

CORONERS' REPORT

死因裁判官報告

2016

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第一部

2016 年死因裁判官報告

死亡數字上升趨勢

1. 今年共有 46,662 宗死亡登記，至於曾向死因裁判官報告的死亡個案，則有 10,773 宗。過去 16 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

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；但是，2007，2008 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。2016 年的死亡登記數字相對 2015 年雖然輕微回

落，但向死因裁判官報告的個案卻較上年為多。自 2001 年起的死亡登記數字，除期間在 2005 年至 2006 年和 2015 年至 2016 年時有稍微回落的情況外，整體而言有逐漸上升的趨勢。此趨勢相信可能是因為香港人口不斷上升及人口老化所至。

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. 下表列出關於過去十六年曾向死因裁判官報告的死亡個案的處理方式的數字：

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

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

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

內庭申請

9. 死者的家人可以到死因裁判官席前申請豁免進行屍體剖驗，有關的申請程序在以前的報告中已有所說明。處理這些申請是死因裁判官一項非常重要而困難的工作，而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. 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 2016 年，死因裁判官一共處理了 953 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 954 宗自殺個案，其中 165 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 637:317。

意外死亡個案

16. 今年有 593 宗意外死亡個案，其中 124 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 399:194。

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)而引致的死亡個案。整體職業死亡個案共有 34 宗，包括 27 宗在陸上發生的和 7 宗在海上發生的。34 名死者全是男性。

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 115 宗由車輛導致的死亡。其中 72 名死者是行人，佔去死亡數字的大半。115 名死者中，有 44 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 66:49。

與毒品及藥物有關的個案

20. 今年有 55 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 36：19。

自然死亡個案

21. 今年因各種疾病而死亡的人數是 8919 人，其中因循環系統疾病而死亡的有 4071 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 5293：3626。

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 34 與 0 之比。

建議

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

- (i) 一名曾於 1 日前被私家醫生診斷患上流感的女病人到急症室求診後被收入病房，病情由穩定轉差，5 日後因敗血症離世

醫院管理局

清楚記錄所有處理過病人的醫護人員資料、護理病人的方法、執行日期及時間，令相關醫療人員可以清楚閱讀理解。

- (ii) 一名違反釋囚監管令的吸毒愛滋病帶菌者，於一被調查案件保釋期間，再因另一涉嫌罪行被拘捕，在警署扣留期間用身上衣物上吊自殺送院後身亡

醫院管理局

衛生署

香港警務處

- (1) 假若醫管局和衛生署有關病人HIV記錄是互通的，醫護人員在治療病人前應先檢視有關記錄；如非互通，則建議醫管局應查閱病人醫療記錄，以保障病人得到適當治療以及醫護人員的安全。
- (2) 建議提升油麻地警署及其他警署拍攝羈留室走廊情況的閉路電視的畫面質素，保障在囚人士及警方的利益。

- (iii) 一名有長期心臟病史的病人因胸口家劇痛而到急症室求診後被收入病房，臨床診斷為急性冠脈綜合症，約 12 小時後因心包積血去世

醫院管理局

- (1) 加強醫療培訓：加強醫科學生及在職醫生適時對重要醫療指引的掌握。
(* 證物 C31 參考資料〈美國心臟協會〉對 STEMI 的判斷)
- (2) 審視實習醫生的工時及輪班制度，避免過勞引致錯誤判斷。
- (3) 加強醫生間(MO, HO 及 SMO)對危急病人處理的通報機制。

(iv) 埃及熱氣球事件

香港旅遊業議會

- (1) 香港旅遊業議會應進行全面研究及向業界收集資料，列出各旅行社在不同國家提供而涉及某程度風險的受歡迎活動。香港旅遊業議會應把不同國家提供的各種活動風險程度分類，以供業界參考，並不時更新該清單；
- (2) 香港旅遊業議會應向旅行社發出清晰指引，訂明旅客在參與涉及某程度風險的活動前所需獲得的相關資料；
- (3) 香港旅遊業議會應發出清晰及具體指引，要求旅行社提醒旅客其旅遊保險可能並不涵蓋涉及某程度風險的活動；
- (4) 香港旅遊業議會應研究旅行社在揀選及監督外地服務提供者時的職責及責任，並檢討現時有關聘用目的地接待公司的指引；
- (5) 香港旅遊業議會應就旅行社監督目的地接待公司的職責及責任發出新指引；
- (6) 香港旅遊業議會應發出安全指引，向旅客推廣在報名參加涉及風險的活動前，查詢旅遊保險詳情及有關活動資料的重要性。

勝景遊

- (1) 勝景遊在向旅客提供涉及某程度風險的活動前，應向外地服務提供者索取足夠資料，並對有關活動進行詳盡的風險評估；

- (2) 如勝景遊舉辦的旅行團發生嚴重意外，應在每次意外後進行詳盡評核以找出意外原因，並考慮如何改善向旅客提供的服務質素及安全；
 - (3) 勝景遊應向旅客提供涉及某程度風險活動的足夠資料，以更具體清晰的字眼提醒他們其旅遊保險可能並不涵蓋涉及風險的活動；
 - (4) 勝景遊應提供更多培訓及資訊予前綫員工，包括接待員及領隊，以便他們在解釋旅行社提供的活動所涉及的風險時能準備得更好；
 - (5) 勝景遊應根據第一手資料，訂立揀選目的地接待公司及外地服務提供者的清晰準則，並密切監察兩者提供的服務。
- (v) 一名4歲小童因發燒和嘔吐清晨到急症求醫，被診斷患上胃炎，獲處方藥物後回家。服藥後病情未見改善，同日下午再到急症室，隨後被收入病房，數小時後因急性心肌炎去世

醫院管理局

根據本案，建議病人於急症室求診時，院方除了量度求診者脈搏、體溫、含氧量，亦要量度血壓及血回流，以便了解求診者身體狀況作出分流。如患者 24 小時內再度求診，院方應再量度更詳盡的維生指數，例如血糖，以便院方作出相應更準確診治。

(vi) 一名女嬰在出生後因主動脈收窄而死亡

醫院管理局

- (1) 定期覆檢超聲波設備。
- (2) 定期更新設備儀器。
- (3) 運用超聲波人仕要接受定期考核，以確保其觀察及分析每一個案的能力。
- (4) 每次完成的超聲波檢查。必須出詳細報告。(例如証物 C8)
- (5) 如果未能確實檢查結果，須再諮詢另外二至三位專家意見。

(vii) 一名男士因肺炎及急性心肌梗塞在醫院死亡

醫院管理局

香港急症科醫學院

- (1) 一致認同專家報告內(C16甘醫生建議P.33) 4-6小時內為肺炎病人配抗生素作起步治療。
- (2) 一致建議長期病患者斷症後，如輪候病房時間長建議6小時內編配病房，或請資深醫生覆檢病情，按需要提升緊急級別。
- (3) 一致建議認同專家報告內(C15梁醫生建議第3d點) DNAR form 要填寫家屬姓名、與病者關係、對話內容及須家屬簽署，如家屬拒絕提供資料或加簽，須由醫生備註。
- (4) 一致建議如要交代重大病情/決定，望安排當值護士從旁協助，見證及安撫家人。

- (5) 一致建議醫生能在ICU Progress Note (C9) 列明在場參與的醫生及護士，搶救詳情並加列時間，與家人面見的詳情(關係、內容、時間)。
- (6) 一致促請醫院管理局參照NICE專家報告(C16甘醫生建議)在香港HKCEM內加入具體的治療指引。

(viii) 一名五歲男童因誤服家中冰毒，引起不良反應而死亡

社會福利署署長

在《處理虐待兒童個案程序指引》內危機因素及模式評估項目中加入「如懷疑照顧者有濫用藥物/吸毒的情況，需考慮照顧者濫用藥物/吸食毒品的的方法；他們是否在家中濫用/服用藥物/毒品；照顧者存放藥物/毒品的地方及該些地方兒童是否容易接觸得到」。

(ix) 一名女士在接受冠狀動脈介入治療後死亡

香港浸信會醫院

- (1) 對於陳醫生的專家報告，指出應用持續監察的心電圖儀器及檢查心臟肌肉酵素水平，對臨床診斷有重要影響，建議香港浸信會醫院檢討相關指引。
- (2) 建議香港浸信會醫院對所有病人的醫療紀錄應作出存檔，以便相關醫療人員可以對病人作出適當的跟進及日後評估。

(x) 一名接受內窺鏡程序的男子因食道穿破，引起感染死亡

醫院管理局

- (1) 建議使用 SB tube 後，須留意 X 光片中有否氣泡出現。
- (2) 根據張浩然醫生的報告，証物 C12 指出，可在使用 SB tube 時加入顯影劑，以確保氣球在正確位置。建議往後使用 SB tube 時與顯影劑一併使用。

(xi) 一名接受頸靜脈導管設置的男士因創傷性血氣胸而死亡

醫院管理局

- (1) 做頸內靜脈導管設置是須要向病人或家屬解釋風險及簽署同意書或有兩位醫生以上的同意簽署才進行。
- (2) 做頸內、外靜脈設置是須要較資深的醫生監督下進行。並且，若果實習醫生失敗一次後，須要由主診醫生或較資深及有經驗的醫生去接管。
- (3) 三次內、外靜脈設置失敗後要做胸部 X-ray 片。
- (4) 所有醫護人員，若然發現病者有明顯不適，例如，維生指數急跌，應該對病者採取相應的支援，並立即通報給當值或主診醫生。

- (xii) 一名根據《精神健康條例》被強制羈留的病人因心室性心律不正死亡

青山醫院

- (1) 就此次事件，在醫管局的病人束縛指引上，於四小時束縛後病人再受束縛，在程序上應有所檢討。
- (2) 對於不能正常進食的病人，應有全面進食紀錄發血糖測試。
- (3) 針對先用藥物後用身體束縛的指引應嚴格執行。
- (4) 就此次事件，在急救時可加入血糖測試。

屯門醫院

對於接收懷疑醉酒人士，應首先加入快速酒精測試，幫助日後醫療跟進。

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 2016 年，我們委派了死因裁判官王詩麗及何俊堯分別前往英國倫敦參加首席死因裁判官國際會議及澳洲柏斯參加亞太區死因裁判官協會會議，獲益良多。我們同時感謝其他政府部門提供的人力及所有其他資源，使

我們的死亡個案調查工作得以順利進行。這些部門包括，但不限於律政司、警務處，衛生署的法醫科，和政府化驗所等等。

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

27. 此外，我們感謝律政司各級別政府律師，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。2014年6月，死因裁判官張天雁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。而在2016年3月，我們亦參觀了葵涌殮房深入了解法醫科醫生的日常工作。

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

30. 勞工處和海事處努力不懈，繼續就陸上和海上的意外展開詳盡的調查，並撰寫報告；該等報告所提出的建議，對死因裁判官及有關業界而言，往往甚有幫助。他們工作的成果，可見於職業死亡個案的數目自 2013 年下降後，在過往數年得以保持平穩。我們在此謹向勞工處和海事處表示謝意。

死因裁判官
嚴舜儀

死因裁判官
何俊堯

二零一七年四月

Part One

Coroners' Report 2016

Number of Deaths on a Rising Trend

1. A total of 46,662 deaths were registered this year, and a total of 10,773 deaths were reported to the Coroners. Figures for the last sixteen 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

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 and 2012. The figure of 2012 is about 31% over the 2001 figure. Although the number of deaths registered for 2016 has slightly dropped as compared with the figure of 2015, the

number of cases reported to coroners was higher than that of last year. The number of deaths registered starting from 2001 shows a tendency of gradual rise as a whole, with the exception of a slight drop in 2005 to 2006 and 2015 to 2016. It is believed that this trend is due to a continuously rising population and an aging population of Hong Kong.

Investigation of deaths

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

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

circumstances of the case, we shall consider whether to hold an inquest into the death.

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

6. The following table sets out the figures for the last 16 years showing how reported deaths were dealt with :

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

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 2016, the Coroners dealt with a total of 953 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 954, 165 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 637 : 317.

Accidental Deaths

16. The number of accidental deaths this year is 593, including 124 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 399 : 194.

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 34 occupational deaths, of which 27 are on land and 7 is at sea. All of the 34 deceased are men.

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 115. Of these 115 deaths, 72 deceased are pedestrians, being more than a half of the total death figure. 44 deceased are 70 years or older, which represents more than a third of the total death figure. It is therefore clear that old people are much more vulnerable to road traffic accidents than other age groups. The number of men died in road traffic accident is much higher than women, the ratio being 66 : 49.

Drugs and Poisons related Deaths

20. There are 55 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 36 : 19.

Deaths from natural causes

21. There are 8919 deaths due to various natural diseases, of which 4071, 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 5293 : 3626.

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 34 to 0.

Recommendations

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

- (i) A female patient went to the Accident and Emergency Department for treatment after being diagnosed of influenza by a private doctor one day before. She was admitted to the ward but her stable condition deteriorated and died of sepsis 5 days later.

Hospital Authority:

To make a clear record of information of all medical and nursing staff who have dealt with patients, ways of nursing care provided to patients as well as date and time of execution, so that the medical staff can read and comprehend such record easily.

- (ii) A drug addict and HIV carrier who was in breach of supervision order for released inmates, was on bail for investigation of a case, during which he was arrested again for another alleged offence. During detention at the police station, he committed suicide by hanging himself with his clothes. He was taken to the hospital and died later.

Hospital Authority,

Department of Health and

Hong Kong Police Force:

- (1) If patients' HIV records are shared between the Hospital Authority and the Department of Health, medical staff should peruse the records before giving treatment. In case there is no sharing of records, the Hospital Authority should review the patient's medical records to ensure proper treatment of patients and safety of medical and nursing staff.

- (2) It is recommended that the quality of CCTVs capturing image of the corridor at the cells in Yau Ma Tei Police Station and other police stations should be improved so as to protect the interests of prisoners and the police.
- (iii) A patient, who had medical history of chronic heart disease, went to the Accident and Emergency Department for chest pain and was admitted to the ward. Clinical diagnosis was acute coronary syndrome. He died about 12 hours later due to hemopericardium

Hospital Authority:

- (1) To enhance medical training: to ensure medical students and practising doctors have a timely grasp of important medical guidelines.
(* Exhibit C31 refers to diagnosis of STEMI in <American Heart Association>)
 - (2) To review the working hours and shift system of interns so as to avoid mistaken judgment due to overwork.
 - (3) To strengthen the notification mechanism between doctors (MO, HO and SMO) in handling patients in critical condition.
- (iv) Egyptian hot air balloon incident

The Travel Industry Council of Hong Kong (TIC):

- (1) TIC to conduct a thorough research and collect data from the industry so as to list out popular activities operated in different countries offered by travel companies involving certain degree of risk. TIC to categorize the degree of risk in respect of different activities provided in different countries for industry as reference. Such list should be updated from time to time;

- (2) TIC to set out clear guidelines for travel companies as to the necessary information of activities involving certain degree of risk to be provided to customers before taking part in such activities;
- (3) TIC to set out clear and specific guidelines for travel companies that customers should be reminded that their travel insurance may not cover activities involving certain degree of risk;
- (4) TIC to look into travel companies' duty and responsibility in selecting and supervising the local service providers and review the existing guidelines when destination management companies are engaged;
- (5) TIC to set out new guidelines on travel companies' duty and responsibility to supervise destination management companies;
- (6) TIC to set out safety guidance and advertise to customers as to the importance of obtaining details of travel policy insurance and information on activities involving risk before enrolment.

Kuoni:

- (1) Kuoni to obtain sufficient information from local service providers and conduct thorough risk assessment on activities involving certain degree of risk provided to customers before offering the same;
- (2) Kuoni to conduct thorough evaluation after every major accident taking place during tours provided by them so as to find out the cause of the accident and consider if there is anything that can be done to improve the quality and safety of service provided to customers;
- (3) Kuoni to provide sufficient information to customers about activities involving certain risk and remind them in more specific

and clear terms that activities involving risk may not be covered by their travel insurance;

- (4) Kuoni to provide more training and information to front desk staff, including receptionists and tour escorts, so that they can be better equipped to explain the risk involved in activities provided by the company;
 - (5) Kuoni to set out clear criteria for selecting destination management companies and local service providers with first-hand information and to closely monitor the service provided by destination management companies and local service providers.
- (v) A four-year old child was taken to the Accident and Emergency Department in the early morning because of fever and vomiting. Having been diagnosed of gastroenteritis and prescribed with medicines, he was taken home. He died of acute myocarditis a few hours later

Hospital Authority:

Based on the facts of this case, it is recommended that when patients seek treatment at the Accident and Emergency Department, apart from measuring the pulse, temperature and saturation for the patients, blood pressure and capillary refill should also be measured for better understanding of the patients' medical condition for triage. If patients seek treatment again within 24 hours, detailed vital signs such as blood glucose level should be re-measured for more accurate diagnosis and appropriate management.

- (vi) A new born baby girl died of coarctation of aorta

Hospital Authority:

- (1) To conduct review on ultrasound facilities regularly.
- (2) To update equipment and facilities regularly.

- (3) Personnel operating ultrasound equipment have to be assessed regularly to ensure that they are competent in making observation and analysis in each case.
- (4) Detailed report [like exhibit C8] has to be made after the completion of each echocardiography.
- (5) Opinion has to be sought by further consulting 2 to 3 more experts if examination findings cannot be ascertained.

(vii) A man died of pneumonia and acute myocardial infarction in hospital

Hong Kong Hospital Authority,

Hong Kong College of Emergency Medicine:

- (1) Unanimously endorse the prescription of antibiotics to patients with pneumonia as a first-step treatment within 4-6 hours (upon presentation to hospital or clinical assessment) as stated in the expert opinion report [P.33 of C16, Dr. Kam's recommendation].
- (2) Unanimously recommend patients suffering from long-term illnesses to be assigned to a ward within 6 hours upon clinical assessment in case of admission access block, or to have a senior doctor review their conditions and to have their emergency category escalated if needs be.
- (3) Unanimously endorse and recommend the requirement of the name of the relatives, their relationships with the patient and contents of conversation to be filled into the DNAR form, which is to be signed by the relatives as stated in the expert opinion report [Item 3d of Dr. Leung's recommendation, C15]. If relatives refuse to provide particulars or refuse to endorse in the form, the doctor should note it down as a remark.

- (4) Unanimously recommend that a duty nurse be arranged to be present to assist, witness and comfort relatives if significant medical conditions/ decisions are to be related to them.
 - (5) Unanimously recommend that the doctor be able to list out in the ICU Progress Note [C9] the doctors and nurses participating in the resuscitation, its details as well as time and the details [relationship, content and time] of interview with the relatives.
 - (6) Unanimously urge the Hospital Authority to include specific treatment guidelines into HKCEM (Hong Kong College of Emergency Medicine) by making reference to the expert report of NICE {National Institute of Health & Care Excellence(UK)}. [Dr. Kam's recommendation, C16]
- (viii) A 5-year-old boy died of adverse drug effects following an accidental ingestion of the drug 'ice' at home

The Director of Social Welfare:

In 'Procedural Guide for Handling Child Abuse Cases', the following lines are to be added under the headings of Risk Factors and Assessment Matrix respectively - 'If the carer is suspected of having an issue of drug abuse/taking dangerous drugs, the methods of abusing drugs/taking dangerous drugs employed by the carer, whether he/she abuses/takes drugs/dangerous drugs at home, the places where the carer keeps the drugs/dangerous drugs and whether those places are easily accessible to the child need to be taken into consideration.'

- (ix) A woman died after having undergone percutaneous coronary intervention

Hong Kong Baptist Hospital:

- (1) As it was pointed out in Dr. Chan's expert opinion report that the application of continuous telemetry monitoring (serial ECGs) and the checking of cardiac enzyme levels are important for clinical diagnosis, it is recommended that Hong Kong Baptist Hospital review its relevant guideline.
 - (2) It is recommended that Hong Kong Baptist Hospital file all patients' medical record so as to facilitate relevant medical personnel to do proper follow-ups and make future assessments on patients.
- (x) A man having undergone endoscopy (OGD) died of infection due to oesophageal perforation

Hospital Authority:

- (1) It is recommended that attention must be paid to the presence of air cavities in the X-ray films after the application of SB (Sengstaken Blakemore) tube.
 - (2) As it was pointed out in the report of Dr. Cheung Ho-yin, Michael, exhibit C12, that the application of SB tube may incorporate the (injection of) radio-opaque media so as to ensure the correct positioning of the gastric balloon, it is recommended that future applications of SB tube incorporate the use of radio-opaque media.
- (xi) A man having undergone jugular vein cannulation died of traumatic haemopneumothorax

Hospital Authority:

- (1) Patients or their relatives have to be explained on the risks of cannulation of the internal jugular vein with the signing of consent form or with the endorsement from more than 2 doctors before it is actually performed.

- (2) The cannulation of the internal/external jugular veins has to be performed under the supervision of a more senior doctor. Moreover, if an intern fails in one attempt, either the treating doctor or a more senior and experienced doctor has to take over.
- (3) Chest X-ray has to be taken after 3 failed attempts of the cannulation of the internal/external jugular veins.
- (4) All medical and health care personnel should take measures to provide relevant support and immediately inform the duty doctor or treating doctor if the patient is found to be obviously feeling unwell, eg. rapid deterioration of vital signs.

(xii) A patient in mandatory detention under Mental Health Ordinance died of ventricular tachyarrhythmia

Castle Peak Hospital:

- (1) In view of the present incident, in respect of Hospital Authority's guidelines on restraining patients, there should be a review on the procedures of further restraining a patient after having done so for a period of 4 hours.
- (2) There should be a comprehensive record of food intakes and blood glucose tests for patients that are unable to take food in a normal manner.
- (3) The guidelines of applying chemical restraint first before physical restraint should be strictly followed.
- (4) In view of the present incident, blood glucose test may be included during resuscitation.

Tuen Mun Hospital:

In admitting suspected drunken persons, quick alcohol test should firstly be included so as to facilitate future medical follow-ups.

Conclusion

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

25. We would also like to thank the Honourable Chief Justice, the Chief Magistrate, and the Judiciary Administration for their support, both in terms of resources and moral support. In 2016, we appointed Coroners, Ms. WONG Sze-lai and Mr. HO Chun-yiu to attend the International Conference for Chief Coroners 2016 in London and the Asia Pacific Coroners' Society Conference in Perth, Australia respectively 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. Coroner Ms. June Cheung was 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. In March 2016, we also visited the Kwai Chung Mortuary and had an in-depth understanding of the daily work of forensic pathologists.

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

30. The Labour Department and the Marine Department continue to provide us with investigation reports on accidents which occur on land and at sea, respectively. These reports are always prepared after thorough investigations, and usually contain recommendations. They are of great assistance to the Coroners and to the industry. The number of occupational deaths remains steady in the past few years since a drop in 2013 is the best proof. Both departments deserve a thank you from us.

Ada Yim
Coroner

Ho Chun-yiu
Coroner

April 2017

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 2016 年，死亡登記個案有 46,662 宗，而向死因裁判官呈報的死亡個案有 10,773 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	3465
命令豁免屍體剖驗	7308
土葬命令	1140
火葬命令	9633
須作進一步調查的死亡個案	730
進行死因研訊	77
死因裁判官或陪審員有提出建議的個案	20

於 2016 年須作進一步調查的 730 宗死亡個案中，截至 2016 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 538 宗。

於 2016 年向死因裁判官呈報的 10,773 宗死亡個案中，截至 2016 年 12 月 31 日仍在等候毒理學報告以決定死因的有 178 宗。

Analysis of Deaths Reported to the Coroners

In 2016 there were 46,662 deaths registered, and there were 10,773 deaths reported to the Coroner.

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

	<u>TOTAL</u>
Autopsy Orders	3465
Waivers of Autopsy	7308
Burial Orders	1140
Cremation Orders	9633
Further Death Investigation Reports ordered	730
Inquests held	77
Cases where recommendations are made	20

Of the 730 further death investigation reports ordered in 2016, 538 of which have not yet been returned from the Police as at 31.12.2016.

Of the 10,773 deaths reported in 2016, there are 178 cases of which the causes of death are still pending over toxicological reports as at 31.12.2016.

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	3465	豁免 屍體剖驗 Waiver	7308	土葬 Burial	1140	火葬 Cremation	9633	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	2016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 31.12.2016	會同 陪審團 With Jury	66	沒有會同 陪審團 Without Jury	17	會同 陪審團 With Jury	63	沒有會同 陪審團 Without Jury	14	會同 陪審團 With Jury	7	沒有會同 陪審團 Without Jury	0
														會同 陪審團 With Jury	66	沒有會同 陪審團 Without Jury	17	會同 陪審團 With Jury	63	沒有會同 陪審團 Without Jury	14	會同 陪審團 With Jury	7	沒有會同 陪審團 Without Jury	0
10773																									

數字及百分比 FIGURES AND PERCENTAGE		總計 TOTAL
命令將屍體剖驗 AUTOPSY ORDERED 3465 (32.16%)	豁免屍體剖驗 AUTOPSY WAIVED 7308 (67.84%)	10773
火葬命令 CREMATION ORDER 9633 (89.42%)	土葬命令 BURIAL ORDER 1140 (10.58%)	10773
須進一步死亡調查報告 FURTHER DEATH INVESTIGATION REPORT 730 (6.78%)	無須進一步死亡調查報告 NO FURTHER DEATH INVESTIGATION REPORT 10043 (93.22%)	10773

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
63 (81.82%)	14 (18.18%)	77

自殺個案
SUICIDES
(類別、年齡及性別)
(TYPE, AGE & SEX)
2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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						2				2	2	
	女 F												
藥物 DRUGS	男 M			1		4	1	4	1		11	17	
	女 F			1			1	2	2		6		
毒藥 POISONS	男 M			1				1	2		4	8	
	女 F				1	1			2		4		
吊死 HANGING	男 M		3	12	10	11	27	31	44	2	140	206	
	女 F			5	8	13	15	9	16		66		
由高處跳下 JUMPING FROM HEIGHT	男 M		10	48	46	43	56	59	67	1	330	507	
	女 F		6	20	22	24	33	28	44		177		
一氧化碳 CARBON MONOXIDE	男 M		1	7	16	18	29	10	5		86	117	
	女 F			1	7	13	8	2			31		
淹死 DROWNING	男 M		1	1	3	2	6	7	6		26	43	
	女 F			2	1	3	2	2	7		17		
利器 SHARP INSTRUMENTS	男 M			2		3		3	3		11	16	
	女 F						2	1	2		5		
其他 OTHER	男 M		1	3	4	1	3	1	3		16	21	
	女 F				2	1		1	1		5		
小計 SUB TOTAL	男 M		16	75	79	82	124	116	131	3	626	937	
	女 F		6	29	41	55	61	45	74		311		
總計 TOTAL			22	104	120	137	185	161	205	3	937	937	
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												3
	女 F												
藥物 DRUGS	男 M				1	1					2	3	
	女 F								1		1		
毒藥 POISONS	男 M												
	女 F												
吊死 HANGING	男 M												
	女 F												
由高處墮下 FALLING FROM HEIGHT	男 M		1	1	2						4	7	
	女 F		1			2					3		
一氧化碳 CARBON MONOXIDE	男 M												
	女 F												
淹死 DROWNING	男 M				1		2	1		1	5	7	
	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	1	4	1	2	1		1	11	17	
	女 F		1		1	3			1		6		
總計 TOTAL			2	1	5	4	2	1	1	1	17	17	

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)
 2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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						2				2	2
	女 F											
藥物 DRUGS	男 M					2	1	1			4	5
	女 F							1			1	
毒藥 POISONS	男 M											
	女 F											
吊死 HANGING	男 M				1		3	1			5	6
	女 F			1							1	
由高處跳下 JUMPING FROM HEIGHT	男 M			2	5	3	5	3	1		19	28
	女 F				3	2	2		2		9	
一氧化碳 CARBON MONOXIDE	男 M						1	1			2	4
	女 F				1	1					2	
淹死 DROWNING	男 M								1		1	4
	女 F			1			1	1			3	
利器 SHARP INSTRUMENTS	男 M			1					1		2	3
	女 F							1			1	
其他 OTHER	男 M			1	1		1				3	3
	女 F											
小計 SUB TOTAL	男 M			4	7	5	13	6	3		38	55
	女 F			2	4	3	4	2	2		17	
總計 TOTAL				6	11	8	17	8	5		55	55
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				1						1	1
	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						1	3
	女 F				1	1					2	
總計 TOTAL					2	1					3	3

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

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)
 2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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)
 2016年1月1日 - 2016年12月31日
 1ST JANUARY 2016 - 31ST DECEMBER 2016

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	8
	女 F		1	1							2	
教師 TEACHER	男 M											2
	女 F			1	1						2	
沒有職業 NOT EMPLOYED	男 M			4	9	6	16	5	3		43	59
	女 F			1	4	2	4	2	3		16	
家庭主婦 HOUSEWIFE	男 M											6
	女 F				2	1		1	2		6	
藍領 BLUE COLLAR	男 M			2	5	10	10	6			33	50
	女 F			5	4	3	4		1		17	
白領 WHITE COLLAR	男 M			1	1	2		1			5	7
	女 F				1	1					2	
病人 PATIENT	男 M											
紀律部隊 DISCIPLINARIES	男 M											
	女 F											
商人 BUSINESS MAN	男 M							1	1		2	2
	女 F											
退休人士 RETIRED PERSON	男 M						1	8	9		18	20
	女 F								2		2	
其他 OTHER	男 M											
	女 F											
小計 SUB TOTAL	男 M		5	8	15	18	27	21	13		107	154
	女 F		1	8	12	7	8	3	8		47	
總計 TOTAL			6	16	27	25	35	24	21		154	154
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								1	1
	女 F											
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M						1				1	5
	女 F				1	2			1		4	
家庭主婦 HOUSEWIFE	男 M											
	女 F											
藍領 BLUE COLLAR	男 M			1	2						3	4
	女 F		1								1	
白領 WHITE COLLAR	男 M											
	女 F											
病人 PATIENT	男 M											
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											
	女 F											
其他 OTHER	男 M									1	1	1
	女 F											
小計 SUB TOTAL	男 M		1	1	2		1			1	6	11
	女 F		1		1	2			1		5	
總計 TOTAL			2	1	3	2	1		1	1	11	11

* 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)

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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	4			6	14
	女 F	2			1			5			8	
吸入 (食物) ASPIRATION (FOOD)	男 M			2		1	3	7	29		42	87
	女 F			1			3	3	38		45	
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M								1		1	1
	女 F											
吸入 (其他) ASPIRATION (OTHER)	男 M					1	2	8			11	20
	女 F					1	2	6			9	
窒息 SUFFOCATION	男 M				2				1		3	4
	女 F	1									1	
吊死 HANGING	男 M								1		1	2
	女 F								1		1	
被物件擊中 STRUCK BY OBJECT	男 M			2	1	2	2	3			10	10
	女 F											
被升降機壓死 CRUSHED BY LIFT	男 M					1					1	1
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M					2	1				3	3
	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	2					1				3	3
	女 F											
一氧化碳 (其他) CARBON MONOXIDE (OTHER)	男 M											
	女 F											
跌倒 FALLS	男 M	1	1	2	5	10	17	26	121		183	267
	女 F	2		1	1	1	4	6	69		84	
淹死 DROWNING	男 M			2	2	5	8	4	8		29	37
	女 F				1		3	2	2		8	
觸電 ELECTROCUTION	男 M			1		1	2				4	4
	女 F											
割或刺 CUT OR PUNCTURE	男 M											
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M											
	女 F											
藥物 DRUGS	男 M	1		3	19	17	15	20	4		79	105
	女 F				7	8	10		1		26	
毒藥 POISONS	男 M											
	女 F											
中毒 (酒精) POISON (ALCOHOL)	男 M					2	1	2			5	6
	女 F						1				1	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M						2	3	7		12	16
	女 F					1		1	2		4	
其他 OTHERS	男 M			1				1	4		6	12
	女 F					1	1		4		6	
小計 SUB TOTAL	男 M	4	1	13	29	41	54	69	188		399	593
	女 F	5		2	10	11	24	14	128		194	
總計 TOTAL		9	1	15	39	52	78	83	316		593	593

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)

2016年1月1日 - 2016年12月31日
 1ST JANUARY 2016 - 31ST DECEMBER 2016

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	1	1
	女 F											
海灘/海 BEACH/SEA	男 M			2	1	2	3				8	8
	女 F											
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											2
	女 F				1		1				2	
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			2	1	2	3		1		9	11
	女 F				1		1				2	
總計 TOTAL				2	2	2	4		1		11	11

* 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)

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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											2	2
	女 F	1			1								
吸入（食物） ASPIRATION (FOOD)	男 M												
	女 F												
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M												
	女 F												
吸入（其他） ASPIRATION (OTHER)	男 M												
	女 F												
窒息 SUFFOCATION	男 M												1
	女 F	1									1		
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												
	女 F												
一氧化碳（浴室） CARBON MONOXIDE (BATHROOM)	男 M												
	女 F												
一氧化碳（火災） CARBON MONOXIDE (FIRE)	男 M	2									2		2
	女 F												
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M												
	女 F												
跌倒 FALLS	男 M	1			1				3		5		7
	女 F	1					1			2			
淹死 DROWNING	男 M												1
	女 F						1			1			
觸電 ELECTROCUTION	男 M												
	女 F												
割或刺 CUT OR PUNCTURE	男 M												
	女 F												
火器 FIREARMS	男 M												
	女 F												
鈍器撞擊 BLUNT FORCE	男 M												
	女 F												
藥物 DRUGS	男 M	1			1	1	1	1	1		6		13
	女 F				3	1	3				7		
毒藥 POISONS	男 M												
	女 F												
中毒（酒精） POISON (ALCOHOL)	男 M												1
	女 F						1			1			
其他 OTHERS	男 M												
	女 F												
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M												
	女 F												
小計 SUB TOTAL	男 M	4			2	1	1	1	5		14		28
	女 F	3			4	1	6				14		
總計 TOTAL		7			6	2	7	1	5		28		28

* 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)

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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	6
	女 F						1		3		4	
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M											
	女 F											
吸入（其他） ASPIRATION (OTHER)	男 M											
	女 F											
窒息 SUFFOCATION	男 M											
	女 F											
吊死 HANGING	男 M											
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M											
	女 F											
被升降機壓死 CRUSHED BY LIFT	男 M											
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M											
	女 F											
燒灼 BURNS	男 M											
	女 F											
一氧化碳（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				2	1		1			4	4
	女 F											
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											
	女 F											
藥物 DRUGS	男 M				1	1	1		1		4	11
	女 F				2	1	4				7	
毒藥 POISONS	男 M											
	女 F											
中毒（酒精） POISONS (ALCOHOL)	男 M											1
	女 F						1				1	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			1	3	2	2	1	2		11	23
	女 F				2	1	6		3		12	
總計 TOTAL				1	5	3	8	1	5		23	23

* 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)

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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	1
	女 F											
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											
	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			1							1	1
	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											
	女 F											
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											
	女 F											
騎馬 HORSE RIDING	男 M											
	女 F											
遊船河 BOAT EXCURSION	男 M					1					1	1
	女 F											
滑浪風帆運動 WINDSURFING	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M			1		2			1		4	4
	女 F											
總計 TOTAL				1		2			1		4	4

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

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)

2016 年 1 月 1 日 - 2016 年 12 月 31 日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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		2	1			5	5
	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)

2016 年 1 月 1 日 - 2016 年 12 月 31 日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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		2	1	2	3	2			10	10
	女 F										
被物件壓死 CRUSHED BY OBJECT	男 M				2	1				3	3
	女 F										
燒灼 BURNS	男 M										
	女 F										
一氧化碳 (火災) CARBON MONOXIDE (FIRE)	男 M										
	女 F										
跌倒 FALLS	男 M			1	3	6	2			12	12
	女 F										
觸電 ELECTROCUTION	男 M		1			2				3	3
	女 F										
淹死 DROWNING	男 M					3				3	3
	女 F										
車輛 VEHICLE	男 M										
	女 F										
升降機 LIFT	男 M				1					1	1
	女 F										
其他 OTHERS	男 M			2						2	2
	女 F										
小計 SUB TOTAL	男 M		3	4	8	15	4			34	34
	女 F										
總計 TOTAL			3	4	8	15	4			34	34

殺人個案*
HOMICIDES*
(類別、年齡及性別)
(TYPE, AGE & SEX)

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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					1					1	1
	女 F											
涉及警方的火器 POLICE INVOLVED FIREARMS	男 M											
	女 F											
被人用銳利物襲擊 SHARP OBJECT ASSAULT	男 M						1		1		2	5
	女 F			2				1			3	
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M				2	1	1				4	5
	女 F			1							1	
絞縊 STRANGULATION	男 M											2
	女 F					2					2	
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M	1									1	1
	女 F											
窒息 SUFFOCATION	男 M											
	女 F											
涉及車輛 VEHICLE INVOLVED	男 M											
	女 F											
淹死 DROWNING	男 M											
	女 F											
毆打兒童 BATTERED CHILD	男 M											
	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											
	女 F											
其他 OTHERS	男 M						1				1	2
	女 F	1									1	
小計 SUB TOTAL	男 M	1			3	3	1	1			9	16
	女 F	1		2	1	2		1			7	
總計 TOTAL		2		2	1	5	3	2	1		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)

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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												
	女 F												
行人與汽車 / 輕型貨車 / 客貨車 PEDESTRIAN v. CAR/PICK-UP TRUCK/VAN	男 M			1	1	1	4	5	10		22	40	
	女 F					1	3	3	11		18		
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M			1	1		3		5		10	32	
	女 F			1	1		3	4	13		22		
行人與火車 / 電車 PEDESTRIAN v. TRAIN/TRAM	男 M												
	女 F												
行人與單車 PEDESTRIAN v. BICYCLE	男 M												
	女 F												
單車與汽車 / 輕型貨車 / 客貨車 BICYCLE v. CAR/PICK-UP TRUCK/VAN	男 M											2	
	女 F						1		1		2		
單車與貨車 / 巴士 BICYCLE v. TRUCK/BUS	男 M				2	1	1	1	1		6	7	
	女 F				1						1		
單車失去控制 BICYCLE OUT OF CONTROL	男 M						1		1		2	2	
	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						2	2	
	女 F												
電單車與貨車 / 巴士 MOTORCYCLE v. TRUCK/BUS	男 M				1						1	1	
	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			1			1	1			3	3	
	女 F												
汽車 / 輕型貨車 / 客貨車與貨車 / 巴士 CAR/PICK-UP TRUCK/VAN v. TRUCK/BUS	男 M			1	2		2	1			6	7	
	女 F						1				1		
汽車 / 輕型貨車 / 客貨車與火車 / 電車 CAR/PICK-UP TRUCK/VAN v. TRAIN/TRAM	男 M												
	女 F												
汽車 / 輕型貨車 / 客貨車失去控制 CAR/PICK-UP TRUCK/VAN OUT OF CONTROL	男 M						3				3	3	
	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						2	1			3	8	
	女 F	1					4				5		
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	1	1		2		5	5	
	女 F												
小計 SUB TOTAL	男 M			5	9	6	18	9	19		66	115	
	女 F	1		1	2	1	12	7	25		49		
總計 TOTAL		1		6	11	7	30	16	44		115	115	

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)
2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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								
	女 F								
20 to 29	男 M	1			1	2		4	5
	女 F					1		1	
30 to 39	男 M		1	2	2	2		7	9
	女 F			1		1		2	
40 to 49	男 M		1	3		1		5	6
	女 F					1		1	
50 to 59	男 M	6	1	1	2	7	1	18	30
	女 F	1		1	4	6		12	
60 to 69	男 M	3		1		5		9	16
	女 F					7		7	
70 to	男 M			2	1	15		18	43
	女 F			1		24		25	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	10	3	9	6	32	1	61	110
	女 F	1		3	5	40		49	
個案總數 TOTAL DEATHS		11	3	12	11	72	1	110	110

* 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 *

2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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		4	1	17		23
陰性 NEGATIVE	6	2	4	7	42	1	62
陽性（每100毫升血） POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	4	1	3	1	11		20
51 - 100 毫克 51 - 100 mg				2	1		3
101 - 150 毫克 101 - 150 mg			1		1		2
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	11	3	12	11	72	1	110

* 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)

2016年1月1日 - 2016年12月31日
 1ST JANUARY 2016 - 31ST DECEMBER 2016

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	1	1	3	5	12		23
陰性 NEGATIVE	1		3	3	3	16	8	28		62
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg			1	2	2	10	3	2		20
51 - 100 毫克 51 - 100 mg				2		1				3
101 - 150 毫克 101 - 150 mg				1				1		2
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		5	9	6	30	16	43		110

* 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

01/01/2016 - 31/12/2016

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									1		1	2
	女 F				1							1	
X60 非類鴉片鎮痛藥、退熱藥和抗風濕藥的故意自毒及暴露於該類藥物 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	男 M												
	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			1	1	1					4	7
	女 F				1	1	1					3	
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
	女 F							1				1	
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												
	女 F												
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				4	1	1	3				9	13
	女 F				1	1	2					4	
X62 麻醉劑和致幻藥[致幻劑]故意自毒及暴露於該類藥物，不可歸類在他處者 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	男 M						1					1	1
	女 F												

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

Y16 有機溶劑和鹵化烴及此兩類物質的汽體的中毒及暴露於該類物質／汽體，意圖不確定的 Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent	男 M												
	女 F												
X47 其他氣體及蒸氣的意外中毒及暴露於該類氣體 Accidental poisoning by and exposure to other gases and vapours	男 M												
	女 F												
X67 其他氣體及蒸氣的故意自毒及暴露於該類氣體 Intentional self-poisoning by and exposure to other gases and vapours	男 M	1	1	2	2	6	2	1			15	21	
	女 F		1	3	1	1					6		
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			1	1	
	女 F												
Y18 除害劑的中毒及暴露於該類物質，意圖不確定的 Poisoning by and exposure to pesticides, undetermined intent	男 M												
	女 F												
X49 其他和未特指的化學品及有害物品的意外中毒及暴露於該類物品 Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M												
	女 F												
X69 其他和未特指的化學品及有害物品的故意自毒及暴露於該類物品 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M												
	女 F												
Y19 其他和未特指的化學品及有害物品的中毒及暴露於該類物品，意圖不確定的 Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent	男 M												
	女 F												
Y47 鎮靜劑、安眠藥及抗焦慮藥物 Sedatives, hypnotics and antianxiety drugs	男 M												
	女 F												
小計 SUB-TOTAL	男 M	1	1	2	7	7	9	6	3		36	55	
	女 F			1	6	3	6	1	2		19		
總計 TOTAL		1	1	3	13	10	15	7	5		55	55	

* 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)
2016年1月1日 - 2016年12月31日
1ST JANUARY 2016 - 31ST DECEMBER 2016

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	2		2	6	10	29	40	96	1	186	324
	女 F	2	3		3	2	14	20	94		138	
腫瘤 Neoplasms C00 - D48	男 M	2		5	10	18	61	114	309		519	843
	女 F	1	1	2	7	23	43	64	183		324	
血液和造血器官疾病 Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism D50 - D89	男 M								4		4	10
	女 F			1		1	1		3		6	
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				5	12	16	31		65	123
	女 F			2		5	8	8	35		58	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M							1	36		37	133
	女 F							2	94		96	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M	4		4	2	2	9	13	28		62	110
	女 F			4	3	1	7	7	26		48	
眼部和屬眼的疾病 Diseases of the eye and adnexa H00 - H59	男 M											
	女 F											
耳部和屬耳的疾病 Diseases of the ear and mastoid process H60 - H95	男 M											
	女 F											
循環系統疾病 Diseases of the circulatory system I00 - I99	男 M	4	1	14	36	133	356	515	1399		2458	4071
	女 F	4	1	4	18	45	90	168	1283		1613	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	6	1	6	15	18	68	160	646		920	1315
	女 F	3	2	3	7	9	38	52	280	1	395	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M	1	2		6	11	32	43	105		200	326
	女 F	2	1			3	7	18	95		126	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M				1	1		1	4		7	11
	女 F					1			3		4	
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		5	4	6		16	30
	女 F		1	1		1		6	5		14	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M			1	1	10	21	31	71		135	230
	女 F			1	2	7	17	68			95	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M											3
	女 F			1	2						3	
一些始於出生前後嬰兒時期的狀況 Certain conditions originating in the perinatal period P00 - P96	男 M	5								2	7	13
	女 F	4								2	6	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	3		1			1				5	11
	女 F	3	1				1		1		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 R00 - R99	男 M	8	1	8	20	28	50	90	454	13	672	1366
	女 F	5		1	8	15	12	20	632	1	694	
小計 SUB TOTAL	男 M	36	5	41	98	236	644	1028	3189	16	5293	8919
	女 F	24	10	19	49	108	228	382	2802	4	3626	
總計 TOTAL		60	15	60	147	344	872	1410	5991	20	8919	8919

2016 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) 2016

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	72
2. 騎腳踏車者在交通意外中受傷 (V10-V19) Pedal cyclist injured in transport accident	12
3. 騎摩托車者在交通意外中受傷 (V20-V29) Motorcycle rider injured in transport accident	3
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	13
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	
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	8
8. 巴士使用者在交通意外中受傷 (V70-V79) Bus occupant injured in transport accident	2
9. 其他陸上交通意外 (V80-V89) Other land transport accidents	
10. 水上交通意外 (V90-V94) Water transport accidents	2
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	42
2. 暴露於無生命的外物物力 (W20-W49) Exposure to inanimate mechanical forces	12
3. 暴露於有生命的外物物力 (W50-W64) Exposure to animate mechanical forces	1

4. 意外淹死及淹沒 (W65-W74) Accidental drowning and submersion	11
5. 其他危及呼吸的意外情況 (W75-W84) Other accidental threats to breathing	20
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	2
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	26
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>	154
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>	11
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	2
iii) 與在診斷及治療用途中發生的各類負面事故相關的醫療設備 (Y70-Y82) Medical devices associated with adverse incidents in diagnostic and therapeutic use	
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	3

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种成因有關的輔助因素 (Y90-Y98) <u>Supplementary factors related to causes of morbidity and mortality classified elsewhere</u>	
IX. 影響健康狀態和與保健機構接觸的因素 (Z00-Z99) <u>Factors influencing health status and contact with health services</u>	
死因不明的死亡個案 Unknown Cause of Mortality	40
自然死因 Natural Cause	172
[Total 總數]	629