

CORONERS' REPORT

死因裁判官報告

2015

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第一部

2015 年死因裁判官報告

死亡數字上升趨勢

1. 今年共有 46,757 宗死亡登記，至於有向死因裁判官報告的死亡個案，則有 10,767 宗。過去 15 年的數字列出如下：

	<u>死亡登記數字</u>	<u>有向死因裁判官 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

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；不過，2007，2008，2011 和 2012 年期間，數字又再上升。2012 年的數目比 2001 年的高出百分之三十一左右。2015 年的死亡登記數字亦比 2014 年有明顯上

升。原因可能是因為香港人口不斷上升，而人口老化亦可能是另一個重要原因。

死亡個案調查

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

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

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

6. 下表列出關於過去十五年有向死因裁判官報告的死亡個案的處理方式的數字：

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

7. 雖然近幾年所進行的死因研訊的次數沒有明顯的增加，但其實越來越多死者的家人或死者家人的律師要求進行公開研訊，而所召開的研訊所牽涉的議題仍較過往複雜，因而令所需的聆訊日子比過往較長；有關的死亡個案大多涉及醫療或手術事故。提出這些要求的人通常誤解研訊的目的是調查和決定死者是否死於醫療或手術不當。在處理這些要求時，死因裁判官通常會行使酌情

權滿足死者家人的要求，命令警方提交進一步調查報告，以及獨立的醫學專家報告，以便死者的家人可藉此更詳細了解死因和有關的情況。此外，在有需要的情況下，尤其是在看來可以作出有用的建議的情況下，死因裁判官也會進行死因研訊。

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

內庭申請

9. 死者的家人可以到死因裁判官席前申請豁免進行屍體剖驗，有關的申請程序在以前的報告中已有所說明。處理這些申請是死因裁判官一項非常重要而困難的工作，而這類申請亦按年遞增。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. 於 2015 年，死因裁判官一共處理了 1127 宗屬於此類別的申請。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。

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，死因裁判官有責任找出每一死亡個案的死亡原因，以及按照訂明的分類準則把死亡個案分類。生死登記官在死亡登記冊上登記一宗死亡個案之前，亦有責任先找出死亡原因。死因裁判官在找出死亡原因時，很多時會致電法醫科醫生或病理科醫生或甚至病房醫生跟他們討論研究，以決定可否根據相對可能性的衡量標準來推斷某項死因。不過，在某些個案中，法醫科醫生或病理科醫生可能由於死者的病歷資料不足而沒有足夠的醫學證據來推斷死亡原因，在此情況下，便須向死者家人詳盡解釋須進行屍體剖驗的理由。

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

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

自殺個案

15. 今年有 1,022 宗自殺個案，其中 234 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 643:379。

意外死亡個案

16. 今年有 684 宗意外死亡個案，其中 160 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幾年前大幅減少。男性因意外引致死亡的數字，遠高於女性，比率為 467:217。

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影整體情況，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)而引至的死亡

個案。整體職業死亡個案共有 32 宗，包括 24 宗在陸上發生的和 8 宗在海上發生的。30 名死者是男性，2 名是女性，比率為 30:2。

殺人個案

18. 今年有 21 人死於被殺，其中男性佔 13 人，女性佔 8 人。

車輛導致死亡的個案

19. 今年有 101 宗由車輛導致的死亡。其中 64 名死者是行人，佔去死亡數字的大半。101 名死者中，有 37 名是 70 歲以上的老人家，佔去死亡數字的三分之一。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 70:31。

與毒品及藥物有關的個案

20. 今年有 107 宗死亡與毒品或藥物有關，包括自殺，意外及意圖不明的個案，男女死者的比率是 79：28。

自然死亡個案

21. 今年因各種疾病而死亡的人數是 9129 人，其中因循環系統疾病而死亡的有 4130 人，佔死亡人數差不多一半。根據《疾病和有關健康問題的國際統計分類》，循環系統疾病包括各種高血壓

病、各種心臟病、腦血管病等等。男女性死者的比率是 5382 : 3747。

22. 我們可以看到，以上各項所提到的死亡數字，都是男性高於女性，有些死亡類別甚至高出很多，例如職業死亡個案是 30 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) 一名男子在其居住屋苑會所內的游泳池遇溺身亡

香港鐵路有限公司

鴻豐服務有限公司

- (1) 於泳池開放期間，需確定有三位救生員當值，其中兩位必須坐在泳池深水區的更台當值。
- (2) 需確保每位當值救生員每天的工作時間不可以超過八小時。
- (3) 泳池需添置自動體外心臟除顫器及輔助心肺復甦法的儀器，而當值的救生員必須獲告知該些儀器放置的位置。
- (4) 設立一個可以全方位覆蓋泳池及其週邊環境的監察閉路錄像系統。

(ii) 一名女子在屋邨範圍內意外跌倒身亡

醫院管理局

- (1) 應考慮向轄下所有醫院提供四因子前凝血酶元複合濃縮物 (PCC)，以便醫生在有需要時使用。
- (2) 醫生如需跟進及依賴病人血液測試結果以便制定病人的治療計劃，需在排板上清楚列明此事項及作備註。
- (3) 腦神經科醫生在為病人作出重要的醫療決定時(包括是否為病人施行腦部手術)，應盡快將其決定通知病人及／或家人。

(iii) 一名囚犯在監獄內自行上吊身亡

懲教署

- (1) 所有消耗品用完後必須交還當值人員以舊換新或報銷，而不能自行處理。
- (2) 囚室窗戶建議加高至難於觸及的位置。
- (3) 加建障礙物以防止囚犯從內部觸及匙孔，例如匙孔周邊加蓋。

(iv) 一名接受監護令男子在行山期間死亡

社會福利署

明愛賽馬會荔景社會服務中心

院舍與監護人應有較良好溝通，可設立非辦公時間聯絡電話，讓監護人可及時得知院友去向。院舍亦可多了解院友行山情況，讓監護人可有多些資料決定是否批准院友外出。

醫院管理局

建議醫管局可以提交醫護報告予監護人，讓監護人可以跟院舍溝通，注意院友身體狀況。

康樂及文化事務署

建議政府多向公眾宣傳行山遇險時的求救方法，特別應教導公眾於郊外求救時，如何告知相關人士座標。

(v) 一名小學生在上課時間於高處墮下

教育局

- (1) 需清晰釐定學校行政手冊內關於學生在學校內發生嚴重意外/學生處於險境時學校的處理方法，特別是在何種情況之下學校必須通知警方。教育局可在行政手冊內就著何謂「險境」、「嚴重」、「非常嚴重」提出例子讓學校可以參考。
- (2) 考慮在每一間學校派駐一位常設的醫護人員，讓受傷的學生能夠第一時間得到適切的護理及治療。

中華基督教會基真小學

- (1) 每一樓層的當值老師需帶備負責該樓層班別的學生名單，並需在操場上為該些到達的學生點名以便能充份掌握當時學生回到班房的情況。

- (2) 每一層應增設一位當值老師，盡可能在上課前的任何時間有一名當值老師在走廊外觀察學生的情況。
- (3) 應向教職員提供就緊急情況下通知警方或召喚救護車時的溝通技巧的訓練，以確保報案人員能夠清晰告知對方發生甚麼事情及需要匯報的情況。
- (4) 考慮在校巴設立校車風紀或增加校車保母的人數，以便維持校車內的秩序。

(vi) 一名患有心室間隔破損症的病人，在轉往同一聯網醫院作心導管檢查後死亡

醫院管理局

- (1) 醫院管理局給予醫護人員就著如何操作醫療儀器(包括重要的醫療儀器)適度的定期再培訓。
- (2) 在處理病人轉院作檢查或治療時，醫生認為有需要的時候，可以考慮嘗試聯絡其他非聯網醫院作安排。

(vii) 一名根據《精神病健康條例》被羈留在精神病院的病人因肺積膿離世

醫院管理局

希望醫院管理局在 CMS 系統加入病人精神健康狀況，讓所有能進入這個系統的醫護人員能夠查看。

(viii) 一名接受監護令所監管的人士因肺炎逝世

東華三院翠柳頤庭

當病人要進院治理時，除通知監護人，亦需通知家人。

- (viii) 再有一名受監護令所監管的人士因支氣管肺炎及二尖瓣鈣化死亡

華富護老中心

就護老院應該對初入住的老人家在首個星期應多加了解及觀察，之後決定是否需加強照顧及作其他安排。

- (x) 一名男子在酒店內以自製器具吸入氦氣死亡

消防處處長

就儲存、輸入及售賣氦氣(包括儲存在氣瓶內的壓縮氦氣)加強監管。

消防處處長、警務處處長、衛生署署長、香港中毒諮詢中心總監、香港大學賽馬會防止自殺研究中心總監

成立一個跨部門小組以便制定預防使用氦氣為自殺媒介及教育市民如何處理有自殺傾向的親人及朋友的方針及策略。

- (xi) 一名男子在警署羈留室內自行上吊身亡

香港警務處處長

(1) 增加 CCTV 數量或調教 CCTV 角度以可以監察各個羈留室內的情況。

- (2) 安排承辦商定期檢查 CCTV 的視像系統及錄影功能。
- (3) 增加屏幕長時間顯示各 CCTV 於羈留室的情況以更加容易監察各羈留室及確保 CCTV 運作正常。

(xii) 一名囚犯在監獄內自行上吊身亡

懲教署署長

警務處處長

我們認同懲教人員有依據署方指引每二十分鐘巡邏一次，每小時巡邏三次。但依據證物 C6 的紀錄報表，每次巡邏 2 樓層共 52 間囚室僅用 3 分鐘，似乎較為倉猝。建議署方可對巡邏時間作出指引，令懲教人員可更善用巡邏的機會，觀察囚犯的情況。

(xiii) 一名高齡長者在護理安老院內的老人椅上意外跌倒身亡

社會福利署署長

仁濟醫院郭玉章夫人護理安老院院長

- (1) 加強員工安全意識及嚴格執行指引。
- (2) 可考慮老人椅上加裝安全帶或安全裝置。

(xiv) 一名居於護老中心的長者因甲型流感及抗藥性金黃葡萄球菌引致肺炎，肺結核和多項器官衰竭死亡

衛生署署長

- (1) 推動一些有針對性的宣傳，以提高安老院舍的院友及員工注射防疫疫苗的百分比。

(2) 安老院舍預防傳染病指引是安老院舍員工的重要參考資料。
現時的指引已是 2007 年版本，距今已 8 年，建議馬上更新及
作定時更新，特別是：

1. 傳染病爆發時的處理方法(如流感高峯期的院舍人流管制)；
2. 呈報機制（如例出具體的院友入院的百分比作呈報指標）；
3. 雙向性的呈報機制（如當同區有院舍流感爆發，由衛生防護中心通知其他同區院舍加強戒備）。

(xv) 一名長者因缺血性腦幹中風死亡

醫院管理局行政總監

威爾斯親王醫院行政總監

- (1) 分流後的等待時間，須於一定時間內替候診人士作再次評估身體狀況。
- (2) 建議分流人員須參考救護員所提供之紀錄並訂立清楚的交接紀錄程序。
- (3) 任何醫療表格專有的名字都必須清晰寫下或將表格電子化，以避免詮釋上的誤解。
- (4) 因特別年長和年幼的病者的病情可突然轉差，建議釐定此類求診者的組別，在決定分流時需加以考慮此因素。

(xvi) 一名男子死於敗血病，亦曾接受化療

醫院管理局

- (1) 醫管局全面檢討及實施化療後中性白血球缺乏症病人出院決定以及院方和家人之間溝通的醫生指引。
- (2) 醫管局全面檢討及實施急症室及病房有關化療後發燒的病人的緊急自動啟動方案，以確保有關病人能在最短時間內得到有效抗生素治療。

總結

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

25. 我們也要感謝終審法院首席法官、總裁判官以及司法機構政務處從總部給予精神上及資源上的支援。在 2013 及 2014 年，我們委派了死因裁判官張天雁及高偉雄前往澳洲的達爾文及墨爾本參加亞洲太平洋死因裁判官會議，獲益良多。我們同時感謝其他政府部門提供的人力及所有其他資源，使我們的死亡個案調查工作得以順利進行。這些部門包括，但不限於律政司、警務處，衛生署的法醫科，和政府化驗所等等。

26. 警務處的調查員就死亡事故進行了高水平的調查，也擬備了高水平的死亡調查報告。警務處亦調派了三名高級督察擔任死因研訊主任，負責聯絡工作，並協助處理死因研訊，他們的表現尤為出色。

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

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。在 2013 年 12 月，我們參觀了葵涌殮房深入了解法醫科醫生的日常工作。2014 年 6 月，死因裁判官張天雁亦被邀請到瑪嘉烈醫院的「死因裁判官條例及醫學實踐」的講座擔任講員，醫生們都踴躍出席，實是一次難能可貴互相溝通的機會。

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

30. 勞工處和海事處努力不懈，繼續就陸上和海上的意外展開詳盡的調查，並撰寫報告；該等報告所提出的建議，對死因裁判官及有關業界而言，往往甚有幫助。他們工作的成果，可見於致命意外事故的大幅減少。我們在此謹向勞工處和海事處表示謝意。

死因裁判官

高偉雄

死因裁判官

王詩麗

二零一六年四月

Part One

Coroners' Report 2015

Number of Deaths on a Rising Trend

1. A total of 46,757 deaths were registered this year, and a total of 10,767 deaths were reported to the Coroners. Figures for the last fifteen 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

2. From the list 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. However, the figure increased again in 2007, 2008, 2011 and 2012. The figure of 2012 is about 31% over the 2001 figure. The number of deaths registered in 2015, as compared with the figure of 2014, shows a significant increase. The

reason may be due to a continuously rising population of Hong Kong, and an aging population may also be another important reason.

Investigation of deaths

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

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

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

6. The following table sets out the figures for the last 15 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%

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

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

Chamber Applications

9. In our previous reports we described the procedure by which family members may appear before the Coroners to apply for waiver of autopsy. This is a very important and difficult task of the Coroners. These applications increase year after year. It is important for the public to understand this aspect of work of the Coroners and we therefore mention the procedure yet again here.

10. Typically a public hospital clinical pathologist or a Department of Health forensic pathologist will have examined the medical records of the deceased and the course of events leading to his death. The pathologist will have also carried out an external examination of the body. If he is still unable to determine a cause of death, he would advise the Coroners that it is necessary to perform an autopsy to ascertain the cause. Members of the family of the deceased are often deeply upset by this suggestion and will come before a Coroner and express intensely cultural, religious, sentimental and other reasons as to why an autopsy should not be performed. In 2015, the Coroners dealt with a total of 1127 applications under this category.

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

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

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

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

Suicides

15. The number of suicides this year is 1,022, 234 of these were further investigated by the Police, followed by a more detailed death investigation report. The number of men committing suicide is still much higher than that of women, with the ratio of 643 : 379 .

Accidental Deaths

16. The number of accidental deaths this year is 684, including 160 where further investigation by the Police followed by a more detailed death investigation report is required. This is a significant decrease compared with the figures some years ago. The number of men died as a result of an accident is much higher than that of women, with the ratio of 467 : 217 .

Occupational Deaths

17. In our reports up to 2009 we have only mentioned occupational deaths in respect of which an inquest has been held. Having given the matter careful consideration we think the whole picture has not been fully presented. Therefore starting from the 2010 report, we refer to the number of deaths which appears to be occupational deaths, including those occurring on land and at sea. There are a total of 32 occupational deaths, of which 24 are on land and 8 is at sea. 30 of the deceased's are men, and 2 are women; the ratio is therefore 30 : 2.

Homicides

18. The number of people unlawfully killed is 21, including 13 men and 8 women.

Vehicular Accidents

19. The number of deaths arising from vehicular accidents is 101. Of these 101 deaths, 64 deceased's are pedestrians, being about a third of the total death figure. 37 deceased's are 70 years or older, which represents more than a third of the total death figure. It is therefore clear that old people are much more vulnerable to road traffic accidents than other age groups. The number of men died in road traffic accident is much higher than women, the ratio being 70 : 31 .

Drugs and Poisons related Deaths

20. There are 107 deaths which are related to drugs and poisons, mostly what is commonly called dangerous drugs. The figure includes suicides, accidental deaths, and deaths where the intent is undetermined. The ratio of men to women is 79 : 28 .

Deaths from natural causes

21. There are 9129 deaths due to various natural diseases, of which 4130, i.e. slightly less than half, are classified as diseases of the circulatory system. According to the "International Statistical Classification of Diseases and Related

Health Problems”, diseases of the circulatory system include hypertensive diseases, various heart diseases, cerebrovascular diseases, etc. The ratio of men to women is 5382 : 3747.

22. We can see that more men than women died in all the above mentioned classifications of deaths. In some classifications, the ratio is rather extreme, for example, in occupational deaths, the ratio is 30 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 put into effect. Here are some of the recommendations made by the Coroners or the Jury :-

(i) A male was drowned in the swimming pool of the club house in the private housing estate where he was residing

Hong Kong MTR Corporation Ltd.,
Efficiency Services Co. Ltd.:

(1) Must ensure that during swimming pool opening hours, there are 3 lifeguards on duty, two of which must be on duty sitting at the duty post in the deep water zone of the pool.

(2) Must ensure that every lifeguard on duty should not perform duty for more than 8 hours every day.

(ii) A female died of accidental fall within a public housing estate

Hospital Authority:

(1) Should consider providing four-factor prothrombin complex concentrate (PCC) to all the hospitals under Hospital Authority for doctors to use if necessary.

(2) Doctors need to state clearly or put as a remark on the medical record the need to follow up and the reliance on patient's blood test result to devise treatment plan, if any.

(3) Neuro-surgeon should inform the patient and/or his family as soon as possible of an important medical decision made in his regard (including whether to perform brain surgery on the patient).

(3) Swimming pools shall be equipped with automated external defibrillator and CPR equipment, the storage place of which shall be made known to the lifeguards on duty.

(4) Install a closed circuit video surveillance system covering the whole of the swimming pool and its periphery.

(iii) An inmate committed suicide by hanging himself in prison

Correctional Services Department:

(1) All consumables upon depletion must be returned to the duty officer for replacements or to be written off, and cannot be at others' disposal.

(2) The windows of the prison cells are recommended to be moved to a position too high to reach.

(3) Install additional barriers; for example, cover surrounding key holes to prevent prisoners from touching the key holes from inside.

(iv) A male received into guardianship under guardianship order died during hiking

Social Welfare Department,
Caritas Jockey Club Lai King Community Service Centre:

Institutions should have better communications with guardians. Telephone lines should be set up for use during off-office hours for the guardian to know the whereabouts of the inmate in a timely manner. Institutions may also get more understanding on the hiking situation of the inmates so that the guardian can have more information before deciding whether to approve the inmate to go out.

Hospital Authority:

It is recommended that the Hospital Authority may furnish the guardian with medical care reports for the guardian to communicate with the institution so as to pay attention to the physical condition of the inmate.

Leisure and Cultural Services Department:

It is recommended that the government should promote more public awareness on the ways of calling for help when meeting with dangers during hiking, and should especially educate the public on how to tell the relevant parties their position in terms of grid reference when calling for help in the countryside.

(v) A primary school student fell from height during class session

Education Bureau:

(1) It is necessary to set out clearly in the School Administration Guide the schools' handling methods when students at school meet with serious accident/are faced with dangerous situations, especially under what circumstances must schools inform the police. The Education Bureau may cite examples in the Administration Guide as to what constitute 'risky situation', 'serious' and 'very serious' for schools to make reference.

(2) Consider deploying a member of the medical personnel to station permanently at every school so as to enable injured students to receive proper care and treatment at the first moment.

CCC Kei Chun Primary School:

- (1) Duty teacher on each floor needs to carry with him/her a student list for the classes on the floor he/she is responsible for, and take roll call in the playground for students who have arrived so as to fully grasp the situation of the students' return to their classroom at that time.
- (2) An additional duty teacher should be assigned on each floor so as to have a duty teacher observe the students' situation in the corridor at any time prior to the start of class as far as possible.
- (3) Should provide training for staff on communication skills when reporting to the police or calling for an ambulance under emergency so as to ensure the report maker is able to clearly tell the opposite party what has happened and what needs to be reported.
- (4) Consider assigning a school bus prefect or to increase the number of school bus nanny on the school bus in order to maintain the order inside the school bus.

(vi) A patient suffering from ventricular septal rupture was transferred to another hospital in the same cluster where he died after having undergone cardiac catheterization

Hospital Authority:

- (1) Hospital Authority is to give adequate re-training regularly to the medical personnel on how to operate medical equipment (including important medical equipment).
- (2) May consider trying to liaise with other non-cluster hospitals for arrangements when dealing with transfer of patients for examination or treatment if the doctor finds it necessary.

(vii) A patient detained in a psychiatric institution under Mental Health Ordinance died of empyema

Hospital Authority:

It is hoped that patients' mental health condition be included in the Clinical Management System (CMS) by the Hospital Authority for all the medical personnel who have access to the system to be able to look it up.

(viii) A person received into guardianship under guardianship order died of pneumonia.

TWGHs Willow Lodge:

Other than informing the guardian, it is also necessary to inform his/her family when the patient is to be admitted to hospital for treatment.

(viii) One more person received into guardianship died under guardianship order of broncho-pneumonia and mitral valvular calcification

Wah Fu Elderly Centre:

The Elderly Centre should get more understanding on and observe more the newly admitted elderly persons in the first week before deciding whether there is a need to step up care and make other arrangements.

(x) A male died in a hotel after inhaling helium gas through home-made apparatus

Director of Fire Services Department:

To strengthen regulation on the storage, importation and sale of helium (including compressed helium stored in canisters)

Director of Fire Services Department,
Police Commissioner,
Director of Health, Director of Hong Kong Poison Information Centre,
Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention, HKU:

To set up a multi-disciplinary group so as to devise a plan and strategy in the prevention of the use of helium as a suicide method and the public

education on how to handle friends and relatives who have suicidal tendencies.

(xi) A male committed suicide by hanging himself in a police cell

Commissioner of Police, Hong Kong:

(1) To increase the number of CCTV or to adjust the angle of the CCTV cameras so as to enable the surveillance of the situation in various cells.

(2) To arrange contractors to conduct regular check on the video system and recording functions of the CCTV.

(3) To add more monitor to display through respective CCTV the situation in the cells throughout to facilitate the surveillance of various cells and to ensure the normal operation of the CCTV.

(xii) An inmate committed suicide by hanging himself in prison

Director of Correctional Services Department,
Police Commissioner:

We endorse the fact that the CSD officers do patrol once in 20 minutes, 3 times an hour in accordance with the Department's guidelines. However, according to the patrol result report, exhibit C6, it seems to be rather hasty for each patrol of 2 floors for a total of 52 cells to last for only 3 minutes. It is recommended that the department may set out guidelines on the patrol duration so as to let CSD officers make good use of the opportunity during patrol to observe the prisoners' situation.

(xiii) A centenarian died of accidental fall off her geriatric chair in the nursing home

Director of Social Welfare,
Superintendent of Yan Chai Hospital Mrs. Kwok Yuk Cheung Care and
Attention Home:

(1) To strengthen staff's safety awareness and to observe strict compliance to the guidelines.

(2) May consider installing additional safety belt or safety device on the geriatric chair.

(xiv) An elderly person residing in an elderly home died of pneumonia and pulmonary tuberculosis with multiple organ failure caused by influenza A and methicillin resistance staphylococcus aureus

Director of Health:

(1) To promote public awareness with specific aims to bring up the vaccination coverage among residents and staff in residential care homes for the elderly.

(2) The Guidelines on Prevention of Communicable Diseases in Residential Care Home for the Elderly is an important reference material for the staff of elderly homes. The current guidelines date back to 2007, which is 8 years ago. It is recommended that the Guidelines be updated immediately and to be updated regularly, especially on:

1. The handling method during the outbreak of a communicable disease (eg. people traffic control during peak influenza seasons);
2. Notification mechanism (eg. setting out concrete percentage of residents admitted to hospital as the notification index)
3. Two-way notification mechanism (in case of influenza outbreak in an elderly home, Centre for Health Protection will notify other elderly homes in the same district to step up vigilance)

(xv) An elderly person died of ischemic brainstem stroke

Chief Executive of the Hospital Authority,
Hospital Chief Executive of Prince of Wales Hospital:

(1) During waiting period after triage, the physical condition of the patient waiting to be treated must be re-assessed in a definite period of time.

(2) It is recommended that the triage personnel must make reference to the record provided by the ambulancemen and set out a clear hand-over record of procedures.

(3) Any medical terminology in the medical form must be clearly written or the form be electronicalized to avoid misunderstanding through interpretation.

(4) As the medical condition of the very old and the very young patients may deteriorate abruptly, it is recommended that the categorization of these age groups be determined and such a factor be taken into consideration in making triage decision.

(xvi) A male, who had also received chemotherapy, died of septicemia

Hospital Authority:

(1) Hospital Authority is to do a comprehensive review on and implement the guidelines for doctors on the decision to discharge patients suffering from neutropenia after chemotherapy and the communications between hospital and family.

(2) Hospital Authority is to do a comprehensive review and implement the emergency automatic activation protocol in A&E department and ward in respect of post-chemo febrile patients to ensure the patients concerned can received effective antibiotic treatment within the shortest period of time.

Conclusion

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

25. We also like to thank the Honourable Chief Justice, the Chief Magistrate, and the Judiciary Administration for their support, both in terms of resources and moral support. In the years 2013 and 2014, we appointed Coroners Ms. June Cheung and Mr. David Ko to attend the Asia Pacific Coroners' Conferences in Darwin and Melbourne, Australia and they benefited a lot from these Conferences. We are also grateful to other government departments who have given us immense support in terms of manpower and all other resources to help us to investigate the deaths. These include but are not limited to the Department of Justice, the Hong Kong Police Force, the Forensic Pathology Service of the Department of Health, and the Government Laboratory.

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

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

28. Like previous years, we would like to take this opportunity to thank the pathologists both of the Department of Health, and of the Hospital Authority, who performed autopsies and assisted us with evidence in court as well as with responses to our more general telephone inquiries. In December 2013 we visited the Kwai Chung Mortuary and had an in-depth understanding of the daily work of forensic pathologists. Coroner Ms. June Cheung was also invited to be the speaker at a Seminar on "The Coroners Ordinance and the Practice of Medicine"

at the Princess Margaret Hospital in June 2014. Doctors participated enthusiastically and it was indeed a valuable opportunity for mutual communication.

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

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

David Ko
Coroner

Lily Wong
Coroner

April 2016

第二部

Part Two

統計數字

Statistics

有向死因裁判官呈報的死亡個案的分析

於 2015 年，死亡登記個案有 46,757 宗，而向死因裁判官呈報的死亡個案有 10,767 宗。

以下是處理有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	3419
命令豁免屍體剖驗	7348
土葬命令	1104
火葬命令	9662
須作進一步調查的死亡個案	751
進行死因研訊	100
死因裁判官或陪審員有提出建議的個案	16

於 2015 年須作進一步調查的 751 宗死亡個案中，截至 2015 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 508 宗。

於 2015 年向死因裁判官呈報的 10,767 宗死亡個案中，截至 2015 年 12 月 31 日仍在等候毒理學報告以決定死因的有 304 宗。

Analysis of Deaths Reported to the Coroners

In 2015 there were 46,757 deaths registered, and there were 10,767 deaths reported to the Coroner.

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

	<u>TOTAL</u>
Autopsy Orders	3419
Waivers of Autopsy	7348
Burial Orders	1104
Cremation Orders	9662
Further Death Investigation Reports ordered	751
Inquests held	100
Cases where recommendations are made	16

Of the 751 further death investigation reports ordered in 2015, 508 of which have not yet been returned from the Police as at 31.12.2015.

Of the 10,767 deaths reported in 2015, there are 304 cases of which the causes of death are still pending over toxicological reports as at 31.12.2015.

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	3419	豁免 屍體剖驗 Waiver	7348	土葬 Burial	1104	火葬 Cremation	9662	須警方進一步 調查的死亡 個案數目 No. of Further Death Investigation Reports ordered	751	排期死因研訊數目 No. of Death Inquests Set Down	會同 陪審團 With Jury	86	沒有會同 陪審團 Without Jury	7	死因研訊數目 No. of Death Inquests Concluded	會同 陪審團 With Jury	93	沒有會同 陪審團 Without Jury	7	2015年12月31日 當天 等候死因研訊 的案事件數目 No. of Death Inquests Pending Hearing as at 31.12.2015	會同 陪審團 With Jury	5	沒有會同 陪審團 Without Jury	1
													會同 陪審團 With Jury	86	沒有會同 陪審團 Without Jury	7		會同 陪審團 With Jury	93	沒有會同 陪審團 Without Jury	7		會同 陪審團 With Jury	5	沒有會同 陪審團 Without Jury	1
											10767															

數字及百分比 FIGURES AND PERCENTAGE		總計 TOTAL
命令將屍體剖驗 AUTOPSY ORDERED 3419 (31.75%)	豁免屍體剖驗 AUTOPSY WAIVED 7348 (68.25%)	10767
火葬命令 CREMATION ORDER 9662 (89.75%)	土葬命令 BURIAL ORDER 1104 (10.25%)	10766
須進一步死亡調查報告 FURTHER DEATH INVESTIGATION REPORT 751 (6.98%)	無須進一步死亡調查報告 NO FURTHER DEATH INVESTIGATION REPORT 10016 (93.02%)	10767

會同陪審團或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
93 (93%)	7 (7%)	100

研訊結論及死因類別分析

Analysis of Conclusions of Inquests and Nature of Deaths

總計 TOTAL	90	3	1	5	1	100
從高處墮下 Falling From Height					1	1
其他 Others				1		1
由高處跳下 Jumping From Height				1		1
吊死 Hanging				3		3
內科治療及外科手術 Medical And Surgical Care			1			1
跌倒 Falls		2				2
淹死 Drowning		1				1
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	4					4
腫瘤 Neoplasms	10					10
呼吸系統疾病 Diseases of the respiratory system	48					48
生殖泌尿系統疾病 Diseases of the genitourinary system	3					3
消化系統疾病 Diseases of the digestive system	1					1
循環系統疾病 Diseases of the circulatory system	18					18
某些傳染病和寄生蟲病 Certain infectious and parasitic diseases	6					6
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						
總計 TOTAL						

自殺個案
SUICIDES
(類別、年齡及性別)
(TYPE, AGE & SEX)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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				3	3	3	4	3		16	32
	女 F			1		3	3	5	4		16	
毒藥 POISONS	男 M						2	1	1		4	9
	女 F					1	1	2	1		5	
吊死 HANGING	男 M			10	14	17	37	33	22		133	218
	女 F		1	8	7	9	14	11	35		85	
由高處跳下 JUMPING FROM HEIGHT	男 M		12	47	47	42	53	46	85	2	334	519
	女 F		6	17	27	29	39	32	35		185	
一氧化碳 CARBON MONOXIDE	男 M			11	17	35	20	10	2		95	141
	女 F			8	18	13	5	2			46	
淹死 DROWNING	男 M		1		3	2	2	3	6		17	32
	女 F				1	3	6	1	4		15	
利器 SHARP INSTRUMENTS	男 M				1	1	1	2			5	8
	女 F			1				2			3	
其他 OTHER	男 M		2	1	3	1	4	2	5		18	24
	女 F					2	2	1	1		6	
小計 SUB TOTAL	男 M		15	69	88	101	123	101	124	2	623	984
	女 F		7	35	53	60	70	56	80		361	
總計 TOTAL			22	104	141	161	193	157	204	2	984	984
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	1		1		6	10
	女 F				2		2				4	
毒藥 POISONS	男 M											1
	女 F							1			1	
吊死 HANGING	男 M				1						1	1
	女 F											
由高處墮下 FALLING FROM HEIGHT	男 M			5	1	1	1			1	9	17
	女 F		1	2	5						8	
一氧化碳 CARBON MONOXIDE	男 M						1				1	1
	女 F											
淹死 DROWNING	男 M			1	1			1			3	6
	女 F					1			1	1	3	
利器 SHARP INSTRUMENTS	男 M											
	女 F											
其他 OTHER	男 M											2
	女 F						1		1		2	
小計 SUB TOTAL	男 M			7	4	3	3	1	1	1	20	38
	女 F		1	2	7	1	3	1	2	1	18	
總計 TOTAL			1	9	11	4	6	2	3	2	38	38

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)
 2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
火器 FIREARMS	男 M												
	女 F												
藥物 DRUGS	男 M				1		1				2	8	
	女 F					2	2	2			6		
毒藥 POISONS	男 M												
	女 F												
吊死 HANGING	男 M				1	2	6	2	1		12	14	
	女 F			1					1		2		
由高處跳下 JUMPING FROM HEIGHT	男 M		1		5	3	6	1			16	35	
	女 F		1		6	4	5		3		19		
一氧化碳 CARBON MONOXIDE	男 M			1		1	2				4	6	
	女 F				1		1				2		
淹死 DROWNING	男 M				1						1	5	
	女 F					2	2				4		
利器 SHARP INSTRUMENTS	男 M									1	1	2	
	女 F									1	1		
其他 OTHER	男 M											1	
	女 F					1					1		
小計 SUB TOTAL	男 M		1	1	8	6	15	4	1		36	71	
	女 F		1	1	7	9	10	3	4		35		
總計 TOTAL			2	2	15	15	25	7	5		71	71	
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									1	1	1	
	女 F												
吊死 HANGING	男 M				1						1	1	
	女 F												
由高處墮下 FALLING FROM HEIGHT	男 M			2			1				3	4	
	女 F				1						1		
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											1	
	女 F								1		1		
小計 SUB TOTAL	男 M			3	1		1				5	9	
	女 F				1		1	1	1		4		
總計 TOTAL				3	2		2	1	1		9	9	

* 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)
 2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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

* 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

自殺死亡個案－職業*
 SUICIDES - OCCUPATION *
 摘錄自自殺死亡類
 EXTRACT FROM SUICIDES
 (類別、年齡及性別)
 (TYPE, AGE & SEX)

2015年1月1日 - 2015年12月31日
 1ST JANUARY 2015 - 31ST DECEMBER 2015

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		5	2							7	9
	女 F		2								2	
教師 TEACHER	男 M			1							1	4
	女 F			1		1		1			3	
沒有職業 NOT EMPLOYED	男 M			7	7	5	11	8	7		45	68
	女 F			3	2	6	8	2	2		23	
家庭主婦 HOUSEWIFE	男 M											19
	女 F			2	3	3	2	2	7		19	
藍領 BLUE COLLAR	男 M		1	2	6	13	15	2			39	52
	女 F			3	3	2	4	1			13	
白領 WHITE COLLAR	男 M			3	6	2	2	1			14	19
	女 F				2	1	2				5	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M					1	1				2	2
	女 F											
商人 BUSINESS MAN	男 M				4		2	1			7	7
	女 F											
退休人士 RETIRED PERSON	男 M						3	7	11		21	27
	女 F						1	2	3		6	
其他 OTHER	男 M									2	2	3
	女 F				1						1	
小計 SUB TOTAL	男 M		6	15	23	21	34	19	18	2	138	210
	女 F		2	9	11	13	17	8	12		72	
總計 TOTAL			8	24	34	34	51	27	30	2	210	210
職業 OCCUPATION		未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED										
學生 STUDENT	男 M											1
	女 F		1								1	
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M			3	3		1				7	12
	女 F			1	2		1	1			5	
家庭主婦 HOUSEWIFE	男 M											1
	女 F						1				1	
藍領 BLUE COLLAR	男 M			2							2	4
	女 F			1	1						2	
白領 WHITE COLLAR	男 M											1
	女 F				1						1	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M									1	1	1
	女 F											
商人 BUSINESS MAN	男 M						1				1	1
	女 F											
退休人士 RETIRED PERSON	男 M								1		1	2
	女 F								1		1	
其他 OTHER	男 M											1
	女 F									1	1	
小計 SUB TOTAL	男 M			5	3		2		1	1	12	24
	女 F		1	2	4		2	1	1	1	12	
總計 TOTAL			1	7	7		4	1	2	2	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
ACCIDENTAL DEATHS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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				5	1	7	10
	女 F							3			3	
吸入 (食物) ASPIRATION (FOOD)	男 M				1	1	2	14	31		49	84
	女 F			1		1	2	5	26		35	
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M								1		1	1
	女 F											
吸入 (其他) ASPIRATION (OTHER)	男 M						2	2	15		19	26
	女 F				1		1		5		7	
窒息 SUFFOCATION	男 M	1							3		4	7
	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	2	3
	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					1	1				2	2
	女 F											
燒灼 BURNS	男 M				2		1	1			4	9
	女 F		1			1			3		5	
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						1				1	1
	女 F											
跌倒 FALLS	男 M		1	5	6	6	21	35	144		218	339
	女 F	2	1	3	1	3	3	9	99		121	
淹死 DROWNING	男 M		2	1	4	6	11	2	10		36	52
	女 F			3		4		1	7	1	16	
觸電 ELECTROCUTION	男 M						2	1			3	3
	女 F											
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											
	女 F											
藥物 DRUGS	男 M		1	3	18	27	26	18	1		94	111
	女 F			1	6	6	3		1		17	
毒藥 POISONS	男 M							1			1	1
	女 F											
中毒 (酒精) POISON (ALCOHOL)	男 M				2	2	6	1			11	14
	女 F					2			1		3	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M						2	2	4		8	13
	女 F						2	2	1		5	
其他 OTHERS	男 M		1				1	1	2		5	6
	女 F				1						1	
小計 SUB TOTAL	男 M	1	5	9	34	43	78	78	217	2	467	684
	女 F	3	2	8	9	17	13	18	146	1	217	
總計 TOTAL		4	7	17	43	60	91	96	363	3	684	684

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)

2015 年 1 月 1 日 - 2015 年 12 月 31 日
 1ST JANUARY 2015 - 31ST DECEMBER 2015

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			1					2		3	4
	女 F			1							1	
海灘/海 BEACH/SEA	男 M		1		1	3	4		2		11	14
	女 F			1		1				1	3	
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
	女 F							1		1		
河流 RIVER	男 M											
	女 F											
自流井 ARTESIAN WELL	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M		1	1	1	3	4		4		14	19
	女 F			2		1			1	1	5	
總計 TOTAL			1	3	1	4	4		5	1	19	19

* 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)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M												
	女 F												
吸入（食物） ASPIRATION (FOOD)	男 M				1				1		2		2
	女 F												
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M												
	女 F												
吸入（其他） ASPIRATION (OTHER)	男 M								1		1		1
	女 F												
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												
	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		4
	女 F		1			1			1		3		
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							1			1		1
	女 F												
跌倒 FALLS	男 M			1			1	3	2		7		16
	女 F	2		3			1		3		9		
淹死 DROWNING	男 M												1
	女 F								1		1		
觸電 ELECTROCUTION	男 M						1				1		1
	女 F												
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												
	女 F												
藥物 DRUGS	男 M		1		4	9	6	1			21		26
	女 F				2	3					5		
毒藥 POISONS	男 M												
	女 F												
中毒（酒精） POISON (ALCOHOL)	男 M						1				1		2
	女 F						1				1		
其他 OTHERS	男 M												
	女 F												
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M												
	女 F												
小計 SUB TOTAL	男 M	1	1	1	6	9	10	4	5		37		56
	女 F	2	1	3	2	6			5		19		
總計 TOTAL		3	2	4	8	15	10	4	10		56		56

* 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)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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
	女 F								1		1	
吸入（食物） ASPIRATION (FOOD)	男 M				1			2	1		4	5
	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											2
	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											
	女 F											
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M											
	女 F											
跌倒 FALLS	男 M							1			1	2
	女 F					1					1	
淹死 DROWNING	男 M			1							1	2
	女 F								1		1	
觸電 ELECTROCUTION	男 M						1				1	1
	女 F											
割或刺 CUT OR PUNCTURE	男 M											
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M											
	女 F											
藥物 DRUGS	男 M		1		2	3	9	2			17	22
	女 F				2	3					5	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISONS (ALCOHOL)	男 M					1					1	3
	女 F					2					2	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M											
	女 F											
其他 OTHERS	男 M											1
	女 F				1						1	
小計 SUB TOTAL	男 M		1	1	3	4	10	5	1		25	39
	女 F			1	3	7			3		14	
總計 TOTAL			1	2	6	11	10	5	4		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(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)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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		4	5
	女 F			1							1	
獨木舟 CANOEING	男 M											
	女 F											
籃球 BASKET BALL	男 M											
	女 F											
足球 FOOTBALL	男 M											
	女 F											
排球 VOLLEY BALL	男 M											
	女 F											
潛水 DIVING	男 M					1					1	1
	女 F											
羽毛球 BADMINTON	男 M											
	女 F											
板球 CRICKET	男 M											
	女 F											
跳高 HIGH JUMP	男 M											
	女 F											
單槓 HORIZONTAL BAR	男 M											
	女 F											
標槍 JAVELIN	男 M											
	女 F											
高爾夫球 GOLF	男 M											
	女 F											
棒球 BASEBALL	男 M											
	女 F											
欖球 RUGBY	男 M											
	女 F											
擲鐵餅 DISCUS THROWING	男 M											
	女 F											
滾軸溜冰 ROLLER-SKATING	男 M											
	女 F											
划艇 ROWING	男 M											
	女 F											
遠足 EXCURSION	男 M					1					1	1
	女 F											
登山運動 MOUNTAINEERING	男 M							1			1	1
	女 F											
水上體育活動 WATER SPORTS	男 M											
	女 F											
釣魚 FISHING	男 M											
	女 F											
騎馬 HORSE RIDING	男 M											
	女 F											
遊船河 BOAT EXCURSION	男 M											
	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		1	1	1	2		6	8
	女 F			1		1					2	
總計 TOTAL				2		2	1	1	2		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（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)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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

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 with further investigation and more detailed death investigation reports

職業死亡個案
OCCUPATIONAL DEATHS

(類別、年齡及性別)
(TYPE, AGE & SEX)

2015 年 1 月 1 日 - 2015 年 12 月 31 日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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	2	2
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M				1	1					2	2
	女 F											
燒灼 BURNS	男 M					1					1	1
	女 F											
一氧化炭 (火災) CARBON MONOXIDE (FIRE)	男 M											
	女 F											
跌倒 FALLS	男 M		2	2	3	7	3				17	18
	女 F				1						1	
觸電 ELECTROCUTION	男 M					1	1				2	2
	女 F											
淹死 DROWNING	男 M			1	1	2		2			6	7
	女 F							1			1	
車輛 VEHICLE	男 M											
	女 F											
升降機 LIFT	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M		2	3	5	13	4	2	1		30	32
	女 F				1			1			2	
總計 TOTAL			2	3	6	13	4	3	1		32	32

殺人個案*
HOMICIDES*

(類別、年齡及性別)
(TYPE, AGE & SEX)

2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

殺人罪行類別 TYPE OF HOMICIDE	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											
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			2			1		4	9
	女 F	1			1		1		2		5	
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M			1		1	1				3	3
	女 F											
絞縊 STRANGULATION	男 M											
	女 F											
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M											
	女 F											
窒息 SUFFOCATION	男 M				1						1	3
	女 F		1				1				2	
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	1									1	1
	女 F											
中毒 POISONING	男 M											
	女 F											
由高處被推下 PUSHED FROM HIGH PLACE	男 M	1									1	1
	女 F											
其他 OTHERS	男 M								2	1	3	4
	女 F							1			1	
小計 SUB TOTAL	男 M	2	1	1	1	3	1		3	1	13	21
	女 F	1	1		1		2	1	2		8	
總計 TOTAL		3	2	1	2	3	3	1	5	1	21	21

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

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

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

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		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	1		2	1	6	10		21	34
	女 F					1	3	2	7		13	
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M				1	2	1	2	5		11	27
	女 F					2	1	4	9		16	
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											
	女 F											
單車與汽車 / 輕型貨車 / 客貨車 BICYCLE v. CAR/PICK-UP TRUCK/VAN	男 M							1	1		2	2
	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					2			1		3	3
	女 F											
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	2				5	5
	女 F											
電單車與貨車 / 巴士 MOTORCYCLE v. TRUCK/BUS	男 M			1			1				2	2
	女 F											
電單車失去控制 MOTOR CYCLE OUT OF CONTROL	男 M			2			1				3	3
	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		3				6	6
	女 F											
汽車 / 輕型貨車 / 客貨車與貨車 / 巴士 CAR/PICK-UP TRUCK/VAN v. TRUCK/BUS	男 M			1			2	1			4	4
	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			3			1				4	4
	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											
	女 F											
貨車 / 巴士與貨車 / 巴士 TRUCK/BUS v. TRUCK/BUS	男 M						1				1	1
	女 F											
貨車 / 巴士失去控制 TRUCK/BUS OUT OF CONTROL	男 M											
	女 F											
其他組合 OTHER COMBINATIONS	男 M			1			2	1	1		5	6
	女 F								1		1	
小計 SUB TOTAL	男 M		1	13	3	7	16	11	19		70	101
	女 F					3	4	6	18		31	
總計 TOTAL			1	13	3	10	20	17	37		101	101

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)
2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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					1		1	1
	女 F								
20 to 29	男 M	5	3		1	2		11	11
	女 F								
30 to 39	男 M	1	1			1		3	3
	女 F								
40 to 49	男 M		1			3		4	7
	女 F					3		3	
50 to 59	男 M	7	3	1	2	2		15	18
	女 F					3		3	
60 to 69	男 M			1	1	7		9	13
	女 F					4		4	
70 to	男 M			1		12		13	28
	女 F					15		15	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	13	8	3	4	28		56	81
	女 F					25		25	
個案總數 TOTAL DEATHS		13	8	3	4	53		81	81

* 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'S IN VEHICULAR ACCIDENTS *
2015年1月1日 - 2015年12月31日
1ST JANUARY 2015 - 31ST DECEMBER 2015

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			1	1	18		20
陰性 NEGATIVE	10	6	1	2	26		45
陽性（每100毫升血） POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	2	1		1	8		12
51 - 100 毫克 51 - 100 mg			1				1
101 - 150 毫克 101 - 150 mg	1	1			1		3
151 - 200 毫克 151 - 200 mg							
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	13	8	3	4	53		81

* 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'S IN VEHICULAR ACCIDENTS *
 (不同年齡的數字)
 (As to Ages)

1ST JANUARY 2015 - 31ST DECEMBER 2015
 2015年1月1日 - 2015年12月31日

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	2	7	8		20
陰性 NEGATIVE			7	1	3	14	4	16		45
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg		1	2	1	1	2	1	4		12
51 - 100 毫克 51 - 100 mg							1			1
101 - 150 毫克 101 - 150 mg			2	1						3
151 - 200 毫克 151 - 200 mg										
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	11	3	7	18	13	28		81

* 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

01/01/2015 - 31/12/2015

死亡類別 CLASSIFICATION OF DEATH	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		
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						2				2	2
	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											2
	女 F						1	1			2	
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	1		4	3				9	13
	女 F				2	2					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				1	1					2	7
	女 F					1	2	1	1		5	
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				6	7	7	4			24	25
	女 F				1						1	
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							1		1	1
	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	1
	女 F										
X63 作用於自主神經系統的其他藥物的故意自毒及暴露於該類藥物 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	男 M										
	女 F										
Y13 作用於自主神經系統的其他藥物的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to other drugs acting on the autonomic nervous system, undetermined intent	男 M										
	女 F										
X44 其他和未特指的藥物、藥劑和生物製品的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M			1						1	3
	女 F				1		1			2	
X64 其他和未特指的藥物、藥劑和生物製品的故意自毒及暴露於該類物質 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M		1		1		1			3	4
	女 F				1					1	
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	1	1		4	6
	女 F					2				2	
X65 酒精的故意自毒及暴露於酒精 Intentional self-poisoning by and exposure to alcohol	男 M										
	女 F										
Y15 酒精的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to alcohol, undetermined intent	男 M										
	女 F										
X46 有機溶劑和鹵化烴及此兩類物質的汽體的意外中毒及暴露於該類物質／汽體 Accidental poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	男 M										
	女 F										
X66 有機溶劑和鹵化烴及此兩類物質的汽體的故意自毒及暴露於該類物質／汽體 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	男 M										
	女 F										

Y16 有機溶劑和鹵化烴及此兩類物質的汽體的中毒及暴露於該類物質／汽體，意圖不確定的 Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent	男 M											
	女 F											
X47 其他氣體及蒸氣的意外中毒及暴露於該類氣體 Accidental poisoning by and exposure to other gases and vapours	男 M					1					1	1
	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		6	3	8	7	2	1			27	35
	女 F		1	3	1	2	1				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					1	1
	女 F											
X48 除害劑的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to pesticides	男 M											
	女 F											
X68 除害劑的故意自毒及暴露於該類物質 Intentional self-poisoning by and exposure to pesticides	男 M											
	女 F											
Y18 除害劑的中毒及暴露於該類物質，意圖不確定的 Poisoning by and exposure to pesticides, undetermined intent	男 M											
	女 F											
X49 其他和未特指的化學品及有害物品的意外中毒及暴露於該類物品 Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M											
	女 F											
X69 其他和未特指的化學品及有害物品的故意自毒及暴露於該類物品 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M							1			1	1
	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											1
	女 F							1			1	
Y47 鎮靜劑、安眠藥及抗焦慮藥物 Sedatives, hypnotics and antianxiety drugs	男 M					1					1	2
	女 F				1						1	
小計 SUB-TOTAL	男 M		2	9	12	23	23	8	2		79	107
	女 F			1	7	8	6	4	2		28	
總計 TOTAL			2	10	19	31	29	12	4		107	107

* 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
DEATH FROM NATURAL CAUSES

(類別、年齡及性別)

(TYPE, AGE & SEX) (New Code)

2015年1月1日 - 2015年12月31日

1ST JANUARY 2015 - 31ST DECEMBER 2015

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	4	2	3	3	12	31	32	100		187	339
	女 F	1		1	4	4	12	17	113		152	
腫瘤 Neoplasms C00 - D48	男 M	2		1	3	19	65	117	303		510	840
	女 F			3	8	21	50	66	182		330	
血液和造血器官疾病 Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism D50 - D89	男 M						1	2	4		7	16
	女 F					1	3		5		9	
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	3	1	4	2	3	7	6	25		51	97
	女 F			1	2	3	7	5	28		46	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M						1	1	33		35	102
	女 F							2	65		67	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M	4	3	2	1	7	8	12	25	1	63	114
	女 F	1	2	2	3	4	5	8	26		51	
眼部和屬眼的疾病 Diseases of the eye and adnexa H00 - H59	男 M											
	女 F											
耳部和屬耳的疾病 Diseases of the ear and mastoid process H60 - H95	男 M											
	女 F											
循環系統疾病 Diseases of the circulatory system I00 - I99	男 M	1	3	16	36	143	373	459	1451	2	2484	4130
	女 F		1	6	22	39	75	165	1337	1	1646	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	1	2	7	9	30	66	141	650		906	1290
	女 F	3	1	2	2	12	31	57	276		384	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M		1	1	4	15	44	57	131		253	389
	女 F		1	2	2	3	11	14	103		136	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M				1	1		1	2		5	8
	女 F			1	1	1					3	
肌肉與骨骼系統和結締組織疾病 Diseases of the musculoskeletal system and connective tissue M00 - M99	男 M	1				2	2	8	6		19	34
	女 F			1		3	4	3	4		15	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M			1	3	4	23	31	74		136	242
	女 F				1	5	4	22	74		106	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M											2
	女 F				2						2	
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	2								2	4	10
	女 F	3								3	6	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	2			1		1		1		5	12
	女 F	2	2		1		1	1			7	
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	9	4	10	21	30	70	85	474	14	717	1504
	女 F	7	1	3	9	12	16	26	708	5	787	
小計 SUB TOTAL	男 M	29	16	45	84	266	692	952	3279	19	5382	9129
	女 F	17	8	22	57	108	219	386	2921	9	3747	
總計 TOTAL		46	24	67	141	374	911	1338	6200	28	9129	9129

2015 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) 2015

標題/代碼編號 SUBJECT /CODE NO.

1. 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	53
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	7
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	1
5. 私家車使用者在交通意外中受傷 (V40-V49) Car occupant injured in transport accident	12
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	1
8. 巴士使用者在交通意外中受傷 (V70-V79) Bus occupant injured in transport accident	
9. 其他陸上交通意外 (V80-V89) Other land transport accidents	1
10. 水上交通意外 (V90-V94) Water transport accidents	6
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	52
2. 暴露於無生命的外物物力 (W20-W49) Exposure to inanimate mechanical forces	6

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	19
5. 其他危及呼吸的意外情況 (W75-W84) Other accidental threats to breathing	14
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. 暴露於烟、火及火焰 (X00-X09) Exposure to smoke, fire and flames	5
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	
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	51
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>	210
III. 襲擊 (X85-Y09) <u>Assault</u>	21
IV. 未確定意圖的事件 (Y10-Y34) <u>Event of undetermined intent</u>	24
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	2
ii) 病人在接受外科及醫療護理期間遇到不幸 (Y60-Y69) Misadventures to patients during surgical and medical care	1
iii) 與在診斷及治療用途中發生的各類負面事故相關的醫療設備 (Y70-Y82) Medical devices associated with adverse incidents in diagnostic and therapeutic use	

iv) 外科及其他醫療程序導致病人出現異常反應或後期出現併發症（在有關程序進行期間並無提及發生不幸）(Y83-Y84) Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	7
VII. 患病及死亡的外在成因的後發病 (Y85-Y89) <u>Sequelae of external causes of morbidity and mortality</u>	
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>	
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	92
自然死因 Natural Cause	179
[Total 總數]	773