

CORONERS' REPORT

死因裁判官報告

2023

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第一部

2023 年死因裁判官報告

死亡數字上升趨勢

1. 今年共有 56,776 宗死亡登記，至於曾向死因裁判官報告的死亡個案，則有 12,996 宗。過去 23 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

2023

56,776

12,996

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 13 年，即 2007 至 2022 年期間，數字反覆向上。2023 年的死亡登記數字及向死因裁判官報告的個案相對 2022 年下跌，而向死因裁判官報告的個案，更有超過百分之二十四的跌幅，當中涉及的死亡個案跌幅包括死因為 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. 下表列出關於過去二十三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>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%
2023	12,996	999	184	172	12	93%

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 2023 年，死因裁判官一共處理了 493 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。

自殺個案

15. 今年有 1,092 宗自殺個案，較 2022 年增加了百分之一。其中 203 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 711:381。青少年自殺組別的個案與去年相若。

意外死亡個案

16. 今年有 769 宗意外死亡個案，其中 294 宗須由警方進一步調查並提交更詳盡的死亡調查報告。上述意外死亡人數較去年增加了百分之十六。男性因意外引致死亡的數字遠高於女性，比率為 545:224。

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 30 宗在陸上發生的和 1 宗在海上發生的。29 名死者是男性，2 名是女性，比率為 29:2。

殺人個案

18. 今年有 16 人死於被殺，其中男性佔 9 人，女性佔 7 人。

車輛導致死亡的個案

19. 今年有 129 宗由車輛導致的死亡，其中 76 名死者是行人，佔去死亡數字約一半。76 名死者中，有 39 名是 70 歲以上的老人家，佔此組別的死亡數字約一半。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 83:46。

與毒品及藥物有關的個案

20. 今年有 167 宗死亡與毒品或藥物有關，和去年比較增加了百分之二十八，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 131: 36。

自然死亡個案

21. 今年因各種疾病而死亡的人數是 11,144 人，其中因循環系統疾病而死亡的有 4,869 人，佔這個類別的死亡人數約一半。根據《疾病和有關健康問題的國際統計分類》，循環系統疾病包括各種高血壓病、各種心臟病、腦血管病等等。男女性死者的比率是 6,642: 4,502。

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，例如職業死亡個案甚至是 29 與 2 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) 一名因服用化療藥物卡培他濱而出現心律不正，繼而死亡的男士

消防處

為確保前線救護人員嚴格遵從有關的部門政策訓令及消防事務手冊，處方應加強前線救護人員對有關訓令及手冊內容的認知，定期提供有關的培訓及考核。

此外，為確保前線救護人員就救援行動作出充足紀錄，處方應設立監察機制，由高級救護人員檢視及覆核由前線救護人員所作出的紀錄，並在文件上簽署作實。

(ii) 泳客於康樂文化事務署轄下的泳池游泳期間遇溺身故

康樂及文化事務署

- (1) 若泳池發現有泳客恆常地以自發形式進行團體性的活動(如早上的健體操)，管理泳池人員應將有關範圍以水線圍起，使正常游泳的泳客不會游進該範圍內，以免參與活動泳客所濺起的水花，影響救生員的視線。

- (2) 署方應加強宣傳單獨游泳的風險(特別是長者)，並鼓勵市民在可行情況下，陪同長者進行水上活動。
- (3) 高級救生員及其上級必須確保在任何時候，池面均有足夠救生員當值。除遇上緊急情況或得到上級的允許，任何在池面工作的救生員不得在替補人員到位前，離開工作崗位。
- (4) 救生員的工作操守與市民的性命息息相關，因此署方應建立並嚴格執行紀律處分制度，訂立有阻嚇性的規範，以免救生員在未獲得上級准許下擅自離開工作崗位。
- (5) 署方應安排常設的指定人員在發生突發事件後，進行即時的初步案件調查及尋找目擊者，並在可行情況下，要求目擊者提供個人資料及聯絡方法，以便調查人員跟進。
- (6) 署方應提升所有泳池的閉路電視系統，並繼續進行科技研發，利用人工智能協助及早識別遇溺人士。

(iii) 在囚人士在囚室內上吊自盡

懲教署

- (1) 建議安排人員 24 小時監察閉路電視。
- (2) 建議夜更也將特別倉/獨立倉鎖匙放在較近位置，當有事故發生可縮短救援時間。

- (3) 建議改善獨立倉門的設計，改為直條子設計，腰以下位置保留格子設計。

(iv) 在囚人士在囚室內上吊自盡

懲教署

署方應檢視現有監倉或囚室的設計，考慮將鐵閘上的橫栓/橫枝移除，以避免在囚人士以此作為上吊的懸掛點。

(v) 醫護未有及時發現病人已出現心肌梗塞的症狀，而最終病人亦因心肌梗塞及連帶疾病離世

醫院管理局

- (1) 護士及輔助醫療人員必須嚴格執行醫生的指示，按時替病人進行檢測，若未能按時做到，則必須通知病人的主診醫生或當值醫生。
- (2) 若醫生認為某檢測必須與另一檢測同時進行，他必須在作出檢測要求的記錄上清楚列明。
- (3) 醫院管理局應提供訓練給所有有機會操作心電圖儀器的輔助醫療人員，確保他們懂得閱讀心電圖的基本原理，並要求他們在發現病人的檢測有不尋常情況時，立即通知當值護士、實習醫生、當值醫生或主診醫生跟進。
- (4) 若醫生在閱讀病人的(1)心電圖；(2)血液報告；及(3)問診後，發現病人只有一項符合心肌梗塞症狀的情況出現，他應安排病人在 3 小時後重複上述檢測。

- (vi) 病人留醫期間，因醫護「派錯藥」，導致病人誤服他人的藥物

聖保祿醫院及護士管理局

在現行的「三核五對」派藥流程上，再加上一個程序，變成「三核五對一派送」的流程，藥物派送人員在完成原先的「三核五對」派藥流程後，必須立即把藥物交到病人手上，中途不能受到任何干擾。若這新流程任何一個程序受到任何干擾，藥物派送的人員必須重新執行這「三核五對一派送」的流程。

另外，護士管理局需要通知所有醫療單位有關派藥新指引，指示醫療單位不能干擾派藥人員執行派藥的任何程序。

- (vii) 病人接受內窺鏡逆行性膽胰管造影術(ERCP)後，出現併發症，並最終因併發症而離世

醫院管理局/伊利沙伯醫院

即使病人的維生指數及情況穩定，若病人因(1)膽總管及十二指腸穿孔；及(2)胰臟炎而需要入住深切治療病房，醫生在切實可行的情況下，應每星期最少一次安排病人接受電腦掃描(CT scan)診斷。

(viii) 死者等候接受衛生署命令的強制 2019 冠狀病毒病檢疫期間，在家中死亡

衛生署

1.1 與其他部門協調，預早進行培訓並定期進行演練，當再有病毒爆發時，能立即提升動員能力

1.2 調查問卷(Interview Form) 需要詳細考慮不同高風險因素，例如長者／長期病患者／居住現況，同時加入緊急聯絡人方法

(ix) 醫生未有察覺急性主動脈夾層剝離為死者出現急性心肌梗塞的根本原因

醫院管理局

當有證據懷疑病情惡化是有可能由其他原因引致，建議主診醫生可聯絡相關部門，諮詢其他專科醫生意見，以增加正確診斷的可能性。

(x) 護老院院友在院舍工作人員發現之前已昏迷不醒

溫馨護老中心

鑑於保健員證供，陪審員建議負責巡房的職員定時巡房，以便持續監測院友狀況。

(xi) 進行內視鏡逆行膽胰管造影(膽管鏡)期間十二指腸穿孔

醫院管理局

1. 在進行預先安排的手術前，向病人解釋手術風險時，
 - A. 醫生需知會病人最好在家屬/見證人陪同下簽署同意書，
 - B. 如病人無他人陪同，建議醫院提供一份文件，證明病人決定醫院不需額外通知家屬，
 - C. 醫院考慮同意病人可自行錄音，以保障雙方權益。
2. 建議醫院管理局每年檢視增加/合理調配各區 ICU 資源的可能性，檢討內容包括：延遲進入 ICU 的病人人數，時間及死亡率。

(xii) 死者接受腹腔鏡手術切除右半結腸後，死於罕見的吻合口狹窄併發症

醫院管理局

1. 若病人在接受腸接駁手術或類似的手術時，局方應在接受手術同意書上第四點「重點風險/併發症及其他治療方法」加上：
「急性腸阻塞」
並且由醫生講解其風險。

2. 檢討醫護人員回應病人家屬查詢的程序，建議當醫療團隊接受了家屬查詢要求後，於 24 小時內回應。

(xiii) 由於非典型表現及新近主動脈造影顯示主動脈正常，因此未診斷出主動脈剝離

醫院管理局

1. 提醒醫生 A 型主動脈夾層患者可能有非典型的臨床表現。
2. 提醒醫生注意非典型表現。
3. 勿過分依賴在出現促使住院的症狀和臨床表現之前所進行的放射學檢查。
4. 對於主動脈夾層剝離高風險的病人，胸肺 X 光檢查呈陰性或沒有其他典型病症亦不應延遲能夠斷症的主動脈造影檢查。

曾健強醫生

1. 勿過分依賴在出現促使住院的症狀和臨床表現之前所進行的放射學檢查。
2. 對於主動脈夾層剝離高風險的病人，胸肺 X 光檢查呈陰性或沒有其他典型病症亦不應延遲能夠斷症的主動脈造影檢查。

(xiv) 由於 2019 冠狀病毒病措施，作為聾啞人士的死者在沒有手語傳譯員的協助下自願入住精神病院，於出院後不久自殺

醫院管理局

1. 建議所有病人每次入院時，必須提供最少一個緊急聯絡人作更新之用。
2. 建議處理一些表格（如：自殺風險評估表）增設評估時間，每次醫護人員必須填寫，方便跟進之用。

(xv) 一名女病人曾兩次到急症室求醫，在院方未能診斷出其病況前，因大動脈剝離導致心包膜積血而離世

博愛醫院

博愛醫院應制定急性胸痛的治理方案，以便及時進行風險分層並作適當的檢查，以排除急性主動脈夾層剝離和肺栓塞等危及生命的重要疾病。

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。

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，我們在此謹向勞工處和海事處表示謝意。

死因裁判官

周至偉

死因裁判官

周慧珠

死因裁判官

林希維

二零二四年六月

Part One

Coroners' Report 2023

Number of Deaths on a Rising Trend

1. A total of 56,776 deaths were registered this year, and a total of 12,996 deaths were reported to the Coroners. Figures for the last 23 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
2023	56,776	12,996

2. From the list above we can see that the number of deaths registered increased year by year from 2001 to 2005. The trend showed a slight downturn in 2006. The figures in the past 13 years, between 2007 and 2022, show a mixed uptrend. The number of deaths registered and the number of cases reported to Coroners in 2023, which included those where Coronavirus Disease 2019 was the cause of death, decreased significantly as compared with the figures of 2022, with the number of deaths reported to Coroners decreasing by more than 24%.

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 determine that the investigation carried out by the Police has provided 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 are clear and there is no suspicion, we will assign a classification code to the death 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 necessary, we will inform the Police to carry out relevant investigations and to submit a more detailed death investigation report. 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 take

6 months to 1 year or 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 23 years showing how reported deaths were dealt with:

	<u>Deaths Reported to the Coroners</u>	<u>Further Investigations</u>	<u>Inquests Held</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%
2023	12,996	999	184	172	12	93%

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 incidents. 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 will be better able to accept 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 the Coroners' work, so we are explaining the procedure once again here.

10. Typically a public hospital clinical pathologists or a Department of Health forensic pathologists will have examined the medical records of the deceased and the course of events leading to his death. The pathologists will have also carried out an external examination of the body. If they are still unable to determine a cause of death, they 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 2023, the Coroners dealt with a total of 493 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 an autopsy 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 strengthened. As a result, in regard to public hospital 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.

Suicides

15. There were 1,092 suicide cases this year, an increase of 1% as compared with 2022. 203 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 711 : 381. The number of juvenile suicide remains relatively unchanged compared to last year.

Accidental Deaths

16. The number of accidental deaths this year is 769, including 294 where further investigation by the Police followed by a more detailed death investigation report is required. This year's figures show a 16% increase compared to last year's. The number of men who died as a result of accidents is significantly higher than the number of women, with the ratio of 545 : 224.

Occupational Deaths

17. In our reports up to 2009 we have only mentioned occupational deaths in respect of which an inquest has been held. After careful consideration, we believe the whole picture has not been adequately presented. Therefore, starting from the 2010 report, the number of deaths referred to will include occupational deaths, both on land and at sea. There are a total of 31 occupational deaths, of which 30 are on land and 1 is at sea. 29 of the deceased are men, and 2 are women; the ratio is 29 : 2.

Homicides

18. The number of people unlawfully killed is 16, including 9 men and 7 women.

Vehicular Accidents

19. The number of deaths arising from vehicular accidents is 129. Of these 129 deaths, 76 deceased are pedestrians, being about half of the total death figure. Of these 76 deceased pedestrians, 39 deceased are 70 years or older, which represents about half of the total death figure. It is evident that older individuals are more susceptible to road traffic accidents compared to other age groups. The ratio of men to women is 83 : 46.

Drugs and Poisons related Deaths

20. There are 167 deaths related to drugs and poisons, making a 28% increase compared to 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 131 : 36.

Deaths from natural causes

21. There are 11,144 deaths due to various diseases, with 4,869, about half of the deaths in this category, 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. The ratio of men to women among the deaths is 6,642 : 4,502.

22. We can see that more men than women died in all the above mentioned classifications of deaths. In some classifications, such as occupational deaths, the gender disparity is particularly pronounced where the ratio of men to women is 29 to 2.

Recommendations

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

- (i) A male on chemotherapy medicine Capecitabine developed arrhythmia and subsequently died

Fire Services Department

To ensure frontline ambulance officers to adhere to departmental policies and instructions and Fire Services booklets, the Department should strengthen their knowledge of such instructions and booklets coupled with regular training and assessment.

Furthermore, to ensure frontline ambulance officers to make sufficient records of rescue operations, the Department should establish a supervisory system for senior ambulance officers to inspect and re-examine the records made by the frontline ambulance officers and sign to confirm.

- (ii) A swimmer died of drowning while swimming in a swimming pool managed by the Leisure and Culture Services Department

Leisure and Culture Services Department

- (1) When swimmers are found to have routine group activities (e.g. morning exercises) on their own initiative in a swimming pool, swimming pool managers should cordon off the concerned area with lane ropes to keep other swimmers away from such areas so that lifeguards' view would not be blocked by splashes caused by swimmers participating in the activities.
- (2) The Department should highlight the risk of swimming alone (especially for seniors). Members of the public are encouraged to take part in water sports with their seniors when practicable.
- (3) At all times, senior lifeguards and their superiors must ensure that there are sufficient lifeguards on duty on the pool deck. Unless in case of emergency or permissions from superiors, no on-duty lifeguard on the pool deck is allowed to leave his/her respective working post before a substitute lifeguard fills the post.
- (4) Code of conduct of lifeguards is very important in safeguarding the safety of swimming pool users. The Department should therefore establish and adhere to a disciplinary mechanism to set deterrent standards to prevent any lifeguard from leaving his/her work post without permissions from his/her superior.
- (5) The Department should arrange permanent personnel specifically assigned to carry out preliminary investigations immediately after an emergency arises and look for any potential eyewitnesses. When possible, eyewitnesses should be

asked for personal information and means of contact for investigators to follow up on the matter.

- (6) The Department should upgrade Closed Circuit Television (CCTV) systems at all swimming pools and continue with research and development of technology to identify drowning swimmers as early as possible with the help of Artificial Intelligence.

(iii) A prisoner committed suicide by hanging in cell

Correctional Services Department

- (1) Recommend to arrange for personnel to monitor CCTV 24 hours a day.
- (2) Recommend during night shift, the keys to the special cell / independent cell keys be placed nearby, so that rescue time can be shortened in case of an incident.
- (3) Recommend to improve the design of independent cell door by changing to vertical bars design while retaining grid design below waist level.

(iv) A person in custody committed suicide by hanging in the cell

Correctional Services Department

The Department should review the design of the existing prisons or cells, considering removing the horizontal

railings/horizontal bars on the metal gates in order to avoid the persons in custody using them as suspension points.

- (v) Medical and nursing staff failed to discover in time that the patient had already developed signs of myocardial infarction. The patient eventually died of myocardial infarction and associated illnesses

Hospital Authority

- (1) In strictly carrying out doctors' instructions, nurses and paramedical staff must do tests for patients as scheduled. The patient's attending doctor or the duty doctor must be informed of any failure to do so as scheduled.
- (2) If a doctor is of the view that a certain test must be done simultaneously with another test, he has to state it clearly in the test order record.
- (3) The Hospital Authority should provide training for all paramedical staff who might operate electrocardiogram machines to ensure that they understand the fundamental principles of reading electrocardiograms. They should be required to inform the duty nurse, houseman, duty doctor or attending doctor immediately for follow-up when abnormality is found in the test (results) of the patient.
- (4) Upon reading (1) the electrocardiogram, (2) blood (test) report of a patient and upon (3) consultation, if a doctor finds that (the condition of) a patient meets only one of the criteria for signs of

myocardial infarction, he should arrange for the patient to repeat the above tests 3 hours later.

- (vi) During the patient's admission, medical staff "dispensed the wrong drug", causing the patient to mistakenly take someone else's medication

St. Paul's Hospital and The Nursing Council of Hong Kong

On top of the current "3 Checks 5 Rights" drug dispensation procedures, an additional procedure is added to become the "3 Checks 5 Rights 1 Dispense" procedures. After the dispensing staff has completed the original "3 Checks 5 Rights" drug dispensation procedures, the medication must be given to the patient immediately without any interference in the process. If any part of these new procedures is disrupted, the staff dispensing the drug must re-execute the "3 Checks 5 Rights 1 Dispense" procedures.

In addition, The Nursing Council of Hong Kong is required to notify all medical units of the new guidelines for drug dispensation, instructing medical units not to interfere with any procedure for drug dispensation by the dispensing staff.

- (vii) A patient who had undergone endoscopic retrograde cholangiopancreatography (ERCP) developed complications, and ultimately died as a result

Hospital Authority/Queen Elizabeth Hospital

When a patient needs to be admitted to an intensive care unit for – (1) perforation of the common bile duct and duodenum; and (2) pancreatitis, even if the vital signs and condition of the patient remain stable, doctors should arrange the patient to undergo computerized tomography scan (*CT scan*) at least once a week so long as it is practicable.

- (viii) Deceased died at home whilst waiting for compulsory Covid-19 quarantine ordered by Department of Health

The Department of Health

- 1.1 Coordinate with other department(s), undergo training and conduct regular drills in advance to increase mobilization immediately when there is a further outbreak of the virus.
- 1.2 The Interview Form needs to take account of various high-risk factors in detail, for example the elderly/the chronically ill/current living condition, and means of (contacting) emergency contact person is to be added.

- (ix) Doctors failed to realise the underlying cause of deceased's acute myocardial infarction was acute aortic dissection

Hospital Authority

When there is evidence that the deterioration of the condition may be caused by other reasons, it is recommended that the attending

doctor may contact the relevant departments and consult other specialists so as to enhance the possibility of making correct diagnosis.

(x) OAH resident unconscious before being discovered by staff

Comfort Elderly Home

Based on the health worker's testimony, the jury recommended the staff responsible for ward rounds to conduct regular ward rounds, so as to continuously monitor the conditions of the residents.

(xi) Duodenal perforation during endoscopic retrograde cholangiopancreatography (ERCP)

Hospital Authority

1. When explaining the risks of surgery to a patient before undergoing pre-scheduled surgery,
 - A. the doctor is required to inform the patient that it is most desirable to sign the consent form in the presence of family member/ witness,
 - B. if the patient is not accompanied by others, it is recommended that the hospital provide a document proving that the patient has decided that additional notification to the family member by the hospital is not required,

C. the hospital may consider allowing the patient to make audio-record, in order to protect the rights and interests of both parties.

2. It is recommended that the Hospital Authority review the possibility of increasing/reasonably allocating ICU resources in each district on an annual basis. The review includes: the number of patients delayed in ICU admission, duration and mortality rate.

(xii) Deceased died from a rare complication of anastomotic stricture following laparoscopic hemicolectomy.

Hospital Authority

1. Before a patient is to receive an intestinal anastomosis or any surgery of similar kind, the Authority should add “acute ileus” under Point 4 “Main risks/ complications and other treatments” on the Consent Form for Operation and have the risks explained by a doctor.
2. To review the procedures of how medical staff reply to the enquiries from a patient’s family. Advise the medical team to reply within 24 hours upon receiving enquiries from the patient’s family.

- (xiii) Aortic dissection was not diagnosed because of atypical presentations and recent normal aorta aortogram.

Hospital Authority

1. Reminder to doctors that patient with Type A Aortic Dissection may have atypical clinical presentations.
2. Reminder to doctors to watch out for atypical presentations.
3. Not to overly rely on radiology tests carried out prior to symptoms and clinical presentations that prompted hospitalization.
4. For patients at high risk for aortic dissection, a negative chest X-ray result or the absence of other typical symptoms should not delay a diagnostic aortogram.

Dr. Tsang Kin Keung

1. Not to overly rely on radiology tests carried out prior to symptoms and clinical presentations that prompted hospitalization.
2. For patients at high risk for aortic dissection, a negative chest X-ray result or the absence of other typical symptoms should not delay a diagnostic aortogram.

- (xiv) Deaf and mute deceased who did not have the assistance of a sign language interpreter during his voluntary admission to psychiatric hospital due to Covid-19 measures killed himself shortly after he was discharged.

Hospital Authority

1. It is recommended that all patients must provide at least one updated emergency contact person every time they are admitted to the hospital.
 2. It is recommended that assessment time is added for certain forms (such as The Nurses Global Assessment of Suicide Risk), which medical staff must complete each time to facilitate follow-up.
- (xv) A female patient visited Accident & Emergency Department twice, before the hospital could diagnose her condition, died of hemopericardium due to aortic dissection.

Pok Oi Hospital

Pok Oi Hospital should formulate a treatment plan for acute chest pain, so that timely risk stratification and appropriate examinations can be performed, in order to rule out important life-threatening conditions such as acute aortic dissection and pulmonary embolism.

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 effectively.

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. 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. We also extend our thanks to Government Counsel of all levels of the Department of Justice who presented the evidence and assisted the Coroners in many of the more complex inquests.

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

29. The Court Interpreters, as usual, provide first class interpretation and translation, 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 following 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.

CHOW Chi-wei, Raymund
Coroner

Monica CHOW
Coroner

LAM Hei-wei, Arthur
Coroner

June 2024

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 2023 年，死亡登記個案有 56,776 宗，而向死因裁判官呈報的死亡個案有 12,996 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	2,988
命令豁免屍體剖驗	10,008
土葬命令	905
火葬命令	12,091
須作進一步調查的死亡個案	999
進行研訊的個案	184
死因裁判官或陪審員有提出建議的個案	26

於 2023 年須作進一步調查的 999 宗死亡個案中，截至 2023 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 578 宗。

於 2023 年向死因裁判官呈報的 12,996 宗死亡個案中，截至 2023 年 12 月 31 日仍在等候毒理學報告以決定死因的有 209 宗。

Analysis of Deaths Reported to the Coroners

In 2023 there were 56,776 deaths registered, and there were 12,996 deaths reported to the Coroner.

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

	<u>TOTAL</u>
Autopsy Orders	2,988
Waivers of Autopsy	10,008
Burial Orders	905
Cremation Orders	12,091
Further Death Investigation Reports ordered	999
Inquests held	184
Cases where recommendations are made	26

Of the 999 further death investigation reports ordered in 2023, 578 of which have not yet been returned from the Police as at 31 December 2023.

Of the 12,996 deaths reported in 2023, there are 209 cases of which the causes of death are still pending over toxicological reports as at 31 December 2023.

向死因裁判官 呈報的死亡 個案數目 No. of Deaths reported to the Coroners	死因裁判官 發出的命令數目 No. of Orders Issued by the Coroners	須警方進一步 調查的死亡 個案數目 No. of Further Death Investigation Reports ordered	排期死因研訊數目 No. of Death Inquests Set Down		死因研訊數目 No. of Death Inquests Concluded		2023 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 31.12.2023					
			剖驗屍體 Autopsy	豁免 屍體剖驗 Waiver	土葬 Burial	火葬 Cremation	會同 陪審團 With Jury	沒有會同 陪審團 Without Jury	會同 陪審團 With Jury	沒有會同 陪審團 Without Jury		
12,996		999	2,988	10,008	905	12,091	183	12	172	12	19	2

數字及百分比 FIGURES AND PERCENTAGE		總計 TOTAL
命令將屍體剖驗 AUTOPSY ORDERED 2,988 (23.00%)	豁免屍體剖驗 AUTOPSY WAIVED 10,008 (77.00%)	12,996
火葬命令 CREMATION ORDER 12,091 (93.00%)	土葬命令 BURIAL ORDER 905 (7.00%)	12,996

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
172 (93.50%)	12 (6.50%)	184

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

總計 TOTAL	164	4	10	6	184
淹死 Drowning		1			1
其他 Others		1			1
墮下 Falls		2			2
藥物 Drugs			1		1
內科治療及外科手術 Medical And Surgical Care			9		9
吊死 Hanging				4	4
由高處跳下 Jumping From Height				1	1
毒藥 Poisons				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	24				24
生殖泌尿系統疾病 Diseases Of The Genitourinary System	3				3
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	1				1
呼吸系統疾病 Diseases Of The Respiratory System	98				98
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	2				2
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	21				21
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	總計 TOTAL

自殺個案
SUICIDES
(類別、年齡及性別)
(TYPE, AGE & SEX)
2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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				3	5	2	1	3		14	29
	女 F		2	5			4		4		15	
毒藥 POISONS	男 M						1		1		2	8
	女 F					2			4		6	
吊死 HANGING	男 M		4	13	15	27	22	36	44		161	245
	女 F			5	4	10	11	20	34		84	
由高處跳下 JUMPING FROM HEIGHT	男 M		18	45	46	33	43	63	115		363	565
	女 F		16	21	24	27	36	30	47	1	202	
一氧化碳 CARBON MONOXIDE	男 M		1	8	18	27	28	15	7		104	137
	女 F		1	4	4	14	6	2	2		33	
淹死 DROWNING	男 M		1	5	2	7	5	6	12		38	65
	女 F			4	1	3	6	6	7		27	
利器 SHARP INSTRUMENTS	男 M			1		2	2	2	1		8	13
	女 F					1	3		1		5	
其他 OTHER	男 M			3		3	1	1	4		12	15
	女 F			1					2		3	
小計 SUB TOTAL	男 M		24	75	84	104	104	124	187		702	1077
	女 F		19	40	33	57	66	58	101	1	375	
總計 TOTAL			43	115	117	161	170	182	288	1	1077	1077
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
	女 F					1	1				2	
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M								1		1	1
	女 F											
由高處墮下 FALLING FROM HEIGHT	男 M			1	3		1		1		6	6
	女 F											
一氧化碳 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M							1		1	2	6
	女 F				1	1	1			1	4	
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M			1	3		1	1	2	1	9	15
	女 F				1	2	2			1	6	
總計 TOTAL				1	4	2	3	1	2	2	15	15

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)
 2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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		1				3	6
	女 F			1			1		1		3	
毒藥 POISONS	男 M						1		1		2	2
	女 F											
吊死 HANGING	男 M				2		1	1			4	7
	女 F			1				1	1		3	
由高處跳下 JUMPING FROM HEIGHT	男 M			2	1	1	4		5		13	24
	女 F			1	3	3	1	2	1		11	
一氧化碳 CARBON MONOXIDE	男 M		1					1	1		3	4
	女 F						1				1	
淹死 DROWNING	男 M		1			3	1	1			6	17
	女 F			1		1	3	4	2		11	
利器 SHARP INSTRUMENTS	男 M					1					1	2
	女 F						1				1	
其他 OTHER	男 M					1					1	2
	女 F								1		1	
小計 SUB TOTAL	男 M		2	2	5	6	8	3	7		33	64
	女 F			4	3	4	7	7	6		31	
總計 TOTAL			2	6	8	10	15	10	13		64	64
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED											
火器 FIREARMS	男 M											
	女 F											
藥物 DRUGS	男 M											1
	女 F					1					1	
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
由高處墮下 FALLING FROM HEIGHT	男 M			1	2		1				4	4
	女 F											
一氧化碳 CARBON MONOXIDE	男 M											
	女 F											
淹死 DROWNING	男 M											2
	女 F				1		1				2	
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M			1	2		1				4	7
	女 F				1	1	1				3	
總計 TOTAL				1	3	1	2				7	7

* 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)
 2023 年 1 月 1 日 - 2023 年 12 月 31 日
 1ST JANUARY 2023 - 31ST DECEMBER 2023

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)

2023年1月1日 - 2023年12月31日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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		5	1							6	11
	女 F		3	2							5	
教師 TEACHER	男 M				1	1					2	2
	女 F											
沒有職業 NOT EMPLOYED	男 M		1	3	11	8	13	2	5		43	70
	女 F		1	3	3	7	4	6	3		27	
家庭主婦 HOUSEWIFE	男 M											8
	女 F			1			3	1	3		8	
藍領 BLUE COLLAR	男 M			3	6	10	8	3	1		31	44
	女 F			2		5	3	2	1		13	
白領 WHITE COLLAR	男 M				2		2				4	11
	女 F				1	3	3				7	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M											
	女 F											
商人 BUSINESS MAN	男 M				1	2	3	1			7	9
	女 F			1		1					2	
退休人士 RETIRED PERSON	男 M						2	8	23		33	45
	女 F							1	11		12	
其他 OTHER	男 M			1		1					2	3
	女 F									1	1	
小計 SUB TOTAL	男 M		6	8	21	22	28	14	29		128	203
	女 F		4	9	4	16	13	10	18	1	75	
總計 TOTAL			10	17	25	38	41	24	47	1	203	203
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				1						1	1
	女 F											
沒有職業 NOT EMPLOYED	男 M			1					1		2	4
	女 F				1	1					2	
家庭主婦 HOUSEWIFE	男 M											2
	女 F						2				2	
藍領 BLUE COLLAR	男 M				2						2	3
	女 F					1					1	
白領 WHITE COLLAR	男 M											
	女 F											
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M											
	女 F											
商人 BUSINESS MAN	男 M											
	女 F											
退休人士 RETIRED PERSON	男 M						1	1	1		3	3
	女 F											
其他 OTHER	男 M									1	1	2
	女 F									1	1	
小計 SUB TOTAL	男 M			1	3		1	1	2	1	9	15
	女 F				1	2	2			1	6	
總計 TOTAL				1	4	2	3	1	2	2	15	15

* 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)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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		1	5		7	9
	女 F	1							1		2	
吸入 (食物) ASPIRATION (FOOD)	男 M	1				2	3	11	26		43	78
	女 F							5	30		35	
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M											
	女 F											
吸入 (其他) ASPIRATION (OTHER)	男 M							3	3		6	10
	女 F						1		3		4	
窒息 SUFFOCATION	男 M											3
	女 F	1					2				3	
吊死 HANGING	男 M					1					1	1
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M				1	1	1	2	1		6	7
	女 F						1				1	
被升降機壓死 CRUSHED BY LIFT	男 M											
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M					2		2	1		5	6
	女 F						1				1	
燒灼 BURNS	男 M			1	1			1	5		8	19
	女 F				1		3	3	4		11	
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	2
	女 F											
一氧化碳 (其他) CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	1		6	4	11	19	37	141		219	323
	女 F	1		1	1		7	7	87		104	
淹死 DROWNING	男 M		1	4	4	6	8	17	20		60	78
	女 F	1		3	2	3	1	1	7		18	
觸電 ELECTROCUTION	男 M			1				1	1		3	4
	女 F			1							1	
割或刺 CUT OR PUNCTURE	男 M					1		1			2	2
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M					3					3	3
	女 F											
藥物 DRUGS	男 M			2	14	29	37	35	13		130	148
	女 F			4	1	7	5		1		18	
毒藥 POISONS	男 M											
	女 F											
中毒 (酒精) POISON (ALCOHOL)	男 M				1	2	2	1			6	12
	女 F				1		3	2			6	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M		1		1	1	4	8	17		32	50
	女 F					3	4	3	8		18	
其他 OTHERS	男 M			1	2	2	4		3		12	14
	女 F						1		1		2	
小計 SUB TOTAL	男 M	2	2	15	28	62	79	120	237		545	769
	女 F	4		9	6	13	29	21	142		224	
總計 TOTAL		6	2	24	34	75	108	141	379		769	769

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)
2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	4
	女 F	1		1					1		3	
海灘/海 BEACH/SEA	男 M			3	3	4	3	4	3		20	28
	女 F			2	1	2	1		2		8	
水庫 RESERVOIR	男 M								1		1	1
	女 F											
農場 FARM	男 M											
	女 F											
建築地盤 CONSTRUCTION SITE	男 M											
	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
	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					1	1		3	4
	女 F				1						1	
小計 SUB TOTAL	男 M		1	3	3	4	3	6	6		26	39
	女 F	1		3	2	2	1	1	3		13	
總計 TOTAL		1	1	6	5	6	4	7	9		39	39

* 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)
 2023 年 1 月 1 日 - 2023 年 12 月 31 日
 1ST JANUARY 2023 - 31ST DECEMBER 2023

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M											
	女 F											
吸入（食物） ASPIRATION (FOOD)	男 M	1							1		2	2
	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											2
	女 F	1					1				2	
吊死 HANGING	男 M					1					1	1
	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								2		2	12
	女 F				1		3	2	4		10	
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	2
	女 F											
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	1				2	2	1	2		8	8
	女 F											
淹死 DROWNING	男 M											
	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					2					2	2
	女 F											
藥物 DRUGS	男 M			2	2	4	6	6	3		23	30
	女 F			1		2	3		1		7	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISON (ALCOHOL)	男 M											2
	女 F						1	1			2	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M								1		1	2
	女 F					1					1	
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M	2		2	2	9	9	7	10		41	64
	女 F	1		1	1	3	9	3	5		23	
總計 TOTAL		3		3	3	12	18	10	15		64	64

* 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)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M											
	女 F											
吸入（食物） ASPIRATION (FOOD)	男 M						1		1		2	2
	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											1
	女 F						1				1	
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
	女 F						1				1	
一氧化碳（浴室） CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化碳（火災） CARBON MONOXIDE (FIRE)	男 M											
	女 F											
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M					2	1	1	1		5	6
	女 F						1				1	
淹死 DROWNING	男 M								1		1	1
	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					2					2	2
	女 F											
藥物 DRUGS	男 M			1	4	10	11	10	2		38	42
	女 F					2	1		1		4	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISONS (ALCOHOL)	男 M						1				1	1
	女 F											
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M							1			1	2
	女 F							1			1	
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			1	4	14	13	12	5		49	58
	女 F					2	5	1	1		9	
總計 TOTAL				1	4	16	18	13	6		58	58

* 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)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
游泳 SWIMMING	男 M		1	1	1			2	3		8	13
	女 F	1		1			1		2		5	
獨木舟 CANOEING	男 M					1					1	1
	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		2					3	4
	女 F			1							1	
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			4	1			6	8
	女 F				1	1					2	
登山運動 MOUNTAINEERING	男 M											
	女 F											
水上體育活動 WATER SPORTS	男 M						1				1	1
	女 F											
釣魚 FISHING	男 M								2		2	2
	女 F											
騎馬 HORSE RIDING	男 M											
	女 F											
遊船河 BOAT EXCURSION	男 M			1							1	2
	女 F					1					1	
滑浪風帆運動 WINDSURFING	男 M											
	女 F											
其他 OTHERS	男 M					1					1	2
	女 F			1							1	
小計 SUB TOTAL	男 M		1	4	1	4	5	3	5		23	33
	女 F	1		3	1	2	1		2		10	
總計 TOTAL		1	1	7	2	6	6	3	7		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（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)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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					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							1			1	1
	女 F											
其他 OTHERS	男 M						1	1	1		3	3
	女 F											
小計 SUB TOTAL	男 M					1	1	2	1		5	5
	女 F											
總計 TOTAL						1	1	2	1		5	5

* 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)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	1	1	1			4	5
	女 F					1				1	
被物件壓死 CRUSHED BY OBJECT	男 M				1		2			3	4
	女 F					1				1	
燒灼 BURNS	男 M		1							1	1
	女 F										
一氧化碳 (火災) CARBON MONOXIDE (FIRE)	男 M										
	女 F										
墮下 FALLS	男 M			2	3	4	8			17	17
	女 F										
觸電 ELECTROCUTION	男 M		1					1		2	2
	女 F										
淹死 DROWNING	男 M						1			1	1
	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		2	3	6	5	12	1		29	31
	女 F					2				2	
總計 TOTAL			2	3	6	7	12	1		31	31

殺人個案 *
HOMICIDES *

(類別、年齡及性別)
(TYPE, AGE & SEX)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	2	3		7	9
	女 F					1	1				2	
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M							1			1	2
	女 F							1			1	
絞縊 STRANGULATION	男 M			1							1	2
	女 F			1							1	
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M											1
	女 F							1			1	
窒息 SUFFOCATION	男 M											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											
	女 F											
由高處被推下 PUSHED FROM HIGH PLACE	男 M											1
	女 F	1									1	
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			1			2	3	3		9	16
	女 F	2		1		1	1	2			7	
總計 TOTAL		2		2		1	3	5	3		16	16

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

車輛導致死亡的個案
VEHICULAR ACCIDENTS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
行人與電單車 PEDESTRIAN v. MOTORCYCLE	男 M								1		1	1
	女 F											
行人與汽車 / 輕型貨車 / 客貨車 PEDESTRIAN v. CAR/PICK-UP TRUCK/VAN	男 M			1			2	7	13		23	49
	女 F			1			8	5	12		26	
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M					1		2	8		11	21
	女 F						2	5	3		10	
行人與火車 / 電車 PEDESTRIAN v. TRAIN/TRAM	男 M							1			1	2
	女 F								1		1	
行人與單車 PEDESTRIAN v. BICYCLE	男 M											1
	女 F							1			1	
單車與汽車 / 輕型貨車 / 客貨車 BICYCLE v. CAR/PICK-UP TRUCK/VAN	男 M				1	1			3		5	6
	女 F								1		1	
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	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	1				5	6
	女 F						1				1	
電單車與貨車 / 巴士 MOTORCYCLE v. TRUCK/BUS	男 M				1		1				2	3
	女 F						1				1	
電單車失去控制 MOTOR CYCLE OUT OF CONTROL	男 M		1	1	1	3		1			7	7
	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		1				4	5
	女 F								1		1	
汽車 / 輕型貨車 / 客貨車與貨車 / 巴士 CAR/PICK-UP TRUCK/VAN v. TRUCK/BUS	男 M				1	1					2	2
	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			1	1	1		1	1		5	7
	女 F			1				1			2	
貨車 / 巴士與汽車 / 輕型貨車 / 客貨車 TRUCK/BUS v. CAR/PICK-UP TRUCK/VAN	男 M											
	女 F											
貨車 / 巴士與貨車 / 巴士 TRUCK/BUS v. TRUCK/BUS	男 M					1		3			4	4
	女 F											
貨車 / 巴士失去控制 TRUCK/BUS OUT OF CONTROL	男 M				1						1	1
	女 F											
其他組合 OTHER COMBINATIONS	男 M				1	2		2	5		10	12
	女 F	1				1					2	
小計 SUB TOTAL	男 M		1	6	9	13	5	18	31		83	129
	女 F	1		2		1	12	12	18		46	
總計 TOTAL		1	1	8	9	14	17	30	49		129	129

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)
2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	1
	女 F								
20 to 29	男 M	2	3			1		6	8
	女 F				1	1		2	
30 to 39	男 M		2	1	5		1	9	9
	女 F								
40 to 49	男 M	4	4	1	1	1		11	12
	女 F				1			1	
50 to 59	男 M	1	2			1		4	15
	女 F				2	9		11	
60 to 69	男 M	3	1	1	1	9	1	16	27
	女 F					11		11	
70 to	男 M	1		3	1	22		27	45
	女 F			1	1	16		18	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	11	13	6	8	34	2	74	118
	女 F			1	6	37		44	
個案總數 TOTAL DEATHS		11	13	7	14	71	2	118	118

* 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 *
2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	2	1	5	21	1	33
陰性 NEGATIVE	7	10	6	7	42	1	73
陽性（每 100 毫升血） POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	1			1	7		9
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							
251 - 300 毫克 251 - 300 mg							
301 - 350 毫克 301 - 350 mg							
351 毫克或以上 351 and over							
個案總數 TOTAL DEATHS	11	13	7	14	71	2	118

* 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)

2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	4	5	9	14		33
陰性 NEGATIVE	1	1	7	6	7	10	16	25		73
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg			1	1			1	6		9
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										
251 - 300 毫克 251 - 300 mg										
301 - 350 毫克 301 - 350 mg										
351 毫克或以上 351 and over										
個案總數 TOTAL DEATHS	1	1	8	9	12	15	27	45		118

* 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
01/01/2023 - 31/12/2023

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	1
	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				1	8	11	6	1		27	32
	女 F			1		1	2		1		5	
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		1				3	6
	女 F			1					2		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											2
	女 F					1	1				2	
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			1	8	12	21	19	6		67	74
	女 F			1		4	2				7	
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											
	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		1							1		
	女 F											1
X63 作用於自主神經系統的其他藥物的故意自毒及暴露於該類藥物 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	男 M					1				1		
	女 F											1
Y13 作用於自主神經系統的其他藥物的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to other drugs acting on the autonomic nervous system, undetermined intent	男 M											
	女 F											
X44 其他和未特指的藥物、藥劑和生物製品的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M			3	1		1	1		6		
	女 F											6
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							2		2		
	女 F		1			1		2		4		6
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		
	女 F			1		2	1			4		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					1		1		2		
	女 F											2
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		4	4	5	3	3		20	30
	女 F			1		4	4		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											
	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	2	18	26	40	29	15		131	167
	女 F		1	4	1	10	12	1	7		36	
總計 TOTAL			2	6	19	36	52	30	22		167	167

* 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)
2023 年 1 月 1 日 - 2023 年 12 月 31 日
1ST JANUARY 2023 - 31ST DECEMBER 2023

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	2	3	7	12	25	51	162		263	463
	女 F		1	3	1	6	19	31	139		200	
腫 瘤 Neoplasms C00 - D48	男 M			1	5	21	72	192	395	1	687	1159
	女 F	1		2	5	25	58	105	276		472	
血液和造血器官疾病 Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism D50 - D89	男 M				1		1	2	4		8	16
	女 F			1			1	1	5		8	
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		1		7	9	16	33	86		152	257
	女 F					4	14	22	65		105	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M				2			5	36		43	139
	女 F		1	1		1		2	91		96	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M	4	2	6	1	5	7	18	38		81	166
	女 F	3		1	2	6	5	16	52		85	
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	1	8	43	142	426	758	1720	1	3106	4869
	女 F	1	1	3	11	45	113	215	1373	1	1763	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	5	3	1	4	29	49	159	623		873	1250
	女 F	3	1	4	7	8	30	45	279		377	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M			1	4	14	33	56	141	1	250	421
	女 F	2			2	12	9	30	116		171	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M					1		1	2		4	9
	女 F						2		3		5	
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	3	3	10		18	36
	女 F					3	3	6	6		18	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M			2	10	31	28	76			147	267
	女 F		1	2	3	15	16	83			120	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M											1
	女 F			1							1	
一些始於出生前後嬰兒時期的狀況 Certain conditions originating in the perinatal period P00 - P96	男 M	5								2	7	12
	女 F	4								1	5	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	1				1			1		3	13
	女 F					1	4	3	2		10	
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	3	1	4	9	27	64	111	774	7	1000	2066
	女 F	3		4	4	9	29	38	977	2	1066	
小計 SUB TOTAL	男 M	26	10	24	85	273	727	1417	4068	12	6642	11144
	女 F	17	5	19	35	123	302	530	3467	4	4502	
總計 TOTAL		43	15	43	120	396	1029	1947	7535	16	11144	11144

2023 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 2023

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	71
2. 騎腳踏車者在交通意外中受傷 (V10-V19) Pedal cyclist injured in transport accident	7
3. 騎摩托車者在交通意外中受傷 (V20-V29) Motorcycle rider injured in transport accident	16
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	10
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	5
8. 巴士使用者在交通意外中受傷 (V70-V79) Bus occupant injured in transport accident	3
9. 其他陸上交通意外 (V80-V89) Other land transport accidents	3
10. 水上交通意外 (V90-V94) Water transport accidents	5
11. 航空及太空交通意外 (V95-V97) Air and space transport accidents	2
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	60
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	39
5. 其他危及呼吸的意外情況 (W75-W84) Other accidental threats to breathing	11
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	16
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	3
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	119
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	
II. 故意使自己受到傷害 (X60-X84) <u>Intentional self-harm</u>	203
III. 襲擊 (X85-Y09) <u>Assault</u>	16
IV. 未確定意圖的事件 (Y10-Y34) <u>Event of undetermined intent</u>	15
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	7
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	4
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	2

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	8
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>	3
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) <u>Supplementary factors related to causes of morbidity and mortality classified elsewhere</u>	1
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	78
自然死因 Natural Cause	644
[Total 總數]	1,373