

# 立法會 *Legislative Council*

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## **Panel on Home Affairs**

### **Information note prepared by the Legislative Council Secretariat for the meeting on 15 March 2012**

#### **Safety arrangements of the 2012 Hong Kong Marathon**

The Hong Kong Marathon, organized by the Hong Kong Amateur Athletic Association ("HKAAA") on a self-financing basis since 1997, is one of the major annual international sports events in Hong Kong. It has also been awarded the "M" Mark status under the "M" Mark Scheme launched by the Major Sports Events Committee of the Sports Commission since 2004.

2. The 2012 Hong Kong Marathon was held on 5 February 2012, featuring six 10-kilometre races, three half-marathon races, two full-marathon races as well as two wheelchair races. About 70 000 runners had registered for the event. The media reports on the death of a 26 year-old runner after competing in the half-marathon race and a number of unofficial substitute runners participating in the event had aroused wide public concern about the safety and logistical arrangements of the event. The relevant press reports are in **Appendix I**.

3. The subject of the safety arrangements of the 2012 Hong Kong Marathon has not been discussed by the Panel on Home Affairs. Three questions were raised at the Council meetings of 31 January, 28 March and 24 October 2007 respectively concerning the safety arrangements of the Hong Kong Marathon. The questions and the Administration's replies are in **Appendix II**.

# 一年一度盛事千人途中受傷

# 馬拉松跑手一死兩危



**每**年一度的香港盛事「渣打馬拉松」昨舉行，樂極生悲，繼2006年有參賽者死亡後，昨日再發生跑手一死兩危殆悲劇，一名26歲男參賽者抵達終點後暈倒，現場其他跑手立即為其進行人工呼吸及心肺復甦法急救，但送院後證實不治，另兩名年輕男女跑手亦不支倒地，情況危殆，另有上千人次賽事期間受傷，連同死者等在內共有38人送院，較去年多出三倍以上。賽事籌委會主席高威林（圖）強調有足夠的醫護人手在場，並指每項運動都有危險性，曾考慮要求參賽者提供醫生證明，後認為不切實際，而今年檢討時將重新考慮有關做法。

記者張維利報道

「渣打馬拉松2012」昨早在尖沙咀舉行，分10公里、半馬拉松及全馬拉松賽事，其中26歲男死者劉錦麟（譯音）昨早約7時30分完成22公里的半馬拉松壯年組賽事，抵達終點步行約40呎後，突然不支倒地，附近選手發現後即時大叫「有人暈咗啊」，其他跑手則立即上前，即場為他進行人工呼吸和心外壓等急救措施。

附近的醫療輔助隊人員其後趕到現場，將劉姓死者移離跑道，並轉送到灣仔的律敦治醫院進行搶救，惜其延至8點58分證實不治，而今次是自2006年2月一名53歲患支氣管炎的男跑手曾錦賢比賽途中昏迷，留醫搶救兩日不治後，再有選手在參加渣打馬拉松期間死亡。

## 抵達終點後倒地

除劉錦麟外，昨日在賽事期間總共有989人受傷，當中658人次抽筋不適，雖較去年有911人次抽筋為少，但屆屆有276人次需要包紮傷口，較去年的166人次為多，更有38名跑手要送院治理，較去年的9宗上升超過三倍，當中有一男一女跑手送院治理後，情況仍然危殆，據知情況危殆的女跑手張X儀，現年24歲，是首次參加10公里賽事，而她在完成賽事後不適倒地，要由醫療輔助隊人員抬上輪椅，同樣送往律敦治醫院救治；至於另一危殆男跑手莫X明，現年26歲。

香港國際馬拉松籌委會主席高威林事後向死者家人致以深切慰問，表示每項體育項目都有危險性，其他地方的賽

事亦曾出現跑手死亡個案，強調現場有足夠醫護人員，「今年我哋有足夠既醫護人員喺沿途同終點駐守，除咗我哋有三位醫生喺終點外，亦都有護士及醫療輔助隊人員，我哋亦有10架救傷車，喺沿途同呢處standby（預備），所以我地喺救傷方面係非常之足夠」。

## 大會指醫護足夠

對於多名選手比賽期間受傷送院，並有死亡個案，高威林則指曾經考慮要求所有參賽者，先向大會提供健康證明，但其後認為做法不切實際，「會唔會叫所有參加者一定要攞醫生證明？我哋以往亦都考慮過，但覺得呢個（方法）係不切實際，有好多攞完之後，都唔代表佢身體係適合跑步」，但他指今年檢討賽事時，會重新考慮這項做法。他又指為令跑手更清楚個人狀況，大會今年賽前曾向跑手新增知識訓練以及跑步訓練班。

相關新聞刊A04、C02、D07版

## 渣打馬拉松參賽者受傷統計

類別	2011年數字 (人次)	2012年數字 (人次)
抽筋	911	658
傷口包紮	166	276
需要冰敷	16	17
脫水	0	0
送院人數	9	38*

註：\*根據下午3時35分的報告，當中10人已出院，1人證實不治

## 年前兩度完成賽事

【本報記者報道】今次賽事的死者（譯音：劉錦麟），據悉他在一間建築公司擔當文職工作，死者家人昨日往醫院了解後，各人傷心不已。而另外兩名危殆的傷者，包括女跑手（譯音：張X儀），男跑手（譯音：莫X明），他們仍留院搶救。其中24歲女跑手的父母昨日表示，其女兒是第一次參加馬拉松比賽，身體一向良好，在比賽前亦有自行訓練。

香港國際馬拉松籌委會主席高威林昨日知悉事件後，向死者家人致以深切慰問，又透露死者生前於2010和2011年，分別有參加由渣打馬拉松舉辦的十公里和半馬拉松賽事，並且都能成功完成。

而參加馬拉松比賽後情況危殆的一男一女跑手，昨晚仍然在醫院深切治療部留醫，他們均在律敦治醫院留院。

## 危殆男女仍留醫

其中24歲女跑手的父母昨午表示，女兒的情況似乎有好轉，並無插喉，但仍未甦醒，他們暫時未見到主診醫生，未知詳細情況。他們又說，女兒是第一次參加馬拉松比賽，身體一向良好，在比賽前亦有自行訓練。

而該名危殆的男跑手，初時在現場資料是姓黃，但及後經查核，確認傷者姓莫，當中未確定在哪處出現錯誤。

# 馬拉松跑上黃泉路

## 一死兩命危 38送院 千人不適

### HONG KONG MARATHON 香港馬拉松

一年一度的香港馬拉松賽事昨日舉行，共有破紀錄的六萬多人參加，但卻有近千名跑手不適，38人須送院醫治，其中一名26歲男子衝過終點後不支倒地，送院後證實死亡。另外有兩名分別只有25歲和23歲的男女跑手危殆。有運動專家指，近年本港馬拉松比賽越來越「盛事化」，不少平日未經嚴格訓練人士也參加，形成「體能陷阱」，亦有過往跑10公里的跑手，自行「升級」報跑半馬拉松，但隨時超越體能負荷，加上比賽時憑意志力衝刺，就很容易引發猝死。

採訪：靜態組、突發組

#### 運動猝死多因先天性疾病

根據國際經驗，馬拉松比賽中，每10萬人便有0.8個死亡個案，比例雖然不高，但仍存在風險，故參賽者不宜掉以輕心，要量力而為。何況外國的馬拉松賽事，參賽跑手以運動員為主，而香港的賽事，則有大量非專業運動員跑手，風險會較高。

雷雄德指出，昨日比賽期間的氣溫和濕度，其實十分合適，空氣污染指數也不算高，相信並非引發意外原因，反而很大可能與先天疾病或訓練不足有關。

據統計，35歲以下年輕人運動猝死個案，九成以上是與先天性疾病有關，再加上受後天環境影響，如其膽固醇偏高、有高血壓徵兆、訓練時雖沒有任何病徵，但於比賽時出盡全身能力，加上心理因素，就很容易誘發猝死。

#### 參加馬拉松至少特訓半年

浸大體育系主任及教授鍾伯光亦估計，26歲死者可能有潛在的健康身體問題，但其本身意志力很強，鼓起一口氣衝線後，透支過度即出事。當體力未能應付賽事，便會造成體能透支，導致嚴重後果。他提醒參賽者，參加馬拉松比賽前必須經充足訓練，最少半年，也不要定下太高目標，以享受比賽過程為先。

**第**16屆香港馬拉松賽事舉行期間，共有989名跑手不適，人數雖較去年度的1,102人少，但卻有一名跑手死亡，而須送院醫治的人數亦多達38人，是去年的4倍。直到昨午，只有10人出院，27人留醫，其中兩人危殆，其中一名危殆的女跑手經已甦醒，情況好轉。

另外，根據醫療輔助隊報告，有近658人次於賽事期間抽筋，而包紮傷口的人次則有逾270人，較去年增加逾60%。

#### 專家：盛事化變體能陷阱

浸會大學體育系副教授雷雄德表示，不少市民均有誤解，以為過往曾參與10公里賽事，半馬拉松只跑21公里，即約兩個10公里賽，應不難應付，但其實跑半馬的體能負荷要求，並不是跑兩個10公里可以相比，若缺乏訓練便參加，便會造成風險。

他稱，大會網頁也有向參賽者提供訓練計劃，以及其他如飲食、營養等數據，可是有不少參賽者不太理會，更沒有依從，自行憑經驗去作出訓練安排，其實，參加半馬的業餘選手，若要應付到賽事，起碼需要半年前便開始訓練，而參加全馬拉松的跑手，更最少須訓練9個月。

#### 近年馬拉松跑手不適及傷亡人數

年份	參加人數	受傷或不適人數	送院人數	送院者情況
2012	約70,000人	約1,000人	38人	2人危殆，1人死亡
2011	65,000人	1,093人	9人	4人留院
2010	52,300人	1,501人	55人	3人危殆
2009	51,272人	5,575人	27人	7人留院，4人情況嚴重
2008	42,500人	2,350人	31人	7人留院
2007	37,438人	6,249人	35人	6人留院
2006	35,660人	5,092人	22人	9人留醫，1人留醫後死亡

# 衝線後呼最後一啖氣

**死亡陰影**

昨日的渣打馬拉松賽事，在賽事期間，一名半馬男跑手衝線後不支倒地，送院後不治死亡，令這項本港體育盛事，繼2006年有跑手猝死後，再次蒙上死亡的陰影。

## 跑手義助人工呼吸

根據大會紀錄，在昨日賽事中不幸死亡的男跑手劉錦麟(26歲)，先後在2010及2011年參加10公里及半馬賽事，並全部跑畢全程，去年參加的半馬賽事更以1小時4分45秒跑完全程，成績不俗。他昨日參加的是壯年組半馬賽事。劉生前任職建築公司文員。馬拉松籌備委員會主席高威林對意外中的死傷者家屬表示深切慰問。

昨早上7時許，劉穿上運動衫掛着編號「54852」的號碼布，跑完全程，抵達銅鑼灣維多利亞公園終點站。當劉跑鞋上的晶片，經過終點站地面的橙色電子計時器，發出「嘟」一聲計時聲響後，劉知道已紀錄了個人比賽時間，隨即放慢腳步，沿着鋪有綠色地墊的通道右方慢行，在

終點後約十多米外突然倒地，有跑手見狀即時大叫：「喂！有人暈倒呀！」數秒鐘後即有一名身穿黑色運動服的男跑手，為昏迷不醒的劉進行人工呼吸。另一名穿紅衣男跑手，則以半跪方式在較後位置，將劉的雙腳抬起，讓他體內的血液盡量回流至心臟。

## 跌倒前不停叫大氣

劉在接受分分鐘人工呼吸後，開始回復自行呼吸，但仍然軟癱在地，無法自行起身，距終點不遠的醫療人員，隨即帶同輪椅趕至，最終要由其他人合力才能將他抬上輪椅，並由兩名在現場駐守的醫生護送往灣仔律敦治醫院，但醫生搶救至早上8時許，證實劉不治。劉的十多名家人聞訊趕至醫院得悉不幸消息後，激動痛哭。

有曾經與劉同行的其他跑手，憶述事發經過時稱：「當時見到佢無乜特別，衝咗線之後仲頭岳岳，但係見到佢擘大個口不停咁咁大氣，好似呼吸有啲困難，無幾耐就見佢跌低咗。」新報記者

## 籌委會聲稱駐守醫生人手足夠 跑手：醫護唔知去咗邊

**應急措施**

雖然有專家認為昨日的指溫度及濕度均適中，十分適合進行長跑比賽，可是，昨日仍有近千名跑手不適送院，釀成一人死亡，兩人危殆。有跑手質疑大會安排的醫護人員「唔知去咗邊」，才導致有選手死亡意外。

## 昨日天氣適宜長跑

昨清晨開跑時的氣溫為攝氏16度，濕度80%，有專家認為溫度及濕度均適宜舉行長跑比賽。

然而，在昨日整個賽事中，約有接近千名跑手感到不適，分別出現抽筋、身體或擦傷意外，其中近200人需要包紮傷口、8人需要敷冰，連同死亡及危殆的兩名跑手，共有18名跑手需要送院救治。

參加了半馬賽事的陳先生表示，他從電視新聞中，看到馬拉松籌備委員會聲稱，主辦單位在終點安排了3名醫生駐守，但在電視播放的急救片段中，卻只看到其他跑手為傷者施救，卻不見醫生蹤影。陳先生奇怪醫生究竟駐守在終點的哪個地方？

馬拉松籌委會主席高威林接受訪問

時表示，已部署600名醫護人員，及派出10輛救護車在賽道戒備，足夠應付突發情況。籌委會將進行賽後檢討，但認為報名時要求跑手提供醫生的健康證明不切實際，難以推行。

## 6年前曾有跑手猝死

馬拉松籌備委員會對跑手所提供的醫護措施，其實在2007年已作出改善。因為在2006年一名全馬男跑手，在跑了十多公里後突然猝死，被人質疑賽會安排的醫護措施不足。

主辦機構並將駐場救護車由2006年的5輛增至7輛，醫療人員及工作人員增至逾500人。並在當年開始在賽道提供物理治療服務，加強醫療支援。

新報記者

## 馬拉松期間 接受醫療服務人次

	2012年	2011年
抽筋	658人	911人
傷口包紮	276人	166人
冰敷	17人	16人
脫水	0人	0人
送院	38人	9人



一年一度的體育盛事渣打馬拉松賽事，昨發生跑手一死兩危殆悲劇！一名二十六歲年輕跑手，在半馬賽事衝綫後突然暈倒，經即場急救送院終不治，賽會向死者家屬致深切慰問。此次自〇六年賽事以來，第二人「跑到死」。另昨亦有兩名年輕男女跑手，完成賽事後昏迷情況危殆；而全日共有三十八名跑手送院治療，較去年多出逾三倍。

記者：楊偉亨 余璋

「跑到死」年輕跑手劉緯麟（二十六歲），未婚，任職建築公司文員，今年參加渣打馬拉松半馬挑戰組壯年組賽事，跑手號碼「54852」。馬拉松籌委會主席高威林表示，劉在前年開始參加跑馬拉松十公里賽事，至去年轉跑二十一公里的半馬比賽，兩次均能完成賽事。他向死者家人致以慰問。而大會已替跑手購買第三者風險保險。

### 母聞噩耗涕淚流

事發昨晨近八時，劉跑抵維園衝過終點綫後，步行約四十五米，突然暈倒在地，在旁多名跑手連忙協助，進行口對口人工呼吸，劉曾一度轉醒。但送入醫療室後，醫生發覺他呼吸及脈搏微弱，需送院急救。兩名駐場醫生隨即陪同乘救護車往醫院，並一直作心外壓急救。

劉於八時許送抵律敦治醫院，惟至八時五十八分不治。劉母與十名親友接獲通知趕抵醫院，各人表現傷心，劉母更多番落淚，需由女親友攙扶，約逗留至十一時乘的士離去。

### 女跑手搶救後甦醒

另外，兩名危殆跑手其中一人為二十三歲女跑手張維怡，她首次參加馬拉松十公里賽事，衝過終點後即告昏迷，送院急救發現肺部有輕微出血，需插喉幫助呼吸，經八小時搶救，至下午四時已甦醒，父母則輪流照顧。

據香港業餘田徑總會統計，昨賽事期間共有三十八人送院，

相對去年送院只有九人，大增三點二倍；另有逾六百五十人抽筋及二百七十多人須包紮傷口。而兩場輪椅賽共有四位跑手未能完成賽事，原因為未能指定時間完成賽事及自動退出等。

昨晨氣溫約十六度，濕度維持逾百分之八十。浸大體育系副教授雷雄德認為，昨天氣良好適合跑步，對有跑手猝死感意外。他估計，死者可能患有感冒，或有隱性疾病導致發生今次不幸事件。普遍參賽健兒稱，起跑時天氣舒適，相當適合跑步，惟其後氣溫突然升高，故後段跑得較為辛苦，不少跑手都跑至抽筋。有跑手則說，供水設施充足，惟食物不足，未能即時補給。

### 沿途600救護候命

對於再有跑手猝死，馬拉松籌委會主席高威林昨表示，每項體育項目都有危險性，馬拉松亦不例外。他指大會過往曾考慮要求所有參賽者提供醫生證明，但討論後認為不切實際，不過今年檢討時會重新考慮這項要求；他又強調，大會在賽事前，已向跑手新增知識訓練和跑步訓練班。

今年賽事沿途有六百名救護人員，包括終點安排三名醫生、兩名護士、一支醫療輔助隊，及沿途有十輛救傷車待命，他認為十分足夠。渣打馬拉松對上一次有參賽者死亡，是〇六年一名五十三歲，患有支氣管炎參加全馬的男跑手，跑了約十三公里突然暈倒，送院兩日後不治。

相關新聞詳刊A6版



# 危殆跑手被揭「頂包」

渣打馬拉松除發生跑手昏迷釀一死兩危慘劇，更揭發懷疑「頂包」事件，當中一名報名十公里的跑手，因事外遊未及回港作賽，找來友人頂替，該名「頂包」跑手在跑畢賽事後暈倒送院，情況危殆，家人憂心忡忡；對於有懷疑「頂包」跑手，賽會正了解事件，並調查在核實身分程序是否出現漏洞。

## 原選手外遊未返

該名頂包跑手姓莫（二十五歲），過去曾參加十公里及全馬賽事。至於報名參加馬拉松的跑手則姓黃（三十三歲）。

據悉，莫黃為好友，他們均熱衷長跑運動，但莫今年沒有參加渣打馬拉松賽事，而黃則報名參加十公里賽事。消息稱，有人前日致電莫，聲

稱身在深圳未及回港參賽，要求莫拿取其號碼布及計時晶片代為出賽。

昨晨七時許，莫跑畢十公里賽事後，在維多利亞公園終點突告昏迷送院，賽會根據其號碼布資料，一度以為姓黃跑手出事，及後經莫的家人趕往醫院，始揭發懷疑有人「頂包」。莫的父母趕抵醫院時顯得十分擔心，據莫父指兒子一向有跑步習慣，比賽前亦有足夠休息。

## 影響日後參賽權利

根據賽事規例，跑手的號碼布及計時晶片不得轉讓，如有代跑者，除取消參賽者及代跑者的比賽資格外，賽會亦保留拒絕參賽者及代跑者，日後參加由香港業餘田徑總會舉辦的各項比賽權利。

本報記者



■危殆男跑手被揭為友「頂包」出賽。  
楊偉亨攝

## 天氣好宜跑步 醫生疑涉隱疾

對年年輕跑手於半馬拉松賽事後猝死，有醫生表示昨日天氣良好，適合跑步，估計死亡原因與跑手本身有隱性病如心臟病等有關。

醫生又指出，而馬拉松屬劇烈運動，血壓容易產生變化並誘發隱性病，病人可於短時間內出事，而長跑亦會令心臟纖維化，增加心臟受損的風險。

中文大學呼吸系統科教授許樹昌表示，昨日天氣良好，適合跑步，認為跑手猝死與天氣無關。

他估計，該名跑手本身有隱性病，例如腦腫瘤或心臟血管等，「馬拉松是劇烈運動，血壓會於期間出現不同變化，血壓高時可能會爆血管，血壓高低或缺水時亦可能會令跑手出現缺血的情況。」他又指，先天性隱疾是與生俱來的，年輕人也有可能出事，「雖然死者過去兩年來都有參加賽事，但隱性病亦有機會出現病變。」

## 長跑手易心臟纖維化

心臟科專科醫生梁偉宣亦

指，年輕跑手突然死亡，與先天性遺傳病有很大關係，例如先天性心臟肥厚症以及心率失常等，「通常起跑時及衝線後的時間，身體出現問題的危險性會較大，因為跑手的心臟適應了快的速度，一旦忽然慢下來，心臟會不適應。」

他又指，已有報告證明不少長跑跑手都有心臟纖維化的情況，會令心臟更易出問題，「我們通常會建議跑手衝線後不要立即停下來，要用大約十分鐘的時間慢慢跑，讓身體冷卻下來。」

記者 張聲慧



■女跑手張維怡昏迷，一度危殆。

# 危殆男傷者 頂包代跑出事

## 馬拉松1死2危 俱80後跑手

逾7萬人報名參加昨日的渣打馬拉松，卻釀成一死兩危殆，均為20多歲的80後年輕跑手，當中男死者跑畢21公里「半馬拉松」賽事後猝死。

有醫生指，年輕人進行劇烈運動時猝死，多源於先天心臟病，建議有家族病史等高危因素者，求診後才參賽，比賽時感不適要減速或停。

主辦單位認為，難要求全數參賽者提供醫生證明（見另文），但會作檢討。

■本報記者 李安琪、洪小晶、蔡瑤、楊玉珠、施永昭

昨日渣馬共有38人不適送院，較去年大幅上升。其中一名26歲參賽者，約於昨晨7時半衝過終點後約40公尺暈倒，其他跑手見狀即時為他做人工呼吸，醫療輔助隊人員在15分鐘內到達，以心肺復甦法救治，再由在場醫生陪同送往律敦治醫院，搶救後證實不治。

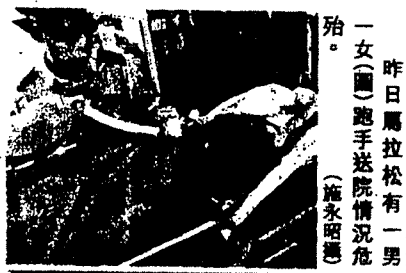
### 男死者曾3度參賽

死者劉緯麟從事測量工作，是有經驗參賽者，去年及前年亦曾分別參加半馬及10公里賽事，均能跑畢全程，今年第3次參加渣打馬拉松，挑戰半馬。其家屬事後趕往醫院，神情哀傷，其後不發一言乘的士離開。

另外，一名24歲女跑手及26歲男跑手情況危殆，當中女跑手至昨午仍未甦醒，男跑手則已甦醒，因插喉未能了解病因；兩人送院前均以心臟除顫器急救，昨晚均在律敦治及鄧肇堅醫院深切治療部留醫，仍然危殆，初步顯示均沒有病底。

危殆26歲男傷者，原來是「頂包」代跑，據知，原本參賽者為姓黃33歲男子，參加10公里賽事，但昨身處深圳，無法趕回港參賽，遂致電參加過馬拉松的姓莫傷者，領取其編號牌代跑。

24歲危殆女跑手張維怡，其母指女兒在外國讀書回來，半年前入職渣打銀行，一向健康良好，今年首次參加馬拉松，間中有練跑。



昨日馬拉松有一女（圖）跑手送院情況危殆。（施永昭攝）

該院心臟科主任兼顧問醫生劉育港指，兩名危殆患者，初步檢查結果已排除與心臟結構，如心瓣狹窄或冠狀動脈的跳道出現問題（另見文）引致。

他又指利用心臟除顫器，有助因心律不正病發的患者恢復心跳頻率，但對於心臟已停頓的患者則沒作用。

### 醫生：涉先天心臟病

## 大會有為跑手購第三保

### 金額未知

渣打馬拉松一死多傷，主辦機構稱有為跑手購買第三者保險，昨日卻拒絕透露保額及賠償額。

有保險業人士指，如跑手本身有病底，因參賽而發病，就算有自行購買意外保險，一般亦不能獲得賠償。

今年渣打馬拉松破紀錄有逾7萬人參加，當中38人送院，1人死亡，2人危殆需深切治療；另有276人受傷要包紮。

被問及死傷者是否有賠償，馬拉松籌委會主席高威林說，大會買有第三者保險，但當被問及賠償額，高威林卻避而不答。

馬拉松以往一直有為賽事購買第

劉育港指，年輕人因劇烈運動出事，多數與心血管阻塞有關，如因先天性膽固醇問題引致的心肌梗塞、心臟血管壁破裂、冠狀動脈抽筋而致無血液供應，或心臟肌肉毛病致心律不正，都有機會引致病情危殆。

除在跑道上病發外，一名54歲男選手昨完成全馬後，下午2時許與太太路經一商場時，突然暈倒，送往律敦治及鄧肇堅醫院，初步診斷為心臟病發。

浸會大學體育系副教授雷雄德認為，昨天氣不太熱亦不太潮濕，跑手猝死與天氣無關。

他指，絕大部分猝死個案是源於平時訓練不足，或在訓練時沒病徵，致未能察覺身體有問題；他又表示，全球數字顯示，全馬賽事中每10萬人，就有0.8人有猝死風險，建議跑手在賽前檢查心臟健康。

渣馬籌委會主席高威林，對死傷者家屬表示深切慰問。☐

另有相關報道及評論

A24、A34

三者保險，但賠償金額及保額歷年來諱莫如深，一直不肯公開。據本報了解，渣打馬拉松過去因賽事而死亡的保險賠償上限為15萬元，但未知今年可有上調。

### 保險業指 有病底或不賠

跑手可否透過自行購買保險以防萬一？保險業聯會轄下的一般保險總會主席潘榮輝指，這類保險主要涵蓋在意外保險內，但如因本身疾病而在賽事中病發，就算購有意外保險亦不會受保。潘指：「如果是比賽時撞到人或被石頭絆倒而出事，那便可以受保，但如因本身疾病引致，則一般都保不到。」☐

■本報記者 楊玉珠、李安琪



接受治療  
不少跑手需送往醫院  
(林宇翔攝)

## 今屆選手不適 或受傷數字\*

**死亡** 1人 (26歲, 劉緯麟)  
**送院** 38人 (23至58歲), 其中兩人危殆 (26歲男子及24歲女子), 另兩人情況穩定, 其餘已出院

● 傷口包紮: 276人次 ● 冰敷: 17人次  
● 抽筋: 658人次

\*曾接受治療選手

注: 截至昨午5時數字

資料來源: 綜合渣打馬拉松大會、醫管局和政府新聞處資料

## 跑馬拉松錦囊

● 有高危因素, 包括患遺傳性心臟病、冠心病、高血壓、糖尿病, 或有家族病史, 或吸煙習慣, 應先徵詢醫生。

● 高危者須與醫生商討跑速和跑步距離上限、是否須服藥

● 跑時時出現心絞痛、胸口感到壓迫, 或狀態突然轉差, 應檢查是否有隱性心臟病

● 跑時盡量心跳慢、心跳超上限時響警報, 確保心跳不超過每分鐘 (220-歲數) X 80%至90%, 即20歲跑者心跳不超過每分鐘160至180下

● 一年前開始籌備, 4個月前有系統訓練, 每周最少3次; 參加10公里每周3次跑畢全程; 參加半馬每周一次跑畢全程; 參加全馬逐步增加距離, 最後一次練習須跑畢34公里(全馬約42公里)

● 向專業人士學跑

● 在不同天氣及路段跑、練習調節速度及喝水時間

● 跑前花幾天習慣早起、足夠睡眠及吃早餐才跑步

● 傷風感冒勿參賽, 免併發心肌炎

● 參賽時天氣熱及曬燭, 宜放慢跑速

● 倘跑步時辛苦得未能挺直身、氣促、多汗、心絞痛、胸口壓、心跳太快, 須減速, 仍未好轉應坐下求救

資料來源: 綜合醫生、跑步教練及體育系教授

## 近年渣打馬拉松傷亡事件

詳情/舉行日期	5/2/12	20/2/11	28/2/10	8/2/09	17/2/08	4/3/07	12/2/06
參賽人數	7萬	約5.5萬	逾5.2萬	逾5.1萬	逾4.2萬	逾3.7萬	逾3.5萬
不適或受傷	1,000	逾1,000	逾1,000	逾5,000	逾2,000	逾6,000	逾5,000
送院人數	38	9送院, 1留醫	55	27送院, 7留醫	31送院, 7留醫	35送院, 6留醫	22送院, 9留醫
死亡或嚴重	1死2危殆	—	3危殆	4嚴重	—	—	1人死亡

資料來源: 本報資料庫

## 年輕選手猝死 醫生揭4大原因

### 分析

80後年輕跑手猝死馬拉松事件, 過去4個月全球已最少發生4宗, 共同點都是半馬選手, 在臨近終點和衝刺後不久出事, 部分更是運動健將。

本港心臟專科醫生解構4大致命原因, 其中年輕死者多患隱性肥厚性心肌病變, 長跑時電解質下降導致心律不正而病發。

### 全球4個月4宗 均半馬選手

去年12月4日, 新加坡22歲商業管理系大學生在完成半馬賽事後昏倒, 送院後死亡, 報道指他是運動健將, 服兵役時每晚都跑步。費城和芝加哥去年亦相繼有年輕跑手猝死運動場上(見表)。

律敦治及鄧肇堅醫院心臟科主管劉育港指, 因參賽引致猝死或嚴重個案, 主要分4大原因, 包括心肌梗塞、先天性心臟狹窄、冠狀動脈被附近的大小動脈夾着而無法供血、心臟肌肉毛病引致心律不正, 都可引致性命危險。

劉解釋, 若有先天性心臟肌肉毛病, 當運動過劇, 或情緒受刺激如出現興奮或憤怒, 腎上腺素同時急升, 便會引致心律不正, 亦會釀成休克或昏迷。

心臟專科醫生梁達智指年輕人患肥厚性心肌病變不普遍, 但年輕跑手猝死多與此有關。

### 多患隱性肥厚性心肌病變

梁指長跑時鉀等電解質下降, 有可能影響心跳, 若跑手隱藏肥厚性心肌病變, 或因此誘發心律不正, 嚴重會猝死。他指肥厚性心肌病變一般要透過心電圖或超聲波, 才可驗出。

以全球最多人參加的倫敦馬拉松為例, 每屆都有超過3萬人完成賽事, 自1981年至2003年的23屆賽事中, 共有7宗心血管死亡事故, 另有5宗能及時搶救, 總括20年來的死亡率為每67,414人, 有一人死亡。

至於紐約馬拉松, 在過去40萬參賽者中, 則有3宗猝死個案。

事實上, 去年11月費城馬拉松發生大學生和律師猝死後, 引發馬拉松增加心臟病發風險的討論。根據今年1月在《新英倫醫學雜誌》發表的研究, 參考2000至2010年1,100萬馬拉松參加者, 59人心臟病發, 當中有40人是跑全馬, 19人跑半馬, 85%是男性。59名病發者中, 42人死亡。在31名有詳細病歷的個案中, 發現其中15人有肥厚性心肌病變, 多是年輕跑手。

研究結論認為, 跑馬拉松猝死的風險, 並不比學校運動或緩步跑高, 反而因為場地有急救人員, 發病的死亡率為71%, 比其他院外發病死亡率的92%還要低。

■本報記者 王嘉嘉、楊玉珠





不少健兒在衝線後坐在賽道旁邊休息。  
(林宇翔攝)

## 全球馬拉松死亡事件簿

2011年 12月	新加坡	22歲男子完成半馬賽事，到達終點後倒地，送院搶救後死亡
2011年 11月	黃城	20歲亞裔學生及一名40歲律師，分別在終點和臨近終點前倒地，疑心臟病猝死
2011年 10月	多倫多	27歲男子參加半馬賽事，在離終點300米倒地猝死
2011年 10月	洛杉磯	37歲男子完成半馬賽事不久後死亡
2011年 10月	芝加哥	35歲男子在半馬賽事臨近終點前倒地，送院兩小時後死亡
2009年	底特律	3名選手死亡，兩人因心臟病發猝死，一人因昏厥倒地頭部重創致死
2007年	倫敦	22歲男子在跑完全程後昏厥，搶救無效去世
2001年	倫敦	30歲男選手在跑完全程後猝死

資料來源：綜合報道

# 患心臟病 賽前須花萬元檢查

## 醫生提醒

跑步會死人？醫生及教練提醒，心臟病患者必須接受檢查後才跑馬拉松，但可能花費逾萬；若跑時嚴重氣促，或累得不能挺直身，就要減速甚至停跑，患傷風感冒更不宜參賽。

心臟專科醫生黃品立稱，心臟病患者若每周3次進行30分鐘帶氧運動，有助令復發率減3成。黃指：「我有幾十個病人參加了今次馬拉松，當中十人更跑全馬。」但提醒，患遺傳性心臟病、有家族病史、或後天患冠心病、有吸煙習慣者，應先徵詢家庭醫生或專科醫生，決定是否跑馬拉松。

## 跑時氣促難挺直身 宜減速

患者事前須接受心電圖或超音波等檢查，再由醫生擬定其跑步距離及速度，但所費不菲。黃稱：「有患冠心病的上市公司主席，花萬餘元在私家醫院做檢查後才去跑。」他坦言，在公立醫院難輪候這些檢查：「如沒法做檢查，就不應參賽！」

瑪麗醫院急症科主任唐漢軍則提醒，若患感冒及傷風，都不宜參賽，免併發心肌炎。

那參賽時，何時要停？浸會大學體育系教授鍾伯光坦言，跑全馬的選手都是「捱」

畢賽事，難免出現呼吸困難、心絞痛、心口脹悶等；但若徵狀較平日嚴重，就應逐步減速，步行至恢復元氣才跑，他指：「若步行一段時間沒改善，就要坐下求救。」

重金屬同學會跑步教練金永強則指，跑姿是重要警號：「若累得躬身向前傾，無力再挺直，就會影響呼吸，那就要減速。」

## 交醫生證明否 籌委會檢討

今次猝死事件，令外界再度關注是否需要求參賽者提交醫生證明，渣打馬拉松籌委會主席高威林指，很多人就算有證明，都不代表適合參賽，認為此建議不切實際，但會檢討。

事實上，全球各國馬拉松賽事中，只有少數強制要求參賽者提供醫生證明，包括巴黎、羅馬、意大利、葡萄牙等。馬拉松專欄作家莊曉陽稱，當地一般只會查問病人是否有高危因素，若沒有就會提交醫生證明。

黃品立及唐漢軍都指，詳盡心臟檢查耗用大量資源，難要求全部選手接受檢查。

■本報記者 蔡瑤、王嘉嘉



◀參賽馬拉松的專欄作家莊曉陽（右）指，部分海外國家會要求參賽者提供醫生證明。

（資料圖片）



渣打馬拉松

# 雖見證傷健共融 惟跑手左穿右插 輪椅賽冠軍 抨賽道危險

馬 渣打馬拉松除讓參賽者學到堅持，更體現傷健共融。今年復辦輪椅全馬及3公里賽事，有參賽者稱，喜見今年能與健全人士在同一賽道上跑；不過，勝出的日本職業跑手及有馬拉松專家批評賽道危險。 ■本報記者 李安琪、蔡瑤

渣打馬拉松自1998年首次舉辦輪椅賽後，一直停辦至今屆再次復辦，去年則因報名人數不足而取消比賽，被批歧視殘障人士。

## 促設獨立賽道熱身點

全馬輪椅賽事賽道與健全跑手相同，由日本跑手樋口政幸以1小時43分14秒奪冠。首次來港的他說，對勝出十分開心，但卻認為賽道危險，尤其在西隧出口遇到參與半馬的健全跑手左穿右插，指輪椅要煞停時需要更多煞車距離，認為設獨立賽道及熱身點會更好。

在同樣賽事位列第三的日本跑手花岡坤和則認為，香港每個人都可以參加全馬，能體現傷健共融。

唯一能成功完成全馬輪椅賽的香港人、前港隊輪椅劍擊運動員馮英麒亦認為，與健全人士一起參賽，才能體現傷健共融。他說，沿途很多健全人士為他們打氣，參賽者亦很禮讓，覺得現時只是教育不足，跑得比較慢的健全跑手不應在路中心跑，避免與較快的跑手和輪椅參賽者有碰撞。

首次舉辦的3公里輪椅賽，亦惹來不少批評。奪冠的前香港殘奧會田徑隊成員鄭恩強，以最快的速度15分29秒完成賽事，他認為要在運動場先繞3個圈（1,200米）有點奇怪。

## 不滿限時比賽感難受

3公里的賽事有31人參與，當中2人未能完成賽事，其中黃婉貞說，在馬師道時，工作人員對她說後面有選手快追上，指只有15分鐘時限，不讓她繼續比賽。對於最後要乘車離開，她感到「像天要塌下來一樣」，覺得大會安排「與馬拉松普及運動的精神背道而馳」，不解為何參加10公里的選手可以停在賽道上拍照，他們卻有嚴格的時間限制。

除設時限外，馬師道亦被指太斜，有參賽者更因而翻車。長跑教練金永強指出，馬師道有一段50米、約30度斜的路段，專業跑手若在全馬後段跑，亦會「跑到反晒眼」，輪椅人士則更吃力。

馬拉松專欄作家莊曉陽亦稱，海外大部分國家大都沒對輪椅參賽者設時限，本港又有太多上落斜路段，難度較海外路線高，再加上限時嚴苛，等同剝奪殘障人士參賽權，要求主辦單位撤銷時限。

渣馬發言人初步回應，是否為輪椅參賽者設時限，沒有國際標準，本港是因應路線短、路面窄等因素，定出時限。



今年馬拉松復辦輪椅賽，但部分路段太斜，致輪椅參賽者相當吃力。（潘政祁攝）

## “殘障跑手金句”

堅持便能成功 馮先生

現已退休的60歲跑手馮先生（右），逾30年前因交通意外失去左腿，昨利用義肢成功完成全馬，他直言：「有殘疾不代表做不了任何事，即使只剩下一條腿，都可以跑步，因只要願意堅持到最後一刻，便能成功。」



不要只留在家 周勇敢

因小兒麻痺下半身癱瘓的周勇敢，昨與太太成功完成馬拉松3公里輪椅賽事，他坦言希望透過身體力行帶出正面信息：「面對挫折，不要只留在屋企，要勇敢面對社會。」

非製造失敗者 馮英麒

前港隊輪椅劍擊運動員馮英麒，昨以逾兩小時完成全程馬拉松輪椅賽事，成功後他說「馬拉松不是製造失敗的地方。」

# 渣馬第三保 不包括隱疾喪命 跑死人或有得賠

【本報訊】26歲跑手劉綽麟前日在渣打國際馬拉松賽事喪命。賽事主辦單位香港業餘田徑總會昨承認，大會為跑手購買的第三者責任保險，保障範圍不包括隱性心臟病引發死亡情況，死者家屬隨時「冇得賠」。此外，有跑手質疑，大會的緩衝區設計失當，衝線後有太多選手聚集，跑手被迫急停，加劇心臟負荷，增加猝死風險。

記者：鄭啟源 徐雲庭

■ 管局指，目前尚有12名跑手留醫，分別入住律敦治醫院、瑪麗醫院、東區醫院及屯門醫院。兩名徘徊生死邊緣的男女跑手，經搶救後逃出鬼門關，已轉往普通病房留醫，男傷者莫裕明（25歲）仍然嚴重。據了解，該傷者當時貼上一名黃姓參加者的號碼布參加半馬比賽，其身份及至前晚才被證實。家人昨午到醫院探望，只表示莫已經回復清醒。

至於渣打銀行女見習生張慧儀（24歲）傷勢轉為穩定。此外，兩名54歲跑手情況仍然嚴重。不幸過身的劉綽麟任職地盤測量員，前日完成半馬賽事衝線後暴斃，家屬昨晨9時許到西環殮房辦理認屍手續，眼有淚光，拒絕採訪，個多小時後截

乘的士離去。

主辦賽事的香港業餘田徑總會發言人指，大會購買的第三者責任保險，不保障選手個人身體毛病引致的意外，若死者最終確認因有隱疾喪命，將無法獲得賠償，「但目前未知死因，好難講」。發言人補充，賽事條款及細則已列明，「參賽者必須確保其體格適宜參賽」，任何患有慢性疾病人士也不應參賽。06年渣馬亦曾發生「跑死人」意外，死者家屬最終不獲賠償。

## 跑手稱緩衝區設計失當

香港保險業聯會一般保險總會前主席黃國添指，除非能證明大會有疏忽，否則按一般第三者責任保險條款，死者家屬難以向大會索償。他說，人壽或醫療保險的保障範圍，大多包括運動造成的傷亡情況，跑手可考慮購買相關保險作保障。

此外，有渣馬跑手批評，賽會今年的緩衝區設計欠佳，跑手衝線後未有足夠空間慢步緩衝。浸會大學體育系副教授雷雄德指，人體在運動後，心跳頻率仍然強烈，需要時間恢復至正常水平，緩衝區空間不足，有可能增加跑手心臟病發的風險。但他說，大會設立的緩衝區長度約100米，設計並無不妥，但有部份選手衝線後，聚集在緩衝區合照留影，致人流無法疏導，有改善空間。

蘋果網睇片   
www.appledaily.com.hk

# 半馬終點 人生盡頭

## 硬撐廿公里 壯青跑到死

本港一年一度長跑盛事渣打馬拉松，繼06年後再發生跑手身亡慘劇。一名26歲男跑手昨晨在完成半馬拉松賽事後於終點附近昏迷，送院搶救無效不治。賽事籌委會主席高威林表示，將來會考慮要求跑手出示醫生證明才可參賽。專家則認為昨天天氣適合進行賽事，懷疑猝死跑手本身有先天隱性心臟病而導致不幸事件發生。另外，2名跑手在賽後不支暈倒送院，情況危殆。

本報記者 伍肇恆 潘彥韜 林漢華

完成半馬衝線後猝死的選手劉卓麟（26歲），任職建築文員。危殆女將張×儀（24歲），為賽事贊助機構渣打銀行的實習生，首次參賽；另一危殆男跑手姓莫（26歲），往年曾參戰全馬賽事，本屆則改跑半馬。

消息稱，劉是第三次參加渣馬，2010年首次參賽時選擇了10公里賽事，去年改跑半馬，當時用了近1小時05分時間，獲第493名，今年再戰半馬卻不幸出事。

昨晨7時許，劉卓麟跑抵維園終點衝線後，疑感到不適，步至40米外突然不支暈倒，其他跑手上前查看，附近醫療輔助隊人員也趕至，驚見他已昏迷，立即做人工呼吸急救，兩名醫生不斷替他作「心外壓」，並召救護車送院，可惜返魂乏術，延至上午8時52分不治。家屬事後趕往醫院了解，知道死訊神情哀傷。

### 研要求參賽者交醫生證明

賽事籌委會主席高威林向死者家人致以慰問，他強調注重跑手的安全，他表示賽事沿途有超過600名醫護人員駐守，終點亦安排了3名醫生，相信有足夠人手應付醫療需要。高威林表示賽前曾研究參賽者提交醫生證明的可行性，但認為不切實際，但在跑手猝死事件發生後，賽會將再作考慮。

至於姓張女將，其父親表示，女兒一直有運動習慣，熱愛游泳和打羽毛球，月前受同事慫恿，首次報名參加長跑賽，在之前一個多月開始，幾乎每晚練跑

。家人並無反對，只是叮囑她不要「死頂」，她回答稱知道，詎料仍然出事，幸好女兒在搶救後已漸回復知覺。

### 危殆男選手疑技癢「頂包」

另一名性命垂危姓莫男選手，據悉與兄長一同參加半馬，他以前曾出戰全馬，不料這次跑少了距離，賽後竟不支暈倒。其兄長表示，弟弟應付半馬能力不用懷疑，對事件十分意外。消息稱，姓莫男子今屆原沒打算參加賽事，但其朋友報名後「甩底」，臨時北上沒空出賽，有人一時技癢「頂包」，借用了朋友名額參賽，詎料跑畢後出事。

浸會大學體育學系副教授雷雄德認為，昨天大約攝氏13度的氣溫，及約60%的濕度環境，適合進行馬拉松比賽。他表示，部分選手以為能跑畢10公里賽便可應付半馬，加上未有在身體不適時放棄，容易令身體超出負荷。

心臟專科醫生黃品立表示，跑手猝死原因可能與隱性心臟病或腦血管病有關。如屬心臟病，劇烈運動後可引致心肌梗塞，或者心臟血管閉塞。如果是腦部有血管瘤，運動後血壓上升，可能導致突然穿破引致死亡。跑步時如有手腳抽筋、感到心跳急劇加速、大量冒汗或不停喘氣，應該暫停，否則可能會危及健康。

據知，奪得全馬冠軍的男女跑手可各獲5萬美元（約39萬港元）獎金。

### 近兩年賽事傷者資料

	2012年	2011年
參賽	60000人	54000人
抽筋	658人	911人
傷口包紮	276人	166人
冰敷	17人	16人
脫水	0人	0人
送院	38人	9人

與危殆女跑手同好轉

大會頻揭甩漏

# 海關督察察頂包跑半馬

陰差陽錯「渣」打馬拉松2012  
變成「攞命馬拉松」

造成一死兩危殆的慘劇。雖然兩名危殆跑手昨日情況已見好轉，但其中一名危殆的半馬男跑手卻被揭發是「頂包」代跑之下出事，不少跑手亦投訴賽事出現獎牌、補給物資不足等問題，凸顯大會安排嚴重「甩漏」的問題。

在馬拉松賽事中猝死的廿六歲青年劉錦麟，其三女一男親人昨晨到殮房認屍，表現非常傷心，各人認屍後乘的士離開。另外兩名危殆跑手，當中廿四歲女跑手張維怡，昨情況轉為穩定。而廿六歲男子莫裕明（譯音）則情況反覆，昨原本轉為穩定，其後又轉為嚴重。

莫的親友只表示他已「醒番」，其他問題拒絕回應。據了解，莫甦醒後曾用電話與親友通話。有消息指，莫裕明為海關督察，原沒有參加今次的賽事，因其友人臨時有事未能出賽，他才「代友出征」。莫陰差陽錯下成為跑手之一，當日跑過西陵後更突然暈倒，幾乎誤進鬼門關。

## 核實身份程序出錯

事件凸顯大會在核實跑手身份的程序上有缺陷，渣馬籌委會發言人證實，莫姓跑手是以友人的號碼布出賽，但暫時不考慮是否禁止原本的報名者及代跑人日後再參賽。發言人指，要逐一檢視跑手的身份確存在困難，會檢討來年的安排。

發言人又謂，已為賽事購買足夠保額的第三者責任保險，但不能透露實際保額，至於死者的賠償問題，則必須根據死因庭的判決而定。

除了代跑事件引起爭議外，賽事期間的安排「甩漏」同樣惹來不滿。當日全馬賽事接近完結時，逾百名在六小時時限內完成的跑手，竟然未能即時獲發「完成獎牌」，一度鼓噪，工作人員其後表示會記下他們的資料，日後再補發獎牌。

## 獎牌不足「斷水斷糧」

有跑手又投訴在作賽途中面對「斷水斷糧」的慘況，部分水站竟然沒有足夠香蕉及朱古力，較後段的水站連能量飲料亦欠奉，令跑手無法及時補充熱量及水分。

渣馬發言人承認，今次未有準備足夠的獎牌，確有不足之處，承諾會向跑手補發獎牌，但強調每個水站，已準備了足夠的食物及飲料。大會亦未能提供整體投訴數字。



## SPORT

# Runner collapses and dies after finishing race

**A 26-year-old man is Hong Kong's first fatality since 2006 in the Standard Chartered Marathon**

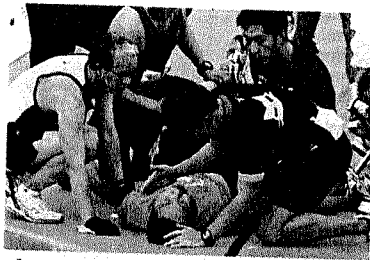
**Chan Kin-wa**  
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A 26-year-old male runner collapsed and later died in hospital after competing in the half-marathon race yesterday, casting a pall over the city's biggest participatory sporting event.

A total of 38 runners were sent to hospital for treatment, with 10 being released in the afternoon. Two other runners—a 24-year-old woman and a 26-year-old man—were in critical condition last night in Ruttonjee Hospital, Wan Chai.

With a record 59,175 runners taking part in the Standard Chartered Hong Kong Marathon, it was the first fatality since 2006, when a man died a day after collapsing 13 kilometres into the marathon.

Despite yesterday's tragedy, organising committee chairman William Ko Wai-lam said they would not



**The runner is given first aid after collapsing.** Photo: Nora Tam

ask participants for medical approval as a prerequisite for joining the competition, which features the marathon, half-marathon, 10-kilometre and wheelchair events.

"It's not practical," he said. "Even if a runner carries a medical approval, no one can guarantee he would not run into trouble. There is always a potential risk in taking part in any sporting event and any participant has to

take care of their own before they start the race.

"Over the past two years, we have launched many education programmes and clinics to provide the participants with sufficient knowledge about the marathon, including a lot of safety measures."

Ko said emergency personnel were quickly on the scene when the runner collapsed 40 metres after the finishing line.

"We deployed over 600 medical staff with 10 ambulances along the course. There were also three medical officers, nurses and auxiliary medical-services people at the finish. We were able to provide quick on-the-spot treatment after the runner collapsed," he said.

Lobo Louie Hung-tak, an associate professor at Baptist University, said many people did not train enough before the race. "A runner needs at least six months' regular practice before his body can get used to a 21-kilometre race," he said.

**> 4-PAGE MARATHON SPECIAL: CITY**

# Top News

## TRAGIC END

### Runner, 26, dies after finishing the half-marathon

Alice So

Runners have been urged to know their limits after the Standard Chartered Marathon claimed its second life in its 16-year history.

The tragedy has prompted organizers to reconsider whether to require distance runners to provide medical records.

A total of 38 runners were taken to hospital — with two in critical condition in hospital and 35 discharged later.

Lau Chek-lun, who competed in the half-marathon, collapsed about 40 meters after crossing the finish line in Victoria Park. He was pronounced dead at Ruttonjee Hospital at 8.58am.

In 2006, a 53-year-old man died three days after he ran 13 kilometers and collapsed.

Lau also completed the race last year and took part in the 10km challenge race in 2010. He was single and worked as a clerk in an architectural firm.

“Once runners saw him collapse, they tried to perform artificial resuscitation,” said William Ko Wai-lam, chairman of the organizing committee, adding the safety of runners is a top priority.

“Three doctors were on duty at the finish line, along with 600 paramedics, nurses and 10 ambulances. We were prepared for any urgent medical condition.”

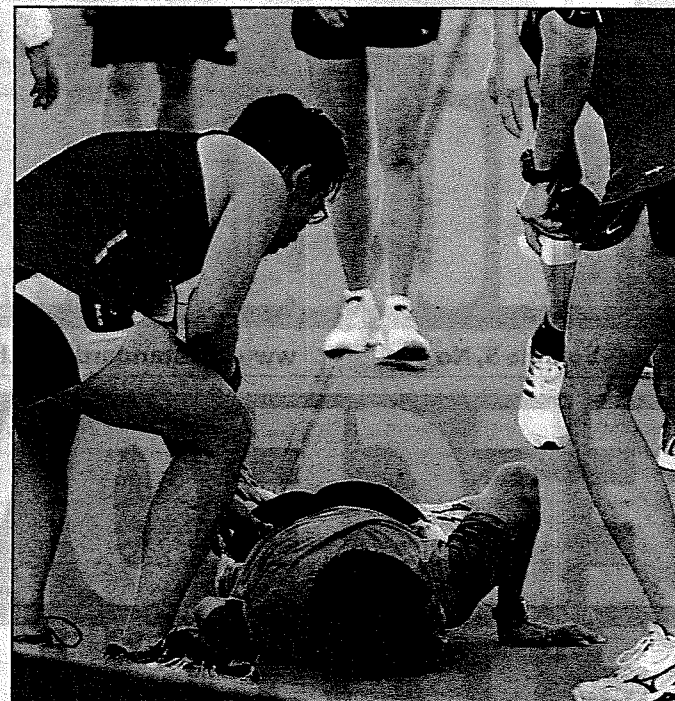
The number of runners taken to hospital was four times more than last year’s nine people who were hospitalized after the race.

A 24-year-old woman, Cheung Wai-yi, and a 26-year-old man were in critical condition in Ruttonjee Hospital last night.

Cheung’s parents said she was healthy and trained well before the race.

Ko said the organizing team will thoroughly evaluate the race.

But when asked if it is necessary for runners to submit their medical records before taking part, Ko



Lau Chek-lun collapses after finishing his race while other runners help him, including one who tries resuscitation. AFP

said it is not a practical suggestion but they would give it thought for next year’s event.

Lobo Louie Hung-tak, associate professor in physical education at Baptist University, said: “Out of 100,000 marathon runners, 0.8 would suffer sudden death.”

He said the man who died yesterday most likely had hidden health problems. “Although these are unpredictable and congenital medical conditions, runners should be wary of their symptoms, such as dizziness or finding it hard to catch their breath, and seek help straight away,” he said.

“Running in the half-marathon requires much more physical strength than the 10 kilometers.”

Psychiatrist Ng Kong-man said: “While exercising, the brain releases endorphins and adrenaline,

making runners feel hyperactive and less aware of their medical condition than is normal.”

The Hong Kong Amateur Athletic Association said this year 658 runners suffered from cramps, 276 had wounds dressed and 17 needed ice packs.

This year’s event attracted a record number of runners — 70,000 — compared with 65,000 last year. A total of 59,175 runners completed the race.

Kwan Kee, chairman of Hong Kong Amateur Athletic Association, said the weather this year was perfect, and the more-than-satisfactory conditions resulted in seven males and four females breaking records.

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Going the extra mile: Page 6

## Collapsed marathon runner used false name

**Man who competed in the 10km race without authorisation will now be blacklisted**

Lo Wei, Amy Nip and Chan Kin-wa

A Standard Chartered Hong Kong Marathon participant whose run landed him in hospital competed under a friend's name without official authorisation.

Mok Yu-ming, 25, collapsed in Victoria Park after finishing the 10-kilometre race on Sunday and was taken to Ruttonjee Hospital in Wan Chai. His condition went from critical to serious yesterday.

A woman who also fainted at the end of the race, Cheung Wai-ye, 23, went from critical to stable condition.

Mok's personal information did not match the number tag on his T-shirt, which was registered under the name of Wong Chun-kit.

Wong, 33, is believed to have been in Shenzhen at the time of the race.

The organising committee confirmed last night that Mok had acted as a substitute for a registered runner,

whom it did not name. A spokesman had said earlier that the organisers would be unable to claim third-party insurance for injuries suffered by unofficial substitute runners.

A source said the organisers would also blacklist both runners. If Wong was found to be a professional athlete, he would be disciplined by the responsible sports association.

An internet search of their names showed Mok competed in the marathon in 2007, while Wong took part in 2006 and 2008. The race organisers could not confirm the information.

Some runners described identity checks for the marathon as lax, with runners allowed to join as long as he or she had a number tag.

Among the record 59,175 runners this year, 38 were sent to hospitals. As of last night, 12 were receiving treatment, including Mok and Cheung. Three were in serious condition, eight were stable, and the condition of the oldest patient, who is 89, was declared satisfactory.

A 26-year-old man died after finishing the half-marathon – the first casualty since 2006.

Insurance-sector legislator Chan Kin-por said third-party insurance, which organisers are usually required to buy for big events, could be claimed only when the organiser was responsible for the harm done.

For instance, if participants get hurt by the collapse of a stage, the insurer could compensate them on the organiser's behalf. Only runners with medical insurance would be compensated for injury arising from a previously unknown illness, Chan said.

> EDITORIAL A10

## Appendix II

**Press Releases**

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LCQ17: Marathon race  
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Following is a question by the Hon Frederick Fung and a written reply by the Secretary for Home Affairs, Dr Patrick Ho, in the Legislative Council today (January 31):

Question:

The Standard Chartered Hong Kong Marathon 2007 will be held on the 4th of March this year. When the event was held last year, the participation of many runners who had not been adequately trained for running, coupled with the serious air pollution on that day, resulted in a number of participants feeling unwell, and the sudden death of a man. In this connection, will the Government inform this Council whether it has taken the initiative to contact the Hong Kong Amateur Athletic Association, the event organiser, to find out the new measures formulated by the Association for this year's event to prevent the recurrence of the aforesaid situation; if so,

(a) of the specific details of these new measures, such as reviewing the eligibility criteria for joining the race; providing the relevant training, promoting the knowledge of long-distance running and organising warm-up races; improving the routings and order at the start of the race; reviewing the number and distribution of water stations, first-aid stations, medical staff and event personnel; improving the arrangements for dealing with such situations as emergencies, serious air pollution or inclement weather, etc; and

(b) whether it has assessed if such new measures are adequate and will be effective; if so, of the assessment result; if not, the reasons for that?

Reply:

Madam President,

(a) The Administration is always very concerned over the arrangements, especially those relating to safety, for major sports events. It was a regret that a participant died in the Standard Chartered Hong Kong Marathon last year. Immediately after the incident, we took the initiative to contact the organiser (i.e. the Hong Kong Amateur Athletic Association (HKAAA)) to conduct a review and to discuss ways to improve the arrangements for future events.

We learn that in light of last year's experience, the HKAAA will, in addition to continuing the procedures and arrangements that have been effective over the years, adopt a series of new safety measures for the Standard Chartered Hong Kong Marathon 2007. The main ones of the new safety measures include the following:

(i) To strengthen public education and publicity:

In October 2006, the HKAAA introduced a new initiative known as "Marathon 101" to disseminate knowledge of long-distance running through the online community, internet websites, primary and secondary school programmes, competitions and training, and organise warm-up matches. Professionals and the Polytechnic University have also been asked to give special talks to enhance public awareness of safety in relation to the sports of marathon.

(ii) To re-arrange the procedures of the event:

The HKAAA will re-arrange the grouping of participants of the Marathon for this year. Participants with similar running speeds will be placed in the same group, race start time for each group will be re-scheduled and participants for the full marathon will be allowed to finish within 5 hours and 30 minutes (which is half an hour longer than that of the previous year).

(iii) To enhance medical support services:

The HKAAA will make arrangements to increase the number of ambulances from five in last year to seven while the number of medical staff and event personnel will also be increased to over 500. Besides, the HKAAA will provide on-course physiotherapy service for the first time with a view to further enhancing the medical support.

(iv) To offer new environmental protection measures:

In order to further reduce emission from event vehicles (including the lead car and the timing cars) moving along the running course, six environmental friendly vehicles instead of petrol-driven ones will be used as event vehicles to provide a better environment for the competition.

As the organiser of the event, the HKAAA will not only enhance the safety measures for the event but will also remind participants to pay attention to their physical conditions and make good preparation for the event by, for example, undergoing training programmes to improve their physical fitness before the event. Moreover, participants should exert themselves in accordance with their personal health status and conditions on the competition day and to seek help from site staff when necessary and feasible.

(b) The Administration believes that with the established arrangements and the above new measures, the HKAAA can further improve the safety standard for the Marathon this year so that participants will enjoy a safe and challenging marathon. The Administration will continue to liaise closely with the HKAAA to review and evaluate the effectiveness of the various arrangements after the event.

Ends/Wednesday, January 31, 2007

Issued at HKT 15:01

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## Press Releases

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LCQ17: Arrangements for marathon race

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Following is a question by the Hon Frederick Fung and a written reply by the Secretary for Home Affairs, Dr Patrick Ho, in the Legislative Council today (March 28):

Question:

With regard to the Standard Chartered Hong Kong Marathon 2007 held on the 4th of this month and the holding of a cross-boundary marathon race, will the Government inform this Council:

(a) given that in its reply to my related question on January 31 this year, the Government said that in the light of last year's experience, the Hong Kong Amateur Athletic Association ("HKAAA"), the organiser of the aforesaid event, would, in addition to continuing the procedures and arrangements that had been effective over the years, adopt a series of new safety measures for this year's Marathon, whether the Government, HKAAA and the relevant organisations have reviewed why there were still thousands of participants feeling unwell despite the adoption of the relevant measures; if so, of the result of the review, including which measures have been found ineffective; if not, the reasons for that;

(b) given that after this year's event, some academics and runners have made a number of suggestions, which include changing the routes of the event, extending the duration of the races and road closure, setting higher eligibility criteria for joining competitive races, lowering the maximum number of participants, adjusting the starting time for various races to prevent participants from obstructing each other, holding a separate long-distance running carnival for those whose sole purpose is to participate, opening some sections of the routes for members of the public to line both sides as spectators so as to enhance the atmosphere of competition, stepping up efforts to promote correct knowledge of long-distance running, as well as urging participants to adopt a responsible and serious attitude in joining the event and be well-prepared for the race, whether the Government has discussed with HKAAA the aforesaid suggestions; if so; of the results of the discussion; if not, the reasons for that;

(c) whether it knows when HKAAA will decide on the arrangements for next year's event, and whether it will request HKAAA to consult the relevant academics and runners before making decisions in this regard; if so, of the details of the consultation; if not, the reasons for that; and

(d) as the marathon race attracts a huge number of participants every year, and holding such an event also helps promote the benefits of physical exercise to health, and given that this year coincides with the 10th anniversary of the establishment of the Hong Kong Special Administrative Region, whether the authorities will consider holding a separate cross-boundary marathon race this year for the celebration of the Reunification; if so; of the details; if not, the reasons for that?

Reply:

Madam President,

(a) On March 15, the Hong Kong Amateur Athletic Association ("HKAAA") held a meeting with the relevant government departments and related organisations to review the effectiveness of the measures introduced for this year's Standard Chartered Hong Kong Marathon 2007 (the event). On the whole, the arrangements for this year's event are considered satisfactory. 97% of the participants managed to finish the race recording the highest rate of completion among the events held so far. This indicates that the series of safety measures adopted by the HKAAA this year, including strengthening public education and publicity, re-arranging the procedures of the event, enhancing medical support services and offering new environmental protection measures, are all effective.

At the review meeting, the HKAAA and the Auxiliary Medical Services reported that 6,245 cases of request for assistance were received in total on the day of the event, and explained that the figure did not only include the number of participants with injuries, but also the number of participants who approached the medical staff for assistance (e.g. short rests, muscle massage, or requests for medication such as turpentine) at the starting point, along the running course and at the finishing point.

Besides, the figure shows the number of requests for assistance rather than the number of persons seeking assistance. Among these cases, injured persons in 35 cases (i.e. 35 persons) had to be hospitalised and most of them could be discharged on the same day. The number of cases requiring bandaging was 456 and the remaining 5,754 cases only involved minor discomfort (such as muscle fatigue or cramp).

(b) & (c) At the review meeting, the Administration has conveyed the relevant suggestions to the HKAAA for consideration and follow-up. The HKAAA advised that they would need longer time for discussions and deliberations since the implementation of the suggestions would involve co-ordination and consultation with a number of parties. It is anticipated that the preliminary assessment results would be available in June or even later this year. Based on that, the HKAAA will confirm whether the relevant suggestions would be implemented for the event next year. For the discussions and deliberations, the HKAAA will continue to listen to the views of academics and runners so as to further improve the arrangements for the event.

(d) If a cross-boundary marathon race is to be held, it is necessary to discuss with the relevant national sports association and related organisations, and to conduct consultations on road closure arrangements with the respective District Councils as necessary with regard to the route of the race. Discussions should also be held with the Central Government on transit arrangements across the boundary and the corresponding facilitation and contingency measures. In view of the time required for the preparation and organisation work, the Administration has no plan to hold a cross-boundary marathon race for the celebration of the 10th anniversary of the establishment of the Hong Kong Special Administrative Region.

Ends/Wednesday, March 28, 2007  
Issued at HKT 12:14

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## Press Releases

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LCQ18: Hong Kong Marathon

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Following is a question by the Hon Frederick Fung and a written reply by the Secretary for Home Affairs, Mr Tsang Tak-sing, in the Legislative Council today (October 24):

Question:

Following the Standard Chartered Hong Kong Marathon 2007 held in March this year, some academics and runners made the following suggestions: advancing the race day, changing the routes of the event, extending the duration of the race and road closure, setting higher eligibility criteria for joining competitive races, reducing the maximum number of participants, adjusting the starting time for various races to avoid participants from obstructing each other, holding a separate long-distance running carnival for those who just wish to participate, opening some sections of the routes for members of the public to line both sides as spectators and arranging for the event to be televised so as to enhance the atmosphere of competition, stepping up efforts to promote correct knowledge of long-distance running, as well as urging participants to adopt a responsible and serious attitude in joining the event and be well-prepared for the race. In its reply to my relevant question in March this year, the Administration said that preliminary results of the assessment by the Hong Kong Amateur Athletic Association (HKAAA) on the aforesaid suggestions were expected to be available in June or later this year. Regarding the future arrangements for this event, will the Government inform this Council:

(a) whether it knows the aforesaid preliminary assessment results, and which of the aforesaid suggestions will be implemented; if some of the suggestions will not be implemented, of the reasons for that;

(b) given that during the Chicago Marathon held early this month, a participant died suddenly, hundreds of runners felt unwell and the event was cut short, whether HKAAA has looked into the causes thereof and drawn on the experience as reference for next year's race; and

(c) whether it has, in collaboration with HKAAA, devised a contingency mechanism for next year's race to deal with any emergencies; if so, of the details; if not, the reasons for that?

Reply:

Madam President,

(a) According to the information provided by the Hong Kong Amateur Athletic Association (HKAAA), the Event Day of the next Standard Chartered Hong Kong Marathon will be advanced slightly. The tentative date for the event is February 17, 2008 (Sunday).

Regarding the arrangements for the routes, the HKAAA set up a Task Force in May 2007 to study in detail the feasibility of changing the routes of the event with the relevant Government departments. After a number of meetings and following a study by

a traffic consultant, the Task Force recommended in September 2007 to shift the Finish Area of the event from the Golden Bauhinia Square (the Finish Area in the previous events) in Wan Chai to the Victoria Park in Causeway Bay. The Task Force also recommended to change the course of the 10-kilometre Run to the Island Eastern Corridor on Hong Kong Island, so that the race will start at the eastbound carriageway of the Island Eastern Corridor in Fortress Hill, with the Turning Point located near Sai Wan Ho for westbound carriageway of the Island Eastern Corridor, and finish at Victoria Park. The HKAAA, relevant organisations and government departments held the Organising Committee meeting on October 18, 2007 and accepted the new arrangements proposed by the Task Force. HKAAA believes that the new arrangements can substantively reduce people flow in the Western Harbour Crossing and allow more runners to participate in various races of the Marathon, without the need for extending the duration of the race and road closure. Therefore, the HKAAA does not need to set higher eligibility criteria for joining competitive races, reduce the maximum number of participants, adjust the starting time for the event or add a carnival category in order to control the number of participants. Under the new arrangements, members of the public are allowed to line both sides of the route one kilometre before the finishing line to participate as spectators and cheer for the runners, so as to enhance the atmosphere of competition.

The HKAAA also plans to launch a public education and publicity exercise that includes stepping up efforts to promote correct knowledge of long-distance running, as well as urging participants to adopt a responsible and serious attitude in joining the event and be well-prepared for the race.

Regarding the proposed live broadcast of the Event on television, the Administration will not interfere with the business decision between the HKAAA and the relevant television broadcaster(s).

(b) The HKAAA has learnt that the problems encountered in the Chicago Marathon held early this month is probably due to the high temperature at 30 degree Celsius on the event day and the lack of water at water points.

The Hong Kong Marathon is held in February or March when the weather is rather cool with an average temperature of around 20 degree Celsius. Moreover, as the water points set up by the HKAAA have never run out of water in the past, and the distance between one water point and another is only 2.5 to 3 kilometres, which is shorter than the requirement of not more than 5 kilometres under the international standard, it is believed that problems similar to those at the Chicago Marathon will not occur in Hong Kong.

(c) We know that the HKAAA will continue to implement the contingency mechanism that has been effective over the years for the next Hong Kong Marathon to deal with any emergencies, so that participants can enjoy a challenging and safe Marathon. The Administration will continue to liaise closely with the HKAAA and review the arrangements after the event.

Ends/Wednesday, October 24, 2007  
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