

# **CORONERS' REPORT**

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**死因裁判官報告**

**2019**

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# 第一部

## 2019 年死因裁判官報告

## 死亡數字上升趨勢

1. 今年共有 48,706 宗死亡登記，至於曾向死因裁判官報告的死亡個案，則有 11,168 宗。過去 19 年的數字列出如下：

	<u>死亡登記數字</u>	<u>曾向死因裁判官 報告的個案</u>
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
2018	47,479	10,976
2019	48,706	11,168

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 12 年，即 2007 至 2018 年期間，數字反覆向上。2019 年的死亡登記數字及向死因裁判官報告的個案相對 2018 年持續遞升。2019 年的數目比 2018 年的高出百分之二左右。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. 縱使警方初步認為該死亡個案沒有可疑，如果我們認為有關的死亡個案須予進一步調查，便會通知警方展開相關的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. 下表列出關於過去十九年曾向死因裁判官報告的死亡個案的處理方式的數字：

	<u>向死因裁判官報告的個案</u>	<u>須予進一步調查的個案</u>	<u>須進行研訊的個案</u>	<u>有陪審團參與的研訊</u>	<u>沒有陪審團參與的研訊</u>	<u>有陪審團的研訊的百分率</u>
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%
2018	10,976	1083	161	152	9	94%
2019	11,168	1047	130	114	16	88%

7. 近年越來越多死者的家人、死者家人的律師代表及有利害關係人士要求進行公開研訊，所牽涉的議題亦較過往複雜，而且有關的死亡個案大多涉及醫療或手術事故。提出要求研訊的人士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. 死因研訊的主要作用，是通過公開聽證，希望能得知有關死亡的真相，務求在適當的個案中提出切實可行的建議，以期防止類似死亡事故。研訊另有一個重要的功能，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。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衛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 2019 年，死因裁判官一共處理了 790 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。根據世界衛生組織和《生死登記條例》的規定，死因裁判官有法定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，由於公立醫院和衛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 993 宗自殺個案，較 2018 年增加了百分之四。其中 230 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 652:341。青少年自殺組別的個案較上年增加了百分之二。

### 意外死亡個案

16. 今年有 681 宗意外死亡個案，其中 182 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 459:222。

## 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 23 宗，包括 20 宗在陸上發生的和 3 宗在海上發生的。23 名死者全是男性。

## 殺人個案

18. 今年有 18 人死於被殺，其中男性佔 10 人，女性佔 8 人。

## 車輛導致死亡的個案

19. 今年有 123 宗由車輛導致的死亡。其中 63 名死者是行人，佔去死亡數字約一半。123 名死者中，有 50 名是 70 歲以上的老人家，佔此組別的死亡數字約五分之二。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 83:40。

## 與毒品及藥物有關的個案

20. 今年有 123 宗死亡與毒品或藥物有關，和去年比較減少了百分之十一，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 93: 30。

## 自然死亡個案

21. 今年因各種疾病而死亡的人數是 9340 人，其中因循環系統疾病而死亡的有 4001 人，佔這個類別的死亡人數約二分之一。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 5603: 3737。

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 23 與 0 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) 一名男子在參加馬拉松期間因心臟猝死離世

香港業餘田徑總會

加強及改善對參加者的健康風險忠告。

醫療輔助隊

安排更多人手及自動外置式心臟去纖顫動器(AED)在跑道終點站附近。

消防處—救護總區

- (1) 檢討必須由救護員做 2 分鐘心外壓後才可使用 AED 急救的指引。
- (2) 考慮安排在跑渣打馬拉松當日的當值救護車放置一部自動胸部按壓系統(LUCAS)。

(ii) 一名男子因肺炎離世

醫院管理局

建議醫管局可以考慮制定一套清晰指引，指引醫生在病人垂危狀態下，需要在指定時間內到達病人身邊，對病人作出實時的診斷。而「指定時間」的標準應由醫管局內專業人士提供專業意見而制定。

(iii) 一名被還押的女子因依賴藥物導致腦室內出血死亡

懲教署署長

- (1) 建議夜更於懲教醫院，每更當值的職員，至少有一位具備登記護士或以上的資格。

- (2) 建議懲教署參考普通公立醫院醫護人員人手比例，作出適當人手安排。
- (3) 安排懲教署職員定期參與以下訓練，包括
  - (i) 認識脫癮徵狀與致命疾病病徵的分別，從而提高相關的意識及
  - (ii) 相關臨床訓練。
- (4) 定期檢討及更新上述第 3 點所提及之課程及訓練。
- (5) 檢討現行通知主管或當值醫生的指引是否清晰及足夠。
- (6) 在有需要時建議職員尋求其他當值同事而非在囚人士的協助。

(iv) 一名男孩因軀幹發育異常最後因敗血症及肺炎死亡

醫院管理局

轄下醫院所有兒科病房均需推行兒科預早警示評分(PEWS)的制度，以便能及早就病情轉差的兒科病人提供適切的監察及跟進。

(v) 一名男子因急性主動脈夾層剝離併發急性心肌梗塞離世

醫院管理局

- (1) 應考慮設立給予危重而需要立即進行緊急冠狀動脈介入手術病人優先處理，及在可行範圍下容許醫生把病人轉到其他聯網所屬的醫院進行相關手術的機制。
- (2) 應加強醫護人員對評估及治理急性主動脈剝離的教育，特別在有需要時量度病人一雙手臂的血壓以便協助其評估。

(vi) 一名服刑的男子因急性心肌梗塞死亡

懲教署

懲教署無需就所有一般查詢，但如牽涉個別犯人而需作出跟進，建議加入錄音或筆錄，加上跟進福利官姓名，防止藥物送遞受到延誤和分歧。

(vii) 一名女子在私人泳池遇溺導致急性肺水腫死亡

機電工程署儲蓄互助社

互助社需定時查詢及了解其名下供給社員使用物業所屬屋苑內康樂措施的管理及使用狀況，如有需要的話更新其發給社員關於使用這些物業的使用守則及社員別墅小手冊。

黃開基測計師行（物業管理）有限公司

- (1) 考慮在一些較多人使用游泳池的季節，如夏天，聘請救生員在花坪山莊的游泳池當值。
- (2) 如在游泳池開放時間而沒有救生員當值，需在游泳池入口當眼處明確標示提醒使用者當天沒有救生員當值。
- (3) 花坪山莊的保安員需具有基本急救、使用自動心臟除顫器及拯溺資格。

(4) 游泳池內的深水區需設置告示牌提醒泳池的使用者該處的水深。

(5) 游泳池的範圍內需設置自動心臟除顫器、基本急救及拯溺用品。

(viii) 一名患有精神病紀錄人士因噪音問題在鄰居單位縱火，其後導致3名人士死亡。及後他返回自己的單位自焚，最後因嚴重燒傷連帶吸入濃煙離世

香港房屋協會

應檢討只能在租戶提出情況下才可以處理調遷的安排的政策，特別是如租戶對其他人造成滋擾，可以考慮主動強制要求租戶作出調遷。

(ix) 一名男子在公眾游泳池溺斃

北葵涌賽馬會游泳池  
康樂及文化事務署

(1) 泳池開放期間，泳池主管必需確保每一更份有高級技工及/或康樂助理員，或相等的職員當值監管救生員工作及救生員調配安排，當值高級技工及/或康樂助理員或相等職員的名字應在



合適處展示公告。高級技工及/或康樂助理員或同相等職員當值時應佩帶對講機，署方應制定相關指引。

- (2) 當當值救生台的救生員視野被影響時應即時向高級技工及/或康樂助理員或主管報告及通知巡池救生員以便加強監察視野被影響位置。署方應制定相關指引。

(x) 一名在護老院居住人士因腦血管疾病及高血壓死亡

社會福利署

社會福利署對香港護老院加強規管，如每日需定時為院友檢查身體健康情況，例如每四小時量度體溫一次，量度院友血壓每天最少兩次，並保存完整的檢測記錄，令院友得到適當的護理。

(xi) 一名消防員在拯救兩名行山人士期間失足墜下，最終因創傷性頭部受傷連帶誤吸血液入氣道死亡

消防處

- (1) 如需出勤的行動只涉及攀山拯救，可以向前線負責拯救人員提供攀山專用鞋，讓他們考慮是否需要穿著。
- (2) 如在大霧影響能見度情況下，可以向前線拯救人員提供裝配有霧燈的頭盔。

- (xii) 一名在囚人士在荔枝角收押所活動室職員廁所內用床單掛在窗花鐵架上吊

懲教署署長

- (1) 在大清潔的日子，建議為職員廁所設立特定清潔時段，以減少所員進出此範圍的機會，在清潔時段以外，確保通往緩衝區的閘門和通往職員廁所通道的大門要上鎖。
- (2) 大清潔時段，如所員需到監控系統（即 CCTV）未能覆蓋的範圍（例如職員廁所），建議安排所員二人為一組進行清潔，避免單獨工作。

- (xiii) 一名患有精神病的人士在地鐵車廂內使用天拿水縱火，他因廣泛性燒傷導致支氣管肺炎死亡

醫院管理局

有關精神病嚴重個案，例如有暴力傾向患者，醫院及有關部門應該設立醫生、社工及患者家人會面機制，並保存會面記錄供評估及參考。

- (xiv) 一名在囚人士在赤柱監獄囚室內上吊

懲教署署長

- (1) 改善囚室方面，例如降低鐵欄上可懸掛點的高度。
- (2) 有關閉路電視系統，建議控制室閉路電視顯示屏加大。

- (xv) 一名清潔工人在清理垃圾槽淤塞時失足跌入槽內，最後因窒息死亡

職業安全健康局及勞工處

- (1) 向全港所有清潔員工提供清理淤塞垃圾槽的訓練；
- (2) 提高工人清理垃圾時的安全意識。

惠康環境服務有限公司

- (1) 安排及確保每位員工參與清理淤塞垃圾槽的訓練；
- (2) 保留完整受訓記錄方便管理層查閱及跟進。

致富城物業管理公司

- (1) 張貼警告告示於垃圾房門外；
- (2) 確保每個垃圾槽口上鎖；
- (3) 對每位住戶加強教育處理大型垃圾的正確方法。

- (xvi) 一名被警方拘留的男子因可卡因不良反應死亡

警務處

- (1) 至少一位當值警員一直看守被補人士及留意其身體狀況。
- (2) 每位配備手扣的當值警務人員應同時配備手扣鎖匙，以應救護人員要求解除手扣，以便即時進行急救。

(xvii) 一名在囚人士因腸系膜上靜脈血栓形成導致急性腸缺血死亡

#### 懲教署

- (1) 夜間當值同事需有登記護士或以上資格。
- (2) 增加夜間當值同事數量。
- (3) 嚴格執行藥物紀錄；如排板。

(xviii) 一名在安老院居住的女士因腦血管疾病及高血壓死亡

#### 社會福利署

##### 鳳溪護理安老院

陪審團一致建議，社會福利署作為監護人可要求安老院提供生命監察儀器，針對給予此類長期卧床、無法溝通、不能自理的病人，以作生命監測作用，以令服務助理及護士可及時發現病人的病發狀況，作出即時適切的急救。

- (xix) 一名原先患有高血壓的男病人於拔牙後不久出現中風，最終由於心原性休克及敗血性休克離世

香港牙醫學會

我們建議 HONG KONG DENTAL ASSOCIATION (香港牙醫學會) 考慮是否應該要為牙科診所引入有關量血壓的指引。

- (xx) 死者因罕見的遺傳性疾病引起麻醉後不良反應而術後出現惡性高熱

醫院管理局

應增加醫護人員對惡性高熱症的意識。

- (xxi) 一名有哮喘病的男童入院養和醫院後被視作哮喘發作治理，但實際上所患的為肺炎

養和醫院

- (1) 就入院時被評估為情況嚴重的小兒科病人，如果主診醫生有指示需要照肺部 X-光，若病人情況不能在短暫時間內

進行 X-光造影，護士應該問主診醫生是否需要使用便攜式 X-光器(Portable X-Ray machine)。

- (2) 兒科病人在入院時若脈搏和呼吸時被發現過速，應同時量度血壓。
- (3) 醫院兒科治療室應存放一部量度血壓器。

(xxii) 有肝硬化病史的女死者，在接受丙戊酸鈉施藥用以治療抽搐後，出現高血氨症

#### 醫院管理局

- (1) 當家屬要求會見醫生時，護士應將要求寫在排板上。而醫生見到相關訊息時，應在排板上簽名確認。
- (2) 考慮對有肝病病歷的病人需要使用丙戊酸時，即使病人沒有肝病或高血氨的病癥，醫院也需要在用藥後 3-5 天內驗血氨指數。
- (3) 當病人約三天沒排便的情況，護士或照顧員應在排板上正式通知醫生。而排便記錄也應該記錄清楚。

(xxiii) 一名年幼女童於約見醫生以確診肺高壓前死於該病

醫院管理局

當醫生懷疑病人的疾病有突然死亡的風險，我們建議應有相關通報病人及家屬的指引。

(xxiv) 已知患有哮喘病的死者在其居住的護理安老院出現氣促時僅接受氧氣而非哮喘藥物治療

博愛醫院陳馮曼玲護理安老院

安老院如發現有哮喘病患舍友有哮喘及呼吸困難，應盡快提供哮喘藥。

(xxv) 座騎受驚，策騎員墮馬，頭部受壓重創殞命

香港賽馬會

- (1) 在馬季歇暑期間，香港賽馬會仍需安排救護車駐場。
- (2) 每個馬房在安排馬匹在沙池（亦稱地堂）操練（包括踱步）時，不宜在沙池旁邊的欄杆同時進行馬匹清潔工作。

## 總結

24. 我們非常感謝死因裁判法庭的所有同事，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 2018 年，我們委派了死因裁判官崔美霞前往澳洲堪培拉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政府律師，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為複雜的死因研訊。

28. 與往年一樣，我們在此感謝一眾曾協助法庭的病理學家，包括衛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眾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  
高偉雄

死因裁判官  
周慧珠

二零二零八月

# **Part One**

## **Coroners' Report 2019**

### **Number of Deaths on a Rising Trend**

1. A total of 48,706 deaths were registered this year, and a total of 11,168 deaths were reported to the Coroners. Figures for the last 19 years are set out below :

	<u>Deaths registered</u>	<u>Deaths Reported to the Coroners</u>
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
2018	47,479	10,976
2019	48,706	11,168

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 12 years, between 2007 and 2018, show a mixed uptrend. The number of deaths registered and the number of cases reported to coroners for 2019 continued to increase progressively as compared with the figures for 2018, which are about 2% over those of 2018. 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. Notwithstanding the preliminary view of the Police on the absence of suspicion in a death, if we consider that further investigation of the death is required, we shall inform the Police to carry out relevant investigations 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 19 years showing how reported deaths were dealt with:

	Deaths Reported to <u>the Coroners</u>	Further <u>Investigations</u>	<u>Inquests</u>	<u>With Jury</u>	<u>Without Jury</u>	Percentage of Inquests <u>with Jury</u>
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%
2018	10,976	1083	161	152	9	94%
2019	11,168	1047	130	114	16	88%

7. In recent years, there has been a growing number of deceased's family members and legal representatives of the deceased's family, as well as interested parties request for open inquests. The issues involved have been more complicated than in the past, with a majority of the relevant death cases relate to medical or post-operative incidents. They 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 by the Coroner in favour of the families in ordering the Police to furnish further investigation reports and expert opinion reports 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. The main purpose of an inquest is 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. 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 2019, the Coroners dealt with a total of 790 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. According to the stipulations in the World Health Organization and the Births and Deaths Registration Ordinance,

the Coroners are under statutory duties 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. There were 993 suicide cases this year, an increase of 4% as compared with 2018. 230 of these were further investigated by the Police, followed by a more detailed death investigation report. In line with the past years, the number of men committing suicide is still much higher than that of women, with the ratio



of 652 : 341. The number of suicides for juvenile has increased by 2% as compared with last year.

### **Accidental Deaths**

16. The number of accidental deaths this year is 681, including 182 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 459 : 222.

### **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 23 occupational deaths, of which 20 are on land and 3 is at sea. All of the 23 deceased are men.

### **Homicides**

18. The number of people unlawfully killed is 18, including 10 men and 8 women.

## **Vehicular Accidents**

19. The number of deaths arising from vehicular accidents is 123. Of these 123 deaths, 63 deceased are pedestrians, being about half of the total death figure. 50 deceased are 70 years or older, which represents about two fifths 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 ratio of men to women is 83 : 40.

## **Drugs and Poisons related Deaths**

20. There are 123 deaths which are related to drugs and poisons, representing a decrease of 11% as compared with last year. Most of them involve dangerous drugs. The figure includes suicides, accidental deaths, and deaths where the intent is undetermined. The ratio of men to women among the deaths is 93 : 30.

## **Deaths from natural causes**

21. There are 9340 deaths due to various diseases, of which 4001, i.e. about half of deaths in this categories, 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 among the deaths is 5603 : 3737.

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 23 to 0.

## **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) A male participant died of sudden cardiac death during a marathon race

Hong Kong Amateur Athletic Association

Improve and put more emphasis on the advice to participants on health risks.

Auxillary Medical Service

Arrange more manpower and automated external defibrillator (AED) in the vicinity of the finish zone.

Fire Services Department – Ambulance Command

- (1) Review the guideline on the ambulanceman's mandatory application of cardiopulmonary resuscitation for 2 minutes before using the AED as first aid.
- (2) Consider placing a LUCAS in the duty ambulance on Marathon race day.

(ii) A male died of pneumonia

Hospital Authority

It is recommended that the Hospital Authority may consider devising a set of clear-cut guidelines for doctors to observe, requiring doctors to

attend to patients within designated time frame to make real time diagnosis for the patients when they are in critical conditions. The standard of ‘designated time frame’ shall be devised with reference to the professional advice provided by the professionals in the Hospital Authority.

- (iii) A remanded woman died of intraventricular hemorrhage due to drug dependence

The Commissioner of Correctional Services Department

- (1) Recommend that for night shift in CSD hospitals, there should be at least one staff member with the qualification of a registered nurse or above.
- (2) Recommend the Correctional Services Department to make appropriate manpower arrangements by referring to the ratio of medical staff in public hospitals.
- (3) To arrange staff of the Correctional Services Department to participate regularly in the following training, including
  - (i) To understand the difference between withdrawal symptoms and fatal illness presentations, thereby raising awareness and
  - (ii) Relevant clinical training.
- (4) To regularly review and update the courses and training stated in point 3 above.
- (5) To review whether the existing guidelines on notifying supervisor or duty doctor are clear and sufficient.
- (6) To advise staff to seek the assistance of other colleagues on duty rather than prisoners when necessary.

- (iv) A boy died of sepsis and pneumonia due to abnormality in trunk development

Hospital Authority

All pediatric wards of the hospitals need to implement the Pediatric Early Warning Score (PEWS) system so that appropriate monitoring and follow-up can be provided for deteriorating pediatric patients at an early state.

- (v) A male died of acute aortic dissection complicated by acute myocardial infarction

Hospital Authority

- (1) Should consider establishing mechanisms for giving priority to critically ill patients who require urgent immediate percutaneous coronary intervention, and allowing doctors to transfer patients to hospital belonging to another cluster to undergo the relevant operation as far as practicable.
- (2) Should strengthen the education of medical and nursing staff on the assessment and management of acute aortic dissection, especially on measuring patients' blood pressure on both arms to facilitate its assessment when necessary.

- (vi) A male prisoner died of acute myocardial infarction

Correctional Services Department

Without the need of applying to all general enquiries, the Correctional Services Department is recommended to include audio-recording or

written record, together with the name of the handling welfare officer, in cases involving individual prisoners requiring follow-ups so as to avoid the delay and inconsistency in the delivery of medication.

- (vii) A woman who drowned in a private swimming pool died of acute pulmonary edema

#### Electrical and Mechanical Services Department Credit Union

The Credit Union need to make enquiries regularly to find out about the management and condition of recreational facilities in the estates under their name. If necessary, the Credit Union should update the Users' Code and the booklet of the villas issued to the members.

#### Memfus Wong Surveyors (Property Management) Ltd.

- (1) To consider hiring lifeguards at the swimming pool of Fa Peng Knoll during summer season when there will be more people using the swimming pool.
- (2) If there is no lifeguard on duty during the opening hours of the swimming pool, it must be clearly indicated at the entrance of the swimming pool to remind the user that there is no lifeguard on duty that day.
- (3) The security guard of Fa Peng Knoll needs to have knowledge of basic first aid and the use of AED and life-saving qualification.

- (4) A signboard needs to be set up in the deep water area of the swimming pool to remind the users of the water depth of the pool.
- (5) AED, basic first aid kit and life-saving supplies need to be provided in the swimming pool area.
- (viii) A person with a record of mental illness, set fire to his neighbouring unit due to noise problem, subsequently resulted in the death of 3 persons. He later returned to his unit to set himself on fire, and finally passed away due to severe burns with inhalation of fire fumes
- (ix) A male drowned in a public swimming pool
- (1) During swimming pool opening hours, the Pool Manager is required to ensure that there is a Senior Artisan and/or Amenities Assistant or equivalent staff member on duty in each duty shift to undertake the supervision and job deployment of lifeguards. Public notice of the name of the Senior Artisan and/or Amenities

Assistant or equivalent staff member on duty should be displayed in proper locations. Senior Artisan and/or Amenities Assistant or equivalent staff members on duty should be equipped with a walkie talkie. LCSD should devise relevant guidelines accordingly.

- (2) When the vision of the duty lifeguard on the elevated guard post is being compromised, report should be made immediately to the Senior Artisan and/or Amenities Assistant or Pool Manager and notice should be given to the patrolling lifeguards so as to strengthen the monitoring of those areas where vision at the elevated guard post is being compromised. LCSD should devise relevant guidelines accordingly.
- (x) A resident of an old aged home died of cerebrovascular disease and hypertension

#### Social Welfare Department

The Social Welfare Department should enhance monitoring on old aged homes in Hong Kong, for example, to regularly examine the health condition of the residents daily; to measure body temperature once every 4 hours; to measure blood pressure at least twice a day; and keep a complete record, so that residents can be properly cared for.



- (xi) A fireman who slipped and fell while rescuing two hikers eventually died of traumatic head injury with blood aspirations into airways

Fire Services Department

- (1) If actions that require attendance only involve mountain rescue, front-line rescuers can be provided with climbing shoes so that they can consider whether they need to wear them.
- (2) In case visibility is affected due to heavy fog, front-line rescuers can be provided with helmets fitted with fog lights.

- (xii) A prisoner hanged himself in the staff toilet of the activity room in Lai Chi Kok Reception Centre by hooking up the bedsheet to the metal window grating

Commissioner of Correctional Services

- (1) On general cleaning days, it is recommended that designated cleaning hours be scheduled for the staff toilet to lessen the chances of inmates gaining access to such an area and the gate to the buffer area and the door to the corridor leading to the staff toilet be ensured to be locked outside cleaning hours.
- (2) During general cleaning period, if an inmate needs to go to areas that are not covered by the CCTV (eg. staff toilet), it is recommended that inmates are arranged in pairs to carry out the cleaning work to prevent them from working alone.

- (xiii) A mentally ill person set fire in an MTR compartment died of bronchopneumonia due to extensive burns

#### Hospital Authority

For cases of serious mental illness, such as patients prone to violence, the hospital and relevant departments should establish a mechanism for meetings among doctors, social workers and family members, and records of meetings be kept for assessment and reference purpose.

- (xiv) A prisoner died of hanging in the cell of Stanley Prison

#### The Commissioner of Correctional Services Department

- (1) To enhance the cell, for example, by lowering the suspension point on the metal gate.
- (2) To recommend that for the closed-circuit television system (CCTV), the CCTV monitor of the control room be enlarged.

- (xv) A cleaning worker who fell into the refuse chute while clearing the chute died of asphyxia

#### Occupational Safety and Health Council and Labour Department

- (1) To provide training to all cleaning staff in Hong Kong on clearing blockage of refuse chute;
- (2) To improve the safety awareness of workers in cleaning up refuse.

### Waihong Environmental Services Limited

- (1) To make arrangement so as to ensure that each employee participates in training on how to clear blockage of refuse chute;
- (2) To keep a complete training record so as to facilitate the management for review and follow up.

### Urban Property Management Limited

- (1) To post warning notices outside the garbage room door;
- (2) To ensure each refuse chute opening is locked;
- (3) To reinforce education on the correct way for disposal of large size garbage for each household.

(xvi) A male detained by the Police died of adverse effects of cocaine

### Police Force

- (1) There shall be at least one on-duty Police officer keeping watch on an arrested person and taking note of his bodily condition.
- (2) Each on-duty Police officer equipped with handcuffs should keep the handcuff key as well to cater for the request of an ambulanceman to release the handcuffs for immediate first aid.

(xvii) A prisoner died of acute bowel ischaemia due to superior mesenteric venous thrombosis

Correctional Services Department

- (1) Colleagues on night shift duty need to have the qualification of enrolled nurse or above.
- (2) Increase the number of colleagues on night shift duty.
- (3) Carry out strict documentation of medication, eg. medical notes.

(xviii) A female resident in an elderly home died of cerebral vascular disease and hypertension

Social Welfare Department

Fung Kai Care and Attention Home for the Elderly

The Jury unanimously recommend that the Social Welfare Department, being the Guardian, may request the elderly home to provide vital sign monitors specially for this type of bedbound and non-communicable patients that cannot take care of themselves for the purpose of monitoring their vital signs to enable care assistants and nurses to timely notice patients' condition at the onset of illnesses so as to provide immediate and appropriate first-aid.

(xix) A male patient with pre-existing hypertension had a stroke shortly after teeth extraction eventually died from cardiogenic shock and septic shock

Hong Kong Dental Association

We recommend the Hong Kong Dental Association to consider whether guidelines regarding blood pressure measurement should be introduced in dental clinics.

- (xx) The deceased developed post-operative malignant hyperthermia due to a rare genetic disorder which caused an adverse reaction to anaesthetic

#### Hospital Authority

Medical and nursing staff should raise their awareness of malignant hyperthermia.

- (xxi) An asthmatic boy was treated as having asthmatic attack upon admission to Hong Kong Sanatorium Hospital when in fact he had pneumonia

#### Hong Kong Sanatorium & Hospital

- (1) For a pediatric patient who has been assessed as in serious condition upon admission to the hospital, if the attending doctor orders that chest X ray has to be taken, yet X ray imaging cannot be conducted within short time due to patient's condition, the nurse should ask the attending doctor whether he needs to use a portable X ray machine.
- (2) If the pediatric patient is found to have fast pulse rate and breathing rate upon admission, blood pressure should be measured at the same time.
- (3) A device for measuring blood pressure should be stored in the pediatric treatment room of the hospital.

- (xxii) Deceased with a history of cirrhosis developed hyperammonaemia as a result of sodium valproate being administered for her convulsions

Hospital Authority

- (1) When patient's family makes a request to have a meeting with the doctor, the nurse should write it down on the medical notes, on which the doctor should sign for its acknowledgement upon seeing the relevant message.
- (2) It is to be considered that when it is necessary to use valproate on a patient with history of liver disease, the hospital still needs to carry out a blood test for ammonia within 3-5 days after its use even if the patient does not have signs of liver disease or hyperammonemia.
- (3) When the patient has had no bowel opening for about 3 days, the nurse or patient care attendant should officially inform the doctor through medical notes whereas bowel opening record should also be clearly documented.

- (xxiii) A young child died of pulmonary hypertension before her scheduled consultation for confirmation of the same

Hospital Authority

It is recommended that relevant guidelines should be in place for communicating with patient and his/her family when doctors suspect that patient's illness carries risk of sudden death.

- (xxiv) The deceased with known asthma only received oxygen instead of asthma medication when he developed shortness of breath at the old age home where he resided

Pok Oi Hospital Chan Feng Men Ling Care & Attention Home

If the old aged home discovers that there is any resident suffering from asthma and dyspnea, medications for asthma should be provided as soon as possible.

- (xxv) The deceased suffered fatal head injuries when the horse he was riding became spooked and flipped onto the ground crushing him

The Hong Kong Jockey Club

- (1) During the off-season period in summer, the Hong Kong Jockey Club is still required to arrange ambulances to station in the venue.
- (2) Each stable shall refrain from carrying out horse washing at the railing surrounding the stable yard at the same time when undergo horse training in the stable yard (including trotting).

## **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 2018, we appointed Coroners, Ms Stephanie Tsui to attend the Asia Pacific Coroners' Society Conference in Canberra, 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 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.

KO Wai-hung  
Coroner

Monica CHOW  
Coroner

August 2020

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 2019 年，死亡登記個案有 48,706 宗，而向死因裁判官呈報的死亡個案有 11,168 宗。

以下是處理曾向死因裁判官呈報的個案的情況：—

	<u>總 計</u>
命令將屍體剖驗	2991
命令豁免屍體剖驗	8177
土葬命令	1002
火葬命令	10166
須作進一步調查的死亡個案	1047
進行死因研訊	130
死因裁判官或陪審員有提出建議的個案	34

於 2019 年須作進一步調查的 1047 宗死亡個案中，截至 2019 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 860 宗。

於 2019 年向死因裁判官呈報的 11,168 宗死亡個案中，截至 2019 年 12 月 31 日仍在等候毒理學報告以決定死因的有 165 宗。

## **1. Analysis of Deaths Reported to the Coroners**

In 2019 there were 48,706 deaths registered, and there were 11,168 deaths reported to the Coroner.

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

	<b><u>TOTAL</u></b>
Autopsy Orders	2991
Waivers of Autopsy	8177
Burial Orders	1002
Cremation Orders	10166
Further Death Investigation Reports ordered	1047
Inquests held	130
Cases where recommendations are made	34

Of the 1047 further death investigation reports ordered in 2019, 860 of which have not yet been returned from the Police as at 31 December 2019.

Of the 11,168 deaths reported in 2019, there are 165 cases of which the causes of death are still pending over toxicological reports as at 31 December 2019.

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	會同 陪審團 With Jury	沒有會同 陪審團 Without Jury	死因研訊數目  No. of Death Inquests Concluded	會同 陪審團 With Jury	沒有會同 陪審團 Without Jury	2019 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 31.12.2019
				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	
				106	11	114	16	9	
11168	剖驗屍體 Autopsy	豁免 屍體剖驗 Waiver	土葬 Burial	火葬 Cremation	2991	8177	1002	10166	1047

數字及百分比 <b>FIGURES AND PERCENTAGE</b>		總計 <b>TOTAL</b>
命令將屍體剖驗 <b>AUTOPSY ORDERED</b>  2991 (26.80%)	豁免屍體剖驗 <b>AUTOPSY WAIVED</b>  8177 (73.20%)	<b>11168</b>
火葬命令 <b>CREMATION ORDER</b>  10166 (91.03%)	土葬命令 <b>BURIAL ORDER</b>  1002 (8.97%)	<b>11168</b>

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
114 (87.70%)	16(12.30%)	<b>130</b>

## **Analysis of Conclusions of Inquests and Nature of Deaths**

50



**自殺個案**  
**SUICIDES**  
**(類別、年齡及性別)**  
**(TYPE, AGE & SEX)**  
**2019年1月1日 - 2019年12月31日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	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		
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M			2	2	2	3		2		11	17
	女 F		1			1		3	1		6	
毒藥 POISONS	男 M						1		1		2	5
	女 F								3		3	
吊死 HANGING	男 M		4	23	19	19	22	39	42		168	243
	女 F		1	8	12	6	16	15	17		75	
由高處跳下 JUMPING FROM HEIGHT	男 M		12	36	45	42	43	56	82		316	503
	女 F		9	15	23	30	46	34	30		187	
一氧化碳炭 CARBON MONOXIDE	男 M	1	1	9	17	27	29	10	5	1	100	132
	女 F		1	2	5	12	6	3	3		32	
淹死 DROWNING	男 M			1	2	2	1	1	9		16	31
	女 F		2		1	4	1	2	5		15	
利器 SHARP INSTRUMENTS	男 M					2	3		1		6	10
	女 F					1			3		4	
其他 OTHER	男 M			4	2		3	3			12	19
	女 F			1	3	1	1		1		7	
小計 SUB TOTAL	男 M	1	17	75	87	94	105	109	142	1	631	960
	女 F		14	26	44	55	70	57	63		329	
總計 TOTAL		1	31	101	131	149	175	166	205	1	960	960
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		1	1	6	12
	女 F			1	1		2	1	1		6	
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		1		3	5
	女 F			1			1				2	
一氧化碳炭 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M			3	1	1	2	1	1		9	13
	女 F		1				1		1	1	4	
利器 SHARP INSTRUMENTS	男 M			1							1	1
	女 F											
其他 OTHER	男 M						1	1			2	2
	女 F											
小計 SUB TOTAL	男 M			5	1	3	6	2	3	1	21	33
	女 F		1	2	1		4	1	2	1	12	
總計 TOTAL			1	7	2	3	10	3	5	2	33	33

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)  
 2019年1月1日 - 2019年12月31日  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	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		
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M			1							1	2
	女 F							1			1	
毒藥 POISONS	男 M											1
	女 F								1		1	
吊死 HANGING	男 M			2	2			2	2		8	11
	女 F				1	1		1			3	
由高處跳下 JUMPING FROM HEIGHT	男 M		1		3	6	5	6	1		22	35
	女 F				2	4	3	3	1		13	
一氧化碳 CARBON MONOXIDE	男 M				3	1					4	5
	女 F								1		1	
淹死 DROWNING	男 M											2
	女 F					1		1			2	
利器 SHARP INSTRUMENTS	男 M						2				2	4
	女 F					1			1		2	
其他 OTHER	男 M				1		1	2			4	5
	女 F					1					1	
小計 SUB TOTAL	男 M		1	3	9	7	8	10	3		41	65
	女 F				3	8	3	6	4		24	
總計 TOTAL			1	3	12	15	11	16	7		65	65
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				1	4
	女 F			1			1	1			3	
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
	女 F						1				1	
一氧化碳 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M			1	1		1	1			4	5
	女 F								1		1	
利器 SHARP INSTRUMENTS	男 M			1							1	1
	女 F											
其他 OTHER	男 M						1				1	1
	女 F											
小計 SUB TOTAL	男 M			2	1		3	1			7	12
	女 F			1			2	1	1		5	
總計 TOTAL				3	1		5	2	1		12	12

\* 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)  
 2019 年 1 月 1 日 - 2019 年 12 月 31 日  
 1ST JANUARY 2019 - 31ST DECEMBER 2019

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	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		
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											1
	女 F				1						1	
由高處跳下 JUMPING FROM HEIGHT	男 M											
	女 F											
一氧化碳 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
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											
	女 F											
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											
一氧化碳 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

\* 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)

2019年1月1日 - 2019年12月31日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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	1	4	2							7	10
	女 F		3								3	
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M			4	8	7	13	4	3		39	70
	女 F			1	2	11	5	8	4		31	
家庭主婦 HOUSEWIFE	男 M											3
	女 F						1		2		3	
藍領 BLUE COLLAR	男 M			7	10	12	3	4	2		38	54
	女 F		1	3	5	3	3		1		16	
白領 WHITE COLLAR	男 M			4	6	4	3				17	21
	女 F			1	2	1					4	
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				2	1		1			4	5
	女 F				1						1	
退休人士 RETIRED PERSON	男 M						3	12	14		29	34
	女 F							1	4		5	
其他 OTHER	男 M					1				1	2	2
	女 F											
小計 SUB TOTAL	男 M	1	4	17	27	26	22	21	19	1	138	201
	女 F		4	5	10	15	9	9	11		63	
總計 TOTAL		1	8	22	37	41	31	30	30	1	201	201
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											1
	女 F		1								1	
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M			4	1	1	4				10	15
	女 F				1		2	1	1		5	
家庭主婦 HOUSEWIFE	男 M											1
	女 F						1				1	
藍領 BLUE COLLAR	男 M			1		2	1				4	5
	女 F			1							1	
白領 WHITE COLLAR	男 M											1
	女 F			1							1	
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							1	2		3	4
	女 F								1		1	
其他 OTHER	男 M									1	1	2
	女 F									1	1	
小計 SUB TOTAL	男 M			5	1	3	5	1	2	1	18	29
	女 F		1	2	1		3	1	2	1	11	
總計 TOTAL			1	7	2	3	8	2	4	2	29	29

\* 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  
ACCIDENTAL DEATHS

(類別、年齡及性別)  
(TYPE, AGE & SEX)

2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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						1	3	7		11	15
	女 F							2	2		4	
吸入 (食物) ASPIRATION (FOOD)	男 M						3	20	28		51	97
	女 F						3	9	34		46	
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M											
	女 F											
吸入 (其他) ASPIRATION (OTHER)	男 M							3	4		7	12
	女 F								5		5	
窒息 SUFFOCATION	男 M								1		1	1
	女 F											
吊死 HANGING	男 M				1						1	1
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M			1	3		1	3	2		10	11
	女 F					1					1	
被升降機壓死 CRUSHED BY LIFT	男 M							1			1	1
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M						2				2	2
	女 F											
燒灼 BURNS	男 M					1	1	1	1		4	8
	女 F						1		3		4	
一氧化碳 (浴室) CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化碳 (火災) CARBON MONOXIDE (FIRE)	男 M			1					2		3	6
	女 F				1	1		1			3	
一氧化碳 (其他) CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M			4	2	11	18	31	120		186	297
	女 F	1		1	1		3	13	92		111	
淹死 DROWNING	男 M	1	2	4	5	5	5	5	11		38	50
	女 F		1		1			2	8		12	
觸電 ELECTROCUTION	男 M			1			1				2	2
	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			12	14	36	22	21	3	2	110	129
	女 F			1	2	9	4	2	1		19	
毒藥 POISONS	男 M								1		1	1
	女 F											
中毒 (酒精) POISON (ALCOHOL)	男 M				1	1	4	1			7	8
	女 F								1		1	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M	1				2	5	5	5		18	31
	女 F	1				1	3	3	5		13	
其他 OTHERS	男 M				1		2	2	1		6	9
	女 F								3		3	
小計 SUB TOTAL	男 M	2	2	23	27	56	65	96	186	2	459	681
	女 F	2	1	2	5	12	14	32	154		222	
總計 TOTAL		4	3	25	32	68	79	128	340	2	681	681

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)**  
**2019 年 1 月 1 日 - 2019 年 12 月 31 日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

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			1		1			1		3	4
	女 F				1						1	
海灘/海 BEACH/SEA	男 M			2	2	2	4	1	3		14	16
	女 F		1						1		2	
水庫 RESERVOIR	男 M											
	女 F											
農場 FARM	男 M											
	女 F											
建築地盤 CONSTRUCTION SITE	男 M											
	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				1						1	1
	女 F											
小計 SUB TOTAL	男 M			3	3	3	4	1	4		18	21
	女 F		1		1				1		3	
總計 TOTAL			1	3	4	3	4	1	5		21	21

\* 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（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)

2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	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		
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M											
	女 F											
吸入（食物） ASPIRATION (FOOD)	男 M							1			1	1
	女 F											
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						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											
	女 F											
燒灼 BURNS	男 M						1	1	1		3	5
	女 F						1		1		2	
一氧化碳（浴室） CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化碳（火災） CARBON MONOXIDE (FIRE)	男 M			1					2		3	4
	女 F					1					1	
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M			1	1		2				4	9
	女 F							1	4		5	
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			2	2	5	3	6	1		19	24
	女 F				1	3		1			5	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISON (ALCOHOL)	男 M											
	女 F											
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			4	3	5	8	8	4		32	45
	女 F				1	4	1	2	5		13	
總計 TOTAL				4	4	9	9	10	9		45	45

\* 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（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)

2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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											
	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						1				1	1
	女 F											
一氧化碳（浴室） CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化碳（火災） CARBON MONOXIDE (FIRE)	男 M											1
	女 F					1					1	
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M						1	2	1		4	6
	女 F							1	1		2	
淹死 DROWNING	男 M				1				2		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				1	4	3	2			10	20
	女 F				2	4	2	2			10	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISONS (ALCOHOL)	男 M											
	女 F											
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M						1				1	1
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M				2	4	6	4	3		19	33
	女 F				2	5	2	3	2		14	
總計 TOTAL					4	9	8	7	5		33	33

\* 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)

2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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			3		4	6
	女 F				1				1		2	
獨木舟 CANOEING	男 M											
	女 F											
籃球 BASKET BALL	男 M											
	女 F											
足球 FOOTBALL	男 M											
	女 F											
排球 VOLLEY BALL	男 M											
	女 F											
潛水 DIVING	男 M			1	1						2	2
	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			1			1		1		3	4
	女 F			1							1	
登山運動 MOUNTAINEERING	男 M											
	女 F											
水上體育活動 WATER SPORTS	男 M											
	女 F											
釣魚 FISHING	男 M						1				1	1
	女 F											
騎馬 HORSE RIDING	男 M											
	女 F											
遊船河 BOAT EXCURSION	男 M											
	女 F											
滑浪風帆運動 WINDSURFING	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			2	1	1	2		4		10	13
	女 F			1	1				1		3	
總計 TOTAL				3	2	1	2		5		13	13

\* 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)**

**2019 年 1 月 1 日 - 2019 年 12 月 31 日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

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											
	女 F											
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											1
	女 F					1					1	
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

**職業死亡個案**  
**OCCUPATIONAL DEATHS**  
**(類別、年齡及性別)**  
**(TYPE, AGE & SEX)**

**2019 年 1 月 1 日 - 2019 年 12 月 31 日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

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			3			2			5	5
	女 F										
被物件壓死 CRUSHED BY OBJECT	男 M					2				2	2
	女 F										
燒灼 BURNS	男 M										
	女 F										
一氧化碳 (火災) CARBON MONOXIDE (FIRE)	男 M										
	女 F										
墮下 FALLS	男 M		1		2	4	3			10	10
	女 F										
觸電 ELECTROCUTION	男 M		1							1	1
	女 F										
淹死 DROWNING	男 M			1		2				3	3
	女 F										
車輛 VEHICLE	男 M										
	女 F										
升降機 LIFT	男 M										
	女 F										
其他 OTHERS	男 M						1	1		2	2
	女 F										
小計 SUB TOTAL	男 M		2	4	2	8	6	1		23	23
	女 F										
總計 TOTAL			2	4	2	8	6	1		23	23

殺人個案 \*  
HOMICIDES \*

(類別、年齡及性別)  
(TYPE, AGE & SEX)

2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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											
	女 F											
被人用銳利物襲擊 SHARP OBJECT ASSAULT	男 M						2	1	1		4	6
	女 F						2				2	
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M				1			2	2		5	6
	女 F							1			1	
絞縊 STRANGULATION	男 M											
	女 F											
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M			1							1	4
	女 F	1		1					1		3	
窒息 SUFFOCATION	男 M											1
	女 F								1		1	
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											
	女 F											
藥物 DRUGS	男 M											
	女 F											
中毒 POISONING	男 M											1
	女 F	1									1	
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	1		2	3	3		10	18
	女 F	2		1			2	1	2		8	
總計 TOTAL		2		2	1		4	4	5		18	18

\* 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)**

**2019 年 1 月 1 日 - 2019 年 12 月 31 日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

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											
	女 F											
行人與汽車 / 輕型貨車 / 客貨車 PEDESTRIAN v. CAR/PICK-UP TRUCK/VAN	男 M			1		1	1	2	18		23	42
	女 F	1			1		3	2	12		19	
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M		1			1	1	1	4		8	20
	女 F		1			2		2	7		12	
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			2			1	1	1		5	7
	女 F						1	1			2	
單車與貨車 / 巴士 BICYCLE v. TRUCK/BUS	男 M					1		1			2	2
	女 F											
單車失去控制 BICYCLE OUT OF CONTROL	男 M							1			1	1
	女 F											
電單車與汽車 / 輕型貨車 / 客貨車 MOTORCYCLE v. CAR/PICK-UP TRUCK/VAN	男 M					2		2			4	4
	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	1	1	1				4	4
	女 F											
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	2			3	3
	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		2				3	3
	女 F											
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					2	3	2			7	8
	女 F				1						1	
貨車 / 巴士與汽車 / 輕型貨車 / 客貨車 TRUCK/BUS v. CAR/PICK-UP TRUCK/VAN	男 M				1		1	2			4	7
	女 F					1	1		1		3	
貨車 / 巴士與貨車 / 巴士 TRUCK/BUS v. TRUCK/BUS	男 M											
	女 F											
貨車 / 巴士失去控制 TRUCK/BUS OUT OF CONTROL	男 M					1	2				3	3
	女 F											
其他組合 OTHER COMBINATIONS	男 M			1	1		4	3	5		14	17
	女 F				1				2		3	
小計 SUB TOTAL	男 M		1	5	6	9	17	17	28		83	123
	女 F	1	1		3	3	5	5	22		40	
總計 TOTAL		1	2	5	9	12	22	22	50		123	123

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)**  
**2019 年 1 月 1 日 - 2019 年 12 月 31 日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

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								1
	女 F					1		1	
10 to 19	男 M					1		1	2
	女 F					1		1	
20 to 29	男 M		1	2		1	1	5	5
	女 F								
30 to 39	男 M	1	3		1		1	6	9
	女 F		1		1	1		3	
40 to 49	男 M	3	3	1		1		8	11
	女 F				1	2		3	
50 to 59	男 M	9		1	2	2	1	15	20
	女 F			1	1	3		5	
60 to 69	男 M	4	2	2	2	3	2	15	20
	女 F			1		4		5	
70 to	男 M			1	2	22	3	28	49
	女 F				1	20		21	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	17	9	7	7	30	8	78	117
	女 F		1	2	4	32		39	
個案總數 TOTAL DEATHS		17	10	9	11	62	8	117	117

\* 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 \***  
**2019 年 1 月 1 日 - 2019 年 12 月 31 日**  
**1ST JANUARY 2019 - 31ST DECEMBER 2019**

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	3	2	31	3	45
陰性 NEGATIVE	13	5	5	8	26	3	60
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	1		1	1	2	1	6
51 - 100 毫克 51 - 100 mg					1		1
101 - 150 毫克 101 - 150 mg							
151 - 200 毫克 151 - 200 mg		1			1		2
201 - 250 毫克 201 - 250 mg					1		1
251 - 300 毫克 251 - 300 mg						1	1
301 - 350 毫克 301 - 350 mg		1					1
351 毫克或以上 351 and over							
個案總數 TOTAL DEATHS	17	10	9	11	62	8	117

\* 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)

2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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	1	2	1	1	2	4	8	26		45
陰性 NEGATIVE			2	5	8	15	9	21		60
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg				1		1	3	1		6
51 - 100 毫克 51 - 100 mg								1		1
101 - 150 毫克 101 - 150 mg										
151 - 200 毫克 151 - 200 mg			1	1						2
201 - 250 毫克 201 - 250 mg				1						1
251 - 300 毫克 251 - 300 mg			1							1
301 - 350 毫克 301 - 350 mg					1					1
351 毫克或以上 351 and over										
個案總數 TOTAL DEATHS	1	2	5	9	11	20	20	49		117

\* 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**  
**01/01/2019 - 31/12/2019**

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 Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	男 M											
	女 F											
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 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	男 M											
	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 Poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics, undetermined intent (e.g. 水楊酸鹽類 Salicylates)	男 M											
	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 Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	男 M			2	1	6	1	1			11	15
	女 F					3		1			4	
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 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	男 M											2
	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 Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	男 M						1				1	4
	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 Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	男 M			5	7	9	8	8	2		39	45
	女 F				2	1	2	1			6	
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 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	男 M			1							1	1
	女 F											

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				2				1	3	4
	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										
	女 F										
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		1		3	4
	女 F				1					1	
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
	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		1	2
	女 F					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	1
	女 F										
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											
	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		2	8	11	6	2	1	1	32	42
	女 F			1	2	4	1	1	1		10	
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											1
	女 F								1		1	
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
	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	1		10	17	29	17	11	6	2	93	123
	女 F			2	5	9	4	6	4		30	
總計 TOTAL		1		12	22	38	21	17	10	2	123	123

\* 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)  
2019 年 1 月 1 日 - 2019 年 12 月 31 日  
1ST JANUARY 2019 - 31ST DECEMBER 2019

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	3	1	4	10	10	24	52	106		210	342
	女 F			2	2	6	17	19	86		132	
腫瘤 Neoplasms C00 - D48	男 M			1	4	11	68	145	295		524	854
	女 F				6	12	58	61	193		330	
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						4	1	2		7	12
	女 F						1	2	2		5	
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	2	8	12	18	32		74	137
	女 F		1		1	2	6	15	38		63	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M					1		1	37		39	115
	女 F							2	74		76	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M		1	3	3	4	8	9	27		55	124
	女 F	1	2	1	5	5	8	17	30		69	
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		4	6	31	152	365	582	1378	2	2520	4001
	女 F	1	3	1	8	42	85	184	1157		1481	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	5	3	3	10	28	63	159	593		864	1238
	女 F	3	2		6	13	34	42	274		374	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M			2	2	19	28	56	126		233	356
	女 F	1			3	6	10	19	84		123	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M					1	3	1	2		7	10
	女 F							1	2		3	
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	4	5	5		16	26
	女 F						1	4	5		10	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M				3	8	21	38	70		140	231
	女 F				3	3	5	16	64		91	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M									2	2	3
	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	7								1	8	10
	女 F	1								1	2	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	1			2		2	3			8	19
	女 F		2	1	2		4	1	1		11	
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	4		2	8	17	48	116	688	13	896	1862
	女 F	6	1	3	11	7	26	37	874	1	966	
小計 SUB TOTAL	男 M	20	9	23	76	260	650	1186	3361	18	5603	9340
	女 F	13	11	9	47	96	255	420	2884	2	3737	
總計 TOTAL		33	20	32	123	356	905	1606	6245	20	9340	9340

2019 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) 2019

標題/代碼編號 SUBJECT /CODE NO.

<b>I. 意外</b>	
<b>Accidents</b>	
<b>i) 交通意外</b>	
<b>Transport accidents</b>	
1. 行人在交通意外中受傷 (V01-V09) Pedestrian injured in transport accident	62
2. 騎腳踏車者在交通意外中受傷 (V10-V19) Pedal cyclist injured in transport accident	9
3. 騎摩托車者在交通意外中受傷 (V20-V29) Motorcycle rider injured in transport accident	10
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	14
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	4
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	3
8. 巴士使用者在交通意外中受傷 (V70-V79) Bus occupant injured in transport accident	10
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	7
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	
<b>ii) 意外受傷的其他外在成因</b>	
<b>Other external causes of accidental injury</b>	
1. 墮下 (W00-W19) Falls	52
2. 暴露於無生命的外物物力 (W20-W49) Exposure to inanimate mechanical forces	11

3. 暴露於有生命的外物物力 (W50-W64) Exposure to animate mechanical forces	
4. 意外淹死及淹沒 (W65-W74) Accidental drowning and submersion	21
5. 其他危及呼吸的意外情況 (W75-W84) Other accidental threats to breathing	8
6. 暴露於電流、輻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	2
7. 暴露於烟、火及火焰 (X00-X09) Exposure to smoke, fire and flames	12
8. 接觸熱力及熱的物質 (X10-X19) Contact with heat and hot substances	
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	1
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	65
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	
<b>II. 故意使自己受到傷害 (X60-X84)</b> <b><u>Intentional self-harm</u></b>	201
<b>III. 襲擊 (X85-Y09)</b> <b><u>Assault</u></b>	18
<b>IV. 未確定意圖的事件 (Y10-Y34)</b> <b><u>Event of undetermined intent</u></b>	29
<b>V. 合法干預及戰爭行動 (Y35-Y36)</b> <b><u>Legal intervention and operations of war</u></b>	
<b>VI. 接受醫療及外科護理後出現各類併發症的情況</b> <b><u>Complications of medical and surgical care</u></b>	
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	2
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	2
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	1

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	5
<b>VII. 患病及死亡的外在成因的後發病 (Y85-Y89)</b> <b><u>Sequelae of external causes of morbidity and mortality</u></b>	
<b>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)</b> <b><u>Supplementary factors related to causes of morbidity and mortality classified elsewhere</u></b>	
<b>IX. 影響健康狀態和與保健機構接觸的因素 (Z00-Z99)</b> <b><u>Factors influencing health status and contact with health services</u></b>	
死因不明的死亡個案 Unknown Cause of Mortality	156
自然死因 Natural Cause	214
<b>[Total 總數]</b>	<b>924</b>