsible for updating the drug list

(ix) A pregnant woman having undergone caesarean delivery ultimately died of organ failure caused by ischemia arising out of disseminated intravascular coagulation, which was caused by persistent bleeding from the inferior epigastric artery due to trauma by external force during uterine massage

Hong Kong College of Obstetricians and Gynaecologists

The jury recommended that for future cases of unusual massive bleeding and abnormal vital signs in the postnatal period, the hospital should arrange for early intervention by other specialists for appropriate diagnosis and treatment.

The jury recommended that when dealing with high-risk pregnancy, sufficient time has to be reserved for observing the patient's condition of postpartum hemorrhage, so as to ensure the patient's safety.

(x) A male with leukemia died of massive intracerebral hemorrhage eventually after the doctor failed to discover his decreasing platelet count in time resulting from his being denied the initial appointment of the follow-up consultation and blood test in specialist clinic due to communication problem

Hospital Authority

It is recommended that hospitals should create an electronic identification system. Upon registration by patients, the system will automatically show, by way of alarm, the urgency of the patients and necessary medical arrangements (such as blood test for examination). The automatic system should be installed with repeated regular alarm function to make sure that arrangements will be made according to the specified time and prioritization.

(xi) An elderly male contracted with Group A Streptococcus died of severe sepsis with toxic shock and anaphylaxis

Harkin Medical

(1) To request newly registered patients to fill in their personal particulars by themselves, so as to avoid mistakes or omissions in the declaration form. Apart from general personal information, patients' past medical history such as diabetes, hypertension and hyperlipidemia has to be recorded; any allergy, including food and drug allergy as well as allergic symptoms have to be recorded.

(2) For the computer record of Harkin Medical, each doctor should set up an individual user account for login and entry of data, so as to determine the person who creates the record. During consultation with patients, the doctor who creates the record has to enquire the patients about their medical history, allergy history and their symptoms. Besides, relevant data have to be duly recorded by way of Yes / No, instead of leaving the record blank when there is nothing to be recorded.

(3) Apart from showing the last updated date and time, the computer system must also include the date and time of creating the record, the persons updating the record; as well as a clear chronological sequence of the dates, time and persons involved in updating the relevant record for future reference.

(xii) A male wearing a left ventricular assist device (LVAD) passed away due to the accidental unplugging of the cable connecting the assist device and the external battery, which caused the assist device to cease functioning

Hospital Authority

Recommend that a sticker with the contact number of the cardiothoracic surgical department which installed the LVAD be put on the exterior of the device to facilitate the patient or other people to contact the relevant doctor during emergency.

Fire Services Department

Recommend the Fire Services Department to add the following instructions among the guidelines for LVAD:

(1) The instructions should first explain the meanings of the LVAD's different sound signals;

(2) When it comes to an ambulanceman's attention that an injured person is wearing an LVAD which is emitting different sound signals, he should report both the situation and meaning of the sound signals to the nurses and doctors in the accident & emergency department so that relevant arrangements can be made and cardiologist summoned immediately for treatment.

Liquor Licensing Board of the Food and Environmental Hygiene Department

Recommend to include the following instruction in the code of practice for the staff in similar places of entertainment:

In the scenario where a customer has passed out and lost consciousness, a simple check should be performed first which includes: to see if there

is complete absence of consciousness, heartbeats or breathing. In the absence of any of the above, the person should not be moved and a report should be made to the police immediately.

(xiii) A young woman was drowned to death in a swimming pool while attending a private party in a yacht club

Royal Hong Kong Yacht Club

(1) Warning signs should be placed at conspicuous locations to remind swimmers against going into the pool after drinking alcohol.

(2) Recommend that all swimming pools be required to provide training for their staff concerning the storage locations of first aid items, and to provide a yearly internal first aid drill and training for staff responsible for performing first aid.

(3) Install a CCTV system with the function of zooming in and out within the pool area.

(4) All staff and lifeguards on site need to be equipped with a walkie-talkie.

(xiv) A woman suffering from atrial septal defect eventually died of cardiac tamponade resulting from massive bleeding during cardiothoracic surgery for septal defect repair

Tseung Kwan O Hospital

(1) The medical team of Tseung Kwan O Hospital should improve in communication.

(2) A raised awareness of various sinister conditions that may happen after open heart surgery should be reinforced in the medical staff at Tseung Kwan O Hospital. This can be achieved by conducting educational lectures through which cardiologists or experts can give tuitions to junior doctors.

(3) The cardiothoracic surgery unit of Tseung Kwan O should arrange a more frequent follow-up schedule, and should arrange echocardiogram more frequently for the first month of the post-operative period.

(xv) A 17-year-old student with leukemia died of extensive intestinal necrosis after receiving chemotherapy

Hospital Authority

(1) Resident doctors may not necessarily have sufficient experience to determine the most appropriate treatment for patients and hence need to consult with doctors on-call. We recommend that, in order to construct the best treatment plan, doctors on-call must pay a visit in person to check the patient's situation before suggesting a treatment plan. In case the doctor on-call is unable to come in time, the resident medical officer must notify the attending doctor to ensure that the best treatment is provided to the patient.

(2) Medical notes are important documents for understanding the patient and are thus crucial in treating the patient. The hospital should ensure that doctors starting their shifts or doing ward rounds

read medical notes thoroughly and have a profound understanding of the patient's latest condition. It is recommended that the attending doctor be accompanied by another doctor during ward rounds, when both of them have to sign on the medical notes to ensure that the attending doctor is grasping the patient's condition correctly.

(3) Concerning this incident, it is recommended that hospitals conduct an in depth review on the diagnostic standard for chemotherapy patients, particularly when complications are likely.

(xvi) <u>An elderly prisoner serving time died of hemopericardium in a correctional institution.</u>

Correctional Services Department

Install call bells and grab handles for toilets in elderly dormitories in case of need.

(xvii) <u>A worker died in a construction site.</u>

Sun Kai Construction Company Limited

China State Construction Engineering (Hong Kong) Limited

(1) A safe system of work for outdoor electric arc welding process shall be provided and maintained. Such safe system of work should include but not limited to the followings:

(a) A competent person shall be appointed to conduct task-specific risk assessments taking into account the working

environment to identify all potential hazards on site, including electrical hazard;

(b) Safe work method and procedures shall be formulated with due regard to the results of risk assessments, including the adoption of a permit-to-work system, where necessary;

(c) The power supply to the welding equipment should be properly shut down, with the remaining welding electrode on the electrode holder properly detached, after the welding operation;

(d) The electric arc welding transformer shall be rendered dead by isolating its power supply before conducting the clearing up work;

(e) All apparatus such as electric arc welding equipment and conductors exposed to weather or water shall be so constructed, installed and protected as necessary to prevent electrical hazard;

(f) It shall be provided and ensured the use of suitable personal protective equipment, such as insulating gloves, to afford additional protection to the workers involved;

(g) All requirements stated in the Code of Practice of Safety and Health at Work for Manual Electric Arc Welding, 2002 Edition by Labour Department should be observed and followed, including the checking of welding wires to make sure they are in well condition and should avoid exposure of any conductor and use of unnecessarily long welding wires between long distances of welding areas;

(h) An effective monitoring and control system shall be developed and implemented to ensure that all the safety precautionary measures are strictly followed.

(2) Sufficient safety information, instruction and training should be provided to all workers involved in using of electric arc welding equipment for outdoor electric arc welding process, so as to ensure that they are familiar with the safe working procedures and safety measures.

(xviii) <u>A secondary school student died of falling from a height by committing suicide in the school campus during school hiatus</u>

Chinese YMCA Secondary School

To install CCTV in the uncovered areas of the school campus.

(xix) <u>A suspect died on the spot after jumping off the bedroom window on his own when being taken back home by the police for a house search</u>

Hong Kong Police Force

The manner in which a suspect is being escorted after an arrest by the police.

From the arrest of a suspect until the arrival at a police station, police officers should control the suspect at all times, for example maintaining bodily contact, putting an arm on the suspect's shoulder, or grabbing the suspect's arm firmly.

(xx) A female patient detained in Castle Peak Hospital died of metformin overdose

Hospital Authority

(1) To install additional CCTVs within hospital premises, e.g. grand hall, drug treatment room.

(2) The relevant 'drug inventory list', especially the stock level of the drug on the drug trolley, needs to be kept for 3-5 years (Record may be in either document form or electronic form).

(3) To introduce additional explicit guidelines for drug distributing procedures, e.g. clear guidelines on the supervision of drug trolleys, manpower arrangement, staff duties, roles and division of labour during drug distributing sessions.

(xxi) A woman died after having undergone an endoscopic procedure

Hospital Authority

Before performing ERCP procedure of the same kind, the attending doctor should advise the patient and his/her relatives of the option of doing MRCP and CT in a private medical institution, so that the attending doctor can formulate a more appropriate treatment plan.

(xxii) A woman died after having undergone hysterectomy

Hospital Authority

(1) For non-urgent high-risk surgery, it is recommended that a doctor other than the attending doctor shall be arranged to have

a separate meeting with the patient explaining to him/her the risk of the surgery, whether the surgery is a must, and the relative viability of various treatment plans.

(2) For a medical condition involving various medical specialties, all specialists involved should have an agreed treatment plan and account for that to the patient and his/her relatives rather than stating the specialty issues from their own perspectives.

(xxiii) A man died after having undergone percutaneous endoscopic gastrostomy (PEG)

Hospital Authority

In future, hospitals that need to perform PEG are recommended to have in place equipment capable of quickly detecting hemorrhage [e.g. CT Scan] so that doctors can make diagnosis more efficiently.

(xxiv) A man died after bleeding from perforation / dissection of right external iliac artery during cardiac catheterization intervention procedure

Hospital Authority

(1) When dealing with emergencies, medical and nursing staff of the Hospital Authority are recommended to improve their interdepartmental communication and coordination within the hospital and make appropriately clear records.

(2) The Hospital Authority is recommended to step up supervision on frontline doctors and perfect the guidelines for cardiac catheterization intervention procedure.

(xxv) A man died after being shot on the head and neck by police officers

Commissioner of Police

Based on the evidence and exhibits presented in court, the jury was not content with the way the police handled this incident and recommended the police to strengthen the training on crisis management. For instance, when facing an emergency situation, police officers should make quick and reasonable judgment on the severity of the situation at the scene, control the situation with more effective measures, strengthen the persuasion training including verbal response and body language, and arrange appropriate police officers and experts for reinforcement. Take this case as an example, a negotiator could have been sent to prevent the escalation of the incident when the deceased was holding a hostage.

(xxvi) A female died of massive pulmonary thromboembolism

Hospital Authority

(1) It is recommended that the communications between private and government hospitals be improved, e.g. setting up network or reporting mechanism in order to provide appropriate treatments. During the course of transferring patients in critical condition between hospitals, patients' condition should be communicated between hospitals so as to facilitate the prompt provision of relevant treatments.

(2) It is recommended that hospitals set up some monitoring mechanism, eg. devise a checklist for a third party or a

computer system to prompt for unfinished tasks or checks, such as, reviewing medical notes or checking vital signs.

(3) It is recommended that explicit guidelines be devised in such a way that the associate consultant should make diagnosis for patients together with the treating doctor regularly, say once every 2 days.

(4) It is recommended that hospitals should consult the opinion of the doctor on duty upon the completion of checks when determining whether the patient is suitable to be discharged or not.

(xxvii) <u>A woman died of peritonitis with septic shock</u>

Hospital Authority

(1) Appropriate antibiotics should be added immediately when medical and nursing staff notice turbidity in the peritoneal fluid unless the doctor deems it to be harmful to the patient.

(2) Set up an emergency notification system in microbiology lab in hospitals.

(xxviii) <u>A man under guardianship order died of pneumonia and heart disease</u>

Hospital Authority

Granyet (Aberdeen) Elderly Care Centre

(1) Enhance the communication between care centre and Community Geriatric Assessment Team (CGAT), especially about cases requiring special care, in order to achieve the optimum medical or healthcare outcome; a consistent record should be maintained.

(2) In the light of the decision of discharging the deceased on 9 July, when similar cases occur again, especially for the seriously ill, it is hoped that the hospitals should, on top of taking into account the existing criteria, e.g. vital signs, obtain the blood test report that can reflect on the condition of the patient when he/she is about to be discharged for consideration.

(xxix) <u>A woman died of bronchopneumonia and coronary heart disease</u>

Hospital Authority

(1) Classify patients according to the severity of their conditions and tag the classifications at their headboard to alert medical staff that special attention must be paid to the condition of certain patients so as to provide special care.

(2) Set up an internal auditing group to conduct regular checks randomly on medical records such as medical notes, measurement logs and so on, to ensure that the medical staff make detailed records; perfect the supervision system on whether emergency situations are notified according to the established procedures.

(3) Tung Wah Group of Hospitals Fung Yiu King Hospital is recommended to have a doctor stationing in the hospital around the clock and review its medical and nursing staff to patient ratio.

(xxx) A construction site foreman died of electrocution inside a production shaft

Labour Department

Gammon Construction Limited

The Jury endorsed the preventive measures recommended by the Labour Department in respect of the present incident, consisting of the following:

1. A competent person shall be appointed to conduct a task-specific risk assessment to identify all the potential hazards in connection with the work and formulate appropriate safe working procedures including a permit-to-work system for the work prior to its commencement;
2. prior to work commencement, all live parts of electric pump that may endanger workers concerned shall be rendered dead, related power supply shall be turned off and locked out, and appropriate warning notices shall be posted up;
3. personal protective equipment such as insulating gloves and mat shall be provided for the worker;
4. safe access to and egress from the metal platform shall be provided and properly maintained;
5. suitable rescue equipment such as buoys and life jackets shall be provided for the workers and kept effective on site to be readily available for use;
6. suitable suspended platform of such design and construction shall be provided for raising, lowering or carrying persons inside

the production shaft so as to ensure the safety of all the persons being carried thereon;

7. suitable and sufficient safety information, instruction, training and supervision shall be provided to all the persons associated with the relocation of electric pump inside the production shaft;
8. all apparatus and conductors shall be protected and maintained so as to prevent electrical hazards; and
9. adequate precautions shall be taken, including the prevention of any conductor or apparatus becoming accidentally live, so as to ensure that the work can be carried out without undue risk from electrical hazard.

In addition, based on the fact that works were carried out even in the absence of competent safety officers on site and without risk assessment in this case, the jury recommended Gammon to review and strictly adhere to the permit-to-work system. Gammon should make sure there are sufficient safety officers in each construction site and duly implement safety measures including to be well versed in the arrangement and risks of every work procedure, clearly explain and recommend to the workers the necessary safety measures, which shall be strictly observed in all stages of work.

Relevant government departments should consider formulating relevant code of practice to ensure the implementation of the above.

The jury also recommended Gammon to have well-defined divisions and personnel responsible for the safety checks and maintenance of all equipment.

(xxxi) A male resident in an elderly care centre died of aspiration pneumonia, malignant glioma of brain with acute haemorrhage at left cerebellum

Social Welfare Department

(1) Regarding registration/licensing system of health workers

Licenses needed to be renewed e.g. every 2-3 years. Renewal criteria shall be met.

(2) May consider making the past records and information of the registered health workers accessible to elderly care centres for recruitment consideration.

Lai Lai Nursing Centre (Tsuen Wan) Limited

(3) When issuing a license, guidelines/requirements are to be given to elderly care centres as to the angle of the CCTV, the duration of video records to be kept especially in the area where special care is needed. (e.g. 3 months/above)

(xxxii) A woman was killed after being hit on the head by a falling tree

Secretary for Development

The Incorporated Owners of Palm Court

Hang Yick Properties Management Limited

(1) The relevant government departments are to issue clear guidelines to Incorporated Owners and the respective property management personnel e.g. the property management companies

and contractors that they need to properly manage the trees within the property.

(2) The government should study the legislation as soon as possible covering tree registration, regular checking and maintenance including those in private premises, and risk assessments to be done by recognized professionals.

(3) An ad-hoc department is to be set up for carrying out regular checks on trees including those in private premises and making risk assessment on trees.

(4) The Government should allocate more resources to the Tree Management Office to carry out the following works:

i) take the initiative to contact property management companies and other contractors involving tree management for attending publicity and training activities such as seminars and lectures;

ii) enhance public education and publicity.

(5) Set up a registration system for the profession to ensure that the personnel in the field have the professional qualification to deal with tree-related works.

(6) The government needs to allocate more resources to training so that more people can become registered arborist by, for example, offering subsidy to people involved in tree management to take courses.

(7) Incorporated Owners need to have more awareness on the health condition of the trees and their risks.

(8) Private property management companies need to engage registered arborist to conduct regular checks and maintenance on the trees within their premises.

(xxxiii) A woman died of acute myocardial infarction

Hospital Authority

(1) The hospital should ensure that the cardiac monitor is properly functional around the clock and all records are kept leaving no room for error.

(2) The hospital should take the initiative to make comprehensive assessment and give a detailed explanation to the patient and his/her family in relation to the patient's situation before and after the operation to let the patient and his/her family to have a better understanding and confidence in the treatment plan made by the hospital.

(xxxiv) A woman allergic to nonsteroidal anti-inflammatory drugs (NSAIDs) died of asthma as a result of her taking medication

Secretary for Food and Health

Make it mandatory for private clinics to participate in the Electronic Health Record Sharing System while leaving options for patients to choose whether or not to participate.

(xxxv) A female under guardianship order died of pneumonia

Hospital Authority

Elderly homes offering maximum dependency nursing care need to have the availability of comprehensive medical services, like outreach doctors, or CVMO in order to lower the risk of residents getting infected by going in and out of hospitals.

(xxxvi) A woman who had received Non-Emergency Ambulance Transfer Service (NEATS) died of bronchopneumonia

Hospital Authority

Comments regarding Non-Emergency Ambulance Transfer Service (NEATS)

(1) on the liaison system: to include such information as the name of the contact persons and their relationship with the patient to make clear the priority of the contact persons.

(2) it is recommended that a mechanism be introduced to conduct random checks on NEATS. The liaison centre is to contact users after the service is provided to collect their ratings and comments on the service.

(xxxvii) A mildly mentally retarded man died of myocarditis

Hospital Authority

By reference to exhibit C7, Dr. HO Hiu Fai's medical report, the jury unanimously recommended doctors of the Hospital Authority to

obtain an electrocardiogram (ECG) for all patients who presented with the symptom of chest pain to facilitate further diagnosis and treatment.

(xxxviii) A plumber was killed after being hit by a sliding water pipe

China Harbour Engineering Company (CHEC) Ltd

It is recommended that CHEC implements the company's safety guidelines and adopts the 'Prevention Recommended' made by the Labour Department in relation to this incident; we also recommend CHEC should keep a written record after making spot checks at the work site.

(xxxix) A male tourist returning to Hong Kong died of pneumonia

Hospital Authority

(1) Add space for an entry of patient's travel history in the medical notes allowing for detailed write-up to be filled in by doctors, which is necessary since there are frequent human contacts in the community nowadays.

(2) It is recommended in parallel that a column be provided for doctors to fill in indicating that reference to patient's medical history has been taken so that patient's recent condition is confirmed noted (e.g. date, time and place – Chinese Medicine Clinic of Hong Kong Baptist Hospital at 9am on 6th May)

(3) Based on C11, expert opinion report, if patients with travel history have persistent fever for a few days, A&E Department

is obliged to provide basic lab tests e.g. chest X-ray, blood tests, urine tests etc. for future diagnosis. Please take that as future guidelines or have that standardized.

(4) As stated in C8, Dr. Lau's medical report, patients cannot be tested for Legionella pneumophilia until being admitted to the ICU. It is recommended that Consultants can give leeway to patients in need to avoid delay in providing timely treatments.

Conclusion

24. We are very grateful to the staff of the Coroner's Court for their work. Under the leadership of the Clerk to Coroners, they have worked hard to fulfill their duties, and have fulfilled their duties well.

25. We would also like to thank the Honourable Chief Justice, the Chief Magistrate, and the Judiciary Administration for their support, both in terms of resources and moral support. In 2017, we appointed Coroners, Miss Ada Yim to attend the Asia Pacific Coroners' Society Conference in Adelaide, Australia and she benefited a lot from the conference. We are also grateful to other government departments who have given us immense support in terms of manpower and all other resources to help us to investigate the deaths. These include but are not limited to the Department of Justice, the Hong Kong Police Force, the Forensic Pathology Service of the Department of Health, and the Government Laboratory.

26. The standard of the police investigators is very high, as is their reports. The Police Force has also deployed three Senior Inspectors of Police to serve as Coroner's Officers. They have performed excellent liaison work and they also assist in the inquests.

27. Thanks are also due to Government Counsel of all levels, including Senior Counsel, of the Department of Justice who presented the evidence and assisted the Coroner in many of the more complicated and difficult inquests.

28. Like previous years, we would like to take this opportunity to thank the pathologists both of the Department of Health, and of the Hospital Authority, who performed autopsies and assisted us with evidence in court as well as with responses to our more general telephone inquiries.

29. The Court Interpreters, as usual, provide first class interpretation and translations, both inside and outside Court.

30. The Labour Department and the Marine Department continue to provide us with investigation reports on accidents which occur on land and at sea, respectively. These reports are always prepared after thorough investigations, and usually contain recommendations. They are of great assistance to the Coroners and to the industry. The number of occupational deaths showing a decreasing trend in the past few years is the best proof. Both departments deserve a thank you from us.

David Ko
Coroner

Ho Chun-yiu
Coroner

April 2018

第二部

Part Two

統計數字

Statistics

曾向死因裁判官呈報的死亡個案的分析

於 2017 年，死亡登記個案有 45,883 宗，而向死因裁判官呈報的死亡個案有 10,768 宗。

以下是處理曾向死因裁判官呈報的個案的情況：—

	總 計
命令將屍體剖驗	3245
命令豁免屍體剖驗	7523
土葬命令	1035
火葬命令	9733
須作進一步調查的死亡個案	1128
進行死因研訊	117
死因裁判官或陪審員有提出建議的個案	44

於 2017 年須作進一步調查的 1128 宗死亡個案中，截至 2017 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 854 宗。

於 2017 年向死因裁判官呈報的 10,768 宗死亡個案中，截至 2017 年 12 月 31 日仍在等候毒理學報告以決定死因的有 238 宗。

1. Analysis of Deaths Reported to the Coroners

In 2017 there were 45,883 deaths registered, and there were 10,768 deaths reported to the Coroner.

Cases reported to the Coroner were disposed of as follows: -

	TOTAL
Autopsy Orders	3245
Waivers of Autopsy	7523
Burial Orders	1035
Cremation Orders	9733
Further Death Investigation Reports ordered	1128
Inquests held	117
Cases where recommendations are made	44

Of the 1128 further death investigation reports ordered in 2017, 854 of which have not yet been returned from the Police as at 31 December 2017.

Of the 10,768 deaths reported in 2017, there are 238 cases of which the causes of death are still pending over toxicological reports as at 31 December 2017.

向死因裁判官呈報的死亡個案數目 No. of Deaths reported to the Coroners	死因裁判官發出的命令數目 No. of Orders Issued by the Coroners				須警方進一步調查的死亡個案數目 No. of Further Death Investigation Reports ordered	排期死因研訊數目 No. of Death Inquests Set Down		死因研訊數目 No. of Death Inquests Concluded		2017年12月31日當天等候死因研訊的案件數目 No. of Death Inquests Pending Hearing as at 31.12.2017	
	剖驗屍體 Autopsy	豁免屍體剖驗 Waiver	土葬 Burial	火葬 Cremation		會同陪審團 With Jury	沒有會同陪審團 Without Jury	會同陪審團 With Jury	沒有會同陪審團 Without Jury	會同陪審團 With Jury	沒有會同陪審團 Without Jury
10768	**3245**	**7523**	**1035**	**9733**	**1128**	**124**	**7**	**112**	**5**	**17**	**4**

數字及百分比 **FIGURES AND PERCENTAGE**		總計 TOTAL
命令將屍體剖驗 AUTOPSY ORDERED 3245 (30.14%)	豁免屍體剖驗 AUTOPSY WAIVED 7523 (69.86%)	**10768**
火葬命令 CREMATION ORDER 9733 (90.39%)	土葬命令 BURIAL ORDER 1035 (9.61%)	**10768**
須進一步死亡調查報告 FURTHER DEATH INVESTIGATION REPORT 1128 (10.48%)	無須進一步死亡調查報告 NO FURTHER DEATH INVESTIGATION REPORT 9640 (89.52%)	**10768**

會同陪審團及沒有會同陪審團的死因研訊數目
Number of Inquests Held With or Without a Jury

會同陪審團研訊 WITH JURY	沒有會同陪審團研訊 WITHOUT JURY	總計 TOTAL
112 (95.73%)	5 (4.27%)	**117**

研訊結論及死因類別分析

Analysis of Conclusions of Inquests and Nature of Deaths

結論 Conclusion	某些傳染病和寄生蟲病 Certain infectious and parasitic diseases	先天畸形 Congenital malformations, deformations and chromosomal abnormalities	循環系統疾病 Diseases of the circulatory system	消化系統疾病 Diseases of the digestive system	生殖泌尿系統疾病 Diseases of the genitourinary system	呼吸系統疾病 Diseases of the respiratory system	腫瘤 Neoplasms	其他種類的症狀，徵象和異常的臨床及化驗發現 Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	工業意外 Industrial Accident			車輛意外 Vehicular Accidents	被物件擊中 Struck by object	從高處墮下 Falling From Height	吸入(食物) Aspiration (Food)	淹死 Drowning	涉及警方的火器 Police Involved Firearms	藥物 Drugs	內科治療及外科手術 Medical and surgical care	其他 Others	總計 TOTAL
									不詳 Unknown	觸電 Electrocution	被物件擊中 Struck by object										
死於自然 Natural Causes	7	1	16	3	1	58	4	1													**91**
死於意外 Accidental Death										1	1	2	1		1	1			1	1	**9**
死於不幸 Death by Misadventure																		1	6	1	**8**
死於意外/不幸 Death by Accident/Misadventure																			1		**1**
自殺死亡 Suicide														2							**2**
存疑裁決 Open Verdict									1							1		2			**4**
合法殺人 Lawful Killing																	1				**1**
死於依賴藥物 Dependence on Drug																		1			**1**
總計 TOTAL	**7**	**1**	**16**	**3**	**1**	**58**	**4**	**1**	**1**	**1**	**1**	**2**	**1**	**2**	**1**	**2**	**1**	**4**	**8**	**2**	**117**

自殺個案
SUICIDES
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

自殺類別 TYPE OF SUICIDE	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
火器 FIREARMS	男 M			1			1				2	**2**
	女 F											
藥物 DRUGS	男 M			2	1		1	2	3		9	**22**
	女 F		1	1	3	1	3	1	3		13	
毒藥 POISONS	男 M				1	3			4		8	**10**
	女 F				1				1		2	
吊死 HANGING	男 M		2	8	14	8	22	25	37		116	**193**
	女 F			6	11	5	15	7	33		77	
由高處跳下 JUMPING FROM HEIGHT	男 M		24	46	36	31	37	51	76	2	303	**493**
	女 F		6	25	27	26	36	30	40		190	
一氧化炭 CARBON MONOXIDE	男 M			6	23	13	19	8	5		74	**111**
	女 F		1	2	15	8	7	4			37	
淹死 DROWNING	男 M			1	5	2	3	1	10		22	**30**
	女 F				1			5	2		8	
利器 SHARP INSTRUMENTS	男 M		1			5		1	1		8	**9**
	女 F						1				1	
其他 OTHER	男 M			2	2	1	4	3	1	1	14	**25**
	女 F			4	1	1	1	1	3		11	
小計 SUB TOTAL	男 M		27	66	82	63	87	91	137	3	556	**895**
	女 F		8	38	59	41	63	48	82		339	
總計 TOTAL			**35**	**104**	**141**	**104**	**150**	**139**	**219**	**3**	**895**	**895**
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED											
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M				2						2	**7**
	女 F				1	1	1	2			5	
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
由高處墮下 FALLING FROM HEIGHT	男 M				1						1	**2**
	女 F					1					1	
一氧化炭 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M		1	2	1	1	1		2	1	9	**10**
	女 F					1					1	
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M								1		1	**2**
	女 F						1				1	
小計 SUB TOTAL	男 M		1	2	4	1	1		3	1	13	**21**
	女 F				1	3	2	2			8	
總計 TOTAL			**1**	**2**	**5**	**4**	**3**	**2**	**3**	**1**	**21**	**21**

自殺個案（精神病患者）*
SUICIDES (Mental) *
摘錄自自殺類
EXTRACT FROM SUICIDES
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

自殺類別 TYPE OF SUICIDE	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M								1		1	**4**
	女 F				1	1	1				3	
毒藥 POISONS	男 M								1		1	**1**
	女 F											
吊死 HANGING	男 M											**5**
	女 F			1	3		1				5	
由高處跳下 JUMPING FROM HEIGHT	男 M			5	8	1	1	1	1		17	**30**
	女 F		2	2	6	1	2				13	
一氧化炭 CARBON MONOXIDE	男 M											**2**
	女 F				2						2	
淹死 DROWNING	男 M			1	2	1	1		1		6	**8**
	女 F							2			2	
利器 SHARP INSTRUMENTS	男 M		1			1					2	**2**
	女 F											
其他 OTHER	男 M								1		1	**1**
	女 F											
小計 SUB TOTAL	男 M		1	6	10	3	2	1	5		28	**53**
	女 F		2	3	12	2	4	2			25	
總計 TOTAL			**3**	**9**	**22**	**5**	**6**	**3**	**5**		**53**	**53**
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED											
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M											**5**
	女 F				1	1	1	2			5	
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
由高處墮下 FALLING FROM HEIGHT	男 M											
	女 F											
一氧化炭 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M					1					1	**2**
	女 F					1					1	
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M								1		1	**1**
	女 F											
小計 SUB TOTAL	男 M					1			1		2	**8**
	女 F				1	2	1	2			6	
總計 TOTAL					**1**	**3**	**1**	**2**	**1**		**8**	**8**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

自殺個案（醫院）*
SUICIDES (Hospital) *
摘錄自自殺類
EXTRACT FROM SUICIDES
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

自殺類別 TYPE OF SUICIDE	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M											
	女 F											
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
由高處跳下 JUMPING FROM HEIGHT	男 M											
	女 F											
一氧化炭 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M											
	女 F											
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M											
	女 F											
總計 TOTAL												**0**
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED											
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M											**1**
	女 F							1			1	
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
由高處墮下 FALLING FROM HEIGHT	男 M											
	女 F											
一氧化炭 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M											
	女 F											
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M											**1**
	女 F							1			1	
總計 TOTAL								**1**			**1**	**1**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

自殺個案（職業）*
SUICIDES (OCCUPATION) *
摘錄自自殺類
EXTRACT FROM SUICIDES
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

職業 OCCUPATION	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
學生 STUDENT	男 M		6	1							7	**10**
	女 F		2	1							3	
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M		1	7	12	3	7	3			33	**55**
	女 F		1	5	8	3	2	2	1		22	
家庭主婦 HOUSEWIFE	男 M											**5**
	女 F				2	2		1			5	
藍領 BLUE COLLAR	男 M		1	3	7	5	5				21	**37**
	女 F			1	7	3	4	1			16	
白領 WHITE COLLAR	男 M			3	3		1				7	**16**
	女 F			2	6	1					9	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M			1			1				2	**2**
	女 F											
商人 BUSINESS MAN	男 M				1						1	**1**
	女 F											
退休人士 RETIRED PERSON	男 M						1	4	12		17	**21**
	女 F						1	1	2		4	
其他 OTHER	男 M				1		1			3	5	**5**
	女 F											
小計 SUB TOTAL	男 M		8	15	24	8	16	7	12	3	93	**152**
	女 F		3	9	23	9	7	5	3		59	
總計 TOTAL			**11**	**24**	**47**	**17**	**23**	**12**	**15**	**3**	**152**	**152**

職業 OCCUPATION	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED											
學生 STUDENT	男 M											
	女 F											
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M		1	2	2	1	1				7	**10**
	女 F				1	1	1				3	
家庭主婦 HOUSEWIFE	男 M											**1**
	女 F							1			1	
藍領 BLUE COLLAR	男 M				2						2	**3**
	女 F					1					1	
白領 WHITE COLLAR	男 M											
	女 F											
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M											
	女 F											
商人 BUSINESS MAN	男 M											
	女 F											
退休人士 RETIRED PERSON	男 M								3		3	**4**
	女 F							1			1	
其他 OTHER	男 M									1	1	**2**
	女 F					1					1	
小計 SUB TOTAL	男 M		1	2	4	1	1		3	1	13	**20**
	女 F				1	3	1	2			7	
總計 TOTAL			**1**	**2**	**5**	**4**	**2**	**2**	**3**	**1**	**20**	**20**

* 有進一步調查及更詳盡的死亡調查報告
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意外死亡個案
ACCIDENTAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS											
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known	小計 SUB TOTAL	**總計 TOTAL**
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M						1		5		6	**9**
	女 F								3		3	
吸入（食物） ASPIRATION (FOOD)	男 M		1	1		2	7	10	38		59	**114**
	女 F			2		3	2	5	43		55	
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M								1		1	**1**
	女 F											
吸入（其他） ASPIRATION (OTHER)	男 M							1	5		6	**14**
	女 F								8		8	
窒息 SUFFOCATION	男 M	1					1				2	**3**
	女 F								1		1	
吊死 HANGING	男 M											
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M				1	3	1				5	**8**
	女 F				1	1			1		3	
被升降機壓死 CRUSHED BY LIFT	男 M											
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M				1		2	2			5	**6**
	女 F							1			1	
燒灼 BURNS	男 M	2			1				3		6	**9**
	女 F	1		1	1						3	
一氧化炭（浴室） CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化炭（火災） CARBON MONOXIDE (FIRE)	男 M							1			1	**3**
	女 F							1	1		2	
一氧化炭（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	1	2	3	3	5	20	21	110		165	**259**
	女 F	2	1	2		1	6	5	77		94	
淹死 DROWNING	男 M		1	1	2	3	6	2	7		22	**33**
	女 F			4	1		1	1	4		11	
觸電 ELECTROCUTION	男 M				3	1					4	**4**
	女 F											
割或刺 CUT OR PUNCTURE	男 M											
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M											
	女 F											
藥物 DRUGS	男 M			5	15	23	21	12	3	1	80	**91**
	女 F				2	6	2		1		11	
毒藥 POISONS	男 M						1	1			2	**2**
	女 F											
中毒（酒精） POISON (ALCOHOL)	男 M					3	3				6	**8**
	女 F				1			1			2	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M					2	2	1	6		11	**19**
	女 F				1		4	2	1		8	
其他 OTHERS	男 M			1		1	2		1		5	**7**
	女 F					1		1			2	
小計 SUB TOTAL	男 M	4	4	11	26	43	67	51	179	1	386	**590**
	女 F	3	1	9	7	12	15	17	140		204	
總計 TOTAL		**7**	**5**	**20**	**33**	**55**	**82**	**68**	**319**	**1**	**590**	**590**

意外死亡個案（淹死）*
ACCIDENTAL DEATHS (Drowning) *
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
泳池 POOL	男 M											**2**
	女 F			2							2	
海灘/海 BEACH/SEA	男 M			1	1	2	4	1	3		12	**15**
	女 F			2					1		3	
水庫 RESERVOIR	男 M				1						1	**1**
	女 F											
農場 FARM	男 M											
	女 F											
建築地盤 CONSTRUCTION SITE	男 M						1				1	**1**
	女 F											
大海（船民） SEA (BOAT PEOPLE)	男 M											
	女 F											
避風塘（船民） TYPHOON SHELTER (BOAT PEOPLE)	男 M											
	女 F											
魚塘 FISH POND	男 M											
	女 F											
浴室 BATHROOM	男 M											
	女 F											
河流 RIVER	男 M											
	女 F											
自流井 ARTESIAN WELL	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			1	2	2	5	1	3		14	**19**
	女 F			4					1		5	
總計 TOTAL				**5**	**2**	**2**	**5**	**1**	**4**		**19**	**19**

* 有進一步調查及更詳盡的死亡調查報告
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意外死亡個案（家居）*
ACCIDENTAL DEATHS (Home) *
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M											
	女 F											
吸入（食物） ASPIRATION (FOOD)	男 M											
	女 F											
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M											
	女 F											
吸入（其他） ASPIRATION (OTHER)	男 M											**1**
	女 F								1		1	
窒息 SUFFOCATION	男 M	1									1	**2**
	女 F								1		1	
吊死 HANGING	男 M											
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M					1					1	**1**
	女 F											
被升降機壓死 CRUSHED BY LIFT	男 M											
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M											**1**
	女 F							1			1	
燒灼 BURNS	男 M				1				1		2	**2**
	女 F											
一氧化炭（浴室） CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化炭（火災） CARBON MONOXIDE (FIRE)	男 M											**1**
	女 F							1			1	
一氧化炭（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	1	1		1		1		4		8	**11**
	女 F			1					2		3	
淹死 DROWNING	男 M											
	女 F											
觸電 ELECTROCUTION	男 M				1						1	**1**
	女 F											
割或刺 CUT OR PUNCTURE	男 M											
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M											
	女 F											
藥物 DRUGS	男 M			1	2	5	6	2	1		17	**20**
	女 F				1		2				3	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISON (ALCOHOL)	男 M											**1**
	女 F				1						1	
其他 OTHERS	男 M											
	女 F											
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M											
	女 F											
小計 SUB TOTAL	男 M	2	1	1	5	6	7	2	6		30	**41**
	女 F			1	2		2	2	4		11	
總計 TOTAL		**2**	**1**	**2**	**7**	**6**	**9**	**4**	**10**		**41**	**41**

* 有進一步調查及更詳盡的死亡調查報告
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意外死亡個案（精神病患者）*
ACCIDENTAL DEATHS (Mental) *
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)

2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M											
	女 F											
吸入（食物） ASPIRATION (FOOD)	男 M						1	1			2	**4**
	女 F					1			1		2	
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M											
	女 F											
吸入（其他） ASPIRATION (OTHER)	男 M											
	女 F											
窒息 SUFFOCATION	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M											
	女 F											
被升降機壓死 CRUSHED BY LIFT	男 M											
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M											
	女 F											
燒灼 BURNS	男 M											
	女 F											
一氧化炭（浴室） CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化炭（火災） CARBON MONOXIDE (FIRE)	男 M											
	女 F											
一氧化炭（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M				1		3				4	**6**
	女 F			2							2	
淹死 DROWNING	男 M						3				3	**3**
	女 F											
觸電 ELECTROCUTION	男 M											
	女 F											
割或刺 CUT OR PUNCTURE	男 M											
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M											
	女 F											
藥物 DRUGS	男 M			2	2	1	3	2			10	**13**
	女 F				1		2				3	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISONS (ALCOHOL)	男 M											**1**
	女 F				1						1	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			2	3	1	10	3			19	**27**
	女 F			2	2	1	2		1		8	
總計 TOTAL				**4**	**5**	**2**	**12**	**3**	**1**		**27**	**27**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

意外死亡個案（戶外活動）*
ACCIDENTAL DEATHS (Outdoor Activity) *
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
游泳 SWIMMING	男 M					1	1		2		4	**6**
	女 F			2							2	
獨木舟 CANOEING	男 M											
	女 F											
籃球 BASKET BALL	男 M											**1**
	女 F		1								1	
足球 FOOTBALL	男 M		1	1							2	**2**
	女 F											
排球 VOLLEY BALL	男 M											
	女 F											
潛水 DIVING	男 M					1					1	**1**
	女 F											
羽毛球 BADMINTON	男 M											
	女 F											
板球 CRICKET	男 M											
	女 F											
跳高 HIGH JUMP	男 M											
	女 F											
單槓 HORIZONTAL BAR	男 M											
	女 F											
標槍 JAVELIN	男 M											
	女 F											
高爾夫球 GOLF	男 M											
	女 F											
棒球 BASEBALL	男 M											
	女 F											
欖球 RUGBY	男 M											
	女 F											
擲鐵餅 DISCUS THROWING	男 M											
	女 F											
滾軸溜冰 ROLLER-SKATING	男 M											
	女 F											
划艇 ROWING	男 M											
	女 F											
遠足 EXCURSION	男 M						2				2	**3**
	女 F			1							1	
登山運動 MOUNTAINEERING	男 M				1						1	**1**
	女 F											
水上體育活動 WATER SPORTS	男 M											
	女 F											
釣魚 FISHING	男 M											
	女 F											
騎馬 HORSE RIDING	男 M											
	女 F											
遊船河 BOAT EXCURSION	男 M			1							1	**1**
	女 F											
滑浪風帆運動 WINDSURFING	男 M											
	女 F											
其他 OTHERS	男 M											**1**
	女 F			1							1	
小計 SUB TOTAL	男 M		1	2	1	2	3		2		11	**16**
	女 F		1	4							5	
總計 TOTAL			**2**	**6**	**1**	**2**	**3**		**2**		**16**	**16**

* 有進一步調查及更詳盡的死亡調查報告

with further investigation and more detailed death investigation reports

意外死亡個案（被下墜物擊中）*
ACCIDENTAL DEATHS (Hit by Falling Object) *
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
磚塊 BRICK	男 M											
	女 F											
石塊 STONE	男 M											
	女 F											
木板 WOODEN PLANK	男 M											
	女 F											
花盆 FLOWER POT	男 M											
	女 F											
冷氣機 AIR CONDITIONER	男 M											
	女 F											
瓶子 BOTTLE	男 M											
	女 F											
傢具 FURNITURE	男 M											**1**
	女 F					1					1	
器具 / 工具 INSTRUMENT/TOOL	男 M											
	女 F											
窗框 WINDOW FRAME	男 M											
	女 F											
竹杆 BAMBOO POLE	男 M											
	女 F											
批盪（水泥） CEMENT PLASTER	男 M											
	女 F											
批盪（紙皮石） MOSAIC PLASTER	男 M											
	女 F											
招牌 SIGNBOARD	男 M											
	女 F											
升降機 LIFT	男 M											
	女 F											
建築圍板 HOARDING	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M											**1**
	女 F					1					1	
總計 TOTAL						**1**					**1**	**1**

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with further investigation and more detailed death investigation reports

職業死亡個案
OCCUPATIONAL DEATHS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL
	性別 SEX	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
被物件擊中 STRUCK BY OBJECT	男 M			1	2	1				4	**4**
	女 F										
被物件壓死 CRUSHED BY OBJECT	男 M					2	2			4	**4**
	女 F										
燒灼 BURNS	男 M										
	女 F										
一氧化炭（火災） CARBON MONOXIDE (FIRE)	男 M										
	女 F										
墮下 FALLS	男 M		1	2	2	3	2			10	**11**
	女 F					1				1	
觸電 ELECTROCUTION	男 M			2	1					3	**3**
	女 F										
淹死 DROWNING	男 M					1	1			2	**2**
	女 F										
車輛 VEHICLE	男 M										
	女 F										
升降機 LIFT	男 M										
	女 F										
其他 OTHERS	男 M					2	1			3	**3**
	女 F										
小計 SUB TOTAL	男 M		1	5	5	9	6			26	**27**
	女 F					1				1	
總計 TOTAL			**1**	**5**	**5**	**10**	**6**			**27**	**27**

殺人個案 *
HOMICIDES *
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

殺人罪行類別 TYPE OF HOMICIDE	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
火器 FIREARMS	男 M											
	女 F											
涉及警方的火器 POLICE INVOLVED FIREARMS	男 M			1							1	**1**
	女 F											
被人用銳利物襲擊 SHARP OBJECT ASSAULT	男 M			1	1	1	1				4	**6**
	女 F					2					2	
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M					2		2	1		5	**6**
	女 F			1							1	
絞縊 STRANGULATION	男 M											**1**
	女 F				1						1	
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M											**1**
	女 F					1					1	
窒息 SUFFOCATION	男 M											
	女 F											
涉及車輛 VEHICLE INVOLVED	男 M											
	女 F											
淹死 DROWNING	男 M											
	女 F											
毆打兒童 BATTERED CHILD	男 M	1									1	**2**
	女 F	1									1	
藥物 DRUGS	男 M											
	女 F											
中毒 POISONING	男 M											
	女 F											
由高處被推下 PUSHED FROM HIGH PLACE	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M	1		2	1	3	1	2	1		11	**17**
	女 F	1		1	1	3					6	
總計 TOTAL		**2**		**3**	**2**	**6**	**1**	**2**	**1**		**17**	**17**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

車輛導致死亡的個案
VEHICULAR ACCIDENTS
（類別、年齡及性別）
(TYPE, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
行人與電單車 PEDESTRIAN v. MOTORCYCLE	男 M							1	1		2	**3**
	女 F								1		1	
行人與汽車 / 輕型貨車 / 客貨車 PEDESTRIAN v. CAR/PICK-UP TRUCK/VAN	男 M	3	2	1	1	5	3	6	20		41	**60**
	女 F			2	1	2	2	5	7		19	
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M				1		1	1	5		8	**23**
	女 F		1	2		1	1		10		15	
行人與火車 / 電車 PEDESTRIAN v. TRAIN/TRAM	男 M											
	女 F											
行人與單車 PEDESTRIAN v. BICYCLE	男 M											
	女 F											
單車與汽車 / 輕型貨車 / 客貨車 BICYCLE v. CAR/PICK-UP TRUCK/VAN	男 M			1				1	2		4	**4**
	女 F											
單車與貨車 / 巴士 BICYCLE v. TRUCK/BUS	男 M					1		2	2		5	**5**
	女 F											
單車失去控制 BICYCLE OUT OF CONTROL	男 M						1	1			2	**5**
	女 F		1			1	1				3	
電單車與汽車 / 輕型貨車 / 客貨車 MOTORCYCLE v. CAR/PICK-UP TRUCK/VAN	男 M						2	1			3	**3**
	女 F											
電單車與貨車 / 巴士 MOTORCYCLE v. TRUCK/BUS	男 M					2					2	**2**
	女 F											
電單車失去控制 MOTOR CYCLE OUT OF CONTROL	男 M			1	2						3	**6**
	女 F			2			1				3	
汽車 / 輕型貨車 / 客貨車與汽車 / 輕型貨車 / 客貨車 CAR/PICK-UP TRUCK/VAN v. CAR/PICK-UP TRUCK/VAN	男 M			1	3	1	1	1			7	**7**
	女 F											
汽車 / 輕型貨車 / 客貨車與貨車 / 巴士 CAR/PICK-UP TRUCK/VAN v. TRUCK/BUS	男 M							1	1		2	**3**
	女 F				1						1	
汽車 / 輕型貨車 / 客貨車與火車 / 電車 CAR/PICK-UP TRUCK/VAN v. TRAIN/TRAM	男 M											
	女 F											
汽車 / 輕型貨車 / 客貨車失去控制 CAR/PICK-UP TRUCK/VAN OUT OF CONTROL	男 M			1	2		1	1			5	**9**
	女 F					1	1		2		4	
貨車 / 巴士與汽車 / 輕型貨車 / 客貨車 TRUCK/BUS v. CAR/PICK-UP TRUCK/VAN	男 M											
	女 F											
貨車 / 巴士與貨車 / 巴士 TRUCK/BUS v. TRUCK/BUS	男 M			1			1				2	**2**
	女 F											
貨車 / 巴士失去控制 TRUCK/BUS OUT OF CONTROL	男 M				1		1				2	**3**
	女 F					1					1	
其他組合 OTHER COMBINATIONS	男 M			1	3	3	2	1	1		11	**12**
	女 F						1				1	
小計 SUB TOTAL	男 M	3	2	7	13	12	13	17	32		99	**147**
	女 F		2	6	2	6	7	5	20		48	
總計 TOTAL		**3**	**4**	**13**	**15**	**18**	**20**	**22**	**52**		**147**	**147**

車輛導致死亡的個案 *
VEHICULAR ACCIDENTS *
（死者位置、年齡及性別）
(POSITION OF THE DECEASED, AGE & SEX)
2017 年 1 月 1 日 - 2017 年 12 月 31 日
1ST JANUARY 2017 - 31ST DECEMBER 2017

年齡 AGE	性別 SEX	司機 DRIVER	騎電單車者 MOTOR CYCLIST	騎單車者 PEDAL CYCLIST	乘客 PASSEN-GER	行人 PEDES-TRIAN	其他位置 OTHER POSITION	小計 SUB TOTAL	**總計 TOTAL**
0 to 9	男 M					2		2	**2**
	女 F								
10 to 19	男 M					2		2	**4**
	女 F			1		1		2	
20 to 29	男 M		1	1	2	1		5	**11**
	女 F		1		1	4		6	
30 to 39	男 M	6	3		1	2	1	13	**15**
	女 F				1	1		2	
40 to 49	男 M	3	2	1		5		11	**17**
	女 F			1	2	3		6	
50 to 59	男 M	4	1	1		4	2	12	**17**
	女 F				2	3		5	
60 to 69	男 M	2	1	2	1	7	1	14	**18**
	女 F					4		4	
70 to	男 M	1		4		22		27	**46**
	女 F	1				18		19	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	16	8	9	4	45	4	86	**130**
	女 F	1	1	2	6	34		44	
個案總數 TOTAL DEATHS		**17**	**9**	**11**	**10**	**79**	**4**	**130**	**130**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

車輛導致死亡個案死者的血液酒精含量 *

BLOOD ALCOHOL LEVEL OF DECEASED IN VEHICULAR ACCIDENTS *

2017 年 1 月 1 日 - 2017 年 12 月 31 日

1ST JANUARY 2017 - 31ST DECEMBER 2017

血液酒精含量水平 BLOOD ALCOHOL LEVEL	司機 DRIVER	騎電單車者 MOTOR CYCLIST	騎單車者 PEDAL CYCLIST	乘客 PASSEN-GER	行人 PEDES-TRIAN	其他位置 OTHER POSITION	**總計 TOTAL**
沒有數據 NO FIGURES			3	3	14		**20**
陰性 NEGATIVE	14	8	7	7	53	4	**93**
陽性（每 100 毫升血） POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	2	1	1		7		**11**
51 - 100 毫克 51 - 100 mg					2		**2**
101 - 150 毫克 101 - 150 mg					1		**1**
151 - 200 毫克 151 - 200 mg					1		**1**
201 - 250 毫克 201 - 250 mg							
251 - 300 毫克 251 - 300 mg					1		**1**
301 - 350 毫克 301 - 350 mg							
351 毫克或以上 351 and over	1						**1**
個案總數 TOTAL DEATHS	**17**	**9**	**11**	**10**	**79**	**4**	**130**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

車輛導致死亡個案死者的血液酒精含量 *

BLOOD ALCOHOL LEVEL OF DECEASED IN VEHICULAR ACCIDENTS *

（不同年齡的數字）

(As to Ages)

2017 年 1 月 1 日 - 2017 年 12 月 31 日

1ST JANUARY 2017 - 31ST DECEMBER 2017

血液酒精含量水平 BLOOD ALCOHOL LEVEL	受害者年齡 AGE OF VICTIM									**總計 TOTAL**
	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known	
沒有數據 NO FIGURES			4	1	1	3	4	7		**20**
陰性 NEGATIVE	2	4	5	10	14	13	11	34		**93**
陽性（每 100 毫升血） POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg			1	3	1	1	2	3		**11**
51 - 100 毫克 51 - 100 mg			1					1		**2**
101 - 150 毫克 101 - 150 mg							1			**1**
151 - 200 毫克 151 - 200 mg								1		**1**
201 - 250 毫克 201 - 250 mg										
251 - 300 毫克 251 - 300 mg					1					**1**
301 - 350 毫克 301 - 350 mg										
351 毫克或以上 351 and over				1						**1**
個案總數 TOTAL DEATHS	**2**	**4**	**11**	**15**	**17**	**17**	**18**	**46**		**130**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

與藥物及毒品有關的死亡個案 *
DRUGS AND POISONS RELATED DEATHS *
摘錄自意外死亡、自殺及意圖不確定類
EXTRACT FROM ACCIDENTAL DEATHS, SUICIDES AND UNDETERMINED INTENT
01/01/2017 - 31/12/2017

死亡類別 CLASSIFICATION OF DEATH	年齡組別 Age Groups										小計 SUB TOTAL	總計 TOTAL
	性別 Sex	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
X40 非類鴉片鎮痛藥、退熱藥和抗風濕藥的意外中毒及暴露於該類藥物	男 M							1			1	**2**
Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	女 F								1		1	
X60 非類鴉片鎮痛藥、退熱藥和抗風濕藥的故意自毒及暴露於該類藥物	男 M											
Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	女 F											
Y10 非類鴉片鎮痛藥、退熱藥和抗風濕藥的中毒及暴露於該類藥物，意圖不確定的	男 M											
Poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics, undetermined intent (e.g. 水楊酸鹽類 Salicylates)	女 F											
X41 鎮癲痛藥、鎮靜-催眠劑、抗震顫麻痺藥和對精神有影響的藥物的意外中毒及暴露於該類藥物，不可歸類在他處者	男 M			1	2	2	2		1		8	**10**
Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	女 F				1		1				2	
X61 鎮癲痛藥、鎮靜-催眠劑、抗震顫麻痺藥和對精神有影響的藥物的故意自毒及暴露於該類藥物，不可歸類在他處者	男 M				1		1				2	**4**
Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	女 F				2						2	
Y11 鎮癲痛藥、鎮靜-催眠劑、抗震顫麻痺藥和對精神有影響的藥物的中毒及暴露於該類藥物，不可歸類在他處者，意圖不確定的	男 M											**3**
Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	女 F				1		1	1			3	
X42 麻醉劑和致幻藥[致幻劑]意外中毒及暴露於該類藥物，不可歸類在他處者	男 M			1	4	8	6	4	1		24	**26**
Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	女 F					1	1				2	
X62 麻醉劑和致幻藥[致幻劑]故意自毒及暴露於該類藥物，不可歸類在他處者	男 M											**1**
Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	女 F					1					1	

Y12	麻醉劑和致幻藥[致幻劑]的中毒及暴露於該類藥物，不可歸類在他處，意圖不確定的 Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent	男 M											**1**
		女 F					1					1	
X43	作用於自主神經系統的其他藥物的意外中毒及暴露於該類藥物 Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system	男 M											
		女 F											
X63	作用於自主神經系統的其他藥物的故意自毒及暴露於該類藥物 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	男 M											**1**
		女 F						1				1	
Y13	作用於自主神經系統的其他藥物的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to other drugs acting on the autonomic nervous system, undetermined intent	男 M											
		女 F											
X44	其他和未特指的藥物、藥劑和生物製品的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M				1	1					2	**2**
		女 F											
X64	其他和未特指的藥物、藥劑和生物製品的故意自毒及暴露於該類物質 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M			1				1	1		3	**3**
		女 F											
Y14	其他和未特指的藥物、藥劑和生物製品的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent	男 M											**1**
		女 F							1			1	
X45	酒精的意外中毒及暴露於酒精 Accidental poisoning by and exposure to alcohol	男 M						1				1	**2**
		女 F				1						1	
X65	酒精的故意自毒及暴露於酒精 Intentional self-poisoning by and exposure to alcohol	男 M											
		女 F											
Y15	酒精的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to alcohol, undetermined intent	男 M											
		女 F											
X46	有機溶劑和鹵化烴及此兩類物質的汽體的意外中毒及暴露於該類物質／汽體 Accidental poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	男 M											
		女 F											
X66	有機溶劑和鹵化烴及此兩類物質的汽體的故意自毒及暴露於該類物質／汽體 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	男 M											
		女 F											

Y16 有機溶劑和鹵化烴及此兩類物質的汽體的中毒及暴露於該類物質／汽體，意圖不確定的 Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent	男 M											
	女 F											
X47 其他氣體及蒸氣的意外中毒及暴露於該類氣體 Accidental poisoning by and exposure to other gases and vapours	男 M						1	1			2	**2**
	女 F											
X67 其他氣體及蒸氣的故意自毒及暴露於該類氣體 Intentional self-poisoning by and exposure to other gases and vapours	男 M			1	3	3	2		1		10	**17**
	女 F				4	2		1			7	
Y17 其他氣體及蒸氣的中毒及暴露於該類氣體，意圖不確定的 Poisoning by and exposure to other gases and vapours, undetermined intent	男 M											
	女 F											
X48 除害劑的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to pesticides	男 M											
	女 F											
X68 除害劑的故意自毒及暴露於該類物質 Intentional self-poisoning by and exposure to pesticides	男 M											
	女 F											
Y18 除害劑的中毒及暴露於該類物質，意圖不確定的 Poisoning by and exposure to pesticides, undetermined intent	男 M											
	女 F											
X49 其他和未特指的化學品及有害物品的意外中毒及及暴露於該類物品 Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M											
	女 F											
X69 其他和未特指的化學品及有害物品的故意自毒及暴露於該類物品 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M								1		1	**2**
	女 F								1		1	
Y19 其他和未特指的化學品及有害物品的中毒及暴露於該類物品，意圖不確定的 Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent	男 M											
	女 F											
Y47 鎮靜劑、 安眠藥及抗焦慮藥物 Sedatives, hypnotics and antianxiety drugs	男 M											
	女 F											
小計 SUB-TOTAL	男 M			4	11	14	13	7	5		54	**77**
	女 F				9	5	4	3	2		23	
總計 TOTAL				**4**	**20**	**19**	**17**	**10**	**7**		**77**	**77**

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

自然原因導致死亡個案

DEATHS FROM NATURAL CAUSES

（類別、年齡及性別）

(TYPE, AGE & SEX) (New Code)

2017 年 1 月 1 日 - 2017 年 12 月 31 日

1ST JANUARY 2017 - 31ST DECEMBER 2017

疾病類別 TYPE OF DISEASES	年齡組別 AGE GROUPS										小計 SUB TOTAL	**總計 TOTAL**
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known		
某些傳染病和寄生蟲病 Certain infectious and parasitic diseases A00 - B99	男 M		1	1	4	12	40	42	118		218	**363**
	女 F	2	2	2	3	11	14	21	90		145	
腫 瘤 Neoplasms C00 - D48	男 M	2		4	4	20	72	130	286		518	**864**
	女 F			3	4	14	60	71	194		346	
血液和造血器官疾病 Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism D50 - D89	男 M			1		1	2	2	2		8	**11**
	女 F		1				1		1		3	
內分泌、營養和新陳代謝有關的疾病和免疫失調 Endocrine, nutritional and metabolic diseases E00 - E90	男 M	2			5	5	9	6	28		55	**117**
	女 F			1	1	4	3	4	49		62	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M							1	45		46	**134**
	女 F							3	85		88	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M		1	1	4	3	9	8	16		42	**99**
	女 F	1	1		2	1	7	12	33		57	
眼部和屬眼的疾病 Diseases of the eye and adnexa H00 - H59	男 M											
	女 F											
耳部和屬耳的疾病 Diseases of the ear and mastoid process H60 - H95	男 M											
	女 F											
循環系統疾病 Diseases of the circulatory system I00 - I99	男 M	1	2	12	35	140	345	465	1492	2	2494	**4217**
	女 F	4		4	19	41	82	205	1368		1723	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	4		5	14	17	74	154	637	2	907	**1310**
	女 F	1	1	1	6	6	22	53	313		403	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M	2		1	1	15	28	67	129		243	**365**
	女 F			2		7	7	18	88		122	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M				1				1		2	**3**
	女 F								1		1	
肌肉與骨骼系統和結締組織疾病 Diseases of the musculoskeletal system and connective tissue M00 - M99	男 M		1		1	1	3	2	7		15	**30**
	女 F	1		1	1	2	3	5	2		15	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M				1	3	29	31	56		120	**199**
	女 F	2		1	1	5	8	11	51		79	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M											**1**
	女 F			1							1	
一些始於出生前後嬰兒時期的狀況 Certain conditions originating in the perinatal period P00 - P96	男 M	3								4	7	**11**
	女 F	1								3	4	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	8	1		1		1	1	1	1	14	**22**
	女 F	3	1		1	1	1	1			8	
其他種類的症狀，徵象和異常的臨床及化驗發現 Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified R00 - R99	男 M	6	1	4	19	33	68	89	419	11	650	**1284**
	女 F	5	1	4	6	17	20	34	542	5	634	
小計 SUB TOTAL	男 M	28	7	29	90	250	680	998	3237	20	5339	**9030**
	女 F	20	7	20	44	109	228	438	2817	8	3691	
總計 TOTAL		**48**	**14**	**49**	**134**	**359**	**908**	**1436**	**6054**	**28**	**9030**	**9030**

2017 造成死亡的外在原因的國際疾病分類編碼週年報表
（有進一步調查及更詳盡的死亡調查報告的死亡個案）
Annual Return of International Classification of Diseases Code for External Causes of Deaths
(deaths requiring further investigation and more detailed death investigation reports) 2017

標題/代碼編號　SUBJECT /CODE NO.

I. 意外	
Accidents	
i) 交通意外	
Transport accidents	
1. 行人在交通意外中受傷 (V01-V09)	
Pedestrian injured in transport accident	79
2. 騎腳踏車者在交通意外中受傷 (V10-V19)	
Pedal cyclist injured in transport accident	11
3. 騎摩托車者在交通意外中受傷 (V20-V29)	
Motorcycle rider injured in transport accident	11
4. 三輪汽車使用者在交通意外中受傷 (V30-V39)	
Three-wheeled motor vehicle occupant injured in transport accident	
5. 私家車使用者在交通意外中受傷 (V40-V49)	
Car occupant injured in transport accident	18
6. 輕型貨車或客貨車使用者在交通意外中受傷 (V50-V59)	
Occupant of pick-up truck or van injured in transport accident	2
7. 重型運輸車使用者在交通意外中受傷 (V60-V69)	
Occupant of heavy transport vehicle injured in transport accident	2
8. 巴士使用者在交通意外中受傷 (V70-V79)	
Bus occupant injured in transport accident	2
9. 其他陸上交通意外 (V80-V89)	
Other land transport accidents	5
10. 水上交通意外 (V90-V94)	
Water transport accidents	1
11. 航空及太空交通意外 (V95-V97)	
Air and space transport accidents	
12. 其他及未指明性質的交通意外 (V98-V99)	
Other and unspecified transport accidents	
ii) 意外受傷的其他外在成因	
Other external causes of accidental injury	
1. 墮下 (W00-W19)	
Falls	45
2. 暴露於無生命的外物物力 (W20-W49)	
Exposure to inanimate mechanical forces	13

3. 暴露於有生命的外物物力 (W50-W64) Exposure to animate mechanical forces	1
4. 意外淹死及淹沒 (W65-W74) Accidental drowning and submersion	19
5. 其他危及呼吸的意外情況 (W75-W84) Other accidental threats to breathing	16
6. 暴露於電流、幅射及極端的環境氣溫及氣壓 (W85-W99) Exposure to electric current, radiation and extreme ambient air temperature and pressure	4
7. 暴露於烟、火及火焰 (X00-X09) Exposure to smoke, fire and flames	10
8. 接觸熱力及熱的物質 (X10-X19) Contact with heat and hot substances	1
9. 接觸分泌毒液的動植物 (X20-X29) Contact with venomous animals and plants	
10. 暴露於大自然力量 (X30-X39) Exposure to forces of nature	
11. 由有害物質及暴露於有害物質的情況下所導致的意外中毒 (X40-X49) Accidental poisoning by and exposure to noxious substances	44
12. 勞累過份用力、出行及缺乏生活必需品 (X50-X57) Overexertion, travel and privation	
13. 意外地暴露於屬其他類別及未指明的因素 (X58-X59) Accidental exposure to other and unspecified factors	1
II. 故意使自己受到傷害 (X60-X84) **Intentional self-harm**	152
III. 襲擊 (X85-Y09) **Assault**	17
IV. 未確定意圖的事件 (Y10-Y34) **Event of undetermined intent**	20
V. 合法干預及戰爭行動 (Y35-Y36) **Legal intervention and operations of war**	
VI. 接受醫療及外科護理後出現各類併發症的情況 **Complications of medical and surgical care** i) 藥物、藥劑及生物質於治療用途中導致不良效應 (Y40-Y59) Drugs, medicaments and biological substances causing adverse effects in therapeutic use	1
ii) 病人在接受外科及醫療護理期間遇到不幸 (Y60-Y69) Misadventures to patients during surgical and medical care	9
iii) 與在診斷及治療用途中發生的各類負面事故相關的醫療設備 (Y70-Y82) Medical devices associated with adverse incidents in diagnostic and therapeutic use	

iv) 外科及其他醫療程序導致病人出現異常反應或後期出現併發症（在有關程序進行期間並無提及發生不幸） (Y83-Y84) Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	7
VII. 患病及死亡的外在成因的後發病 (Y85-Y89) **Sequelae of external causes of morbidity and mortality**	
VIII. 與分類於他處的患病及死亡的各種成因有關的輔助因素 (Y90-Y98) **Supplementary factors related to causes of morbidity and mortality classified elsewhere**	
IX. 影響健康狀態和與保健機構接觸的因素 (Z00-Z99) **Factors influencing health status and contact with health services**	
死因不明的死亡個案 **Unknown Cause of Mortality**	26
自然死因 **Natural Cause**	251
[Total 總數]	**768**