

CORONERS' REPORT

死因裁判官報告

2022

Contents 目錄

第一部

Part One

死因裁判官報告 <u>Coroners' Report</u>	1-42
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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 Analysis of Deaths Reported to the Coroners	43-46
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	47
研訊結論及死因類別分析 Analysis of Conclusions of Inquests and Nature of Deaths	48
自殺個案 Suicides	49
精神病患者 Mental	50
醫院 Hospital	51
職業 Occupation	52
意外死亡個案 Accidental Deaths	53
淹死 Drowning	54
家居 Home	55
精神病患者 Mental	56
戶外活動 Outdoor Activity	57
被下墜物擊中 Hit By Falling Object	58

職業死亡個案 Occupational Deaths	59
殺人個案 Homicides	60
車輛導致死亡的個案 Vehicular Accidents	61
死者位置、年齡及性別 Position of the Deceased, Age & Sex	62
血液酒精含量 Blood Alcohol Level	63
血液酒精含量(不同年齡的數字) Blood Alcohol Level (As to Ages)	64
與藥物及毒品有關的死亡個案 Drugs and Poisons Related Deaths	65-67
自然原因導致死亡個案 Deaths from Natural Causes	68
造成死亡的外在原因的國際疾病分類編碼週年報表 Annual Return of International Classification of Diseases Code for External Causes of Deaths	69-71

第一部

2022 年死因裁判官報告

死亡數字上升趨勢

1. 今年共有 61,557 宗死亡登記，至於曾向死因裁判官報告的死亡個案，則有 17,193 宗。過去 22 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
2020	50,653	12,680
2021	51,536	12,694
2022	61,557	17,193

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。2022 年的死亡登記數字及向死因裁判官報告的個案相對 2021 年有明顯遞升，而向死因裁判官報告的個案，更有超過百分之二十六的升幅，當中涉及的死亡個案包括死因為 2019 新型冠狀病毒。

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. 下表列出關於過去二十二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	1,128	117	112	5	96%
2018	10,976	1,083	161	152	9	94%

2019	11,168	1,047	130	114	16	88%
2020	12,680	1,099	74	64	10	86%
2021	12,694	1,120	163	150	13	92%
2022	17,193	1,199	139	122	17	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 2022 年，死因裁判官一共處理了 517 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確定死亡原因。

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。

15. 死因裁判官在此特別感謝所有相關人士及部門在 2019 新型冠狀病毒疫情期間所付出的努力，能讓死因裁判法庭可以無間斷地運作，所有需要陪審員一同審理的死因研訊已全部完成。

自殺個案

16. 今年有 1,080 宗自殺個案，較 2021 年增加了百分之六。其中 208 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 676:404。青少年自殺組別的個案與去年相若。

意外死亡個案

17. 今年有 663 宗意外死亡個案，其中 237 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 444:219。

職業死亡個案

18. 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 31 宗，包括 28 宗在陸上發生的和 3 宗在海上發生的。31 名死者全是男性。

殺人個案

19. 今年有 24 人死於被殺，其中男性佔 11 人，女性佔 13 人。

車輛導致死亡的個案

20. 今年有 78 宗由車輛導致的死亡，其中 37 名死者是行人，佔去死亡數字約一半。78 名死者中，有 32 名是 70 歲以上的老人家，佔此組別的死亡數字約二分之一。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 59:19。

與毒品及藥物有關的個案

21. 今年有 130 宗死亡與毒品或藥物有關，和去年比較增加了百分之二十一，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 98: 32。

自然死亡個案

22. 今年因各種疾病而死亡的人數是 13,354 人，其中因循環系統疾病而死亡的有 5,558 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 7,920: 5,434。

23. 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 32 與 0 之比。

建議

24. 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) 一名院友因瀰漫性結核病離世

香港防癌會賽馬會癌症康復中心

如醫生發現院友有上呼吸道感染時，不要輕易排除肺結核病的可能性，及早採集適當樣本進行化驗。

(ii) 一名剛分娩的孕婦，在繼發於羊水栓塞的瀰漫性血管內凝血未予糾正下，接受子宮切除術，導致腹腔大量出血

醫管局/伊利沙伯醫院

(1) 在所有產房增設能作出血栓彈力圖 (thromboelastogram) 分析的定點照護測試 (point-of-care) 設備，以能快速評估病人的凝血功能，從而及早作出應對措施；

(2) 就婦產科制訂大量輸血方案 (massive transfusion protocol)，當中應包括有關不同專科之間的合作指引；

(3) 在所有產房設立獨立、固定的手術室，以應付產科急症；

- (4) 加強產科急症的訓練，特別是針對臨床上批判性思考（critical thinking）的訓練，以及加強醫護人員對羊水栓塞的認識，包括其診斷及治療方法；
- (5) 制訂機制，確保醫護人員嚴格遵從產科臨床方案（obstetrics clinical protocol），特別是有關作出醫療紀錄的指引。

(iii) 一名使用氣管造口的男病人，在進行抽痰程序後，呼吸困難、心臟停頓，導致缺氧性腦損傷而離世

醫管局/屯門醫院

(1) 有關屯門醫院違反既有指引

當局應制定系統，確保由當局所發出的指引有效分發予所有相關的醫護人員，並定期作出監督、查察，確保醫護人員嚴格遵從有關指引。此外，系統亦應訂下違反指引的後果，並落實執行，以儆效尤。

(2) 有關氣管造口的檢查及護理

就使用氣管造口的病人，當局應確保其造口得到適時適當的檢查及護理，訂下相關指引，以防造口喉管堵塞及脫落，對病人構成生命危險。

(3) 有關醫療程序的紀錄

當局亦應定期提醒醫護人員就醫療程序作出詳細紀錄的重要性，訂下相關指引，並在當中制定監督機制，以確保病人曾接受的醫療程序得到充分紀錄。

(iv) 受監護的死者在夜間離世時，無法聯繫社會福利主任和死者的監護人

醫院管理局

家屬除緊急聯絡人外，應有後備聯絡人資料通知家人。

社會福利署

社會福利署的後備聯絡電話不應為熱線電話。

(v) 終末期肺病患者在移植兩側肺部後死亡

醫院管理局

(1) 與家屬正式會議，要有會議紀錄；家屬可要求會議紀錄副本。

(2) 要有指引列明手術紀錄要詳細，手術過程中出現狀況，最好有紀錄。

(vi) 死者在多次要求放射科醫生進行緊急電腦掃描被拒後死於肺栓塞

醫院管理局

- (1) 若果醫生臨床上懷疑或不排除病人有肺動脈栓塞，即使病人臨床就肺栓塞的概率低或中等或不太可能，在等待電腦掃描的期間，醫生應該儘早安排為病人進行排除性的 D-Dimer 血液測試、動脈血液測試及做心臟超聲波。
 - (2) 如果主診醫生在緊急預約被拒絕的 7 天內，臨床上有需要作出第二次的緊急的電腦掃描的話，主診醫生應該盡量親自和放射科醫生商討。
 - (3) 放射科醫生在拒絕緊急預約的 7 天之內，再收到主診醫生為同一病人作出第二次緊急預約的話，拒絕第二次的緊急預約應該由兩名放射科醫生作出。
 - (4) 放射科若拒絕電腦掃描預約，應該在病人的醫療紀錄寫清楚拒絕原因。
 - (5) 醫管局增加有關肺栓塞及深靜脈血栓的培訓或講座給予醫生，包括放射科醫生。
 - (6) 醫院管理局考慮引入及使用生物標記物 Bio-Marker 協助醫生作出心血管疾病的診斷。
- (vii) 死者於等候進行緊急胸腔電腦掃描期間，死於急性主動脈夾層剝離

醫院管理局

在緊急情況下，急症室醫生應該能夠向放射科作出緊急電腦掃描的申請。

(viii) 延誤運送參加馬拉松時心臟病發的死者往醫院

香港田徑總會（田總）及醫療輔助隊（Auxiliary Medical Service – AMS）

- (1) 賽事當日，所有工作人員當值時必須帶備手提電話，以便聯絡。
- (2) 賽事前，田總及 AMS 需以電話短訊形式發送提示咭內容至所有工作人員，提示咭訊息必須包含緊急電話。
- (3) 將現有意外事故協調中心 (ICC) – 田總及 ICC – AMS 電話號碼分別命名為物資支援熱線及緊急事故協調中心熱線，以免造成混亂。
- (4) 當 ICC 內的接線生經電話/對講機收到有關緊急事故時，必須填寫分流表格，內容可參照[C41(1-3)]並合併一份表格。接線生必須查詢及記錄傷者位置、情況、及來電者身份和電話。至於評估傷者情況，表格須加添有關 MIST 的內容、無呼吸及無脈膊的選項。
- (5) 當接線生填妥分流表格後，需即時轉交分流主管，作出適切安排，並作出記錄。
- (6) 於 ICC 工作的所有人員必須於賽前強制出席專屬 ICC 的簡報會，以熟習 ICC 分工及工作流程。

- (7) 如賽事發生意外後，田總及 AMS 需使用指定表格填寫事發經過，包括時間、站崗位置、職責。

醫療輔助隊

在恆常的訓練以外，AMS 須加入個案分享及處理方法，例如：心臟病發。另外，透過這些訓練糾正錯誤觀念及加強對緊急事故的評估及態度。

香港田徑總會

- (1) 強制工作人員包括義工必須出席賽前簡報會，並通過考核。
 - (2) 賽事當天，田總必須派發緊急事故提示咭予所有田總工作人員。提示咭必須包含賽事緊急聯絡電話。
 - (3) 將健康申報表合併於賽事報名表內，並列為必填項目。
 - (4) 在每一屆賽事完結後一個月，必須就當天的意外事故作檢討及記錄。因應檢討結果，作出相應跟進及改善。
 - (5) ICC 內的電話必須有來電顯示及錄音功能。
- (ix) 一名醫生為死者處方甲亢藥物，死者在及後諮詢的另一名醫生不熟悉跟該甲亢藥物所產生的罕見副作用相關症狀後死亡

楊醫生

- (1) 處方甲亢藥卡比馬唑時，應該向病人詳細提及會出現的副作用及提醒病人若果不適，需要看其他醫生的話，應該將藥袋帶給醫生或者將藥名告訴醫生。

梁醫生

- (1) 梁醫生在獲知病人有吃其他醫生處方的藥，應該向病人問清楚藥名，及在作出診斷之前，要考慮病人的症狀是否和病人正在服用的藥物有關。
- (2) 如果病人是有上呼吸道感染，口腔潰瘍或扁桃腺發炎，要特別謹慎處方有類固醇的消炎藥。

(x) 死者患上蜂窩組織炎出院回家後不久死於壞死性筋膜炎

醫院管理局

當一名被診斷有蜂窩組織炎的病人出院時，醫生應該告知及提醒病人需要留意壞死性筋膜炎的症狀，並且叮囑病人若有任何懷疑就要即時去求診。

(xi) 持表格 8 擔保書人士於等候遣返期間，在獨立囚室內上吊自盡

入境事務處

- (1) 建議處方再檢查已更新的 CCTV 是否仍有死角位。

- (2)建議入境處檢討現時調倉指引安排及合適性。
- (3)增添 AED 心臟除顫器及培訓相關人員使用有關設備。
- (4)加強培訓相關人員對羈留人士的心理支援，以致更容易察覺羈留人士的情緒需要。
- (5)建議設立一個獨立的投訴管道，讓羈留人士可以申訴。

(xii) 兩名消防員在火警災場執行職務期間死亡

消防處

- (1)密切關注或醫學評估年逾 30 歲的前線消防員或隊長患上心血管疾病的風險因素。在有需要時，提供心血管檢查。
- (2)要求所有在前線擔任三級火警或以上的總指揮消防長官（助理消防區長職級或以上）須恆常修讀火場管理或督導復修課程。
- (3)規定工業大廈的租戶必須派代表出席防火演習。
- (4)全面檢討消防處內部訊息的傳遞機制。

屋宇署

積極考慮以發牌制度規管經營迷你倉行業。

勞工處

- (1) 規定迷你倉員工管理階層必須完成修讀防火課程。
- (2) 加強巡視及檢查保護員工火警時的逃生措施及相關紀錄。

時昌迷你倉

- (1) 須增強員工在遇上火警時以保護生命及租戶財物為首位的意識。
- (2) 須在切實可行的情況下確保迷你倉內不得存放易燃物品。
- (3) 須規定迷你倉的員工修畢防火課程及恆常出席火警演習。
- (4) 須儘快及準確地更新迷你倉內的平面圖，以供消防處在火警時參考。
- (5) 須以雲端儲存方式詳細記錄租戶進出迷你倉的資料。
- (6) 須儘快維修妥當所有協助火警時逃生的設施。

恒隆管理公司

須加強監督外判保安公司的員工處理突發火警的能力及知識。

總結

25. 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。

26. 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。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。

27. 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。

28. 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。

29. 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。

30. 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。

31. 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，我們在此謹向勞工處和海事處表示謝意。

署理主任裁判官	死因裁判官	死因裁判官	死因裁判官
高偉雄	何俊堯	周慧珠	林希維

二零二三年六月

Part One

Coroners' Report 2022

Number of Deaths on a Rising Trend

1. A total of 61,557 deaths were registered this year, and a total of 17,193 deaths were reported to the Coroners. Figures for the last 22 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
2020	50,653	12,680
2021	51,536	12,694
2022	61,557	17,193

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, which included those where Coronavirus Disease 2019 was the cause of death, increased significantly as compared with the figures of 2021, with the number of deaths reported to Coroners increasing by more than 26%.

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 22 years showing how reported deaths were dealt with:

	<u>Deaths Reported to the Coroners</u>	<u>Further Investigations</u>	<u>Inquests</u>	<u>With Jury</u>	<u>Without Jury</u>	<u>Percentage of Inquests 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	1,128	117	112	5	96%
2018	10,976	1,083	161	152	9	94%
2019	11,168	1,047	130	114	16	88%
2020	12,680	1,099	74	64	10	86%
2021	12,694	1,120	163	150	13	92%
2022	17,193	1,199	139	122	17	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 requesting for open inquests. The issues involved have been more complicated than in the past, with a majority of the relevant death cases related to medical or post-operative incidents. They were 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 such requests, discretion was often exercised by the Coroner in favour of the families by 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 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 will 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 and other reasons as to why an autopsy should not be performed. In 2022, the Coroners dealt with a total of 517 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 of 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 cases in 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 detailed 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 determine 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.

15. We would like to express our special thanks to the relevant parties and departments for their efforts made during the Covid-19 pandemic to enable the Coroners' Courts to continue to operate. All of our inquests to be heard with a jury had been completed.

Suicides

16. There were 1,080 suicide cases this year, an increase of 6% as compared with 2021. 208 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 676 : 404. The number of suicides for juvenile are more or less the same as last year's.

Accidental Deaths

17. The number of accidental deaths this year is 663, including 237 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 444 : 219.

Occupational Deaths

18. 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 31 occupational deaths, of which 28 are on land and 3 is at sea. All of the 31 deceased are men.

Homicides

19. The number of people unlawfully killed is 24, including 11 men and 13 women.

Vehicular Accidents

20. The number of deaths arising from vehicular accidents is 78. Of these 78 deaths, 37 deceased are pedestrians, being about half of the total death figure. 32 deceased are 70 years or older, which represents about half of the total death figure. It is therefore clear that older people are much more vulnerable to road traffic accidents than other age groups. The ratio of men to women is 59 : 19.

Drugs and Poisons related Deaths

21. There are 130 deaths which are related to drugs and poisons, representing an increase of 21% 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 98 : 32.

Deaths from natural causes

22. There are 13,354 deaths due to various diseases, of which 5,558, 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 7,920 : 5,434.

23. 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 32 to 0.

Recommendations

24. 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 resident died of disseminated tuberculosis

To: The Hong Kong Anti-Cancer Society

If a patient is found to suffer from upper respiratory tract infection, the possibility of tuberculosis shall not be ruled out lightly. Appropriate sample(s) shall be taken early for examination.

(ii) A recently delivered pregnant woman, who developed disseminated intravascular coagulation secondary to amniotic fluid embolism

without being rectified, underwent hysterectomy resulting in massive intra-abdominal hemorrhage

To: Hospital Authority/Queen Elizabeth Hospital

- (1) To set up additional point-of-care testing equipment for thromboelastogram analysis in all labour wards to enable quick assessment on patients' blood coagulation function so as to take timely reactive measures;
- (2) To formulate massive transfusion protocols for the department of obstetrics and gynecology, which should include protocol for the cooperation among various specialties;
- (3) To set up stand-alone operating rooms in all labour wards to cater for obstetric emergencies;
- (4) To strengthen the trainings on obstetric emergencies, especially the training on critical thinking in clinical settings, and to strengthen medical and nursing staff's awareness on amniotic fluid embolism, including its diagnosis and treatments;
- (5) To formulate mechanisms to ensure that medical and nursing staff strictly follow the obstetric clinical protocols, especially the protocol on making medical records.

(iii) A male patient with tracheostoma encountered difficulty in breathing and developed cardiac arrest following sputum suction and died of hypoxic brain damage

To: The Hospital Authority/Tuen Mun Hospital

- (1) In respect of breach of existing guidelines on the part of Tuen Mun Hospital

The authority should set up a system to ensure that its guidelines are distributed effectively to all healthcare personnel concerned. Regular supervision and inspections are to be carried out to ensure that healthcare personnel strictly comply with the guidelines. Moreover, consequences of breach of the guidelines should be stipulated in the system and followed through to serve as a deterrent.

- (2) In respect of checking and care of tracheostoma

The authority should ensure timely and proper checking and care of tracheostomata of patients and draw up relevant guidelines to prevent blockage and dislodgment of the tracheostomy tube which put patients' lives at risk.

- (3) In respect of record of medical procedures

The authority should also remind healthcare personnel regularly of the importance of keeping detailed records of medical procedures. Relevant guidelines with a supervision mechanism should be drawn up to ensure that medical procedures which patients had undergone are duly recorded.

- (iv) Social Welfare Officer and Deceased's guardian could not be reached when deceased who was under guardianship passed away at night

To: Hospital Authority

In addition to the emergency contact person, (the deceased's) family should have information of the backup contact person to notify their family members.

To: Social Welfare Department

The backup contact number of the Social Welfare Department should not be a hotline.

(v) End stage lung disease patient died after bilateral lung transplant

To: Hospital Authority

- (1) For formal meetings with family members, there should be minutes of meetings; family members can request for a copy of the minutes of the meetings.
- (2) There should be guidelines stating that operation records should be made in detail, and it would be best to have records if any circumstances happen during the operation.

(vi) Deceased died from pulmonary embolism after repeated requests for urgent CT scan were refused by radiologists

To: Hospital Authority

- (1) If the doctor clinically suspects or does not rule out that the patient has pulmonary embolism, even if the patient's clinical probability of pulmonary embolism is low or moderate or unlikely, while waiting for the computer scan, the doctor should

arrange for the patient to undergo D-Dimer blood test, arterial blood test and echocardiography as soon as possible for exclusion.

- (2) Within 7 days after the urgent request is rejected, if the attending doctor considers that there is a clinical need to make a second request for an urgent computer scan, the attending doctor should try to discuss it personally with the radiologist.
 - (3) If the radiologist, within 7 days after he/she refused to arrange an urgent scan, receives an urgent request from the attending doctor for the same patient the second time, then the refusal to arrange for the second urgent appointment should be made by two radiologists.
 - (4) If the radiology department refuses to arrange a computer scan appointment, the reason for refusal should be stated clearly in the patient's medical record.
 - (5) The Hospital Authority should provide more training or lectures on pulmonary embolism and deep vein thrombosis for doctors, including radiologists.
 - (6) The Hospital Authority should consider introducing the use of Bio-Marker to assist doctors in making diagnosis of cardiovascular diseases.
- (vii) Deceased died from acute aortic dissection whilst waiting for urgent thoracic CT scan

To: Hospital Authority

In case of emergency, doctors from the A&E Department should be allowed to make requests to the Department of Radiology for urgent CT scan.

(viii) Delay in conveying the deceased who suffered heart attack whilst participating in a marathon to hospital

To: The Hong Kong (Amateur) Athletic Association (HKAAA) and the Auxiliary Medical Service (AMS)

- (1) On the race day, all staff must have a mobile phone with them while on duty to facilitate communication.
- (2) Prior to the race, it is necessary for the HKAAA and AMS to send contents of cue card(s) to all staff via short message service. Information in the cue card(s) must contain emergency telephone (numbers).
- (3) To name the existing Incident Coordinating Centre (ICC) - HKAAA and ICC - AMS telephone numbers Supplies Support Hotline and ICC Hotline respectively to avoid confusion.
- (4) When the telephone operator of the ICC receives a report of emergency via telephone/walkie-talkie, a triage form must be completed. Reference may be made to [C41(1-3)] for the contents which are to be merged into one form. The telephone operator must enquire about and record the location and condition of the injured person and the identity and telephone

(number) of the caller. As regards assessment of the condition of the injured person, relevant contents of MIST, options of no breathing and no pulse must be added to the form.

- (5) When the telephone operator has completed the triage form, he/she should pass it to the triage supervisor immediately for proper arrangements and keep a record.
- (6) It is compulsory for all staff working in the ICC to attend the briefing session exclusive to ICC (staff) prior to the race to familiarize themselves with the division of labour and workflow of the ICC.
- (7) After an accident happened during the race, the HKAAA and AMS should write down the course of events including time, location of posts and duties in the designated form.

To: The Auxiliary Medical Service

Apart from routine training, the AMS must add case sharing and (case) approach, for example heart attack to (its training sessions). In addition, through such training, wrong concepts are to be corrected and assessment of and attitude on emergencies are to be strengthened.

To: The Hong Kong (Amateur) Athletic Association

- (1) It should be compulsory for the staff including volunteers to attend the briefing session prior to the race and they have to pass an examination.

- (2) On the race day, the HKAAA must distribute emergency cue cards to all staff of the HKAAA. Cue cards must bear emergency contact phone (numbers) for the race.
- (3) To incorporate the health declaration form into the race enrollment form and this item must be completed.
- (4) One month after each race, review and record of the accident must be made. In the light of the result of the review, follow-up and improvement has to be made accordingly.
- (5) Telephones in the ICC must have caller number display and recording functions.

(ix) Deceased died after the doctor she consulted was unfamiliar with the symptoms associated with the rare side effects of the drug prescribed by another doctor for her hyperthyroidism

To: Dr. Yeung

- (1) When prescribing carbimazole, a medication for hyperthyroidism, the doctor should mention to his patient in detail about the possible side effects and remind him that if he feels unwell and needs to see another doctor, he should bring along the medicine bag to the doctor or tell him the name of the medicine.

To: Dr. Leung

- (1) Dr. Leung should ask the patient for the name of the medicine when he learns that the patient is taking medicine prescribed by

other doctors, and consider whether the patient's symptoms are related to the medicine he is taking before making a diagnosis.

- (2) If the patient suffers from upper respiratory tract infection, oral ulcers or tonsillitis, take special care in prescribing anti-inflammatory drug that contains steroid.

- (x) Deceased died from necrotizing fasciitis shortly after being diagnosed with cellulitis and discharged home

To: Hospital Authority

When a patient diagnosed with cellulitis is discharged from the hospital, he/she should be made aware and reminded by doctors to look out for symptoms of necrotizing fasciitis. Doctors should also urge the patient to seek medical attention immediately if he/she has any suspicion of such symptoms.

- (xi) Form 8 recongnizance holder committed suicide by hanging whilst placed in solitary cell pending repatriation

To: Immigration Department

- (1) The Department is advised to check if there is still blind spot not covered by the updated CCTV system.
- (2) The Department is advised to review the current guidelines on the arrangements of relocation of a detainee to another cell and the suitability of such arrangements.

- (3) It is advised to provide more Automated External Defibrillators (AEDs) at the detention centres and to provide training to officers on the operation of AEDs.
- (4) Officers should be provided with more training in the mental support to detainees so that they could be more readily to look out for the detainees' emotional needs.
- (5) The Department is advised to establish an independent channel for detainees to lodge their complaints.

(xii) Two firefighters died while on duty at the fire scene

To: Fire Services Department

- (1) Pay close attention to or make medical assessment on the risk factors for cardiovascular disease among frontline firemen or station officers who are over 30 years of age. Cardiovascular examination is to be provided if needs be.
- (2) To demand all frontline incident commanders (ranked at Assistant Divisional Officer or above) who are required to attend to no. 3 alarm fire or above to take refresher courses on fire ground management or supervision on a regular basis.
- (3) To require tenants of industrial buildings to have to send representatives to attend fire drills.
- (4) To conduct a comprehensive review of the internal messaging transmission mechanism of the Fire Services Department.

To: Buildings Department

To pro-actively consider adopting a licensing system in regulating the operation of the mini-storage industry.

To: Labour Department

- (1) To require the management personnel of mini storage companies to have to complete a fire prevention course.
- (2) To strengthen patrols and inspections on the protection of employees' escape measures and its relevant records in case of fire.

To: SC Storage

- (1) Staff's awareness on the prioritization of the protection of lives and tenants' property in case of fire has to be raised.
- (2) It has to be ensured, under practicable circumstances, that flammable items are prohibited to be stored in the mini storage cubicles.
- (3) The staff of the mini-storage companies shall be required to complete fire prevention courses and regularly attend fire drills.
- (4) The floor plan of the mini-storage shall be timely and accurately updated for the Fire Services Department to make reference in case of fire.
- (5) The data of tenant's access into and out of the mini-storage has to be recorded in detail by way of cloud storage.

- (6) All facilities for assisting in fire escape shall be duly repaired as soon as possible.

To: Hang Lung Property Management Limited

Shall strengthen the supervision on the capability and knowledge of the staff of the outsourced security company to deal with sudden fires.

Conclusion

25. 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.

26. 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. 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.

27. 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.

28. Thanks are also due to Government Counsel of all levels of the Department of Justice who presented the evidence and assisted the Coroners in many of the more complicated and difficult inquests.

29. 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.

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

31. 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. Both departments deserve a thank you from us.

KO Wai-hung
Ag. Principal
Magistrate

HO Chun-yiu
Coroner

Monica CHOW
Coroner

LAM Hei-wei
Coroner

June 2023

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 2022 年，死亡登記個案有 61,557 宗，而向死因裁判官呈報的死亡個案有 17,193 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	3,020
命令豁免屍體剖驗	14,173
土葬命令	1,127
火葬命令	16,066
須作進一步調查的死亡個案	1,199
進行死因研訊	139
死因裁判官或陪審員有提出建議的個案	35

於 2022 年須作進一步調查的 1,199 宗死亡個案中，截至 2022 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 757 宗。

於 2022 年向死因裁判官呈報的 17,193 宗死亡個案中，截至 2022 年 12 月 31 日仍在等候毒理學報告以決定死因的有 97 宗。

Analysis of Deaths Reported to the Coroners

In 2022 there were 61,557 deaths registered, and there were 17,193 deaths reported to the Coroner.

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

	<u>TOTAL</u>
Autopsy Orders	3,020
Waivers of Autopsy	14,173
Burial Orders	1,127
Cremation Orders	16,066
Further Death Investigation Reports ordered	1,199
Inquests held	139
Cases where recommendations are made	35

Of the 1,199 further death investigation reports ordered in 2022, 757 of which have not yet been returned from the Police as at 31 December 2022.

Of the 17,193 deaths reported in 2022, there are 97 cases of which the causes of death are still pending over toxicological reports as at 31 December 2022.

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	剖驗屍體 Autopsy	3,020	豁免 屍體剖驗 Waiver	14,173	土葬 Burial	1,127	火葬 Cremation	16,066	1,199	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	2022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 31.12.2022	會同 陪審團	沒有會同 陪審團	115	16	會同 陪審團	沒有會同 陪審團	122	17	會同 陪審團	沒有會同 陪審團	11	0
															With Jury	Without Jury							With Jury	Without Jury		

數字及百分比 FIGURES AND PERCENTAGE		總計 TOTAL
命令將屍體剖驗 AUTOPSY ORDERED 3,020 (17.60%)	豁免屍體剖驗 AUTOPSY WAIVED 14,173 (82.40%)	17,193
火葬命令 CREMATION ORDER 16,066 (93.40%)	土葬命令 BURIAL ORDER 1,127 (6.60%)	17,193

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
122 (88.00%)	17 (12.00%)	139

研訊結論及死因類別分析
Analysis of Conclusions of Inquests and Nature of Deaths

總計 TOTAL		121	3	11	3	1	139
交通意外 Traffic Accident	其他組合 Other Combinations		1				1
淹死 Drowning			1				1
吸入（胃容物）Aspiration (Gastric Contents)			1				1
燒灼 Burns				1			1
觸電 Electrocutation				1			1
內科治療及外科手術 Medical And Surgical Care				9		1	10
吊死 Hanging					2		2
利器 Sharp Instruments					1		1
一些始於出生前後嬰兒時期的狀況 Certain Conditions Originating In The Perinatal Period		1					1
某些傳染病和寄生蟲病 Certain Infectious And Parasitic Diseases		7					7
循環系統疾病 Diseases Of The Circulatory System		26					26
消化系統疾病 Diseases Of The Digestive System		5					5
生殖泌尿系統疾病 Diseases Of The Genitourinary System		6					6
肌肉與骨骼系統和結締組織疾病 Diseases Of The Musculoskeletal System And Connective Tissue		1					1
神經系統疾病 Diseases Of The Nervous System		2					2
呼吸系統疾病 Diseases Of The Respiratory System		64					64
皮膚和皮下組織疾病 Diseases Of The Skin And Subcutaneous Tissue		1					1
精神錯亂 Mental And Behavioural Disorders		1					1
腫瘤 Neoplasms		6					6
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		1					1
結論 Conclusion		死於自然 Natural Causes	死於意外 Accidental Death	死於不幸 Death by Misadventure	自殺死亡 Suicide	存疑裁決 Open Verdict	總計 TOTAL

自殺個案
SUICIDES
(類別、年齡及性別)
(TYPE, AGE & SEX)
2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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				1						1	1
	女 F											
藥物 DRUGS	男 M					1		2	2		5	19
	女 F			2	2	1	2	2	5		14	
毒藥 POISONS	男 M						1		1		2	4
	女 F							1	1		2	
吊死 HANGING	男 M		2	6	8	13	32	25	48		134	229
	女 F		4	9	10	19	8	16	29		95	
由高處跳下 JUMPING FROM HEIGHT	男 M		22	45	48	52	64	74	97		402	635
	女 F		7	14	29	27	46	48	62		233	
一氧化碳 CARBON MONOXIDE	男 M		2	8	13	13	26	13	5		80	112
	女 F		1	4	3	8	9	6	1		32	
淹死 DROWNING	男 M		1	3	3	3	5	2	8		25	43
	女 F			1	1	3	3		10		18	
利器 SHARP INSTRUMENTS	男 M			3	1	1	5	1	2		13	21
	女 F						1	2	5		8	
其他 OTHER	男 M			2			2	1	3		8	8
	女 F											
小計 SUB TOTAL	男 M		27	67	74	83	135	118	166		670	1072
	女 F		12	30	45	58	69	75	113		402	
總計 TOTAL			39	97	119	141	204	193	279		1072	1072
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	2
	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								1		1	1
	女 F											
一氧化碳 CARBON MONOXIDE	男 M											1
	女 F								1		1	
淹死 DROWNING	男 M				1				1	1	3	3
	女 F											
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		1	2	1	6	8
	女 F							1	1		2	
總計 TOTAL					1	1		2	3	1	8	8

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)
 2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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
	女 F				1				1			2	
毒藥 POISONS	男 M												
	女 F												
吊死 HANGING	男 M						2	2	3		7	8	
	女 F				1						1		
由高處跳下 JUMPING FROM HEIGHT	男 M		3	3		2	1	1	3		13	27	
	女 F		1	1	4	2	1	3	2		14		
一氧化碳 CARBON MONOXIDE	男 M		1				3	1			5	9	
	女 F			2		1	1				4		
淹死 DROWNING	男 M			1	1	1	2	1	1		7	10	
	女 F					2	1				3		
利器 SHARP INSTRUMENTS	男 M					1	1				2	6	
	女 F						1	1	2		4		
其他 OTHER	男 M						1				1	1	
	女 F												
小計 SUB TOTAL	男 M		4	4	1	4	10	5	7		35	63	
	女 F		1	3	6	5	4	5	4		28		
總計 TOTAL			5	7	7	9	14	10	11		63	63	
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	2	
	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												
一氧化碳 CARBON MONOXIDE	男 M												
	女 F												
淹死 DROWNING	男 M								1		1	1	
	女 F												
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	1		3	4	
	女 F							1			1		
總計 TOTAL						1		2	1		4	4	

* 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)
 2022年1月1日 - 2022年12月31日
 1ST JANUARY 2022 - 31ST DECEMBER 2022

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											
	女 F											
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											
	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											
	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)
 2022年1月1日 - 2022年12月31日
 1ST JANUARY 2022 - 31ST DECEMBER 2022

職業 OCCUPATION	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		
學生 STUDENT	男 M		8	1							9	11
	女 F		1	1							2	
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M			3	4	4	16	10	3		40	60
	女 F			4	6	4	5		1		20	
家庭主婦 HOUSEWIFE	男 M											10
	女 F				2	1	2	3	2		10	
藍領 BLUE COLLAR	男 M		2	2	6	7	14	1			32	44
	女 F		1	4	1	3	2	1			12	
白領 WHITE COLLAR	男 M			3	1	4	2				10	20
	女 F				2	5	2	1			10	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M				1						1	1
	女 F											
商人 BUSINESS MAN	男 M			1	1		3	2	1		8	10
	女 F						2				2	
退休人士 RETIRED PERSON	男 M						1	7	22		30	44
	女 F							6	8		14	
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M		10	10	13	15	36	20	26		130	200
	女 F		2	9	11	13	13	11	11		70	
總計 TOTAL			12	19	24	28	49	31	37		200	200
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					1	2	2
	女 F											
家庭主婦 HOUSEWIFE	男 M											1
	女 F							1			1	
藍領 BLUE COLLAR	男 M											
	女 F											
白領 WHITE COLLAR	男 M					1					1	1
	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							1	2		3	4
	女 F								1		1	
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M				1	1		1	2	1	6	8
	女 F							1	1		2	
總計 TOTAL					1	1		2	3	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

意外死亡個案
ACCIDENTAL DEATHS

(類別、年齡及性別)
(TYPE, AGE & SEX)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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			1		1		3	5		10	18
	女 F						1		7		8	
吸入 (食物) ASPIRATION (FOOD)	男 M		1					9	38		48	88
	女 F						4	11	25		40	
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M											1
	女 F							1			1	
吸入 (其他) ASPIRATION (OTHER)	男 M							3	2		5	7
	女 F								2		2	
窒息 SUFFOCATION	男 M					1					1	1
	女 F											
吊死 HANGING	男 M											
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M				1	3	1		2		7	7
	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	1		1	2			5	5
	女 F											
燒灼 BURNS	男 M	1			1	1	2		4		9	11
	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				1		2	3
	女 F				1						1	
一氧化碳 (其他) CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	2		5	7	9	24	24	136		207	314
	女 F			2	4	1	5	10	85		107	
淹死 DROWNING	男 M		1	4	4	5	5	11	12	1	43	60
	女 F	1		2	3	1	1	2	7		17	
觸電 ELECTROCUTION	男 M				1		1				2	3
	女 F				1						1	
割或刺 CUT OR PUNCTURE	男 M								2		2	2
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M		1			1	1	1			4	4
	女 F											
藥物 DRUGS	男 M			2	9	27	15	16	2		71	89
	女 F				2	8	4	2	2		18	
毒藥 POISONS	男 M					1		1			2	2
	女 F											
中毒 (酒精) POISON (ALCOHOL)	男 M				1	1	3	2			7	8
	女 F					1					1	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M	1		1				9	3		14	30
	女 F	1		1	2	1	2	1	8		16	
其他 OTHERS	男 M			1	1	1	1		1		5	10
	女 F				1	1	3				5	
小計 SUB TOTAL	男 M	4	3	15	27	51	54	81	208	1	444	663
	女 F	2		6	15	13	20	27	136		219	
總計 TOTAL		6	3	21	42	64	74	108	344	1	663	663

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)
 2022 年 1 月 1 日 - 2022 年 12 月 31 日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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		
泳池 POOL	男 M											3
	女 F			1					2		3	
海灘/海 BEACH/SEA	男 M			2	3	3	3	5		1	17	19
	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							1	1		2	3
	女 F							1			1	
河流 RIVER	男 M								1		1	1
	女 F											
自流井 ARTESIAN WELL	男 M											
	女 F											
其他 OTHERS	男 M											1
	女 F				1						1	
小計 SUB TOTAL	男 M			2	3	3	3	6	2	1	20	27
	女 F			1	1	1	1	1	2		7	
總計 TOTAL				3	4	4	4	7	4	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（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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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							1			1	1
	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											
	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	1				1	1		4		7	9
	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				1		2	3
	女 F				1						1	
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	1					2		3		6	11
	女 F					1	1		3		5	
淹死 DROWNING	男 M							1	1		2	3
	女 F							1			1	
觸電 ELECTROCUTION	男 M											1
	女 F				1						1	
割或刺 CUT OR PUNCTURE	男 M								1		1	1
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M		1					1			2	2
	女 F											
藥物 DRUGS	男 M			2	3	17	3	4			29	37
	女 F				1	5	1		1		8	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISON (ALCOHOL)	男 M							1			1	2
	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						2				2	2
	女 F											
小計 SUB TOTAL	男 M	2	1	2	4	18	6	8	10		51	72
	女 F			1	4	7	4	1	4		21	
總計 TOTAL		2	1	3	8	25	10	9	14		72	72

* 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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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							1			1	1
	女 F											
吸入（食物） ASPIRATION (FOOD)	男 M											1
	女 F								1		1	
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									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						1	1
	女 F											
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M				1		2	1			4	4
	女 F											
淹死 DROWNING	男 M							1			1	2
	女 F							1			1	
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	7	4	3	1		17	25
	女 F					5	2		1		8	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISONS (ALCOHOL)	男 M						1	1			2	3
	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				4	7	7	7	2		27	38
	女 F					6	2	1	2		11	
總計 TOTAL					4	13	9	8	4		38	38

* 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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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		
游泳 SWIMMING	男 M			1		1	2	1			5	8
	女 F			1					2		3	
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				2	2					4	6
	女 F					1	1				2	
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						3		1		4	6
	女 F				1	1					2	
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						1			1	2	2
	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											
	女 F											
小計 SUB TOTAL	男 M			1	3	4	6	1	1	1	17	24
	女 F			1	1	2	1		2		7	
總計 TOTAL				2	4	6	7	1	3	1	24	24

* 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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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								1		1	1
	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			1							1	1
	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		1	1
	女 F											
小計 SUB TOTAL	男 M			1					2		3	3
	女 F											
總計 TOTAL				1					2		3	3

* 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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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	3	1		1		6	6
	女 F										
被物件壓死 CRUSHED BY OBJECT	男 M		1	1		1	1			4	4
	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		2	3	3	7	1	1		17	17
	女 F										
觸電 ELECTROCUTION	男 M										
	女 F										
淹死 DROWNING	男 M		1	1			1			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	1
	女 F										
小計 SUB TOTAL	男 M		4	6	7	9	3	2		31	31
	女 F										
總計 TOTAL			4	6	7	9	3	2		31	31

殺人個案 *
HOMICIDES *

(類別、年齡及性別)
(TYPE, AGE & SEX)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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			1	1			1			3	7	
	女 F			2		1		1			4		
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M				2	1		1	1		5	6	
	女 F						1				1		
絞縊 STRANGULATION	男 M								1		1	3	
	女 F		1			1					2		
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M		1					1			2	5	
	女 F	1					2				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											2	
	女 F				1	1					2		
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	1	3	1		3	2		11	24	
	女 F	1	1	2	1	3	3	1	1		13		
總計 TOTAL		1	2	3	4	4	3	4	3		24	24	

* 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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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			
行人與電單車 PEDESTRIAN v. MOTORCYCLE	男 M												1
	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			2		1	1	3	11		18		27
	女 F							3	6		9		
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M								4		4		9
	女 F							2	3		5		
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		1
	女 F												
單車與貨車 / 巴士 BICYCLE v. TRUCK/BUS	男 M							1			1		1
	女 F												
單車失去控制 BICYCLE OUT OF CONTROL	男 M						1		1		2		3
	女 F							1			1		
電單車與汽車 / 輕型貨車 / 客貨車 MOTORCYCLE v. CAR/PICK-UP TRUCK/VAN	男 M			1	1		1				3		4
	女 F			1							1		
電單車與貨車 / 巴士 MOTORCYCLE v. TRUCK/BUS	男 M			1	1			1			3		3
	女 F												
電單車失去控制 MOTOR CYCLE OUT OF CONTROL	男 M			2	1	1	1	1			6		6
	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					2	1	1			4		4
	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		1
	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	1		1	1			5		5
	女 F												
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		1
	女 F												
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	1			2		2
	女 F												
其他組合 OTHER COMBINATIONS	男 M			1			1	2	4		8		10
	女 F								2		2		
小計 SUB TOTAL	男 M			10	4	5	9	11	20		59		78
	女 F			1				6	12		19		
總計 TOTAL				11	4	5	9	17	32		78		78

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)
2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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								
	女 F								
10 to 19	男 M								
	女 F								
20 to 29	男 M	3	4			2		9	10
	女 F				1			1	
30 to 39	男 M	1	3					4	4
	女 F								
40 to 49	男 M	2	1	1		1		5	5
	女 F								
50 to 59	男 M	4	2			1		7	7
	女 F								
60 to 69	男 M	4	1	1	2	3		11	16
	女 F					5		5	
70 to	男 M			1	1	15	1	18	30
	女 F				1	10	1	12	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	14	11	3	3	22	1	54	72
	女 F				2	15	1	18	
個案總數 TOTAL DEATHS		14	11	3	5	37	2	72	72

* 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 *
 2022年1月1日 - 2022年12月31日
 1ST JANUARY 2022 - 31ST DECEMBER 2022

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	4	1	1	4	17	1	28
陰性 NEGATIVE	6	6	2	1	18	1	34
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	4	2			1		7
51 - 100 毫克 51 - 100 mg					1		1
101 - 150 毫克 101 - 150 mg		1					1
151 - 200 毫克 151 - 200 mg							
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							
個案總數 TOTAL DEATHS	14	11	3	5	37	2	72

* 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)

2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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			3			3	5	17		28
陰性 NEGATIVE			4	2	3	3	9	13		34
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg			2	1	1	1	2			7
51 - 100 毫克 51 - 100 mg			1							1
101 - 150 毫克 101 - 150 mg				1						1
151 - 200 毫克 151 - 200 mg										
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										
個案總數 TOTAL DEATHS			10	4	5	7	16	30		72

* 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

01/01/2022 - 31/12/2022

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				1						1	2
	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 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	男 M								1		1	1
	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	5	5	3	2			17	21
	女 F				1	2	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											3
	女 F				2			1			3	
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	2
	女 F								1		1	
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					23	9	14	1		47	53
	女 F					4	1	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			2	2
	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										
	女 F										
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				1			1		2	2
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
	女 F				1	1			1		3
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										
	女 F							1	1		2
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										
	女 F										
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				4
	女 F				1					1	5
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	1	2	3	9	3	2		21	29
	女 F			2	1	2	3				8	
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											1
	女 F							1			1	
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				1	1
	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											
	女 F											
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	3	9	33	24	23	5		98	130
	女 F			2	5	11	6	4	4		32	
總計 TOTAL			1	5	14	44	30	27	9		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

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)
2022年1月1日 - 2022年12月31日
1ST JANUARY 2022 - 31ST DECEMBER 2022

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	10	15	40	56	150		273	476
	女 F	1	2	4	4	7	19	36	130		203	
腫瘤 Neoplasms C00 - D48	男 M			2	11	25	87	252	549		926	1587
	女 F	1		5	5	33	100	108	409		661	
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	1			9		12	17
	女 F				2	1	1		1		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	1	4	6	31	65	89		198	338
	女 F	1			1	7	11	18	102		140	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M					2	4	7	54		67	181
	女 F				2	3		3	106		114	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M	2	1	1	2	8	12	22	36		84	158
	女 F	4		1	2	8	7	12	40		74	
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	7	2	7	51	168	448	778	2041	1	3503	5557
	女 F	4	5	1	16	55	121	207	1645		2054	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	4	1	4	5	24	59	178	713	1	989	1395
	女 F	1		4	2	15	18	57	309		406	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M	1		1	4	25	41	62	152		286	436
	女 F	1	1		4	2	13	25	104		150	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M						2		4		6	9
	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				2	4	1	4	8		19	38
	女 F			1		1	4	8	5		19	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M				1	11	26	41	131		210	343
	女 F			3	9	12	21	88			133	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M											3
	女 F			1	2						3	
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	1								5	6	9
	女 F	2								1	3	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	3	1	1	2	1	2		3		13	24
	女 F	1		1	1	3	2		3		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	5	2	3	10	16	58	130	1093	9	1326	2780
	女 F	3		1	4	12	27	35	1371	1	1454	
小計 SUB TOTAL	男 M	24	9	22	103	306	811	1595	5032	16	7918	13351
	女 F	19	8	19	48	156	335	531	4315	2	5433	
總計 TOTAL		43	17	41	151	462	1146	2126	9347	18	13351	13351

2022 年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) in 2022

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	37
2. 騎腳踏車者在交通意外中受傷 (V10-V19) Pedal cyclist injured in transport accident	3
3. 騎摩托車者在交通意外中受傷 (V20-V29) Motorcycle rider injured in transport accident	13
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	7
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	3
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	6
8. 巴士使用者在交通意外中受傷 (V70-V79) Bus occupant injured in transport accident	1
9. 其他陸上交通意外 (V80-V89) Other land transport accidents	2
10. 水上交通意外 (V90-V94) Water transport accidents	3
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	59
2. 暴露於無生命的外物物力 (W20-W49) Exposure to inanimate mechanical forces	16

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	27
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	3
7. 暴露於煙、火及火焰 (X00-X09) Exposure to smoke, fire and flames	13
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	2
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	88
12. 勞累過份用力、出行及缺乏生活必需品 (X50-X57) Overexertion, travel and privation	1
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	
II. 故意使自己受到傷害 (X60-X84) <u>Intentional self-harm</u>	200
III. 襲擊 (X85-Y09) <u>Assault</u>	24
IV. 未確定意圖的事件 (Y10-Y34) <u>Event of undetermined intent</u>	8
V. 合法干預及戰爭行動 (Y35-Y36) <u>Legal intervention and operations of war</u>	
VI. 接受醫療及外科護理後出現各類併發症的情況 <u>Complications of medical and surgical care</u>	
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	4
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	8
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	5
VII. 患病及死亡的外在成因的後發病 (Y85-Y89) <u>Sequelae of external causes of morbidity and mortality</u>	2
VIII. 與分類於他處的患病及死亡的各种成因有關的輔助因素 (Y90-Y98) <u>Supplementary factors related to causes of morbidity and mortality classified elsewhere</u>	
IX. 影響健康狀態和與保健機構接觸的因素 (Z00-Z99) <u>Factors influencing health status and contact with health services</u>	
死因不明的死亡個案 Unknown Cause of Mortality	53
自然死因 Natural Cause	476
[Total 總數]	1,073