

## 訟務担当者ブロック研修（北海道・東北ブロック）レジュメ

### 1 最近の判決の動向

#### 資料1 「労災行政事件訴訟の推移」を参照

平成26年度10月末 国敗訴10件

（脳心3件、精神5件、石綿1件、高次脳機能障害1件）

○精神、脳心請求が高留まり、勝訴率は近年は脳心が若干高い。

○提訴件数は25年度は31件減少。今年度は上期で62件請求あり。

○平成26年度の敗訴事件をみると、精神事案は、個別の心理的負荷の評価が国の主張と異なったものが多く、脳心事案は、「異常な出来事」に該当する出来事があったと評価される一方、私的リスクファクターがほとんどみられないもの（2件）、また、時間外労働時間の認定が国の主張と異なったもの。

○地裁国勝訴、高裁期日1回結審（新たな証拠提出なし）での敗訴が2件あり。

地裁と同じ証拠について異なる事実認定がなされた。

### 2 新件協議での留意点

#### （1）局検討会

- ア 事案の概要把握（事件プリント、復命書等）
- イ 原処分の問題点等の把握
- ウ 資料に記載されていない事情
- エ 未実施局
- オ 署課長

#### （2）法務局協議

制度、事務処理経過の確実な理解（障害認定、事務処理流れ）

### (3) 新件協議

#### ア 局応訴方針

問題点の把握、立証方針の立案

#### イ 協議事項の例

(ア) どのような主張をし、そのためにやるべきことは何かを明確にする。

(イ) 原処分の問題点を把握した上で、原処分の判断と訴状の原告の主張を見比べて、

① 主張の相違点は何か、

② 国、原告それぞれの主張の根拠は何か、

③ 国の主張の根拠で原告の根拠を否定できる証拠は揃っているか  
(通常は不足)

④ 不足しているもの何か、

⑤ ④のために何をすべきか (追加調査、医師意見依頼、医学文献収集等)  
を検討。

(ウ) 裁判所に原処分を適法と判断してもらうための主張・立証

① 原処分、審査官段階 (以下「原処分段階等」という。) で集めた既存の資料だけでは訴訟に対応できないこと、補充調査が必ず必要、という認識を持つ

② 災害発生状況について、具体的なイメージを描ける程度の補充調査

③ 原処分庁段階等で徴した局医意見等では、2、3行の記載で結論に至った理由が記載されていないもの等の不十分なものが多く、裁判官に医師の判断の妥当性等の理解を得ることが難しい。

訴訟段階において受診歴及びその診療録を読み直し、既往歴の記録、原告が医師に話した内容等の証拠とできるものはないかを必ず確認し、その上で専門医にわかりやすい意見書を依頼すること。

④ 原告が会社と民事訴訟で争っているか必ず確認し、民事訴訟で出している資料等の入手に努めること。終結していた場合でも判決書を入手し、証拠とできるか確認すること。

⑤ 事実関係を主張する場合は、可能な限り具体的に主張すること。例：飲酒1日1合程度、のみではなく、1日焼酎1杯、350mm缶ビール1本など。

⑥ 書証のみを提出しても、裁判官に意味が響かない場合もあるので、準備書面により国として当該書証から何が言えるのかを明らかにすること。

#### ウ 新件協議事項について

一度立てた方針は変更が難しい。応訴方針が最重要。

協議事項は、法務局指示、進行状況踏まえ、原則的には全て実施すること。  
訴訟の進行状況により方針を変える必要がある場合は、必ず、本省訟務官  
に協議。

(4) 新件協議で把握した原処分の問題点

ア 調査が不足しているもの

イ 治ゆの判断

ウ 障害等級の認定

エ 求償（民事）

オ 審査官

|                     |
|---------------------|
| 3 勝訴・敗訴要因の分析＋最近の判決例 |
|---------------------|

(1) 勝訴・敗訴要因

資料2 「勝訴・敗訴要因」

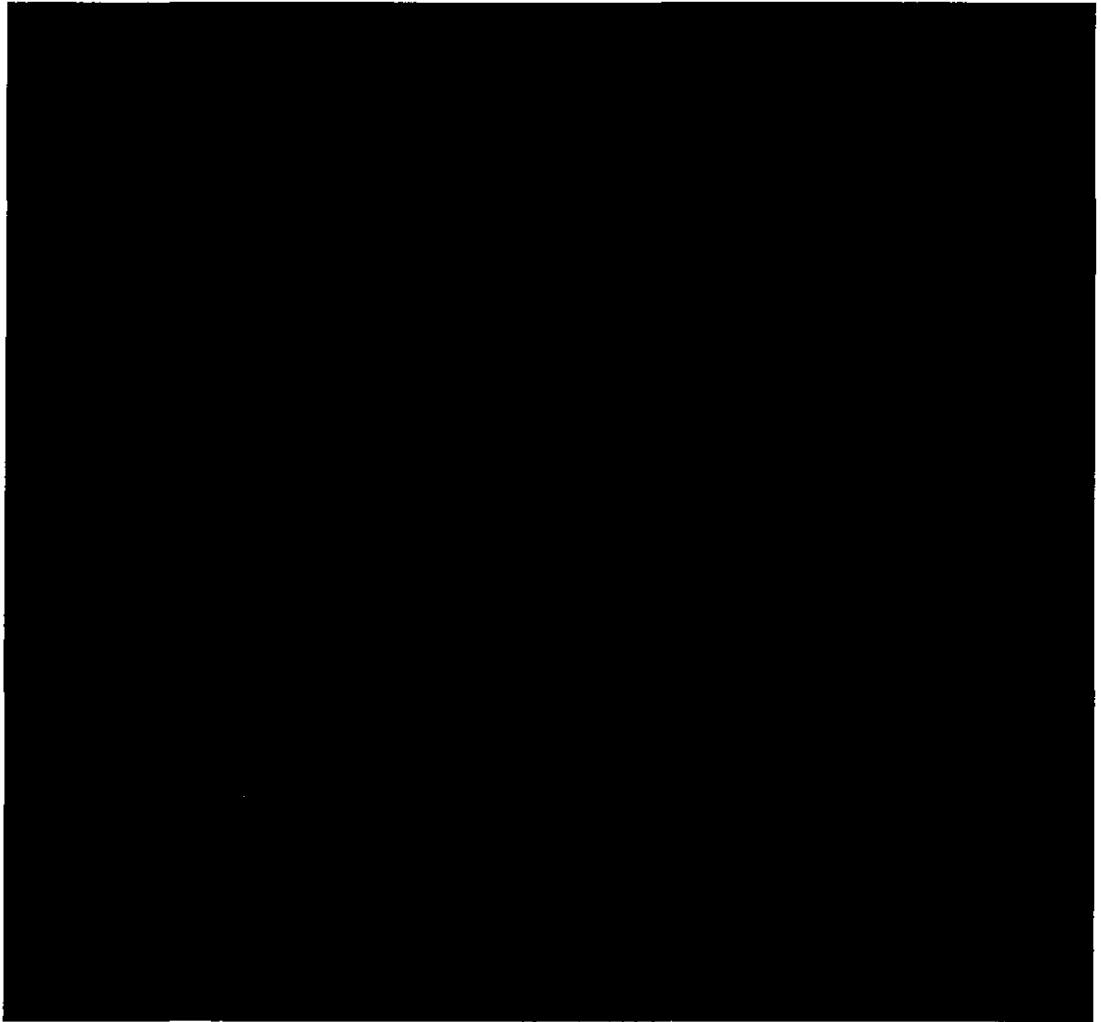
資料3 「主要判決」 参照

(2) 最近の判決例

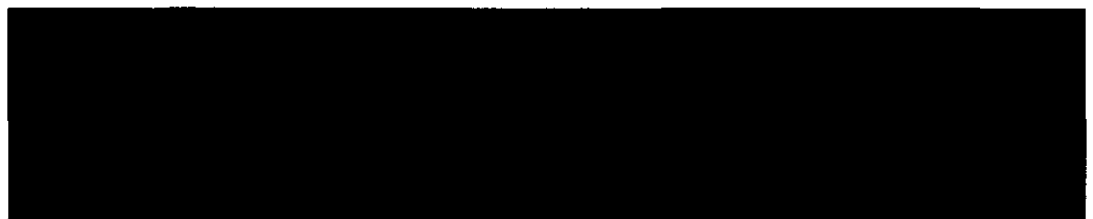
ア 東京高裁平成■■■年■■月■■日判決（国逆転敗訴）確定（脳心）  
〈事件概要〉



〈判決要旨〉

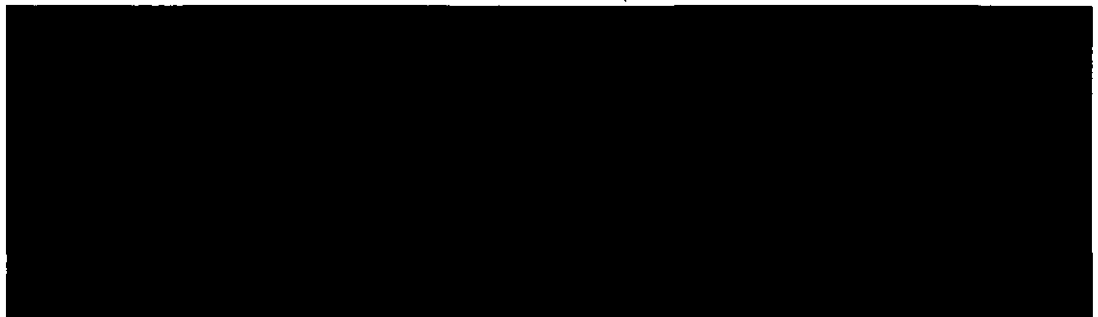


(敗訴要因)

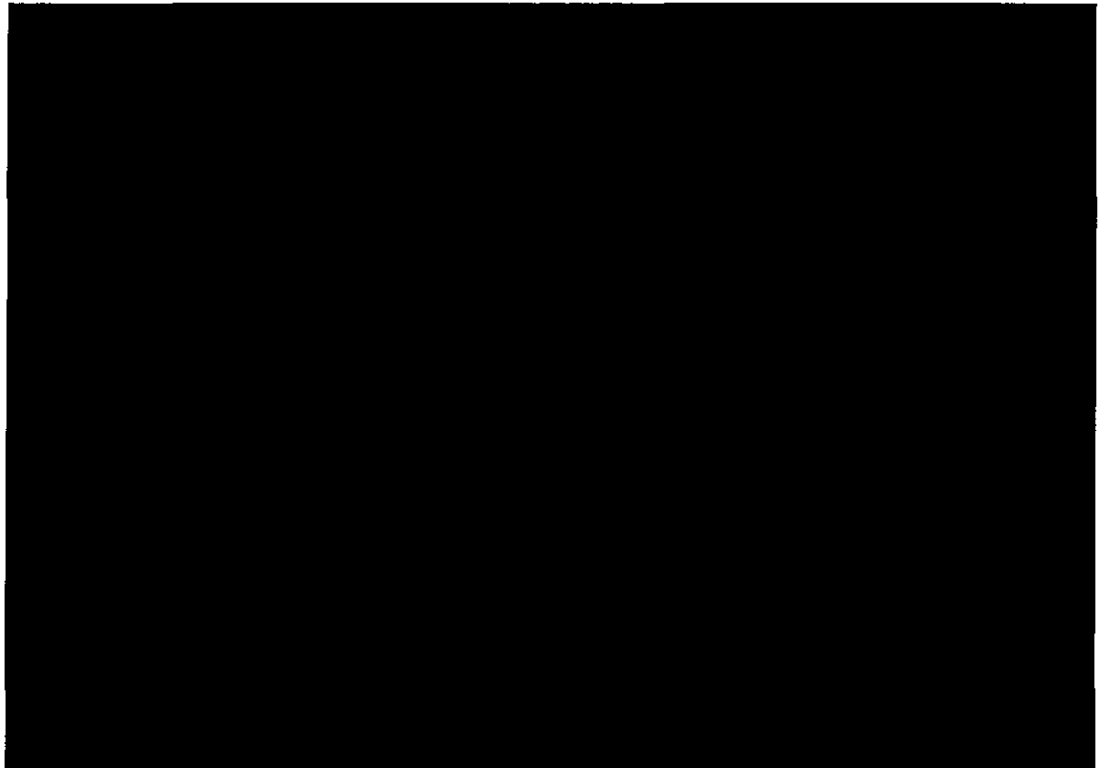


イ 静岡地裁平成■■■年■■■月■■■日判決（国敗訴）確定（脳心）

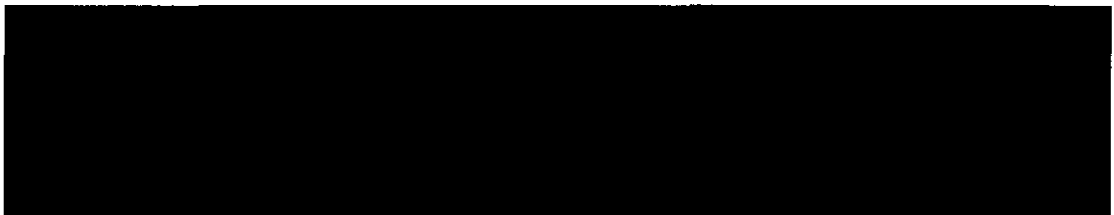
〈事件概要〉



〈判決要旨〉

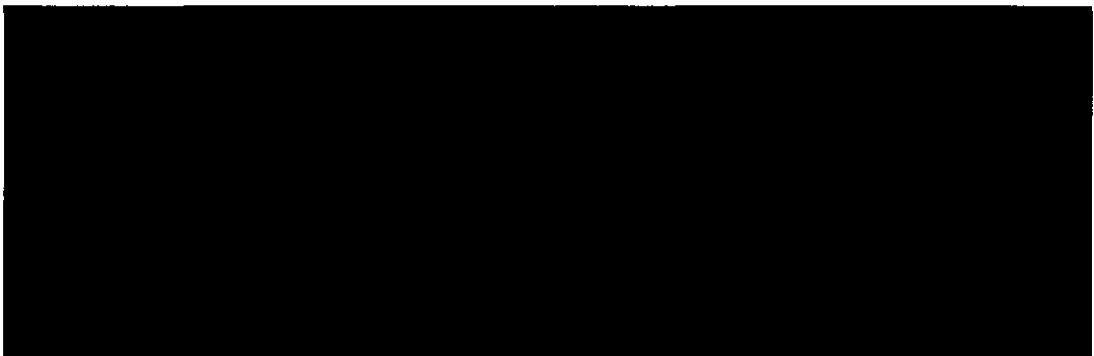


(敗訴要因)

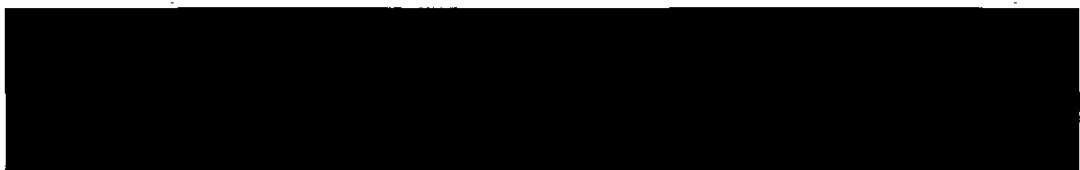


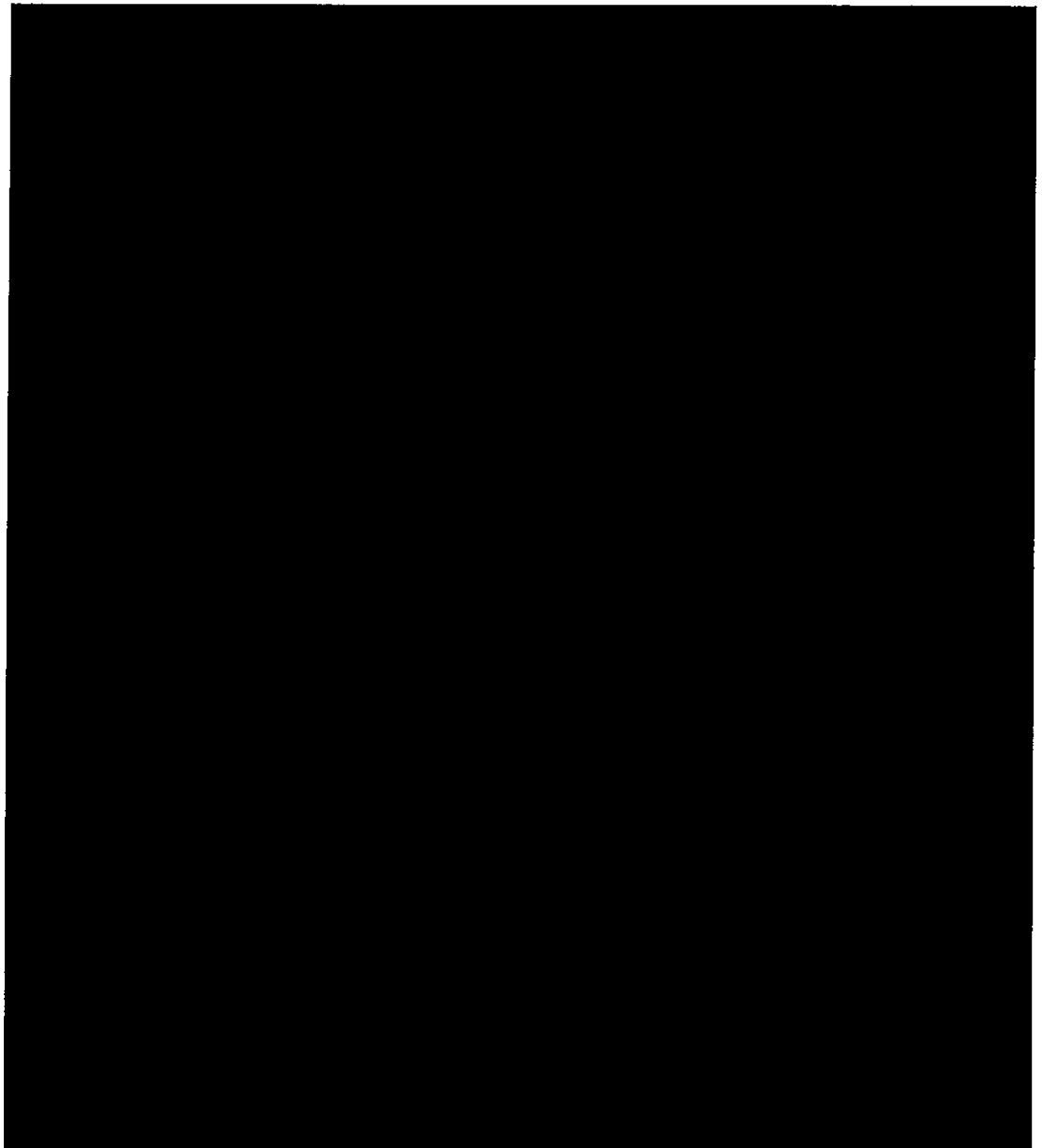
ウ 大阪地裁平成■■年■■月■■日判決（国勝訴）原告控訴（脳心）

〈事件概要〉



〈判決要旨〉





エ 二重就労者の給付基礎日額を争う事案

大阪地裁平成■■■年■■月■■日判決（国勝訴）原告控訴  
〈事件の概要〉



〔判決要旨〕

4 事実認定について

資料4「事実認定について」参照

5 訴訟を意識した原処分時の対応

資料5参照

## 6 訴訟対応上の留意事項

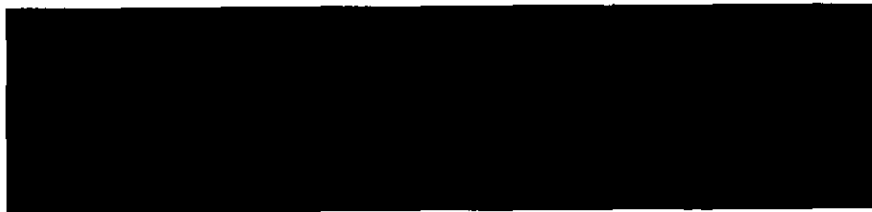
### (1) わかりやすい書面の作成

局課長（複数の者）による点検（わかりやすさ）

資料6 参照

法務資料

書籍抜粋（）



### (2) 法務局の準備書面修正内容の確認

制度の誤解をチェックするため。疑問点等あれば、局課長、監察官、本省訟務官に相談

### (3) 訴訟の進行状況の把握（局管理者）

期日経過毎に主張を整理、争点把握、漏れの無い主張・立証

## 7 討議、情報交換

資料7, 8 参照



訟務担当者ブロック研修  
(北海道・東北ブロック)  
平成26年12月12日

資料目次

- 1 労災行政事件訴訟の推移
- 2 勝訴・敗訴要因
- 3 主要判決
- 4 事実認定について
- 5 訴訟を意識した処分
- 6 書面の作成について
- 7 各局訟務処理体制等
- 8 協議事項

# 労災行政事件訴訟の推移 資料 1

|                      | 判 決 結 果 |      |       |      | 提訴件数  | 係争件数 |
|----------------------|---------|------|-------|------|-------|------|
|                      | 国側勝訴    | 国側敗訴 | 合 計   | 勝訴率  |       |      |
| 平成 16 年度             | 62      | 6    | 68    | 91%  | 40    | 78   |
| うち脳・心臓               | 10      | 4    | 14    | 71%  | 6     | 21   |
| うち精神障害               | 1       | 1    | 2     | 50%  | 3     | 10   |
| 平成 17 年度             | 51      | 7    | 58    | 88%  | 89    | 128  |
| うち脳・心臓               | 5       | 2    | 7     | 71%  | 21    | 37   |
| うち精神障害               | 2       | 1    | 3     | 67%  | 22    | 28   |
| 平成 18 年度             | 66      | 17   | 83    | 80%  | 81    | 149  |
| うち脳・心臓               | 19      | 7    | 26    | 73%  | 23    | 45   |
| うち精神障害               | 3       | 6    | 9     | 33%  | 17    | 37   |
| 平成 19 年度             | 85      | 21   | 106   | 80%  | 93    | 174  |
| うち脳・心臓               | 18      | 8    | 26    | 69%  | 24    | 52   |
| うち精神障害               | 10      | 9    | 19    | 53%  | 17    | 41   |
| 平成 20 年度             | 113     | 18   | 131   | 86%  | 111   | 227  |
| うち脳・心臓               | 26      | 10   | 36    | 72%  | 19    | 51   |
| うち精神障害               | 23      | 4    | 27    | 85%  | 34    | 67   |
| 平成 21 年度             | 151     | 19   | 170   | 89%  | 126   | 265  |
| うち脳・心臓               | 27      | 7    | 34    | 79%  | 20    | 50   |
| うち精神障害               | 39      | 7    | 46    | 85%  | 37    | 80   |
| 平成 22 年度             | 149     | 23   | 172   | 87%  | 117   | 274  |
| うち脳・心臓               | 23      | 5    | 28    | 82%  | 9     | 41   |
| うち精神障害               | 41      | 9    | 50    | 82%  | 37    | 74   |
| 平成 23 年度             | 170     | 15   | 185   | 92%  | 137   | 306  |
| うち脳・心臓               | 26      | 5    | 31    | 84%  | 13    | 36   |
| うち精神障害               | 47      | 3    | 50    | 94%  | 35    | 75   |
| 平成 24 年度             | 208     | 22   | 230   | 90%  | 124   | 289  |
| うち脳・心臓               | 27      | 2    | 29    | 93%  | 12    | 33   |
| うち精神障害               | 55      | 9    | 64    | 86%  | 48    | 88   |
| 平成 25 年度             | 175     | 14   | 189   | 93%  | 93    | 256  |
| うち脳・心臓               | 15      | 0    | 15    | 100% | 13    | 38   |
| うち精神障害               | 55      | 1    | 56    | 98%  | 35    | 88   |
| 平成 26 年度<br>(10月末時点) | 79      | 10   | 89    | 89%  | 62    | 256  |
| うち脳・心臓               | 11      | 3    | 14    | 79%  | 10    | 35   |
| うち精神障害               | 19      | 5    | 24    | 79%  | 19    | 95   |
| 合 計                  | 1,309   | 172  | 1,481 | 89%  | 1,073 |      |
| うち脳・心臓               | 207     | 53   | 260   | 80%  | 170   |      |
| うち精神障害               | 295     | 55   | 350   | 84%  | 304   |      |

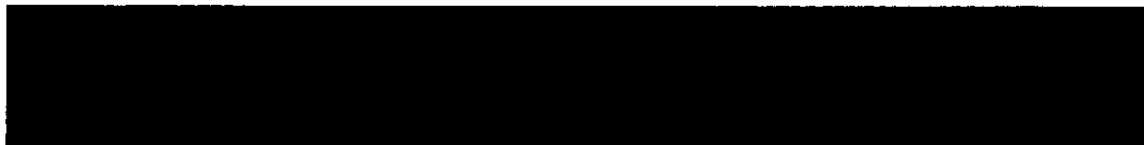
※ 上記件数には国家賠償請求事件等も含まれる

訟務担当者ブロック研修 勝訴・敗訴要因（主要判決より）

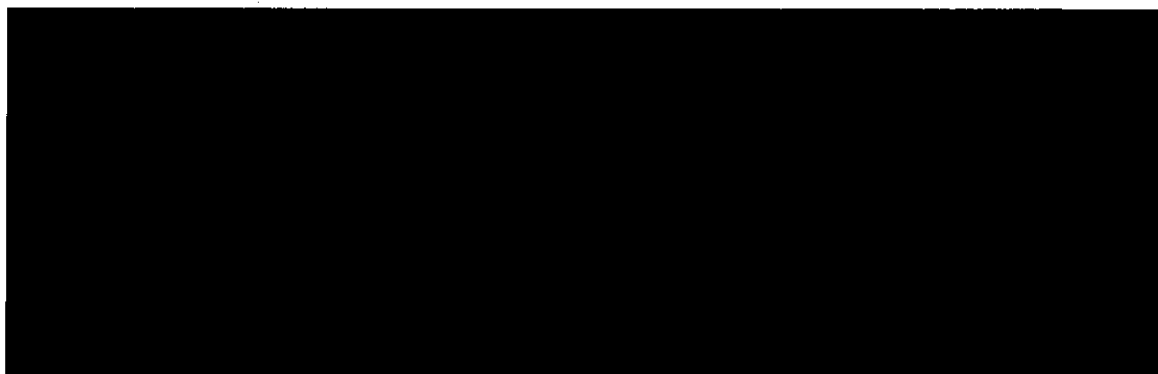
○勝訴要因

1 補充調査による立証（複数の会社関係者等の聴取、実地調査による実態把握）

(1) 業務内容の調査・立証



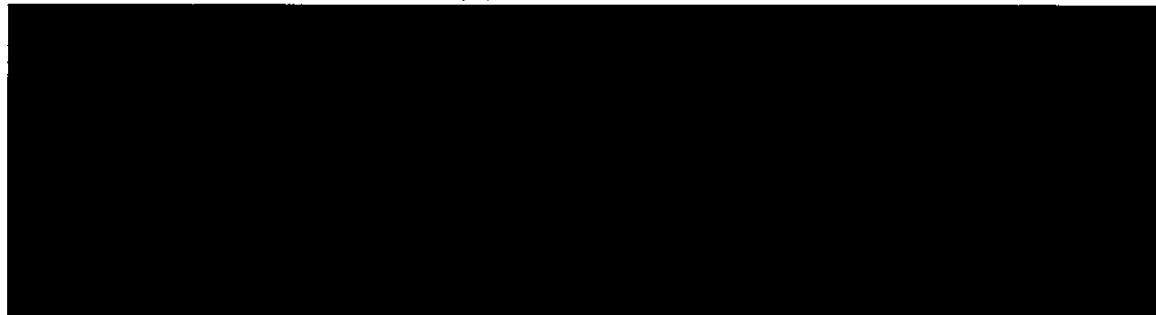
(2) 労働時間の調査・立証



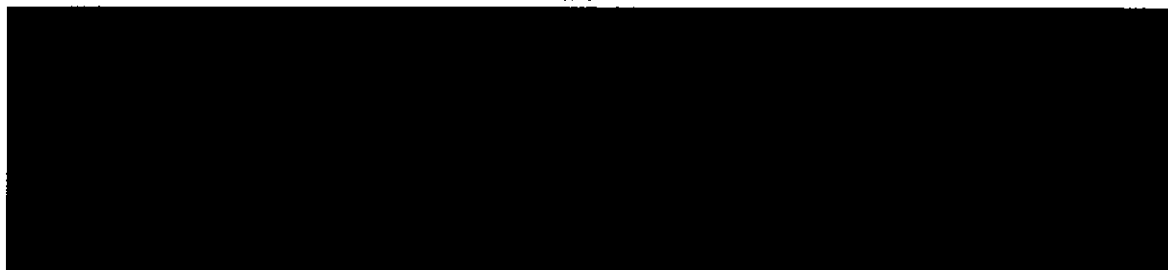
(3) パワハラ等の精神障害の事実関係の調査・立証



(4) 石綿ばく露作業状況の調査・立証



(5) 事故と負傷状況、療養状況の調査・立証

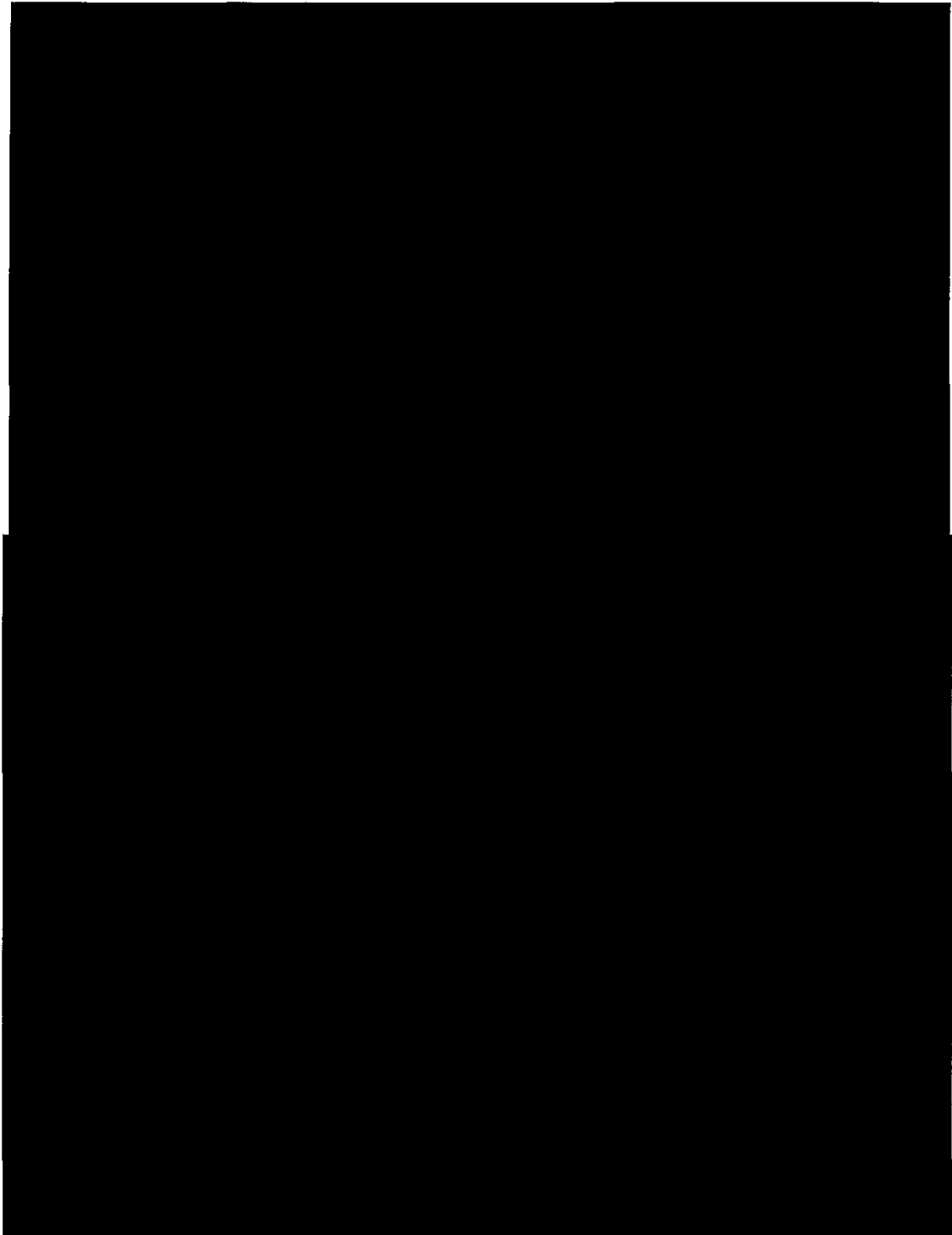


(6)労働者性の調査・立証



2 専門医による医学意見書等の提出

(1)医学意見書による立証



[Redacted]

(2) 原告主張の医学的矛盾点を指摘

[Redacted]

(3) 画像所見

[Redacted]

### 3 医学文献提出

4 認定基準が定められていない疾病の業務起因性の判断は、一般原則としての相対的有効原因説によること

[Redacted]

5 証拠精査（矛盾点等の発見）

6 資料作成等（証拠提出）

7 民事損害賠償事件の証拠の活用

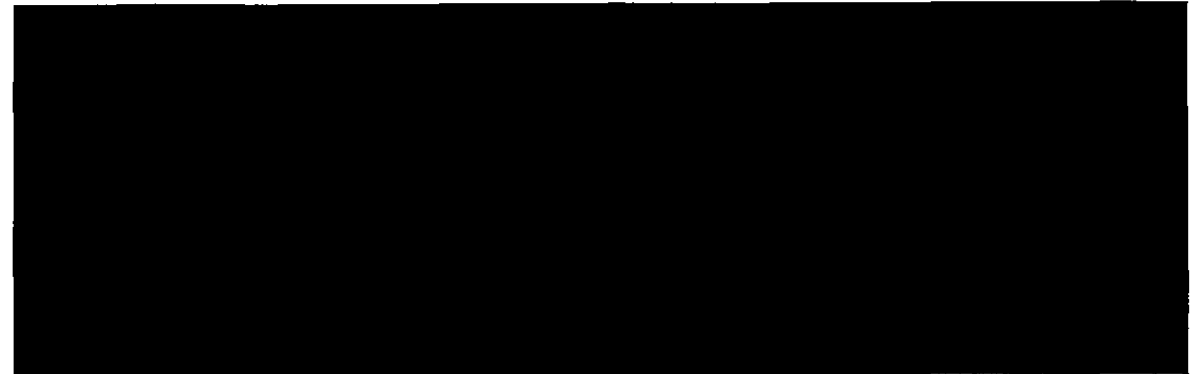
8 尋問

9 鑑定申出

## ●敗訴要因

### 1 原処分、訴訟段階での検討・調査漏れ

- (1) 複数の争点がある事件について、特定の争点（基礎疾患、個体側要因の強さ等）に係る主張・立証で十分勝訴できると考え、他の争点（出来事、業務内容の負荷の大きさ）について十分な主張（追加調査の実施）をしなかったもの

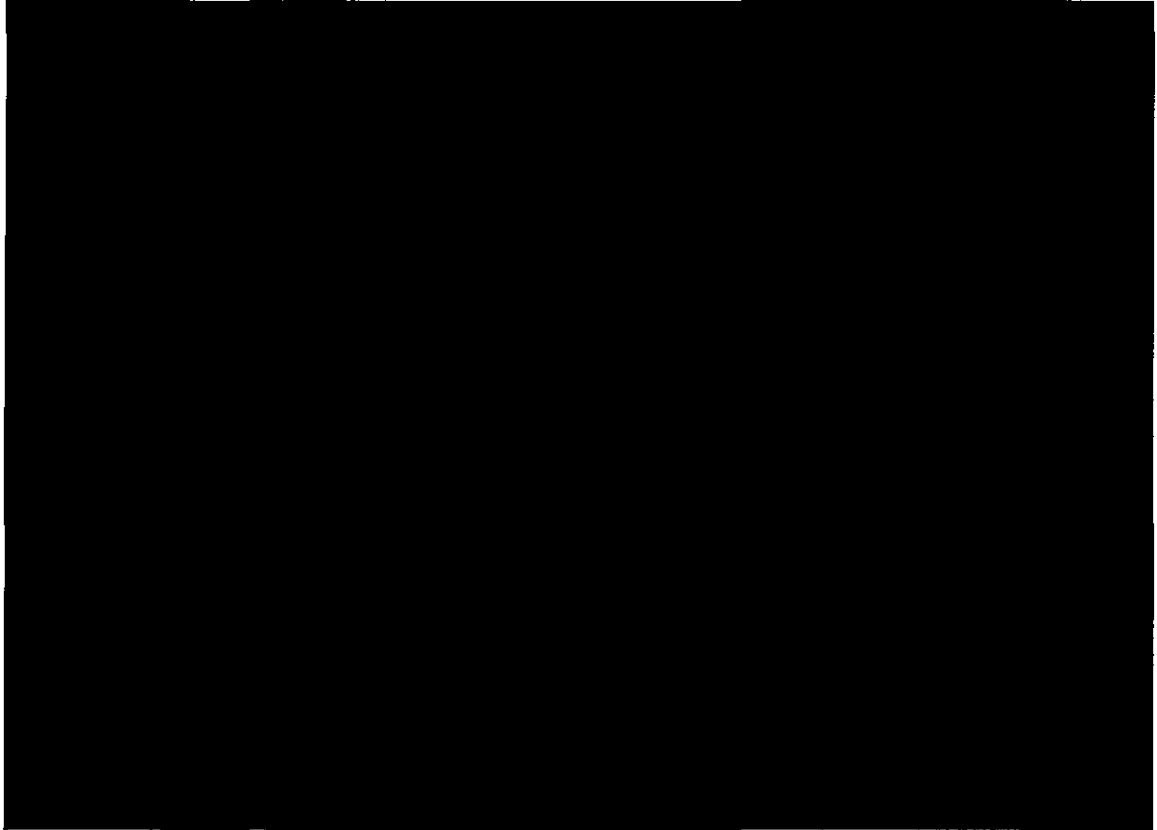


- (2) 原処分で業務実態の詳細な把握がなされておらず、補充調査でも確認できなかったため、業務内容に基づいた過重性等の主張・立証（追加調査の実施）を十分できなかったもの

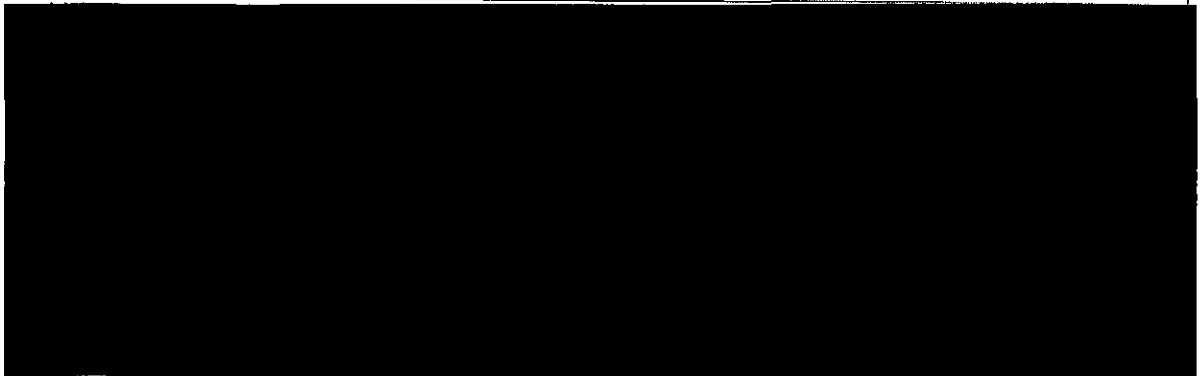




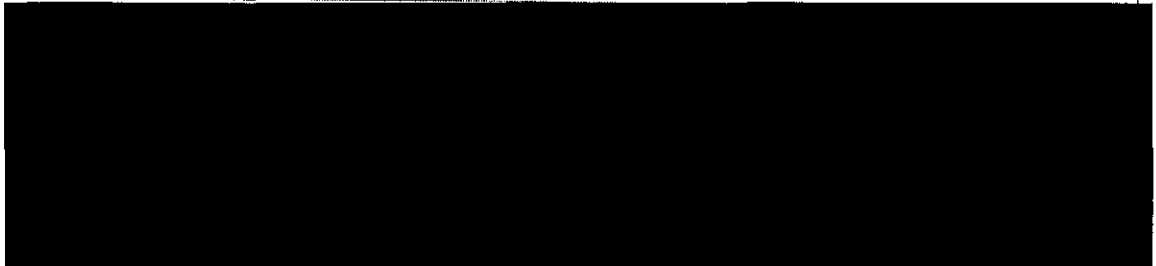
(3) 原処分、訴訟において事案の問題点を看過、主張不足



2 医学意見書による立証（補充）漏れ



3 医学意見書の内容不足等





[REDACTED]

4 原告の時期に遅れた主張（病名）の認容

[REDACTED]

5 訴状（請求の原因）の認否（答弁書） 石綿ばく露作業従事期間

[REDACTED]

## 訟務担当者ブロック研修 主要判決目次

## 1 精神障害判決

## (1) 勝訴

| NO | 判決日・裁判所                                                     | 判決の概要 | キーワード                                            |
|----|-------------------------------------------------------------|-------|--------------------------------------------------|
| 1  | 平成■年■月■日<br>東京高裁<br>(確定)                                    |       | 出来事としての時間<br>外労働<br>新認定基準の合理性                    |
| 2  | 平成■年■月■日<br>岐阜地裁<br>平成■年■月■日<br>名古屋高裁<br>上告審係属中             |       | 発症前6か月より前<br>からの長時間労働<br>上司の叱責(仕事上の<br>ミスに対する指導) |
| 3  | 平成■年■月■日<br>大阪地裁<br>平成■年■月■日<br>大阪高裁<br>上告審係属中              |       | 上司によるいじめ・<br>嫌がらせ                                |
| 4  | 平成■年■月■日<br>東京地裁<br>平成■年■月■日<br>東京高裁<br>平成■年■月■日<br>最高裁(確定) |       | ■からの暴行によ<br>るPTSD<br>発病後の私的旅行                    |
| 5  | 平成■年■月■日<br>大阪地裁<br>控訴審係属中                                  |       | ■の自殺<br>精神障害発病後の悪<br>化                           |
| 6  | 平成■年■月■日<br>最高裁(確定)                                         |       | 精神障害発病後の悪<br>化                                   |

(2) 敗訴

| NO | 判決日・裁判所          | 判決の概要 | キーワード                                                |
|----|------------------|-------|------------------------------------------------------|
| 7  | 平成■年■月■日<br>大阪高裁 |       | 出来事後の恒常的な<br>長時間労働<br>漏水調査・補修工事の<br>過重性              |
| 8  | 平成■年■月■日<br>東京地裁 |       | 拘束時間<br>極度の長時間労働                                     |
| 9  | 平成■年■月■日<br>新潟地裁 |       | 出来事が繰り返され<br>る場合の心理的負荷<br>の評価期間<br>ノルマ未達成<br>叱責の繰り返し |
| 10 | 平成■年■月■日<br>大阪高裁 |       | 退職の強要による心<br>理的負荷                                    |
| 11 | 平成■年■月■日<br>鳥取地裁 |       | 厳しい叱責                                                |
| 12 | 平成■年■月■日<br>福井地裁 |       | 労働災害による入院生<br>活<br>疼痛性障害                             |
| 13 | 平成■年■月■日<br>大阪高裁 |       | 帰宅途中のひったく<br>りによる心理的負荷                               |
| 14 | 平成■年■月■日<br>京都地裁 |       | 左示指の一部切断、<br>適応障害                                    |

|    |                            |  |                              |
|----|----------------------------|--|------------------------------|
| 15 | 平成■年■月■日<br>東京高裁<br>(逆転敗訴) |  | 労災請求の約12年前に<br>発病した精神障害<br>■ |
|----|----------------------------|--|------------------------------|

## 2 脳・心臓疾患事案判決

### (1) 勝訴

| NO | 判決日・裁判所                                  | 判決の概要 | キーワード                                  |
|----|------------------------------------------|-------|----------------------------------------|
| 16 | 平成■年■月■日<br>静岡地裁<br>平成■年■月■日<br>(確定)     |       | 社員旅行の業務遂行性                             |
| 17 | 平成■年■月■日<br>東京高裁<br>最高裁係属中               |       | 発症前6か月より前の過重性の評価<br>蓄積された疲労の解消<br>逆転勝訴 |
| 18 | 平成■年■月■日<br>神戸地裁<br>(確定)                 |       | 発症前6か月より前の長時間労働<br>疲労の回復               |
| 19 | 平成■年■月■日<br>東京地裁<br>平成■年■月■日<br>東京高裁(確定) |       | 多数回の出張<br>リスクファクター                     |
| 20 | 平成■年■月■日<br>福岡地裁<br>控訴審係属中               |       | 熱中症<br>狭心症                             |

### (2) 敗訴

| NO | 判決日・裁判所          | 判決の概要 | キーワード                       |
|----|------------------|-------|-----------------------------|
| 21 | 平成■年■月■日<br>東京地裁 |       | 時間外労働時間数<br>80時間以内<br>精神的緊張 |

|    |                  |  |                                     |
|----|------------------|--|-------------------------------------|
|    |                  |  |                                     |
| 22 | 平成■年■月■日<br>東京地裁 |  | 心房細動<br>上腸間膜動脈閉塞<br>不整脈による血栓<br>の形成 |

### 3 石綿関連疾患事案判決

#### (1) 勝訴

| NO | 判決日・裁判所                                  | 判決の概要 | キーワード                                       |
|----|------------------------------------------|-------|---------------------------------------------|
| 23 | 平成■年■月■日<br>千葉地裁<br>(確定)                 |       | 石綿びまん性胸膜肥厚による肺機能障害<br>%肺活量の値と動脈血酸素分圧の値との不整合 |
| 24 | 平成■年■月■日<br>宮崎地裁<br>平成■年■月■日<br>福岡高裁宮崎支部 |       | 石綿肺<br>顕微鏡的多発血管炎                            |
| 25 | 平成■年■月■日<br>大分地裁<br>控訴審係属中               |       | 石綿肺<br>間質性肺炎                                |
| 26 | 平成■年■月■日<br>神戸地裁<br>控訴審係属中               |       | 石綿肺がん<br>胸膜プラーク                             |

#### (2) 敗訴

| NO | 判決日・裁判所          | 判決の概要 | キーワード                      |
|----|------------------|-------|----------------------------|
| 27 | 平成■年■月■日<br>静岡地裁 |       | 確定診断のない中皮腫                 |
| 28 | 平成■年■月■日<br>東京地裁 |       | 石綿肺がん<br>同僚に胸膜プラークが認められた事例 |

|    |                  |  |                           |
|----|------------------|--|---------------------------|
| 29 | 平成■年■月■日<br>宮崎地裁 |  | ブレーキライニング<br>交換作業<br>石綿肺  |
| 30 | 平成■年■月■日<br>東京高裁 |  | 石綿肺がん<br>クリソタイルの長<br>期ばく露 |

#### 4 高次脳機能障害（TBI、MTBI）事案判決（勝訴）

| NO | 判決日・裁判所                                 | 判決の概要 | キーワード           |
|----|-----------------------------------------|-------|-----------------|
| 31 | 平成■年■月■日<br>東京高裁<br>平成■年■月■日<br>最高裁（確定） |       | 高次脳機能障害<br>MTBI |
| 32 | 平成■年■月■日<br>東京高裁<br>上告審係属中              |       | 高次脳機能障害<br>MTBI |
| 33 | 平成■年■月■日<br>東京高裁<br>（確定）                |       | 高次脳機能障害         |

#### 5 脳脊髄液漏出症事案判決

##### （1）勝訴

| NO | 判決日・裁判所                      | 判決の概要 | キーワード   |
|----|------------------------------|-------|---------|
| 34 | 平成■年■月■日<br>広島高裁岡山支部<br>（確定） |       | 脳脊髄液減少症 |

(2) 敗訴

| NO | 判決日・裁判所                     | 判決の概要 | キーワード           |
|----|-----------------------------|-------|-----------------|
| 35 | 平成■年■月■日<br>和歌山地裁<br>控訴審係属中 |       | 脳脊髄液漏出症<br>四肢麻痺 |

6 受動喫煙・化学物質過敏症事案判決（勝訴）

| NO | 判決日・裁判所                  | 判決の概要 | キーワード           |
|----|--------------------------|-------|-----------------|
| 36 | 平成■年■月■日<br>東京地裁<br>(確定) |       | 受動喫煙<br>平均的労働者  |
| 37 | 平成■年■月■日<br>東京地裁<br>(確定) |       | 受動喫煙<br>肺がん     |
| 38 | 平成■年■月■日<br>大阪高裁<br>(確定) |       | トルエン<br>化学物質過敏症 |

7 上肢障害判決

(1) 勝訴

| NO | 判決日・裁判所                  | 判決の概要 | キーワード            |
|----|--------------------------|-------|------------------|
| 39 | 平成■年■月■日<br>東京地裁<br>(確定) |       | 頸肩腕症候群<br>パソコン作業 |

## (2) 敗訴

| NO | 判決日・裁判所          | 判決の概要 | キーワード                                             |
|----|------------------|-------|---------------------------------------------------|
| 40 | 平成 年 月 日<br>東京地裁 |       | 上肢障害（頸椎症性<br>脊髄症）、腰痛<br>鉄製工具の形状と<br>作業態様による負<br>荷 |
| 41 | 平成 年 月 日<br>東京地裁 |       | 頸肩腕障害<br>上肢等への負担                                  |
| 42 | 平成 年 月 日<br>千葉地裁 |       | 腱板断裂<br>リハビリの効果                                   |

## 8 腰痛判決（勝訴）

| NO | 判決日・裁判所                    | 判決の概要 | キーワード                       |
|----|----------------------------|-------|-----------------------------|
| 43 | 平成 年 月 日<br>大阪高裁<br>上告審係属中 |       | 身体障害を有する<br>労働者<br>平均的労働者基準 |

## 9 振動障害判決（敗訴）

| NO | 判決日・裁判所          | 判決の概要 | キーワード                |
|----|------------------|-------|----------------------|
| 44 | 平成 年 月 日<br>高知地裁 |       | 振動障害<br>皮膚温の中等度異常の評価 |



## 10 労働者性事案判決

### (1) 勝訴

| NO | 判決日・裁判所              | 判決の概要 | キーワード         |
|----|----------------------|-------|---------------|
| 45 | 平成■年■月■日<br>福岡高裁（確定） |       | 労働者性<br>業務執行権 |

### (2) 敗訴

| NO | 判決日・裁判所          | 判決の概要 | キーワード       |
|----|------------------|-------|-------------|
| 46 | 平成■年■月■日<br>福岡地裁 |       | 本社課長の管理監督者性 |

## 11 認定基準によらない疾病（長時間労働等）事案判決（勝訴）

| NO | 判決日・裁判所                                 | 判決の概要 | キーワード                             |
|----|-----------------------------------------|-------|-----------------------------------|
| 47 | 平成■年■月■日<br>東京高裁<br>平成■年■月■日<br>最高裁（確定） |       | 著しい長時間労働<br>慢性骨髄性白血病<br>高度の蓋然性の証明 |
| 48 | 平成■年■月■日<br>東京高裁<br>平成■年■月■日<br>最高裁（確定） |       | 原発性肝がん<br>海外出張                    |
| 49 | 平成■年■月■日<br>大阪地裁<br>控訴審係属中              |       | 化学物質（ジアニジン等）<br>口腔がん              |
| 50 | 平成■年■月■日<br>大阪地裁<br>控訴審係属中              |       | 糖尿病<br>長時間労働                      |

## 12 二重就労事案判決（勝訴）

| NO | 判決日・裁判所                                 | 判決の概要 | キーワード                       |
|----|-----------------------------------------|-------|-----------------------------|
| 51 | 平成■年■月■日<br>東京高裁<br>平成■年■月■日<br>最高裁（確定） |       | 二重就労<br>平均賃金（給付基礎<br>日額）の合算 |
| 52 | 平成■年■月■日<br>東京高裁                        |       | 二重雇用<br>労働時間の合算             |

## 13 その他

| NO | 判決日・裁判所                                 | 判決の概要 | キーワード                              |
|----|-----------------------------------------|-------|------------------------------------|
| 53 | 平成■年■月■日<br>東京地裁<br>上告審係属中              |       | じん肺症と急性心筋<br>梗塞<br>治療機会の喪失         |
| 54 | 平成■年■月■日<br>大阪高裁<br>平成■年■月■日<br>最高裁（確定） |       | 労災認定事業場名<br>情報公開法<br>不開示情報<br>逆転勝訴 |
| 55 | 平成■年■月■日<br>横浜地裁                        |       | RSD (CRPS type I)<br>DVD 映像        |
| 56 | 平成■年■月■日<br>熊本地裁                        |       | 騒音性難聴<br>時効の起算点                    |

○〔精神4〕 平成 年 月 日 東京高裁判決 国勝訴（二審確定）

キーワード：出来事としての時間外労働、新認定基準の合理性

1 事件の概要

2 判決要旨

（1）一審判決（さいたま地方裁判所：平成 年 月 日（国勝訴））

ア 精神障害の発病時期

イ 業務による心理的負荷（労働時間以外は略）

ウ 判断指針による判断

（2）控訴審（東京高等裁判所：平成 年 月 日（国勝訴））

ア 認定基準の合理性（認定基準発出の経緯、認定基準の内容に照らせば合理性が認められると判示）

イ 認定基準に基づく検討（新設の80時間超えの時間外労働を出来事として評価しても心理的負荷の強度は「中」とどまる）

ウ 認定基準に基づく業務起因性の判断

3 勝訴要因

|   |          | 国の主張が認められたポイント（主張、証拠） |
|---|----------|-----------------------|
| 1 | 認定基準での主張 |                       |
| 2 | 療養経過     |                       |

○〔精神4〕平成■■年■■月■■日 岐阜地裁判決 国勝訴（控訴審係争中）



キーワード：発病前6か月より前からの長時間労働、上司の叱責（仕事上のミスに対する指導）

1 事件の概要

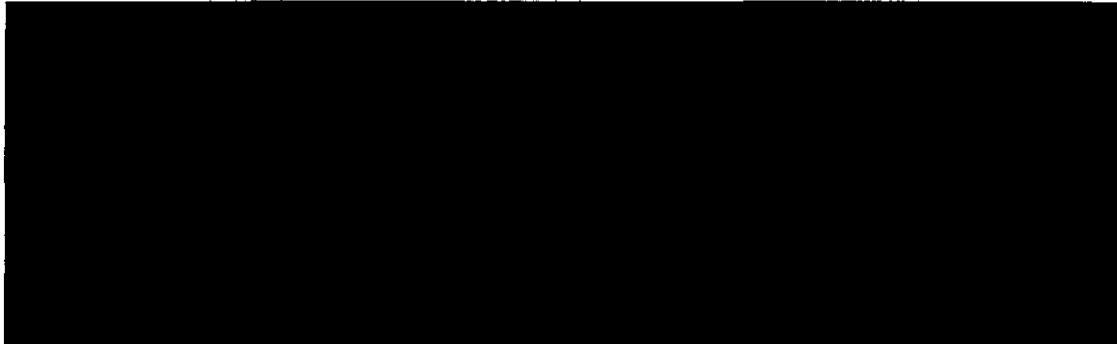


2 判決要旨（国勝訴）

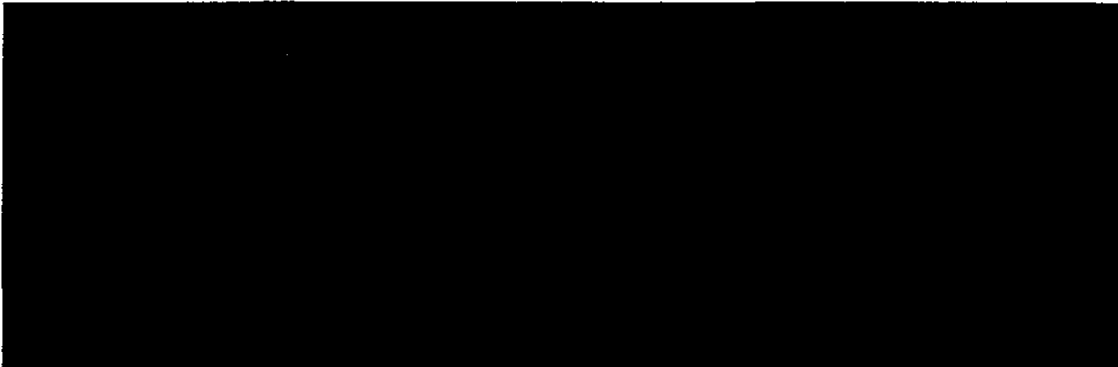
（1）〈判断枠組み〉

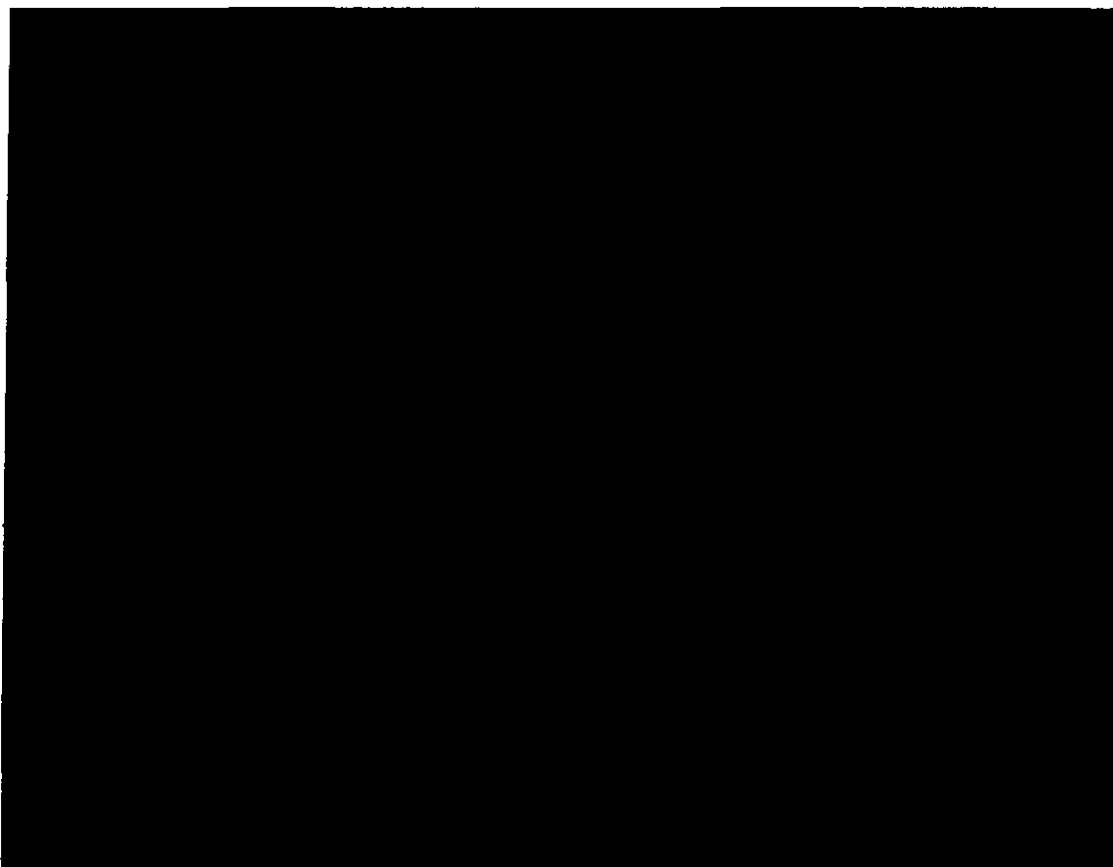


（2）〈出来事の評価対象期間〉

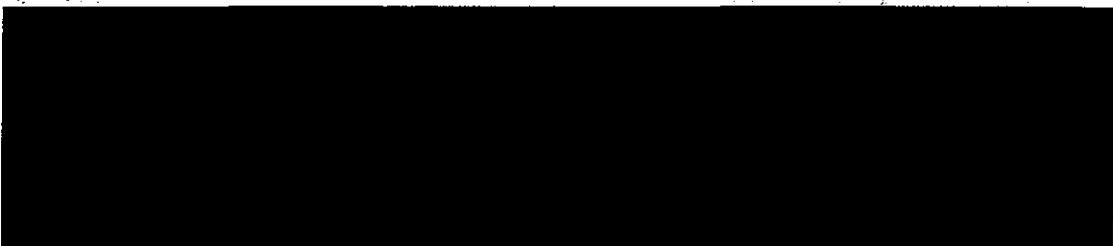


（3）〈業務の過重性〉





(4) 〈結論〉



3 勝訴要因

|   |                                 | 国の主張が認められたポイント (主張、証拠) |
|---|---------------------------------|------------------------|
| 1 | 時間外労働<br>時間数の算<br>定             |                        |
| 2 | 出来事の評<br>価期間                    |                        |
| 3 | 上司の叱責<br>(仕事上の<br>ミスに対す<br>る指導) |                        |

○〔精神3〕平成 年 月 日 大阪地裁判決 国勝訴（控訴審係争中）

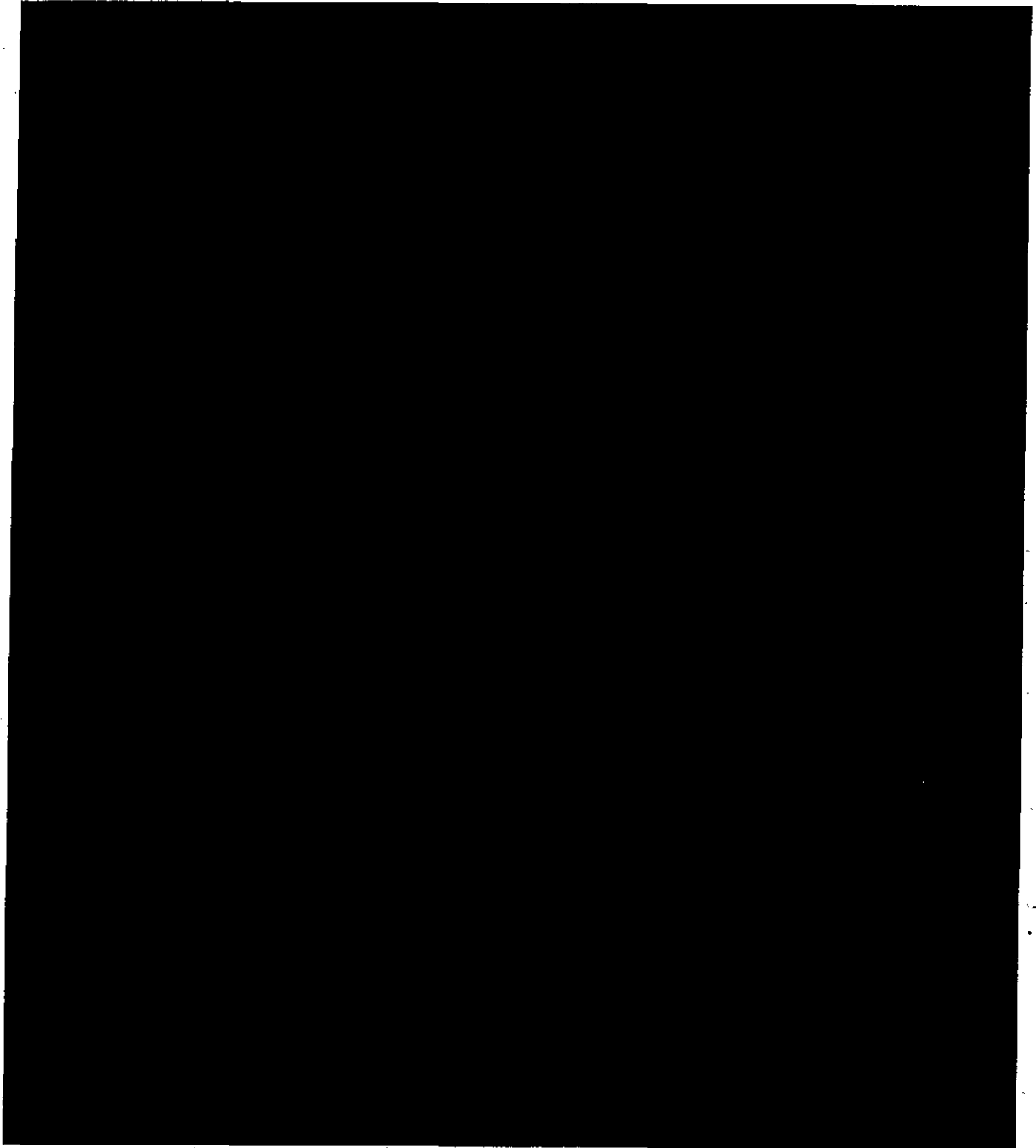
キーワード：上司によるいじめ・嫌がらせ

1 事件の概要

2 判決要旨（国勝訴）

(1) 〈判断枠組み〉

(2) 〈業務起因性〉



3 勝訴要因

|   |                  | 国の主張が認められたポイント (主張、証拠)                                                               |
|---|------------------|--------------------------------------------------------------------------------------|
| 1 | 上司によるいじめ・嫌がらせの事実 |  |



○〔精神2〕 平成 年 月 日 東京地裁判決 国勝訴（控訴審係争中）

キーワード： からの暴行によるPTSD、発病後の私的旅行

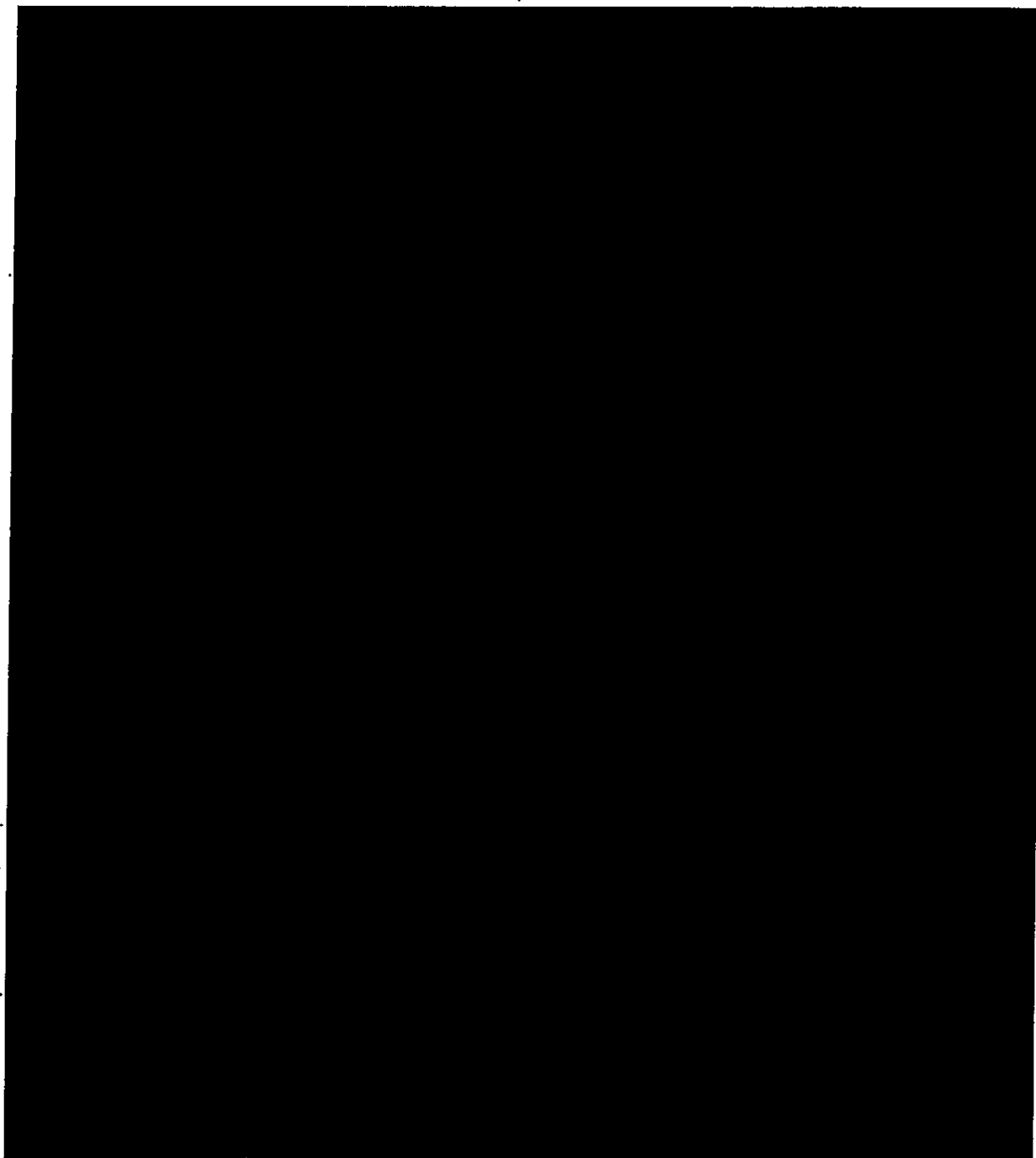
1 事件の概要

2 判決要旨

(1) 〈判断枠組み〉

(2) 〈発症時期〉

(3) 〈業務起因性〉



3 勝訴要因

| 国の主張が認められたポイント（主張、証拠） |  |
|-----------------------|--|
| 1 療養中の原告の行動の主張        |  |
| 2 認定基準での主張            |  |

○【精神2】平成 年 月 日 大阪地裁判決 国勝訴（控訴審係争中）

キーワード： の自殺 精神障害発病後の悪化

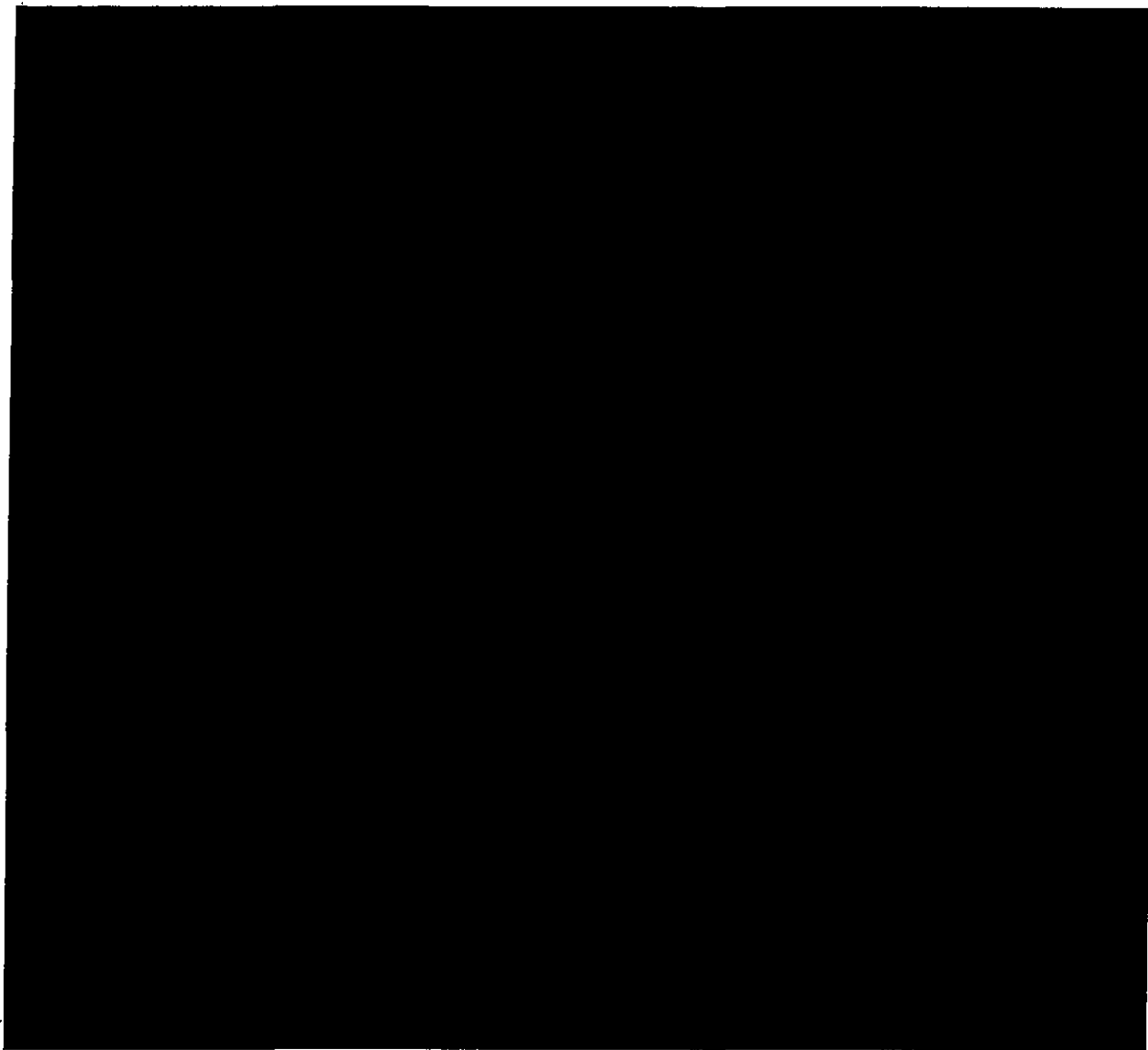
1 事件の概要

2 判決要旨(国勝訴)

(1)〈判断枠組み〉

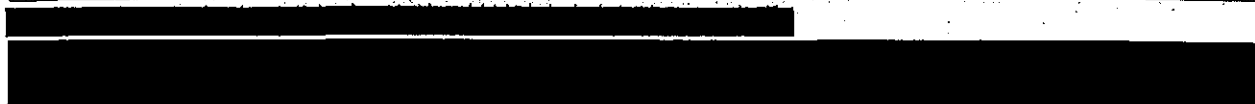
(2)〈発病時期〉

(3)〈業務起因性〉



3 勝訴要因

|   |                            | 国の主張が認められたポイント（主張、証拠） |
|---|----------------------------|-----------------------|
| 1 | 亡子の勤務状況及び精神障害発病後の労働時間増加の原因 |                       |
| 2 | 精神障害発病後の悪化の業務起因性           |                       |



○〔精神1〕 平成 年 月 日 最高裁決定 上告不受理  
平成 年 月 日 東京高裁判決 国勝訴  
(平成 年 月 日 東京地裁判決 国勝訴 原告控訴)

キーワード：精神障害の発病後の悪化

## 1 事件の概要

## 2 判決要旨

### (1) 一審判決（国勝訴）

#### ア〈判断枠組み〉

#### イ〈発病時期〉

#### ウ〈業務起因性〉

(2) 控訴審判決（国勝訴）

ア 〈発病時期、精神障害発病の業務起因性〉

イ 〈精神障害の悪化の業務起因性〉

3 発病後の悪化に係る訴訟上の留意事項

○〔精神1〕 平成 年 月 日 大阪高裁判決 国敗訴（二審確定）  
（平成 年 月 日 神戸地裁判決 国勝訴 原告控訴）

キーワード：出来事後の恒常的な長時間労働、漏水調査・補修工事の過重性

1 事件の概要

2 一審判決要旨（国勝訴）（平成 年 月 日）

(1) 〈判断枠組み〉

(2) 〈業務による心理的負荷〉

[REDACTED]

(3) 〈業務起因性〉

[REDACTED]

3 控訴審判決要旨（国逆転敗訴）（平成[REDACTED]年[REDACTED]月[REDACTED]日）

(1) 〈判断枠組み〉

[REDACTED]

(2) 〈業務による心理的負荷〉

[REDACTED]

(3) 〈業務起因性〉

[REDACTED]

4 控訴審における敗訴要因

|   |                    | 敗訴した要因として考えられる事項 |
|---|--------------------|------------------|
| 1 | 出来事後の恒常的な<br>長時間労働 | [REDACTED]       |
| 2 | 勤務時間中の空き時<br>間の立証  | [REDACTED]       |
| 3 | 控訴審における主張<br>・立証   | [REDACTED]       |



○〔精神1〕 平成■■年■■月■■日 東京地裁判決 国敗訴（一審確定）

キーワード：拘束時間、極度の長時間労働

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈精神障害の発病及び時期〉

（3）〈業務による心理的負荷〉

(4) 〈業務起因性の判断〉

3 国の主張と判決の主な相違点

|   |               | 国主張 | 判決 |
|---|---------------|-----|----|
| 1 | 労働時間の<br>事実認定 |     |    |
| 2 | 精神障害の<br>発病   |     |    |

4 敗訴要因

|   |               | 敗訴した要因として考えられる事項 |
|---|---------------|------------------|
| 1 | 労働時間の<br>事実認定 |                  |
| 2 | 故意による<br>自殺   |                  |

○〔精神3〕平成 年 月 日 新潟地裁判決 国敗訴（一審確定）

キーワード：出来事が繰り返される場合の心理的負荷の評価期間、ノルマ未達成、叱責の繰り返し

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈営業所長の指導や叱責〉

（3）〈国側の聴取書の信用性〉

（4）〈ノルマ〉

（5）〈全体としての評価〉

(6) 〈心理的負荷の評価期間〉

(7) 〈業務起因性〉

### 3 国側主張と判決との相違点

|   |       | 国側主張 | 判 決 |
|---|-------|------|-----|
| 1 | 指導や叱責 |      |     |
| 2 | ノルマ   |      |     |

### 4 敗訴の要因分析

|   |              | 敗訴した要因として考えられる事項 |
|---|--------------|------------------|
| 1 | 指導や叱責<br>の態様 |                  |

- 〔精神4〕 平成■■年■■月■■日 大阪高裁判決 国敗訴（二審確定）  
（平成■■年■■月■■日 大阪地裁判決 国勝訴 原告控訴）

キーワード：退職の強要による心理的負荷

1 事件の概要

2 一審判決要旨（国勝訴）（平成■■年■■月■■日）

(1) 〈業務起因性の判断枠組み〉

(2) 〈精神障害の発症〉

(3) 〈業務による心理的負荷〉

(4) 〈個体側の脆弱性〉

(5) 〈業務起因性〉

[Redacted]

3 控訴審判決要旨（国逆転敗訴）（平成 年 月 日）

(1) 〈業務起因性の判断枠組み〉

[Redacted]

(2) 〈精神障害の発症〉

[Redacted]

(3) 〈業務による心理的負荷〉

[Redacted]

(4) 〈個体側要因〉

[Redacted]

(5) 〈業務起因性〉

[Redacted]

4 控訴審における敗訴要因

|   |             | 敗訴した要因として考えられる事項 |
|---|-------------|------------------|
| 1 | 退職の強要の具体的内容 | [Redacted]       |

【平成24年度敗訴判決】

○〔精神5〕平成■■年■■月■■日 鳥取地裁判決 国敗訴（一審確定）

キーワード： 厳しい叱責

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組〉

（2）〈原告の疾病〉

（3）〈業務起因性〉

### 3 国の主張と判決との相違点

|         | 国側主張 | 判 決 |
|---------|------|-----|
| 1 不告知教唆 |      |     |
| 2 叱 責   |      |     |
| 3 班 分 離 |      |     |

### 4 敗訴の要因分析

|                                     | 敗訴した要因として考えられる事項 |
|-------------------------------------|------------------|
| 上司の厳しい叱責を肯定<br>する複数証言<br>[Redacted] |                  |



○〔精神1〕平成 年 月 日 福井地裁判決 国敗訴（一審確定）

キーワード：労働災害による入院生活、疼痛性障害

1 事件の概要

2 判決要旨（国敗訴）

（1）〈精神障害の発病の有無〉

（2）〈本件崩落事故と精神障害発病との相当因果関係の有無〉

3 国の主張と判決の主な相違点

|   |                | 国主張 | 判決 |
|---|----------------|-----|----|
| 1 | 精神障害の<br>発病の有無 |     |    |

|   |                          |  |  |
|---|--------------------------|--|--|
|   |                          |  |  |
| 2 | 本件崩落事故と精神障害発病との相当因果関係の有無 |  |  |

4 敗訴要因

|   |                   | 敗訴した要因として考えられる事項 |
|---|-------------------|------------------|
| 1 | 原告の時機に遅れた主張       |                  |
| 2 | 専門医を証人尋問に立てなかったこと |                  |

○〔精神○〕平成 年 月 日 大阪高裁判決 国一部敗訴（二審確定）  
（平成 年 月 日 大阪地裁判決 国勝訴 原告控訴）

\_\_\_\_\_

キーワード：帰宅途中のひったくりによる心理的負荷

## 1 事件の概要

[illegible]

2 一審判決要旨（国勝訴）（平成 年 月 日）

(1) 〈通勤起因性の判断枠組み〉

\_\_\_\_\_

(2) 〈精神障害の発症〉

\_\_\_\_\_

(3) 〈本件事故による心理的負荷の評価〉

\_\_\_\_\_

#### (4) 〈個体側要因〉

\_\_\_\_\_

(5) 〈結論〉

[Redacted]

3 控訴審判決要旨（国逆転一部敗訴）（平成[Redacted]年[Redacted]月[Redacted]日）

(1) 〈通勤起因性の判断枠組み〉

[Redacted]

(2) 〈控訴人の症状〉

[Redacted]

(3) 〈通勤起因性〉

[Redacted]

(4) 〈結論〉

[Redacted]

4 控訴審における敗訴要因

| 敗訴した要因として考えられる事項  |            |
|-------------------|------------|
| 1 本件事故による心理的負荷の評価 | [Redacted] |

○〔精神○〕平成■■年■■月■■日 京都地裁判決 国敗訴（確定）

キーワード：左示指の一部切断、適応障害

## 1 事件の概要

## 2 判決要旨（国敗訴）

(1) 〈原告が罹患した精神障害〉

(2) 〈原告の適応障害の業務起因性〉

3 国の主張と判決の主な相違点

|   |                     | 国主張 | 判決 |
|---|---------------------|-----|----|
| 1 | 本件事故による心理的<br>負荷の強度 |     |    |

4 敗訴要因

|   |                        | 敗訴した要因として考えられる事項 |
|---|------------------------|------------------|
| 1 | 本件事故による心理的負荷の強度の<br>評価 |                  |

○〔精神障害〕平成■年■月■日 東京高裁判決 国逆転敗訴（確定）

キーワード：労災請求の約12年前に発病した精神障害、

1 事件の概要

2 控訴審判決要旨（国逆転敗訴）

（1）＜判断枠組み＞

（2）＜発病時期＞

（3）＜本件疾病の業務起因性＞

3 国の主張と判決の主な相違点

|   |                       | 国主張（一審判決） | 控訴審判決 |
|---|-----------------------|-----------|-------|
| 1 | 融資金の回収に係る出来事の心理的負荷の強度 |           |       |

4 敗訴要因

|   |                | 敗訴した要因として考えられる事項 |
|---|----------------|------------------|
| 1 | 寛解（治ゆ）・再発の検討   |                  |
| 2 | 発病前6か月間の出来事の調査 |                  |



○〔その他2〕平成■年■月■日 静岡地裁判決 国勝訴（控訴審係争中）

キーワード：社員旅行の業務遂行性

1. 事件の概要

2. 判決要旨

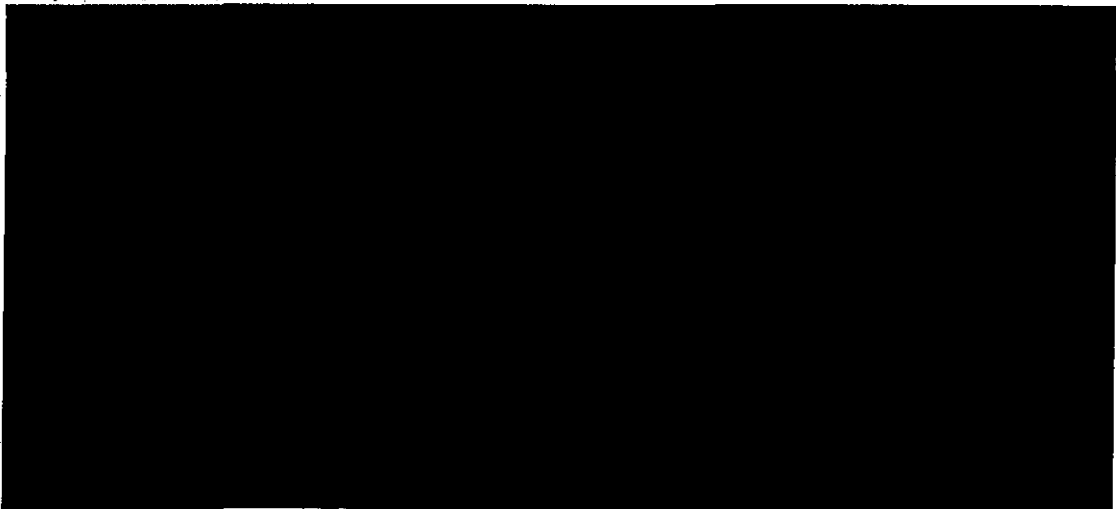
(1) 〈判断枠組み〉

(2) 〈業務の質的過重性について〉

(3) 〈業務の量的過重性について〉



(4) 〈社員旅行の業務遂行性について〉



(5) 〈相当因果関係〉



3 勝訴要因

|   |        | 国の主張が認められたポイント（主張、証拠） |
|---|--------|-----------------------|
| 1 | 業務の過重性 |                       |

○〔脳心1〕平成■■年■■月■■日 東京高裁判決 国逆転勝訴（原告上告受理申立中）  
（平成■■年■■月■■日 東京地裁判決 国敗訴 国控訴）

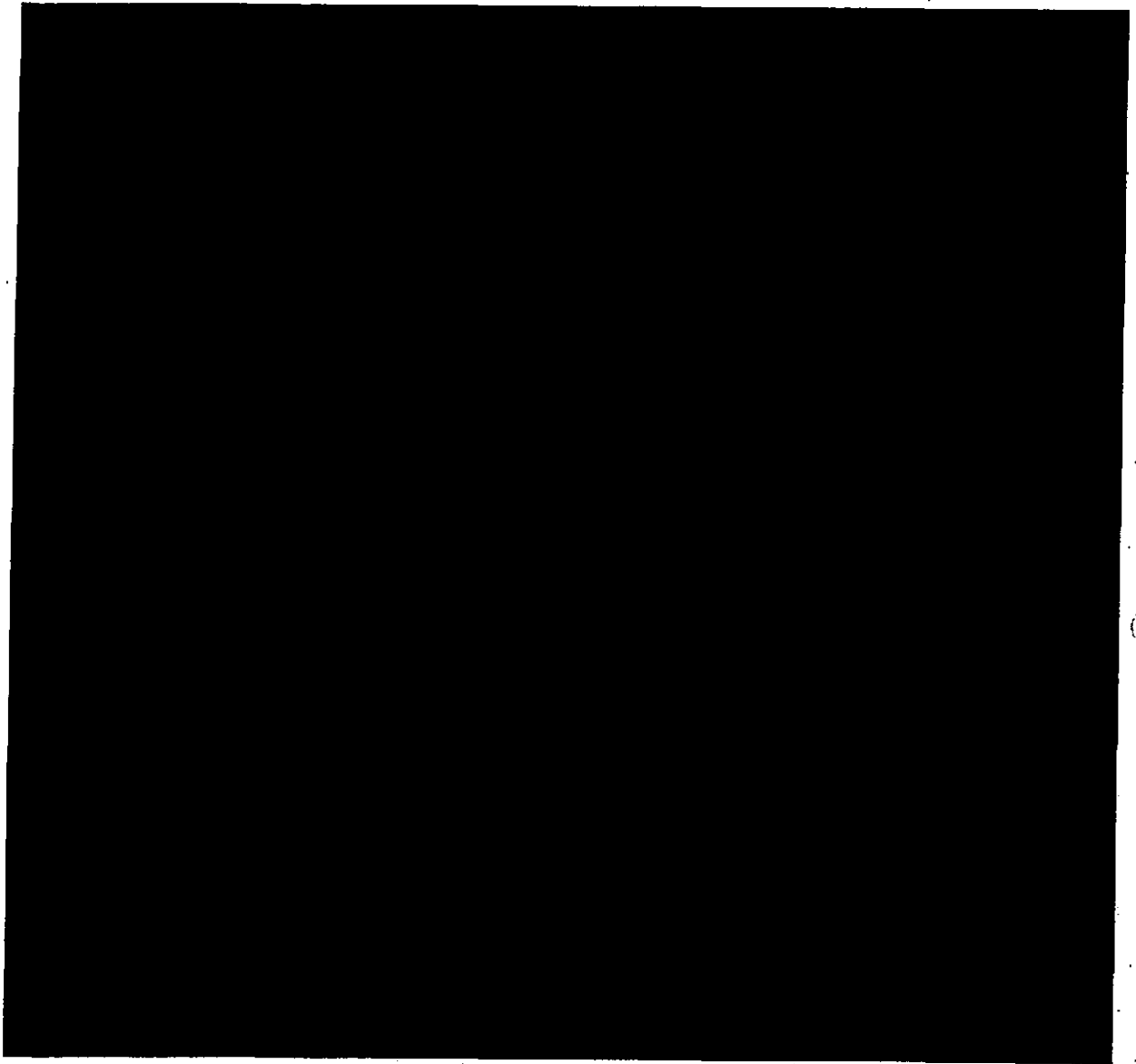
キーワード：発症前6か月より前の過重性の評価、蓄積された疲労の解消、逆転勝訴

1 事件の概要

2 判決要旨

(1) 一審判決（国敗訴）

(2) 控訴審判決（国逆転勝訴）



3 勝訴要因

|   | 一審敗訴要旨                                       | 国の主張が認められたポイント（主張、証拠） |
|---|----------------------------------------------|-----------------------|
| 1 | 本件くも膜下出血の原因は「脳動静脈奇形」の破綻ではなく、「脳動脈瘤」の破裂とするのが相当 |                       |
| 2 | 発症前6か月より前の過重性を評価、疲労の解消により「脳動脈瘤」は改善しない        |                       |

【平成24年度勝訴判決】

○〔脳心3〕平成 年 月 日 神戸地裁判決 国勝訴（確定）

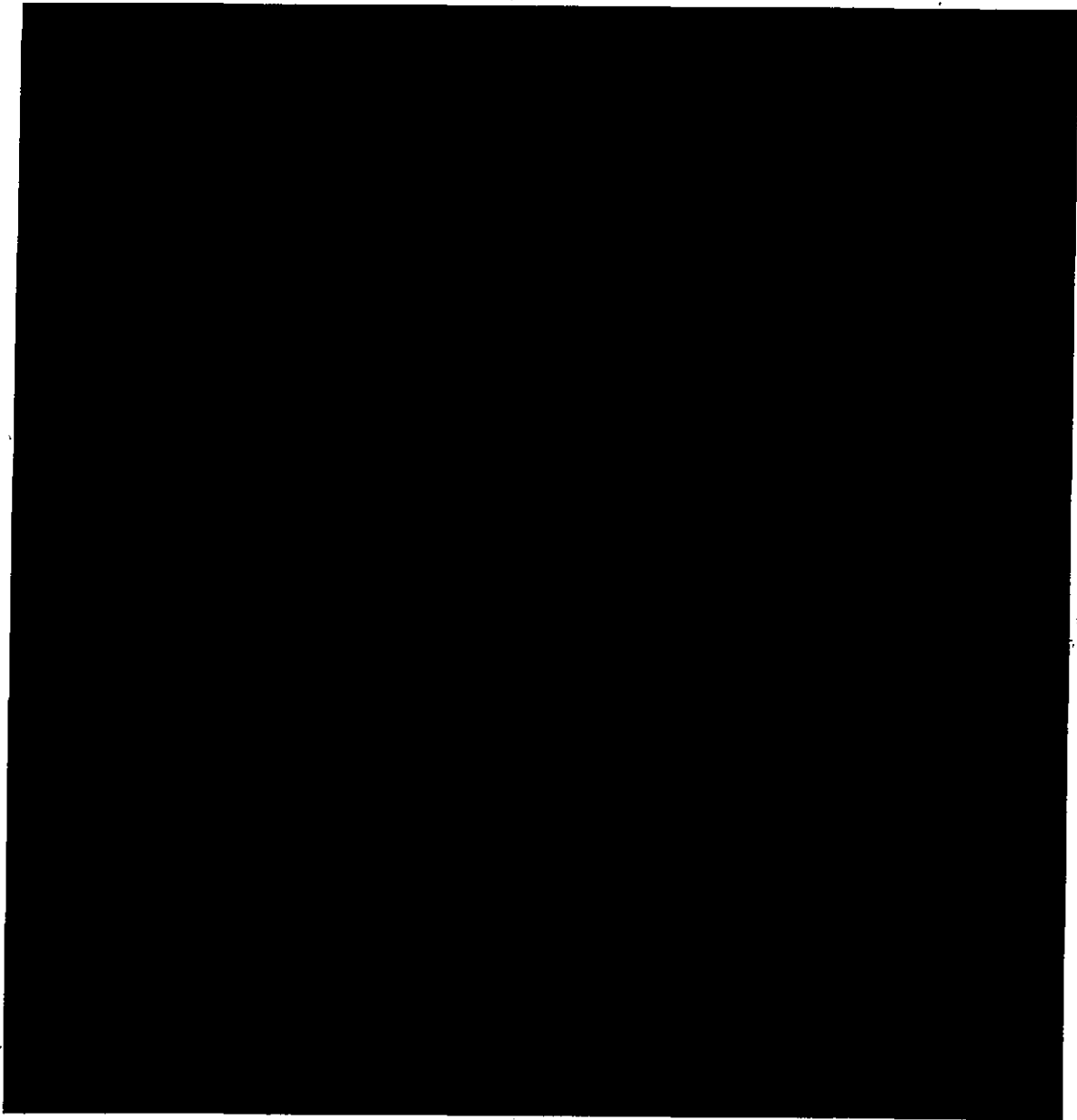
キーワード：発症前6か月より前の長時間労働、疲労の回復

1 事件の概要

2 判決要旨（国勝訴）

(1) 〈判断枠組み〉

(2) 〈業務起因性〉



3 勝訴要因

|   |                             | 国の主張が認められたポイント（主張、証拠） |
|---|-----------------------------|-----------------------|
| 1 | 勤務時間管理の状況                   |                       |
| 2 | 発症前6か月間より<br>前の長時間労働の評<br>価 |                       |

○〔脳心2〕平成 年 月 日 東京地裁判決 国勝訴（控訴審係争中）

キーワード：多数回の出張、リスクファクター

1 事件の概要

2 判決要旨（国勝訴）

（1）〈判断枠組み〉

（2）〈業務の過重性〉

(3) 〈虚血性心疾患のリスク因子〉

(4) 〈結論〉

3 勝訴要因

|   |             | 国の主張が認められたポイント（主張、証拠） |
|---|-------------|-----------------------|
| 1 | 時間外労働時間数の認定 |                       |
| 2 | 出張形態        |                       |
| 3 | リスクファクター    |                       |



○〔熱中症〕平成■■年■■月■■日 福岡地裁判決 国勝訴（控訴審係争中）

キーワード：熱中症、狭心症

1 事件の概要

2 判決要旨

(1) 〈判断枠組み〉

(2) 〈熱中症発症の有無〉

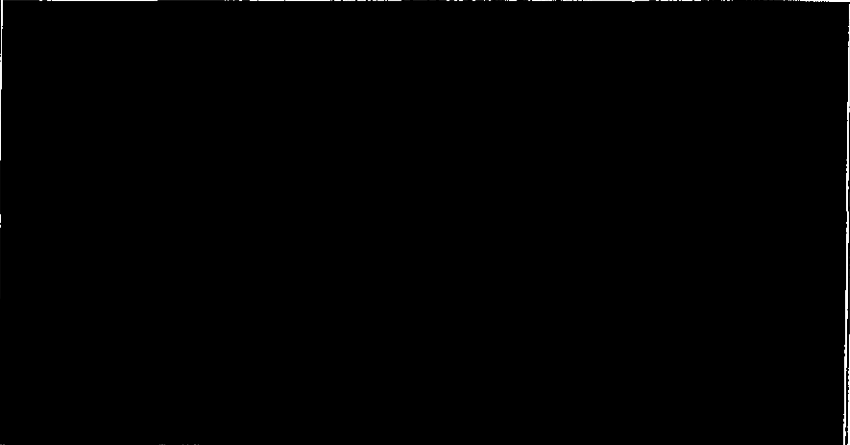
(3) 〈業務の過重性の有無〉



(4) 〈まとめ〉



3 勝訴要因

|   |         | 国の主張が認められたポイント（主張、証拠）                                                               |
|---|---------|-------------------------------------------------------------------------------------|
| 1 | 医師の証人尋問 |  |

○〔脳心2〕 平成 年 月 日 東京地裁判決 国敗訴（一審確定）

キーワード：時間外労働時間数80時間以内、精神的緊張

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈業務の過重性〉

（3）〈業務起因性〉

3 国の主張と判決の主な相違点

|   |               | 国主張 | 判決 |
|---|---------------|-----|----|
| 1 | 労働時間の<br>事実認定 |     |    |

|   |       |  |  |
|---|-------|--|--|
|   |       |  |  |
| 2 | 精神的緊張 |  |  |

4 敗訴要因

|   |                                | 敗訴した要因として考えられる事項 |
|---|--------------------------------|------------------|
| 1 | 精神的緊張<br>の評価                   |                  |
| 2 | 出血病巣の<br>特定及びリ<br>スクファク<br>ター等 |                  |

○〔脳心3〕平成 年 月 日 東京地裁判決 国敗訴（一審確定）

キーワード：心房細動、上腸間膜動脈閉塞、不整脈による血栓の形成

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈業務起因性〉

3 国の主張と判決の主な相違点

|   |                                    | 国主張 | 判決 |
|---|------------------------------------|-----|----|
| 1 | 本件における上腸間膜動脈虚血の原因と考えられる疾病<br>①上腸間膜 |     |    |

|   |                     |  |  |
|---|---------------------|--|--|
|   | 動脈塞栓症               |  |  |
| 2 | 同<br>②上腸間膜<br>動脈血栓症 |  |  |
| 3 | 同<br>③慢性腸間<br>膜虚血   |  |  |

4 敗訴要因

|   |               | 敗訴した要因として考えられる事項 |
|---|---------------|------------------|
| 1 | 被災者の業務内容に係る主張 |                  |
| 2 | 本件疾病の発症原因     |                  |

○【その他6】 平成 年 月 日 千葉地裁判決 国勝訴（一審確定）

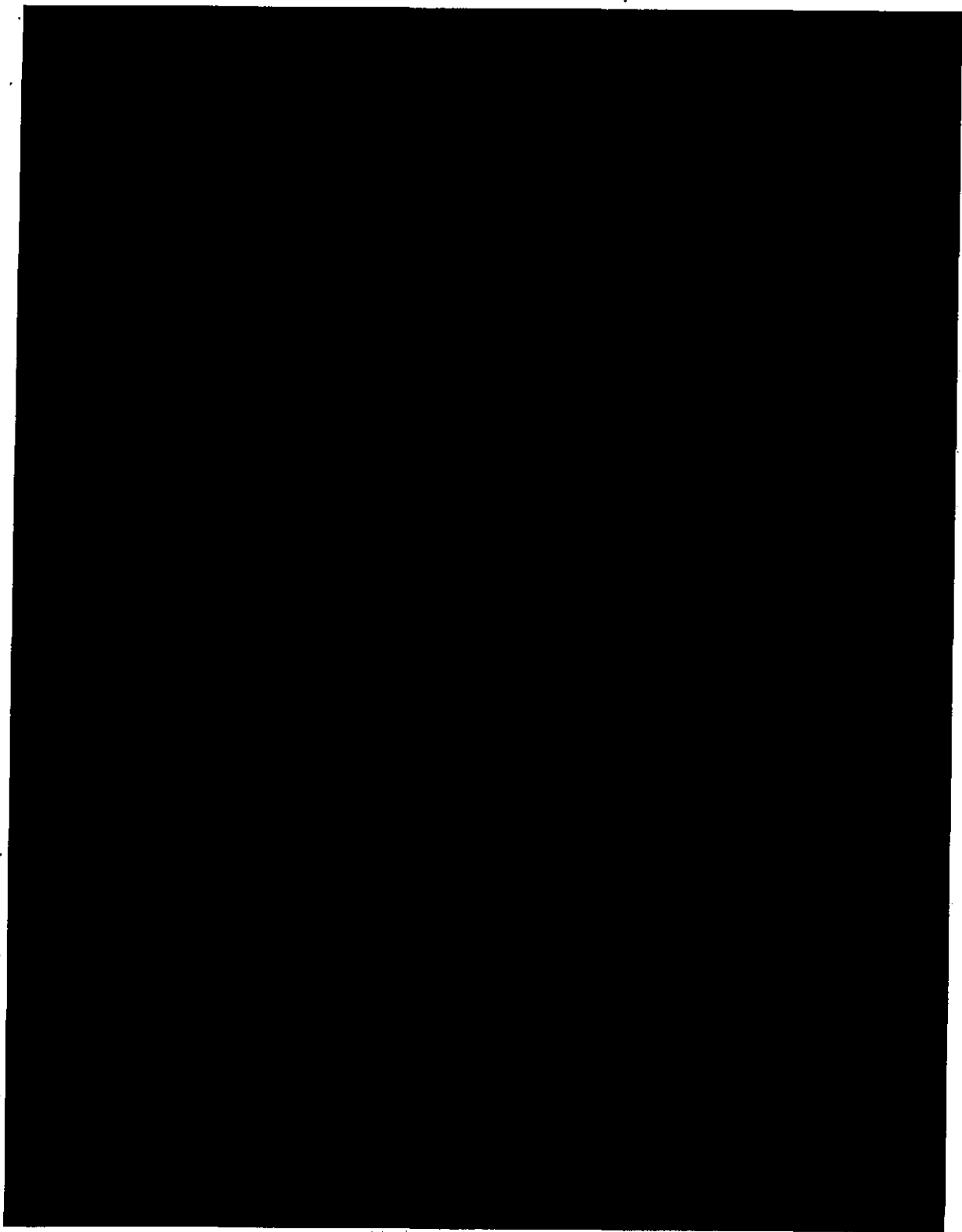
キーワード：石綿びまん性胸膜肥厚による肺機能障害、%肺活量の値と動脈血酸素分圧の値との不整合

1 事件の概要

2 判決要旨

(1) 〈判断枠組み：認定基準自体は争点となっていない〉

(2) 〈本件著しい肺機能障害と認められるか〉



3 勝訴要因

|   |                              | 国の主張が認められたポイント（主張、証拠） |
|---|------------------------------|-----------------------|
| 1 | 各種検査データから肺機能が良好であったことを主張したこと |                       |



【平成25年度勝訴判決】

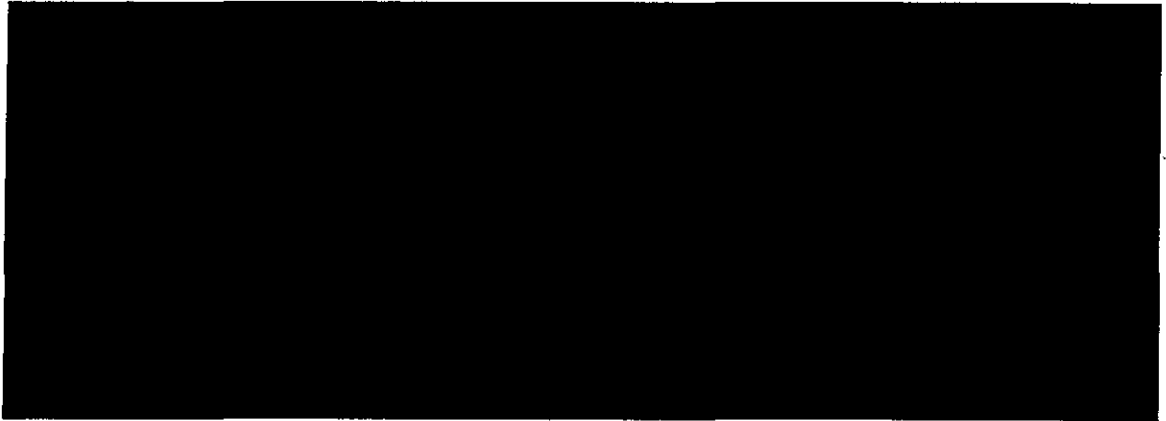
○〔石綿1〕平成 年 月 日 宮崎地裁判決 国勝訴（控訴審係争中）

キーワード：石綿肺、顕微鏡的多発血管炎

1 事件の概要

2 判決要旨（国勝訴）

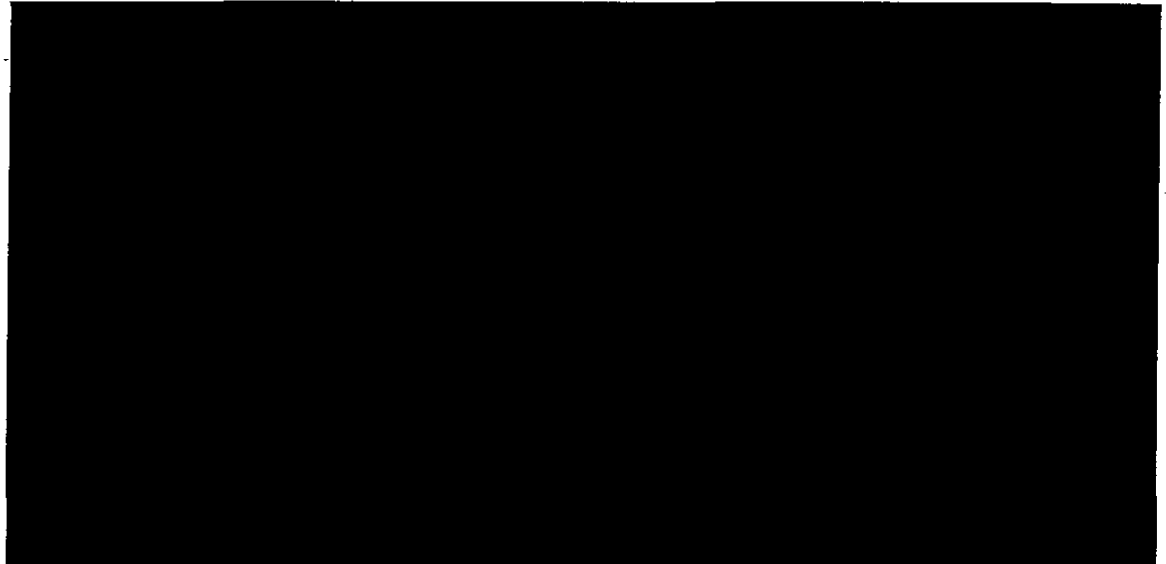
（1）〈石綿肺の検討〉



(2) 〈認定基準への当てはめ〉



(3) 〈業務起因性〉



### 3 勝訴要因

|   |              | 国の主張が認められたポイント（主張、証拠） |
|---|--------------|-----------------------|
| 1 | 石綿への職業ばく露の程度 |                       |
| 2 | 石綿肺の否定       |                       |

○〔石綿2〕平成■■年■■月■■日 大分地裁判決 国勝訴（控訴審係争中）

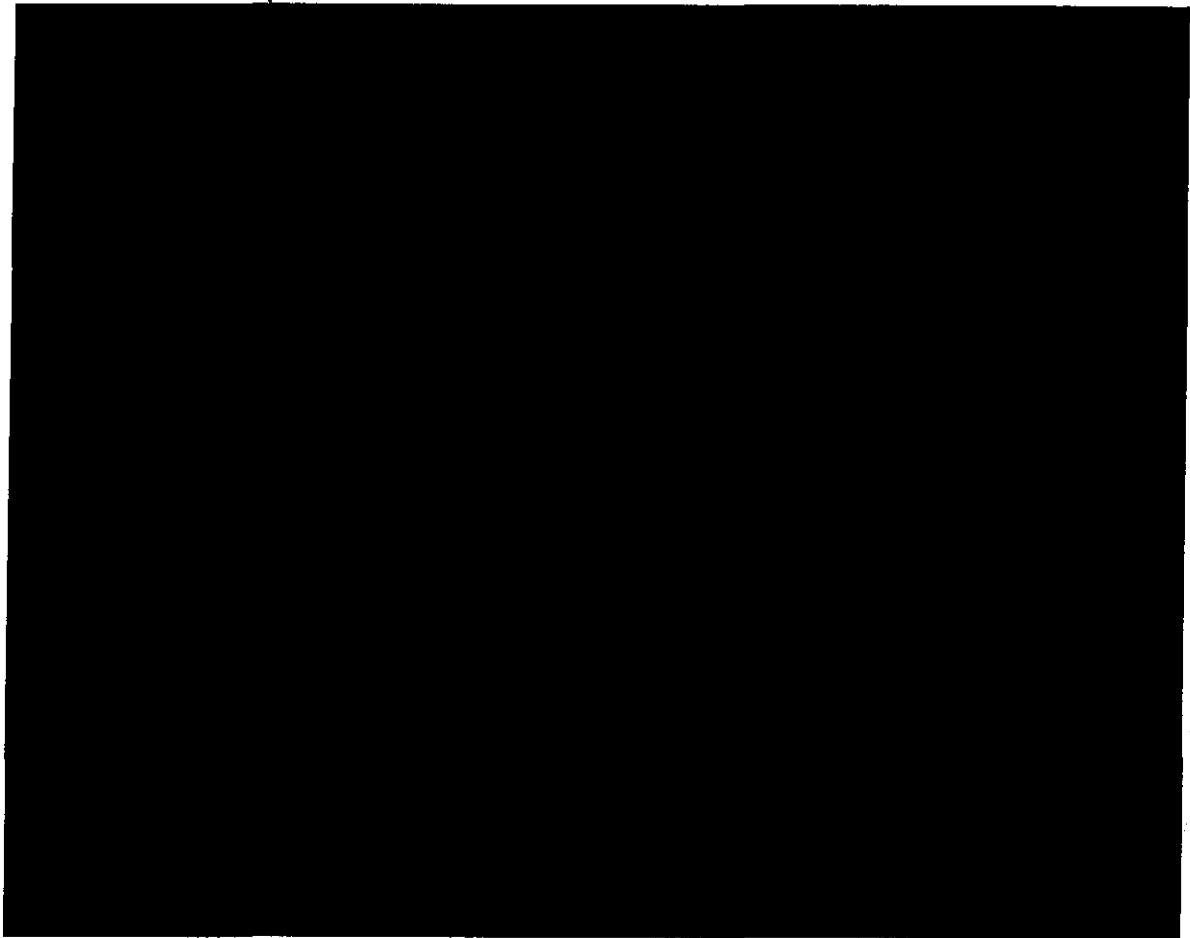
キーワード：石綿肺、間質性肺炎

1. 事件の概要

2. 判決要旨（国勝訴）

（1）〈石綿ばく露の程度〉

（2）〈石綿肺の有無〉



(3) 〈業務起因性〉



(4) 〈訴訟における主張の範囲〉



3 勝訴要因

|   |          | 国の主張が認められたポイント(主張、証拠) |
|---|----------|-----------------------|
| 1 | 石綿ばく露の濃度 |                       |
| 2 | 石綿肺の否定   |                       |

○〔石綿1〕平成 年 月 日 神戸地裁判決 国勝訴（控訴審係争中）

キーワード：石綿肺がん、胸膜プラーク

1 事件の概要

2 判決要旨（国勝訴）

ア〈業務起因性の判断基準〉

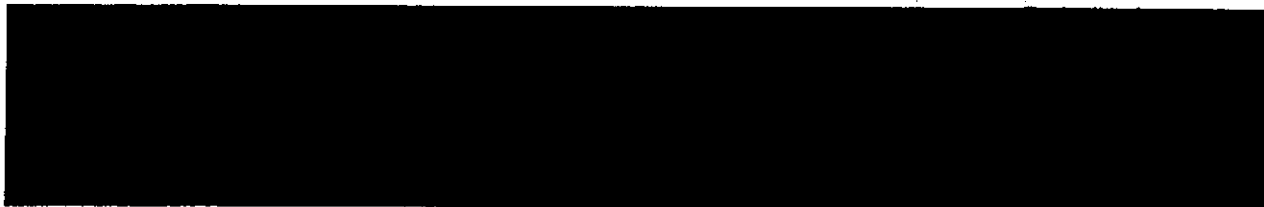
イ〈石綿ばく露作業従事期間〉

ウ〈肺内に胸膜プラークが認められるか否か〉

エ〈胸膜プラークが存在する高度の蓋然性を基礎付ける事情の有無〉



オ〈まとめ〉



3 勝訴要因

|   |                     | 国の主張が認められたポイント（主張、証拠） |
|---|---------------------|-----------------------|
| 1 | 業務起因性<br>（平成18年基準）  |                       |
| 2 | 被告からの鑑定申立（胸膜プラーク所見） |                       |

○〔石綿1〕平成 年 月 日 静岡地裁判決 国敗訴（一審確定）

キーワード：確定診断のない中皮腫

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

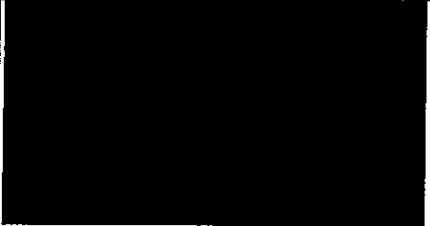
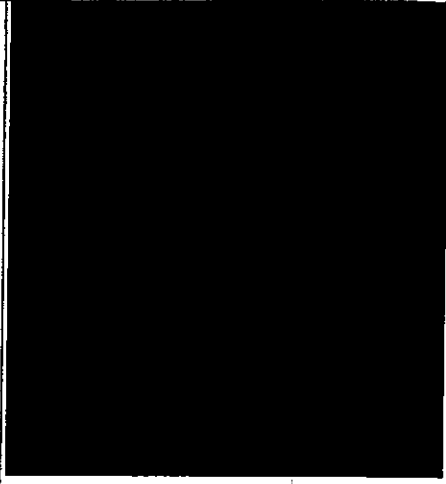
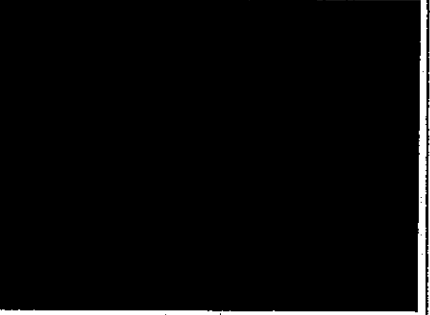
（2）〈中皮腫と臨床所見等との整合性・他疾患との鑑別〉

（3）〈業務起因性〉

3 国の主張と判決の主な相違点

|   |    | 国主張 | 判決 |
|---|----|-----|----|
| 1 | 症状 |     |    |

【平成25年度敗訴判決】

|   |            |                                                                                     |                                                                                      |
|---|------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 2 | CT画像       |    |    |
| 3 | 胸水細胞診      |   |   |
| 4 | 胸水中ヒアルロン酸値 |  |  |

4 敗訴要因

|   |                     | 敗訴した要因として考えられる事項                                                                     |
|---|---------------------|--------------------------------------------------------------------------------------|
| 1 | 医学的な判断についての裁判官の心証形成 |  |
| 2 | 確定診断のない事案           |  |



○【その他3】平成 年 月 日 東京地裁判決 国敗訴（一審確定）

キーワード：石綿肺がん、同僚に胸膜プラークが認められた事例

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈業務起因性〉

3 国側主張と判決との相違点

|   |                                                     | 国側主張 | 判 決 |
|---|-----------------------------------------------------|------|-----|
| 1 | 亡夫の検査<br>画像所見上、<br>胸膜プラー<br>ク所見の記<br>載がないこ<br>とについて |      |     |
| 2 | 同僚の胸膜<br>プラークの<br>所見につい<br>て                        |      |     |

4 敗訴の要因分析

|   |                      | 敗訴した要因として考えられる事項 |
|---|----------------------|------------------|
| 1 | 胸膜プラー<br>クの有無の<br>確認 |                  |
| 2 | 石綿ばく露<br>の状況         |                  |

○【その他5】平成 年 月 日 宮崎地裁判決 国敗訴（一審確定）

キーワード : ブレーキライニング交換作業、石綿肺

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈業務起因性〉

3 国の主張と判決の主な相違点

|           | 国主張 | 判決 |
|-----------|-----|----|
| 1 石綿ばく露状況 |     |    |

|   |               |  |  |
|---|---------------|--|--|
|   |               |  |  |
| 2 | じん肺法による胸部X線の像 |  |  |
| 3 | 肺機能障害         |  |  |
| 4 | 石綿肺           |  |  |

4 敗訴要因

|   |          | 敗訴した要因として考えられる事項 |
|---|----------|------------------|
| 1 | 石綿ばく露状況  |                  |
| 2 | 原告主張への反論 |                  |

○〔石綿2〕平成 年 月 日 東京高裁判決 国敗訴（二審確定）  
（平成 年 月 日 東京地裁判決 国敗訴 国控訴）

キーワード：石綿肺がん、クリソタイルの長期ばく露

1 事件の概要

2 判決要旨（控訴審）（国敗訴・確定）

ア〈平成18年認定基準と平成19年補償課長通知〉

イ〈耐熱服による石綿の直接ばく露の有無と石綿ばく露作業従事期間〉

ウ〈石綿と肺がんの因果関係〉

エ〈被控訴人の肺がんの業務起因性〉

オ〈業務起因性に関する補充判断〉

3 国の主張と判決の主な相違点

|   |            | 国主張 | 判 決 |
|---|------------|-----|-----|
| 1 | 業務起因性の判断基準 |     |     |
| 2 | 石綿ばく露状況    |     |     |

4 敗訴原因

5 クリソタイルの長期ばく露に係る訴訟上の留意事項

○〔脳機能障害1〕平成 年 月 日 東京高裁判決 国勝訴（上告受理申立中）  
（平成 年 月 日 東京地裁判決 国勝訴 原告控訴）

キーワード：高次脳機能障害、MTBI

1 事件の概要

2 判決要旨（第一審及び控訴審）（国勝訴）

(1) 〈事故の態様〉

(2) 〈疾病と事故との因果関係〉

(3) 〈症状の存在〉

(4) 〈控訴人の自覚症状〉

(5) 〈受傷機転との関係〉

(6) 〈WHO基準との関係〉

(7) 〈結論〉

3. 勝訴要因

|                                      | 国の主張が認められたポイント（主張、証拠） |
|--------------------------------------|-----------------------|
| 1 事故の態様から、控訴人がMTBIを発症したとは言えないこと      |                       |
| 2 自賠償報告書の提出                          |                       |
| 3 本件事故後の症状経過から、控訴人がMTBIを発症したとは言えないこと |                       |



○〔脳機能障害3〕平成 年 月 日 東京高裁判決 国勝訴(上告受理申立中)  
(平成 年 月 日 東京地裁判決 国勝訴 原告控訴)

キーワード：高次脳機能障害、MTBI

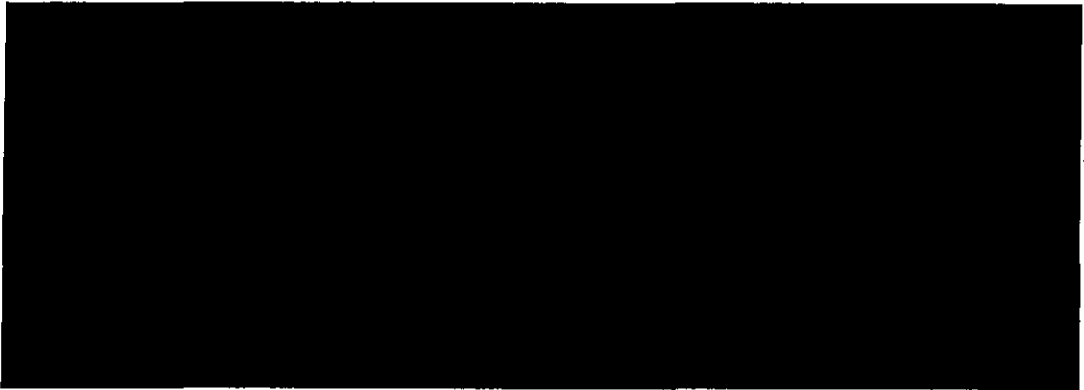
## 1 事件の概要

## 2 判決要旨

### (1) 一審判決(国勝訴)

#### ア〈原告の症状〉

#### イ〈本件事故と原告の症状との因果関係〉



ウ〈結論〉



(2) 控訴審判決（国勝訴）



3 勝訴要因

|   |         | 国の主張が認められたポイント（主張、証拠） |
|---|---------|-----------------------|
| 1 | 交通事故の程度 |                       |
| 2 | 意識障害の有無 |                       |
| 3 | 症状の経過   |                       |

- 〔脳機能障害1〕平成■■年■■月■■日 東京高裁判決 国勝訴（二審確定）  
（平成■■年■■月■■日 東京地裁判決 国勝訴 原告控訴）

キーワード：高次脳機能障害

1 事件の概要

- 2 判決要旨（控訴審（一審判決の引用を含む））（国勝訴）  
（1）〈高次脳機能障害の判断基準〉

- （2）〈業務起因性の主張〉

- （3）〈業務起因性〉



3 勝訴要因

|   |                                                             | 国の主張が認められたポイント（主張、証拠） |
|---|-------------------------------------------------------------|-----------------------|
| 1 | 本件事故と<br>控訴人の症<br>状との因果<br>関係は認め<br>られないこ<br>と              |                       |
| 2 | 高次脳機能<br>障害の判断<br>基準として、<br>「支援の手<br>引き」の診断<br>基準を示し<br>たこと |                       |

○〔その他1〕平成■■年■■月■■日 広島高裁岡山支部判決 国勝訴（二審確定）  
（平成■■年■■月■■日 岡山地裁判決 国勝訴 原告控訴）

キーワード： 脳脊髄液減少症

1 事件の概要

2 判決要旨（国勝訴）

（1）〈判断枠組み〉〔原審、控訴審〕

（2）脳脊髄液減少症についての一般的医学知見〔ア及びイ原審、控訴審、ウ主に控訴審〕

(3) 療養上の相当性〔原審、控訴審〕

(4) 脳脊髄液減少症罹患の有無〔控訴審〕

(5) 平成 年 月 日以後の療養の必要性〔原審、控訴審〕

3 勝訴要因

|   |         | 国の主張が認められたポイント（主張、証拠） |
|---|---------|-----------------------|
| 1 | 医学意見書   |                       |
| 2 | 事故による衝撃 |                       |

○〔漏出症 1〕平成 年 月 日 和歌山地裁判決 国敗訴（控訴審係争中）

キーワード：脳脊髄液漏出症、四肢麻痺

1 事件の概要

2 判決要旨（国敗訴）

(1) 〈脳脊髄液漏出症の発症の有無〉

(2) 〈原告の症状と本件災害との間の因果関係〉

(3) 〈結論〉

3 国の主張と判決の主な相違点

|   |                    | 国主張 | 判決 |
|---|--------------------|-----|----|
| 1 | 脳脊髄液漏出症の発症の有無      |     |    |
| 2 | 原告の症状と本件災害との間の因果関係 |     |    |
| 3 | 原告の障害等級            |     |    |

4 敗訴要因

|                        | 敗訴した要因として考えられる事項 |
|------------------------|------------------|
| 1 脳脊髄液漏出症及び原告の症状に関する主張 |                  |



○〔化学物質過敏症1〕平成 年 月 日 東京地裁判決 国勝訴（一審確定）

キーワード：受動喫煙症、平均的労働者

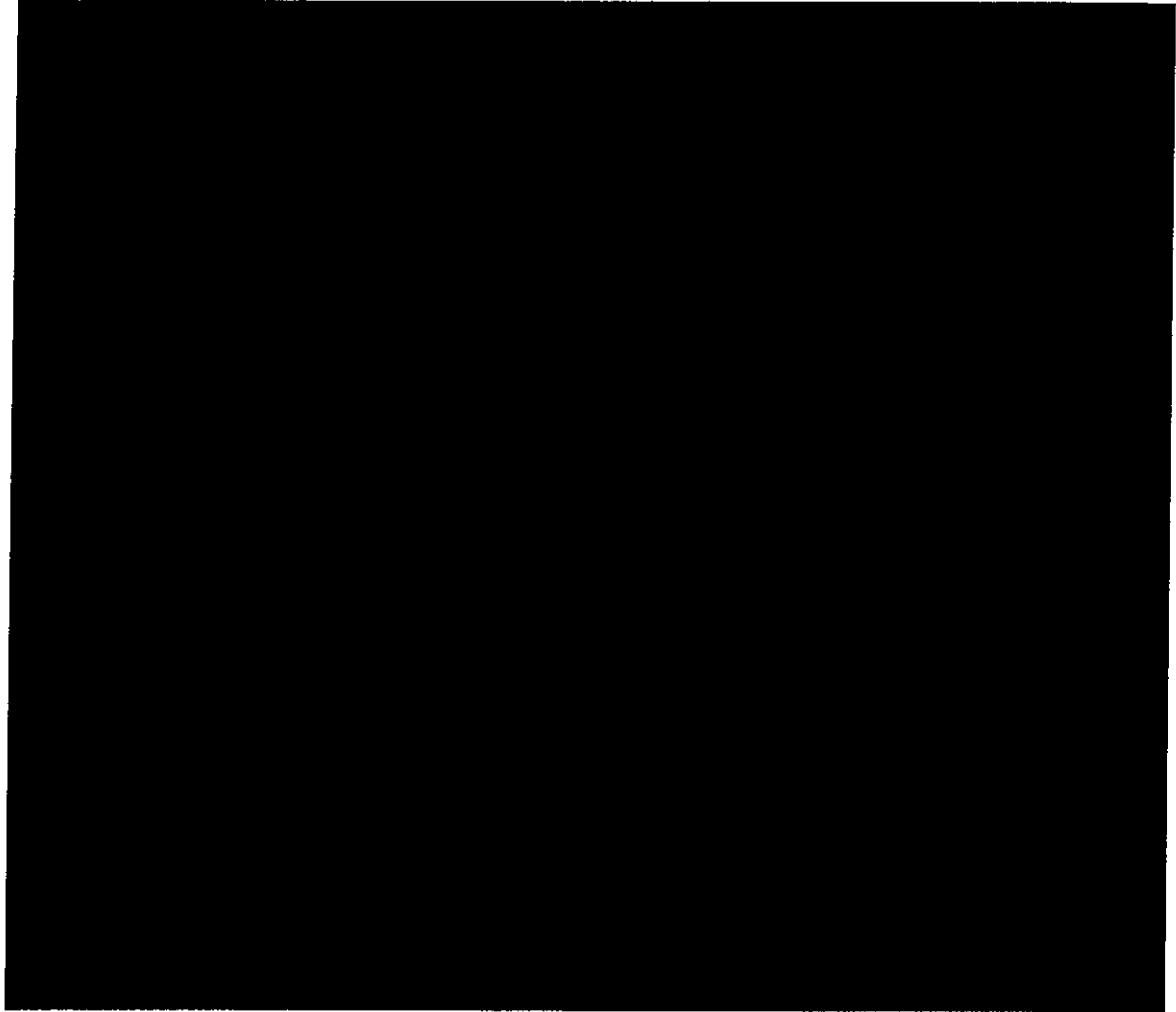
1 事件の概要

2 判決要旨（国勝訴）

（1）〈判断枠組み〉

（2）〈受動喫煙症診断基準〉

(3) 〈業務起因性〉



3 勝訴要因

|   |                                                    | 国の主張が認められたポイント（主張、証拠） |
|---|----------------------------------------------------|-----------------------|
| 1 | 受動喫煙症<br>診断基準が<br>確立した知<br>見でないこ<br>と              |                       |
| 2 | 平均的労働<br>者からみて<br>症状発症の<br>危険性があ<br>ったとはい<br>えないこと |                       |

○〔受動喫煙〕平成 年 月 日 東京地裁判決 国勝訴（ ）

キーワード：受動喫煙、肺がん

1 事件の概要

2 判決要旨

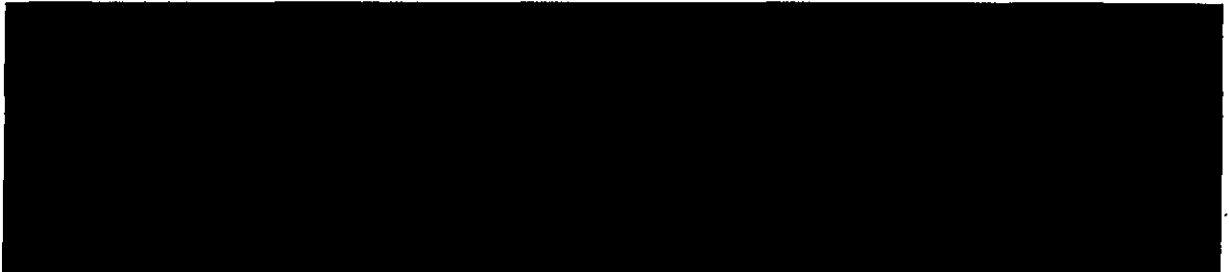
(1) <判断枠組み>

(2) <受動喫煙の程度>

(3) <受動喫煙と本件疾病発症との因果関係>



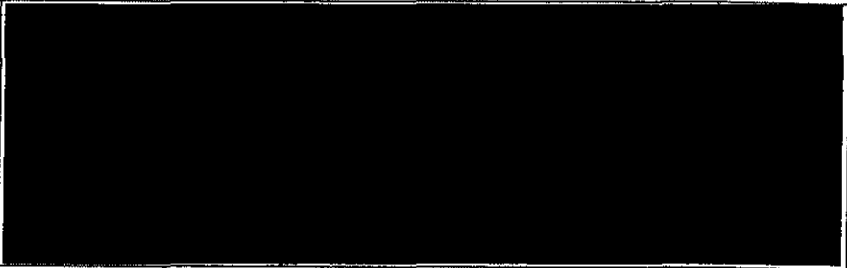
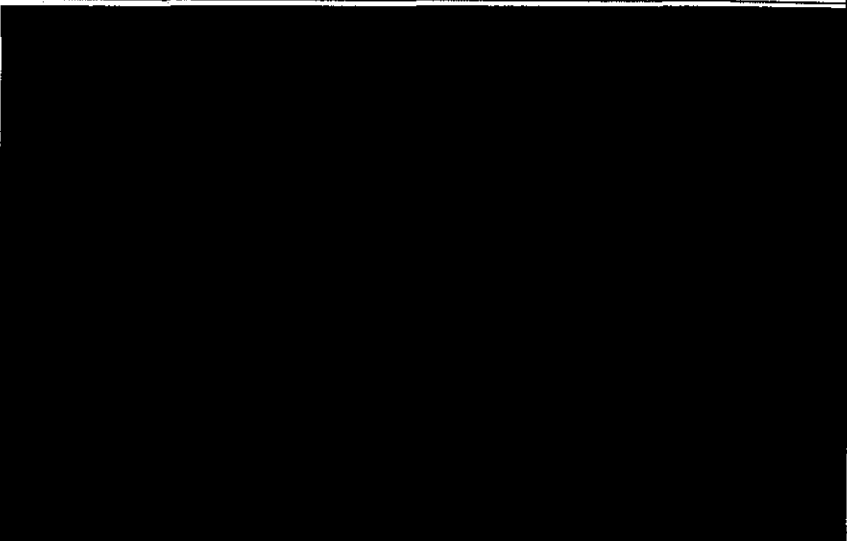
(4) <カーボンインクの気化物質と本件疾病発症との因果関係>



(5) <まとめ>



3 勝訴要因

|   |                                     |                                                                                      |
|---|-------------------------------------|--------------------------------------------------------------------------------------|
| 1 | 受動喫煙による肺がんの発症リスクに係る医学的知見は確立されていないこと |  |
| 2 | 遺伝要因による肺がん発症の可能性があったこと              |  |

○〔化学物質過敏症2〕平成 年 月 日 大阪高裁判決 国勝訴（確定）  
（平成 年 月 日 大阪地裁判決 国勝訴 原告控訴）

キーワード：トルエン、化学物質過敏症

## 1 事件の概要

## 2 判決要旨

### (1) 一審判決（国勝訴）

ア〈原告らが化学物質過敏症を発症したか否か〉

イ〈トルエン暴露と原告らの疾病との間に相当因果関係が認められるか否か〉

(2) 控訴審判決（国勝訴）

ア〈化学物質過敏症発症の有無及び控訴人らの疾病とトルエン暴露との因果関係〉

イ〈控訴審における控訴人らの補充主張に対する判断〉

3 勝訴要因

|   |         | 国の主張が認められたポイント（主張、証拠） |
|---|---------|-----------------------|
| 1 | 室内濃度指針値 |                       |

○〔その他4〕平成 年 月 日 東京地裁判決 国勝訴（一審確定）

キーワード： 頸肩腕症候群、パソコン作業

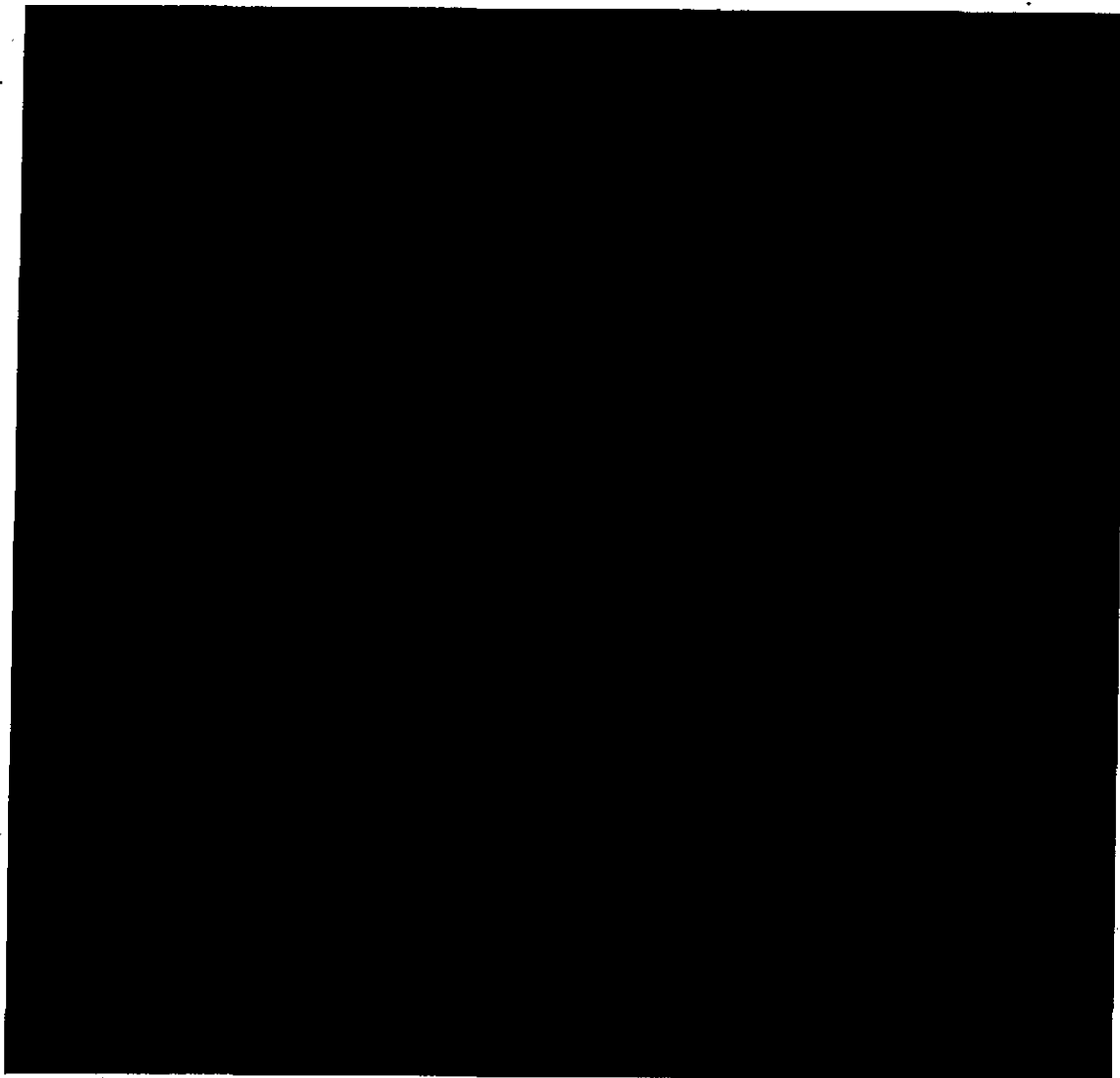
1 事件の概要

2 判決要旨（国勝訴）

（1）〈判断枠組み〉

（2）〈頸肩腕症候群の発症〉

（3）〈業務起因性〉



3 勝訴要因

|   |                                       | 国の主張が認められたポイント（主張、証拠） |
|---|---------------------------------------|-----------------------|
| 1 | 上肢等に負担のかかる作業を主とする業務に従事したものでないこと       |                       |
| 2 | 原告側の医師の意見が原告の状況を踏まえたものではなく具体的に根拠を欠くこと |                       |



○【その他3】 平成 年 月 日 東京地裁判決 国敗訴（一審確定）

キーワード： 上肢障害（頸椎症性脊髄症）、腰痛、鉄製工具の形状と作業態様による負荷

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈業務起因性〉

3 国の主張と判決の主な相違点

|   |                  | 国主張 | 判決 |
|---|------------------|-----|----|
| 1 | 上肢障害に関する過重性の事実認定 |     |    |

|   |           |  |  |
|---|-----------|--|--|
|   |           |  |  |
| 2 | 腰痛に関する過重性 |  |  |

4 敗訴要因

|   |                             | 敗訴した要因として考えられる事項 |
|---|-----------------------------|------------------|
| 1 | 鉄製工具の形状による重量・作業態様による負荷の事実認定 |                  |

○〔上肢障害1〕平成 年 月 日 東京地裁判決 国敗訴（一審確定）

キーワード： 頸肩腕障害、上肢等への負担

1 事件の概要

2 判決要旨（国敗訴）

（1）〈判断枠組み〉

（2）〈発症時期〉

（3）〈業務起因性〉

3 国の主張と判決の主な相違点

|   |               | 国主張 | 判決 |
|---|---------------|-----|----|
| 1 | 上肢等への負担のかかる作業 |     |    |

【平成25年度敗訴判決】

|   |      |  |
|---|------|--|
|   |      |  |
| 2 | 発症時期 |  |

4 敗訴要因

|   |              | 敗訴した要因として考えられる事項 |
|---|--------------|------------------|
| 1 | 上肢等に負担のかかる作業 |                  |
| 2 | 傷病名の特定と発症時期  |                  |

○〔再発1〕平成 年 月 日 千葉地裁判決 国敗訴（一審確定）

\_\_\_\_\_

**キーワード**： 腱板断裂、リハビリの効果

## 1 事件の概要

\_\_\_\_\_

## 2 判決要旨（国敗訴・確定）

(1) <判断枠組み>

\_\_\_\_\_

(2) <治療經過（事實認定）>

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 35 million, and the number of people 75 years of age or older is projected to increase from 10 million to 15 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

### (3) <リハビリ治療の改善可能性>

1. *Journal of the American Medical Association*, 273: 1025-1030, 1995.

3 国の主張と判決の主な相違点

|   |           | 国主張 | 判 決 |
|---|-----------|-----|-----|
| 1 | リハビリ治療の効果 |     |     |
|   |           |     |     |

4 敗訴要因

|   |                      |  |
|---|----------------------|--|
| 1 | 局医等意見の未徴収            |  |
| 2 | 応訴方針の検討不足<br>(私病の調査) |  |

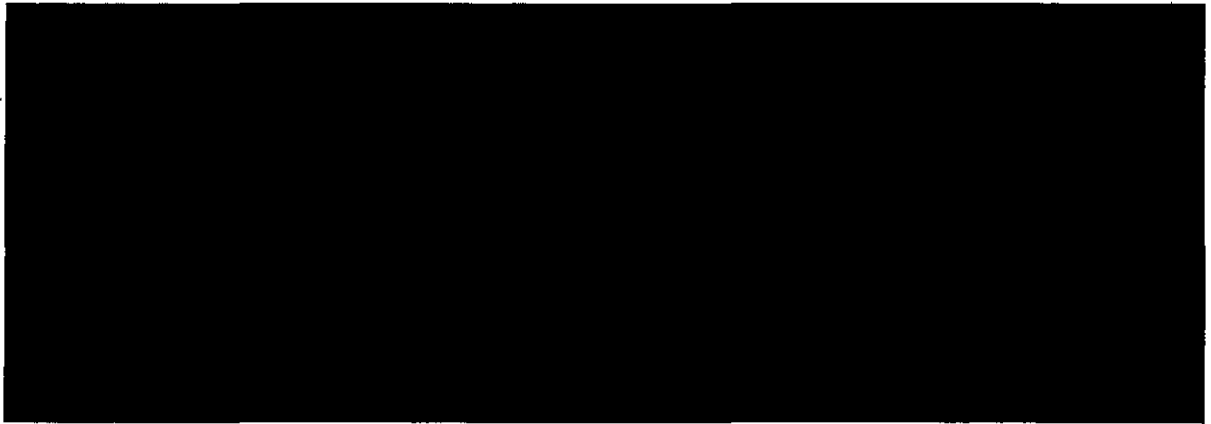
【平成25年度勝訴判決】

○〔腰痛1〕平成 年 月 日 大阪高裁判決 国勝訴（上告受理申立中）  
（平成 年 月 日 大阪地裁判決 国勝訴 原告控訴）

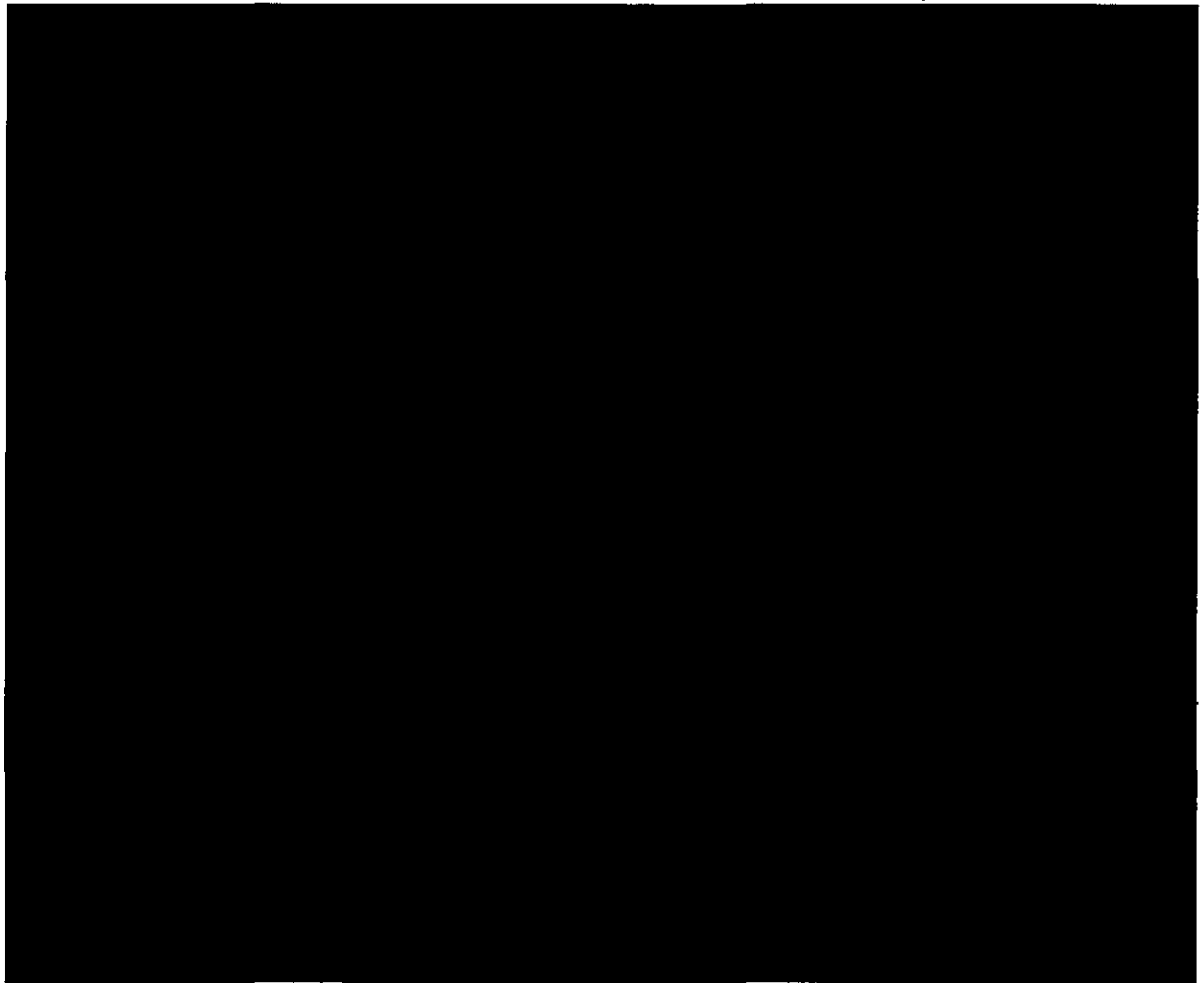
キーワード：身体障害を有する労働者、平均的労働者基準

1 事件の概要

2 控訴審判決要旨（国勝訴）  
(1) 〈一審判決からの引用〉



(2) 〈控訴審における控訴人の主張に対する判断〉



3 勝訴要因

|   |             | 国の主張が認められたポイント（主張、証拠） |
|---|-------------|-----------------------|
| 1 | 控訴人の身体障害の程度 |                       |



【平成24年度敗訴判決】

○〔その他2〕平成 年 月 日 高知地裁判決 国敗訴（一審確定）

キーワード：振動障害、皮膚温の中等度異常の評価

1 事件の概要

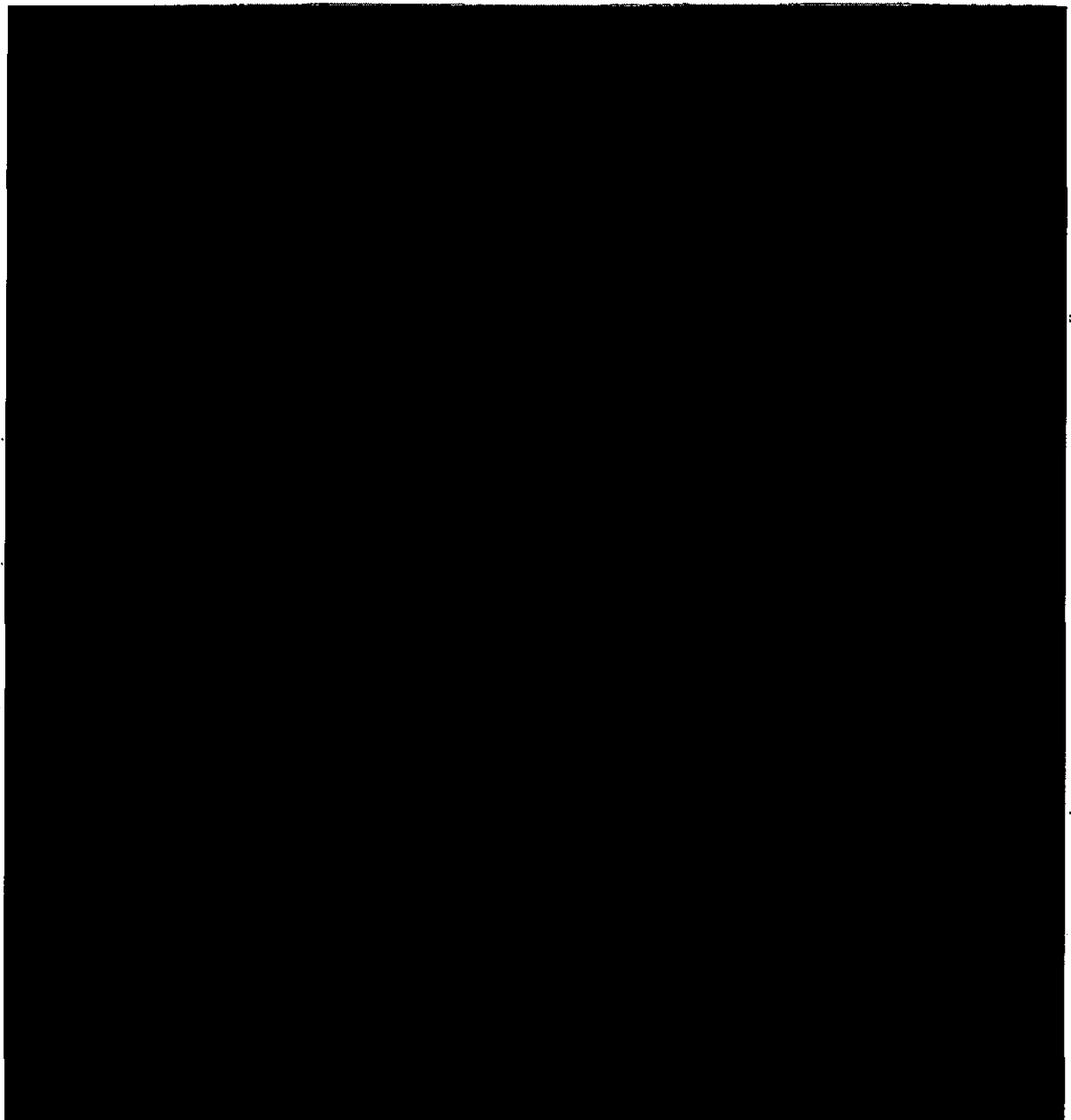
2 判決要旨（国敗訴）

(1)

(2) 〈末梢循環障害について〉

(3)

3 国側主張と判決との相違点



4 敗訴の要因分析

|                          | 敗訴した要因として考えられる事項 |
|--------------------------|------------------|
| 1 末梢循環機能の検査<br>結果についての評価 |                  |
| 2 頸椎疾患の検証                |                  |

【平成25年度勝訴判決】

○〔労働者性1〕平成■■年■■月■■日 福岡高裁判決 国勝訴（二審確定）  
（平成■■年■■月■■日 福岡地裁判決 国勝訴（原告控訴））

キーワード：労働者性、■■■■ 業務執行権

1 事件の概要

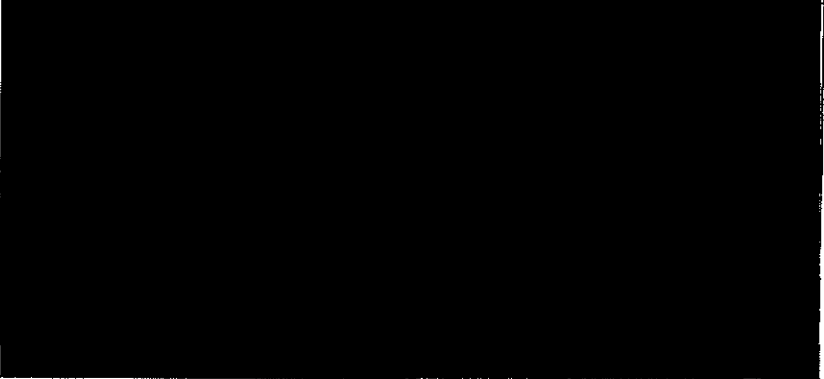
2 判決要旨（控訴審判決）

（1）労働者性の判断

（2）控訴人の主張に対する判断



3 勝訴要因

|   |                | 国の主張が認められたポイント（主張、証拠）                                                               |
|---|----------------|-------------------------------------------------------------------------------------|
| 1 | 業務執行権の有無に関する主張 |  |

( )

( )

【平成24年度敗訴判決】

○〔その他1〕平成■■年■■月■■日 福岡地裁判決 国敗訴（一審確定）

キーワード： 本社課長の管理監督者性

## 1 事件の概要

## 2 判決要旨

### （1）〈判断枠組〉

### （2）〈亡夫の管理監督者性〉

### （3）〈結論〉

### 3 国側主張と判決との相違点

|            | 国側主張 | 判 決 |
|------------|------|-----|
| 1 経営者との一体性 |      |     |
| 2 労働時間の裁量性 |      |     |
| 3 待遇の相当性   |      |     |

### 4 敗訴の要因分析

|         | 敗訴した要因と考えられる事項 |
|---------|----------------|
| 本社課長の権限 |                |

○〔認定基準外1〕平成 年 月 日 東京高裁判決 国勝訴（上告受理申立中）  
（平成 年 月 日 東京地裁判決 国勝訴 原告控訴）

キーワード：著しい長時間労働、慢性骨髄性白血病、高度の蓋然性の証明

1 事件の概要

2 控訴審判決要旨

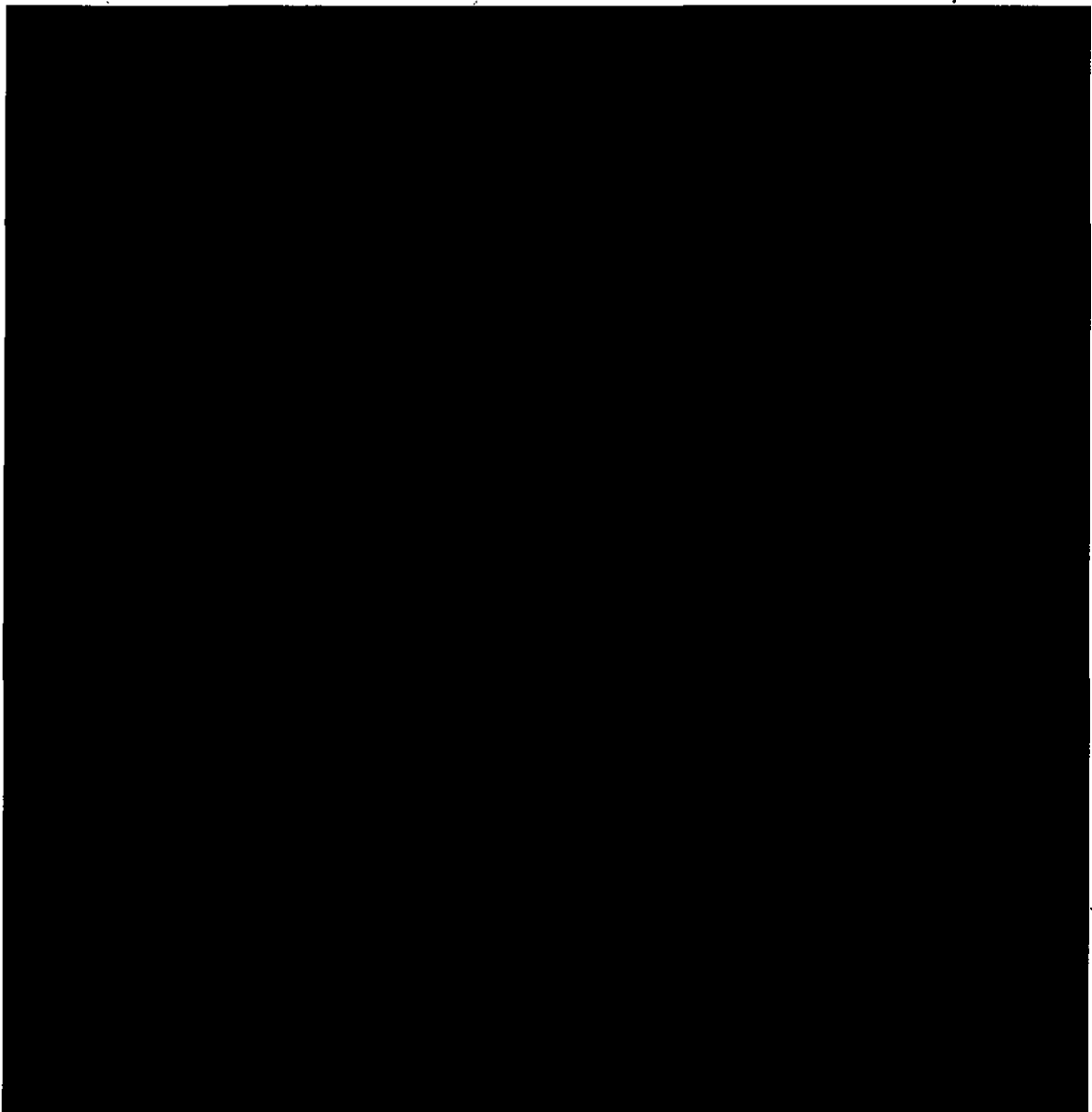
＜一審判決を以下のとおり引用＞

ア＜業務の過重性＞

イ＜因果関係の立証＞

ウ＜医学的知見の有無＞

エ＜高度の蓋然性の範囲内の事実的因果関係の立証の可能性＞



3 勝訴要因

|   |                                 | 国の主張が認められたポイント（主張、証拠） |
|---|---------------------------------|-----------------------|
| 1 | CMLの発症・増悪に対する過重労働等のストレスの影響      |                       |
| 2 | 認定基準がない疾病は、一般原則により業務起因性を判断すべきこと |                       |



【平成25年度勝訴判決】

○〔認定基準外2〕平成 年 月 日 東京高裁判決 国勝訴（上告受理申立て中）  
（平成 年 月 日 東京地裁判決 国勝訴 原告控訴）

キーワード：原発性肝がん、海外出張

1. 事件の概要

2. 控訴審判決要旨

＜一審判決を以下のとおり引用＞

ア 〈症状経過〉

イ 〈業務起因性〉

ウ 〈中国への出張〉

エ 〈A医師作成の医学意見書〉



オ〈原告の日記、供述内容〉



カ〈まとめ〉



3 勝訴要因

|   |              | 国の主張が認められたポイント（主張、証拠） |
|---|--------------|-----------------------|
| 1 | 中国への出張業務の過重性 |                       |
| 2 | 亡夫の死亡原因      |                       |

【平成24年度勝訴判決】

○【その他5】平成 年 月 日 大阪地裁判決 国勝訴（控訴審係争中）

キーワード：化学物質（ジアニシジン等）、口腔がん

1 事件の概要

2 判決要旨（国勝訴）

(1) 〈ジアニシジンと本件疾病との因果関係〉

[Redacted]

(2) 〈ビスクロロメチルエーテル（以下「ビスクロ」という。）と本件疾病との因果関係〉

[Redacted]

(3) 〈芳香族アミン、多環芳香族炭化水素、変異原化学物質〉

[Redacted]

(4) 〈本件疾病発症の他原因〉

[Redacted]

(5) 〈結論〉

[Redacted]

3 勝訴要因

|   |                   | 国の主張が認められたポイント（主張、証拠） |
|---|-------------------|-----------------------|
| 1 | 化学物質の曝露と本件疾病の因果関係 | [Redacted]            |

○〔その他〕平成 年 月 日 大阪地裁判決 国勝訴（控訴審係争中）

キーワード：糖尿病、長時間労働

## 1 事件の概要

## 2 判決要旨（国勝訴）

### (1) 〈判断枠組み〉

### (2) 〈業務起因性〉



3 勝訴要因

|   |                  | 国の主張が認められたポイント（主張、証拠） |
|---|------------------|-----------------------|
| 1 | 本件疾病発症の相対的に有力な原因 |                       |

【平成24年度勝訴判決】

○【その他5】平成■■年■■月■■日 東京高裁判決 国勝訴（最高裁上告受理申立中）  
（平成■■年■■月■■日 東京地裁判決 国勝訴）

キーワード：二重就労、平均賃金（給付基礎日額）の合算

1 事件の概要

2 判決要旨

（1）東京地裁〔平成■■年■■月■■日（国勝訴）〕

ア〈判断枠組み〉

イ〈業務に内在する危険性及び労働時間合算の根拠〉

(2) 東京高裁〔平成 年 月 日（国勝訴）〕

ア・〈判断枠組み（労災保険制度の趣旨）〉

イ・〈本件災害における被災者の過重労働等〉

ウ・〈平均賃金の算定〉

3 勝訴要因

|   |                                  | 国の主張が認められたポイント（主張、証拠） |
|---|----------------------------------|-----------------------|
| 1 | これまでの判決例に基づく労災保険制度と個別使用者責任の関係の主張 |                       |
| 2 | 自殺の原因がA社の社長の叱責であることの主張           |                       |



【平成25年度勝訴判決】

○〔二重就労1〕平成■年■月■日 東京高裁判決 国勝訴（上告受理申立中）  
（平成■年■月■日 東京地裁判決 国勝訴 原告控訴）

キーワード：二重雇用、労働時間の合算

## 1 事件の概要

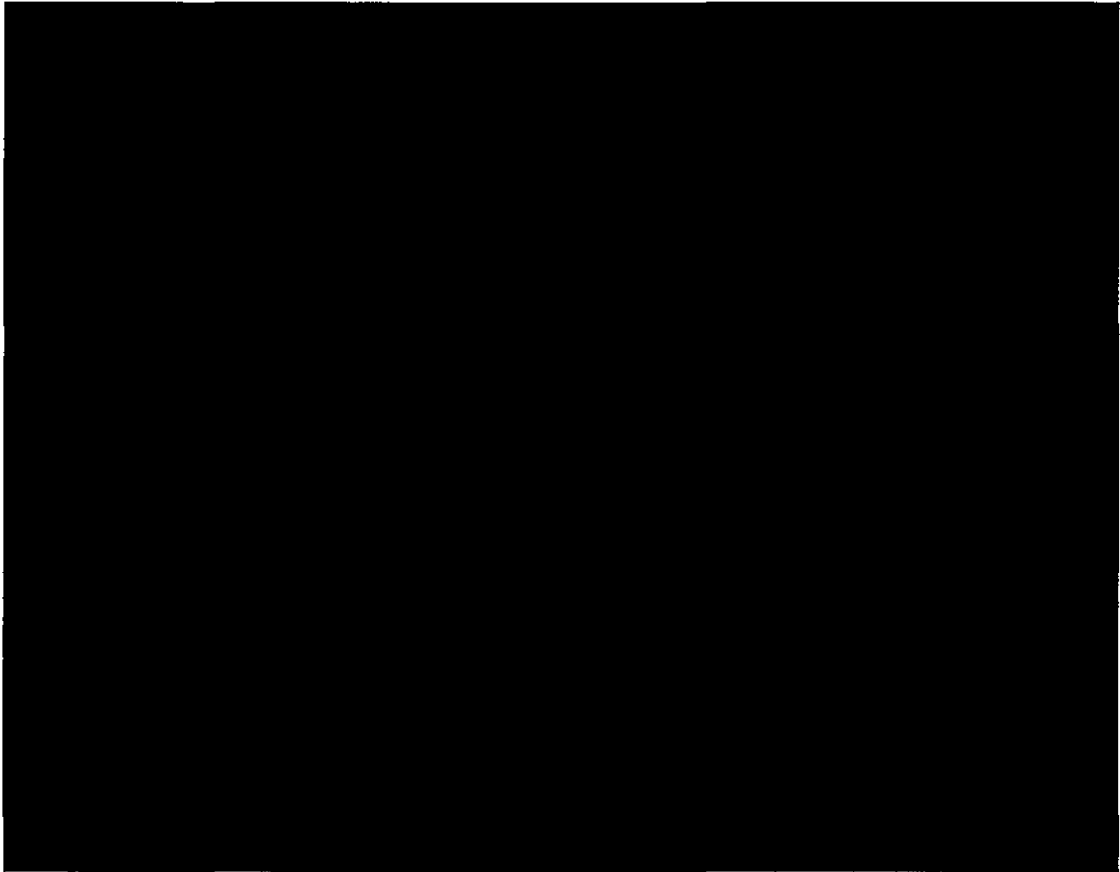
## 2 判決要旨

### （1）〈労災保険制度の趣旨等〉

### （2）〈業務起因性の評価手法〉



(3) 〈本件災害における業務起因性〉



3 勝訴要因

|   |                               | 国の主張が認められたポイント（主張、証拠） |
|---|-------------------------------|-----------------------|
| 1 | 複数の事業場に勤務している労働者に対する災害補償責任の所在 |                       |

○〔その他1〕 平成■年■月■日 東京地裁判決 国勝訴（控訴審係争中）

キーワード：じん肺症と急性心筋梗塞、治療機会の喪失

1 事件の概要

2 判決要旨（国勝訴）

（1）〈判断枠組み〉

（2）〈致死性不整脈〉

（3）〈心筋梗塞〉

（4）〈死亡の機序〉

(5) 〈じん肺が急性心筋梗塞の発症に与えた影響〉

(6) 〈心臓カテーテル検査と治療機会の喪失〉

(7) 〈総合判断〉

3 勝訴要因

|   |                   | 国の主張が認められたポイント（主張、証拠） |
|---|-------------------|-----------------------|
| 1 | じん肺と心筋梗塞の発症との因果関係 |                       |
| 2 | 心臓カテーテル検査のリスク     |                       |

【平成24年度勝訴判決】

○【その他3】平成 年 月 日 大阪高裁判決 国逆転勝訴（上告受理申立中）  
（平成 年 月 日 大阪地裁判決 国敗訴・国控訴）

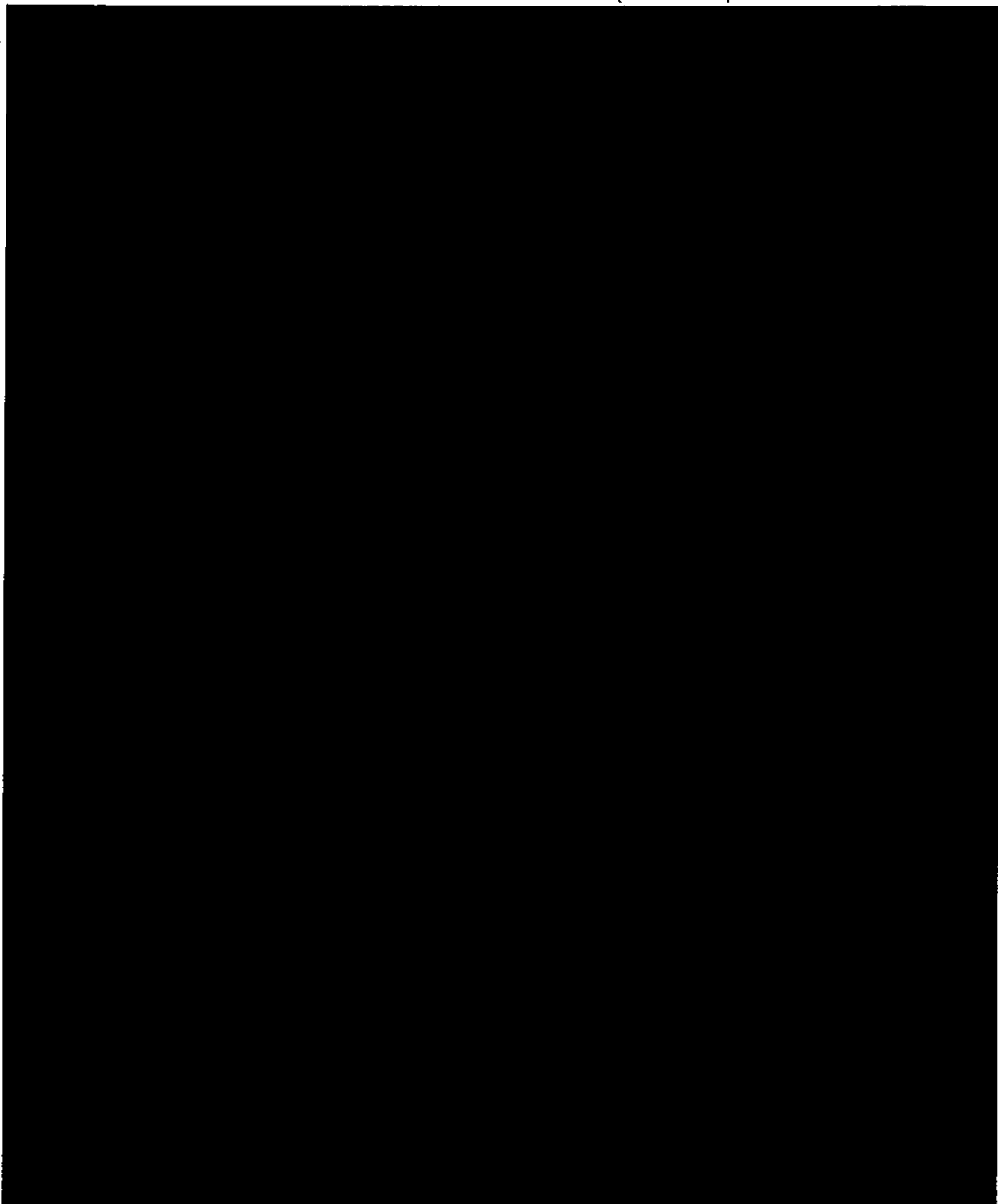
キーワード： 脳・心疾患労災認定事業場名、情報公開法、不開示情報、逆転勝訴

1 事件の概要

2 判決要旨

(1) 第一審判決（国敗訴）

(2) 控訴審判決（国逆転勝訴）



3 勝訴要因

|   | 一審敗訴要旨                                  | 国の主張が認められたポイント（主張、証拠） |
|---|-----------------------------------------|-----------------------|
| 1 | 労災補償給付支給決定の事実自体は、当該事業場の社会的評価の低下に結びつかない。 |                       |

○【障害等級】平成■年■月■日 横浜地裁判決 国勝訴

[REDACTED]

キーワード：RSD (CRPStype1)、DVD映像

1 事件の概要

[REDACTED]

2 判決要旨

(1) <判断枠組み>

[REDACTED]

(2) <原告の疼痛等感覚障害について>

[REDACTED]

(3) <原告の上肢の機能障害について>

[REDACTED]



(4) <まとめ>



4 勝訴要因

|   |                                         | 国の主張が認められたポイント（主張、証拠） |
|---|-----------------------------------------|-----------------------|
| 1 | DVD映像の証拠提出                              |                       |
| 2 | 原告が提出した医師の意見書が判断根拠とした検査が、信頼性が低いものであったこと |                       |



【平成26年度勝訴判決】

○〔時効〕平成■年■月■日 熊本地裁判決 国勝訴（控訴審係争中）

キーワード：騒音性難聴、時効の起算点

1 事件の概要

2 判決要旨（国勝訴）

（1）〈判断枠組み（消滅時効の起算点）〉

（2）〈症状固定（上記（1）①の要件）〉

（3）〈権利行使の期待可能性（上記（1）②の要件）〉

[Redacted]

(4) 〈まとめ〉

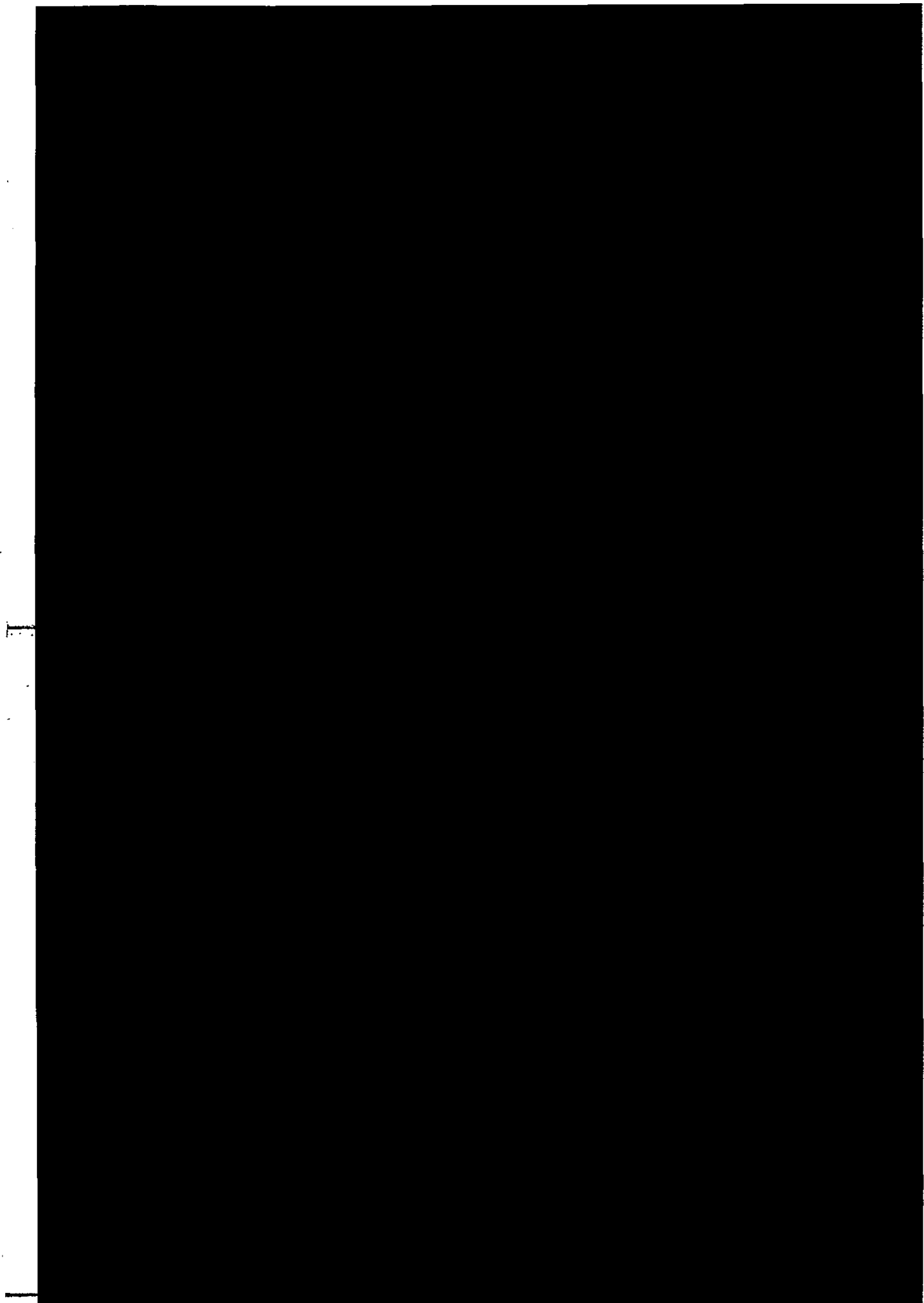
[Redacted]

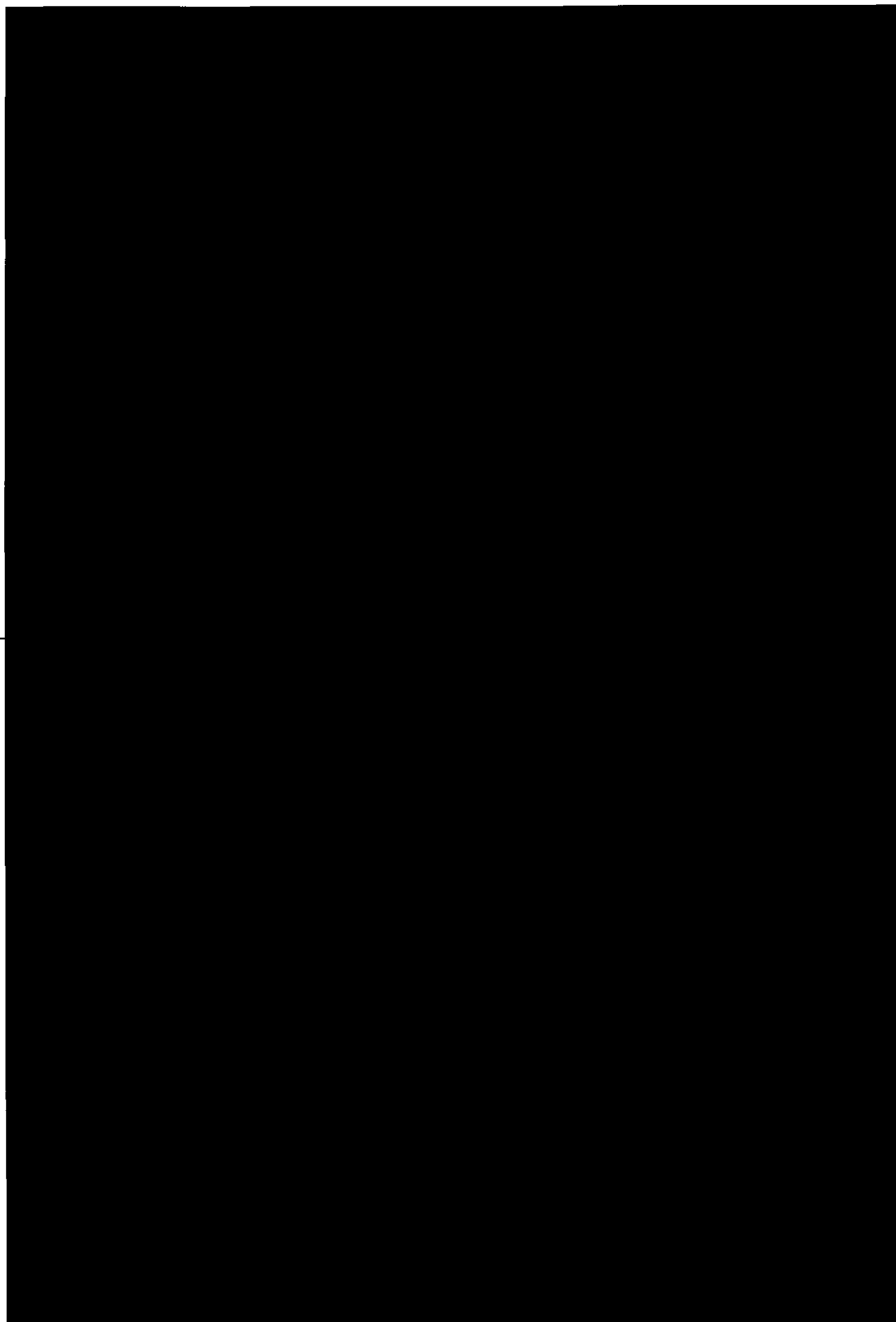
3 勝訴要因

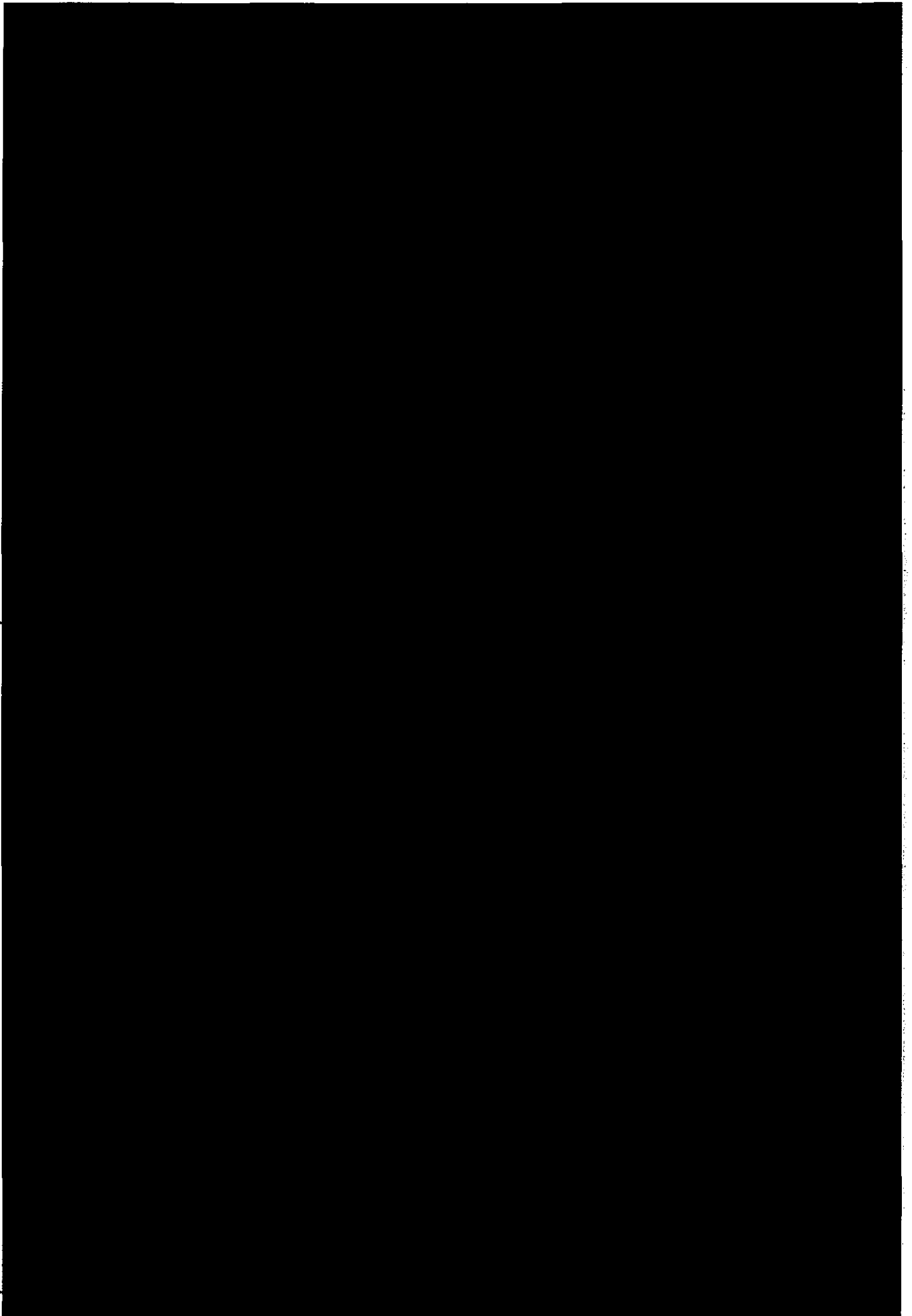
|   |        | 国の主張が認められたポイント（主張、証拠） |
|---|--------|-----------------------|
| 1 | 判例等の分析 | [Redacted]            |

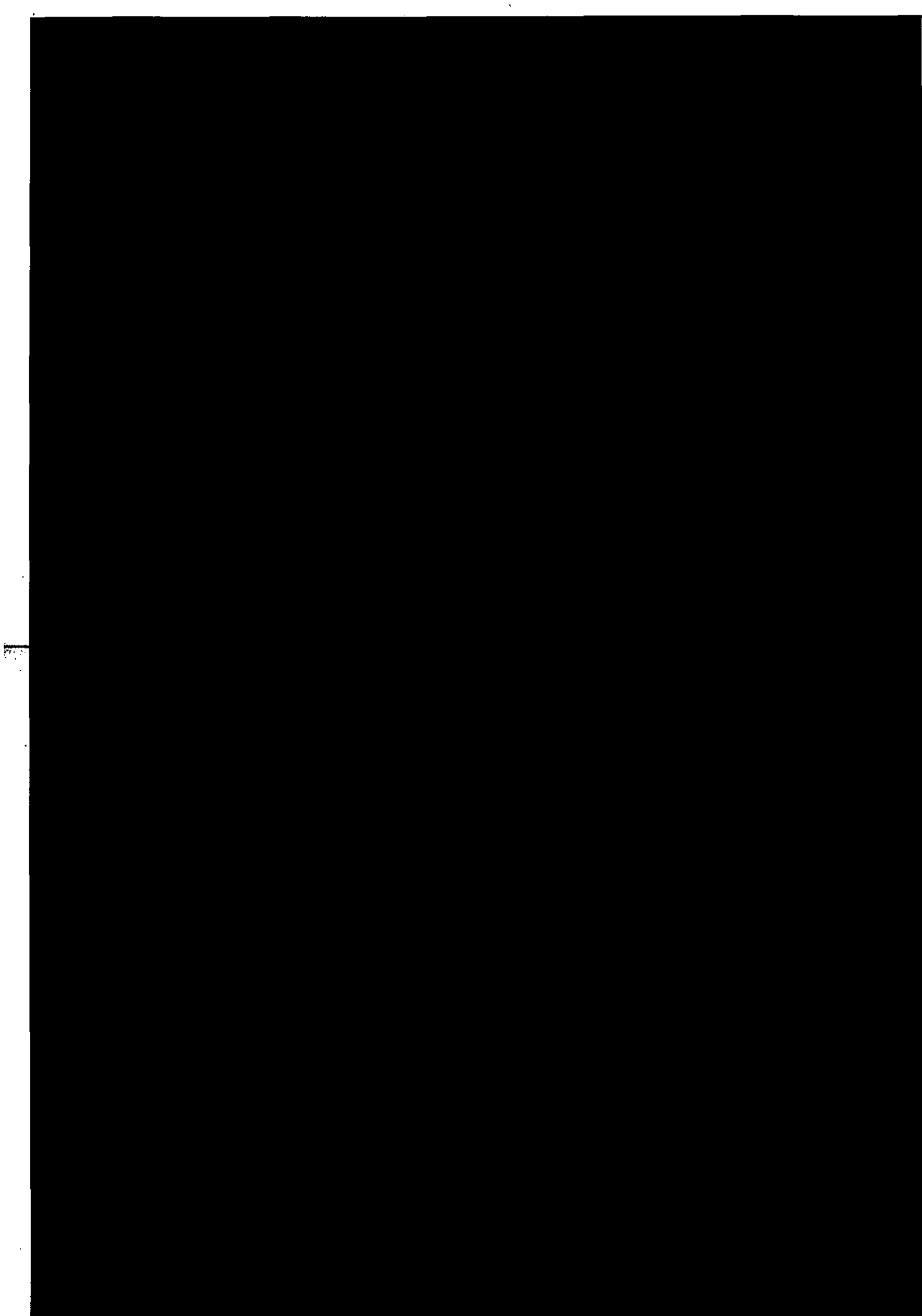
事実認定について

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The first of these is the fact that the  
 government has been unable to  
 maintain a stable currency. This  
 has led to a loss of confidence  
 in the government and a  
 consequent loss of support  
 from the people. The second  
 is the fact that the government  
 has been unable to maintain  
 a stable economy. This has  
 led to a loss of confidence  
 in the government and a  
 consequent loss of support  
 from the people. The third  
 is the fact that the government  
 has been unable to maintain  
 a stable society. This has  
 led to a loss of confidence  
 in the government and a  
 consequent loss of support  
 from the people.

The fourth is the fact that the  
 government has been unable to  
 maintain a stable foreign  
 policy. This has led to a  
 loss of confidence in the  
 government and a consequent  
 loss of support from the  
 people.

the 1990s, the number of people with a mental health problem has increased by 50% (Mental Health Act 1983, 1990).

There is a growing awareness of the need to improve the lives of people with mental health problems. The Department of Health (1999) has set out a vision of a new mental health system, which will be based on the following principles: (1) people with mental health problems should be treated as individuals, (2) people should be given the opportunity to make choices about their care, (3) people should be given the opportunity to participate in decisions about their care, (4) people should be given the opportunity to be involved in decisions about their care, (5) people should be given the opportunity to be involved in decisions about their care.

The Department of Health (1999) has also set out a vision of a new mental health system, which will be based on the following principles: (1) people with mental health problems should be treated as individuals, (2) people should be given the opportunity to make choices about their care, (3) people should be given the opportunity to participate in decisions about their care, (4) people should be given the opportunity to be involved in decisions about their care, (5) people should be given the opportunity to be involved in decisions about their care.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1 million (Office of National Statistics 1999). The number of people aged 85 and over has increased by 300,000 in the same period.

There is a growing awareness of the need to develop services to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on the principle that older people should be able to live independently and actively in their own homes for as long as possible. To achieve this, the government has set out a number of key objectives, including: to improve the health and well-being of older people; to support older people to live independently; to improve the quality of care and services for older people; and to ensure that older people are able to participate fully in society.

The strategy also sets out a number of key actions that the government will take to achieve these objectives. These include: to improve the health and well-being of older people by increasing investment in health and social care services; to support older people to live independently by providing a range of services, including housing, transport, and social activities; to improve the quality of care and services for older people by setting standards for care and services; and to ensure that older people are able to participate fully in society by promoting their participation in community activities.

The strategy is a key document in the development of services for older people in the UK. It sets out the government's commitment to improve the lives of older people and provides a framework for the development of services. The strategy is based on the principle that older people should be able to live independently and actively in their own homes for as long as possible. To achieve this, the government has set out a number of key objectives, including: to improve the health and well-being of older people; to support older people to live independently; to improve the quality of care and services for older people; and to ensure that older people are able to participate fully in society.

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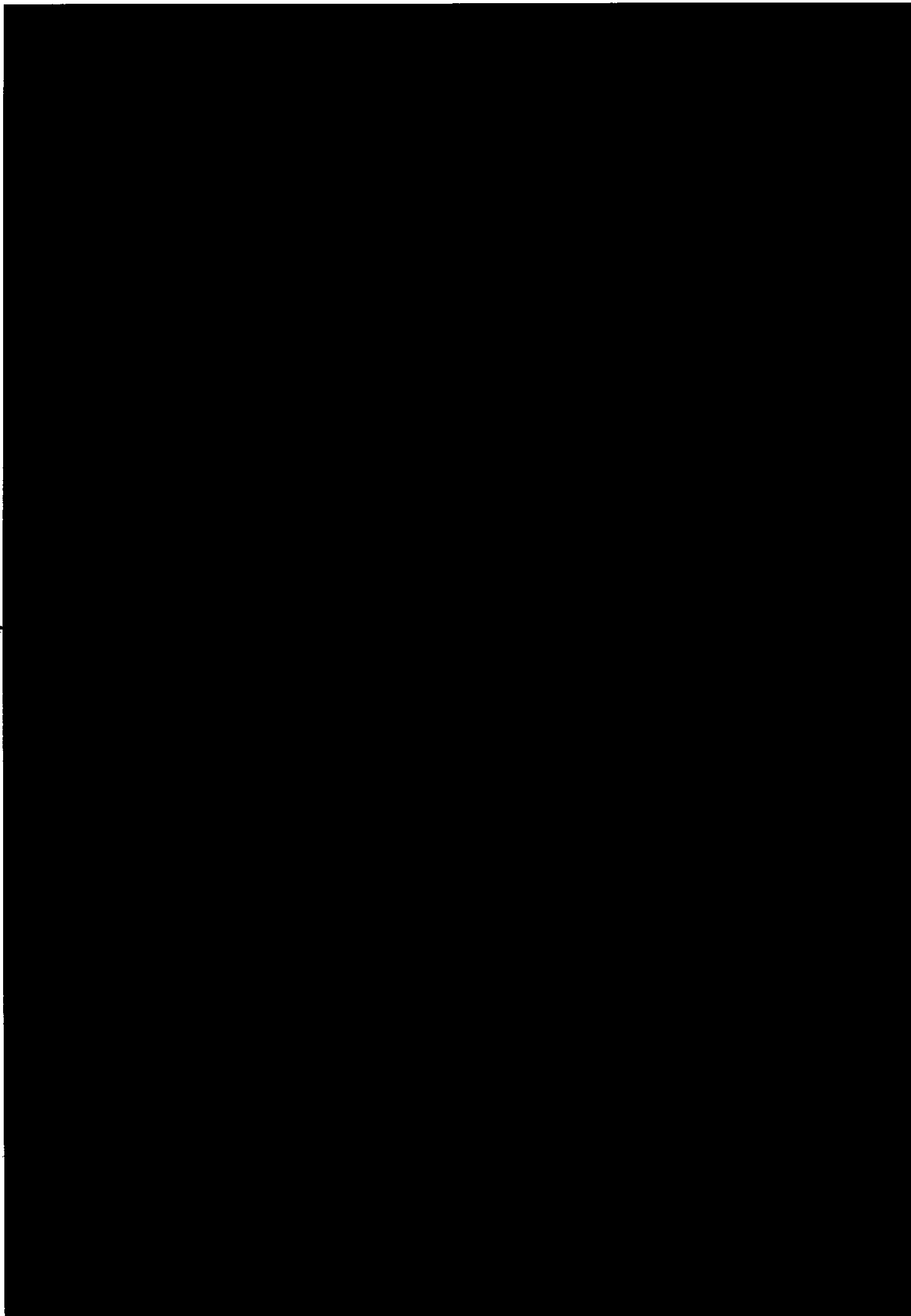
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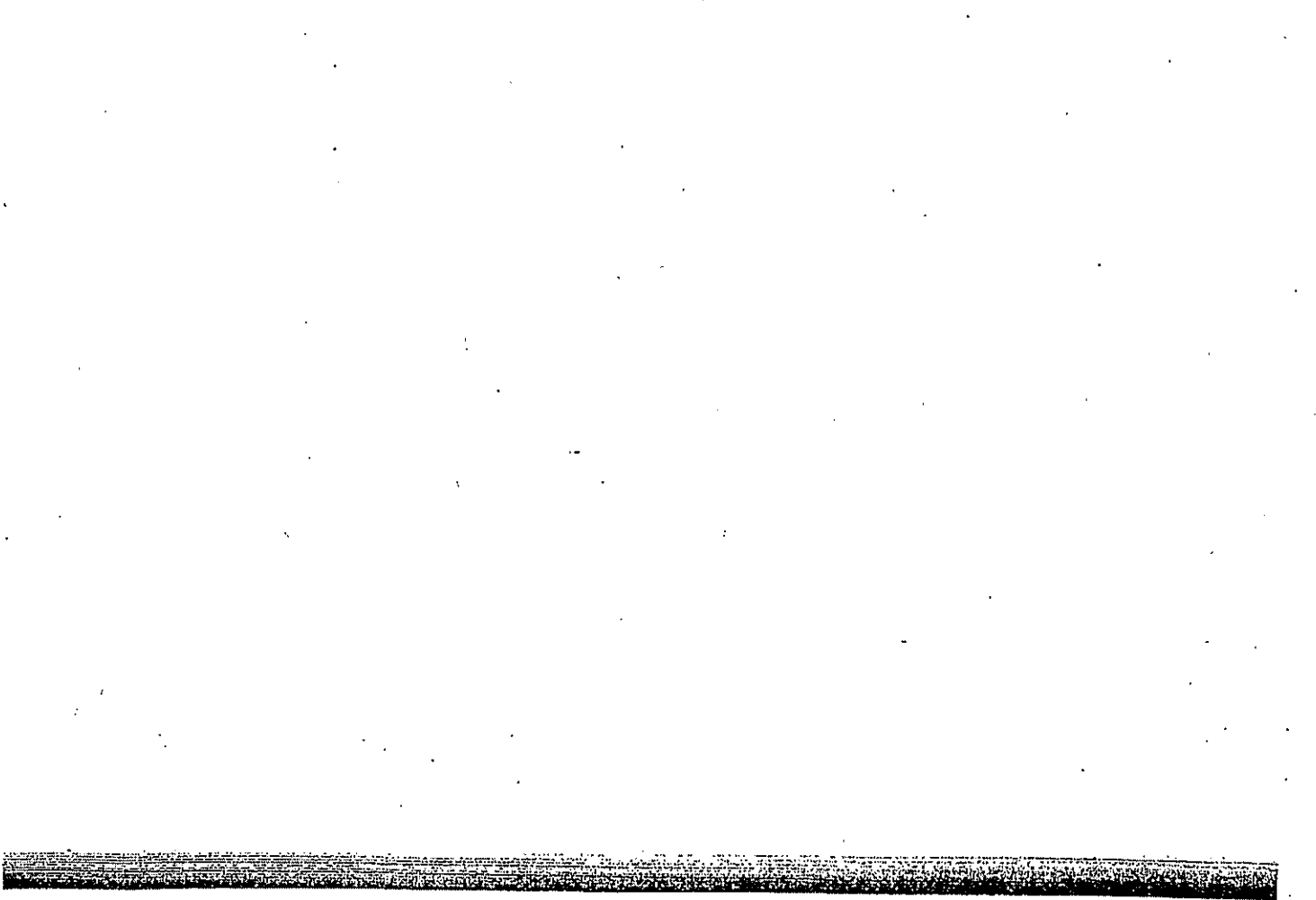
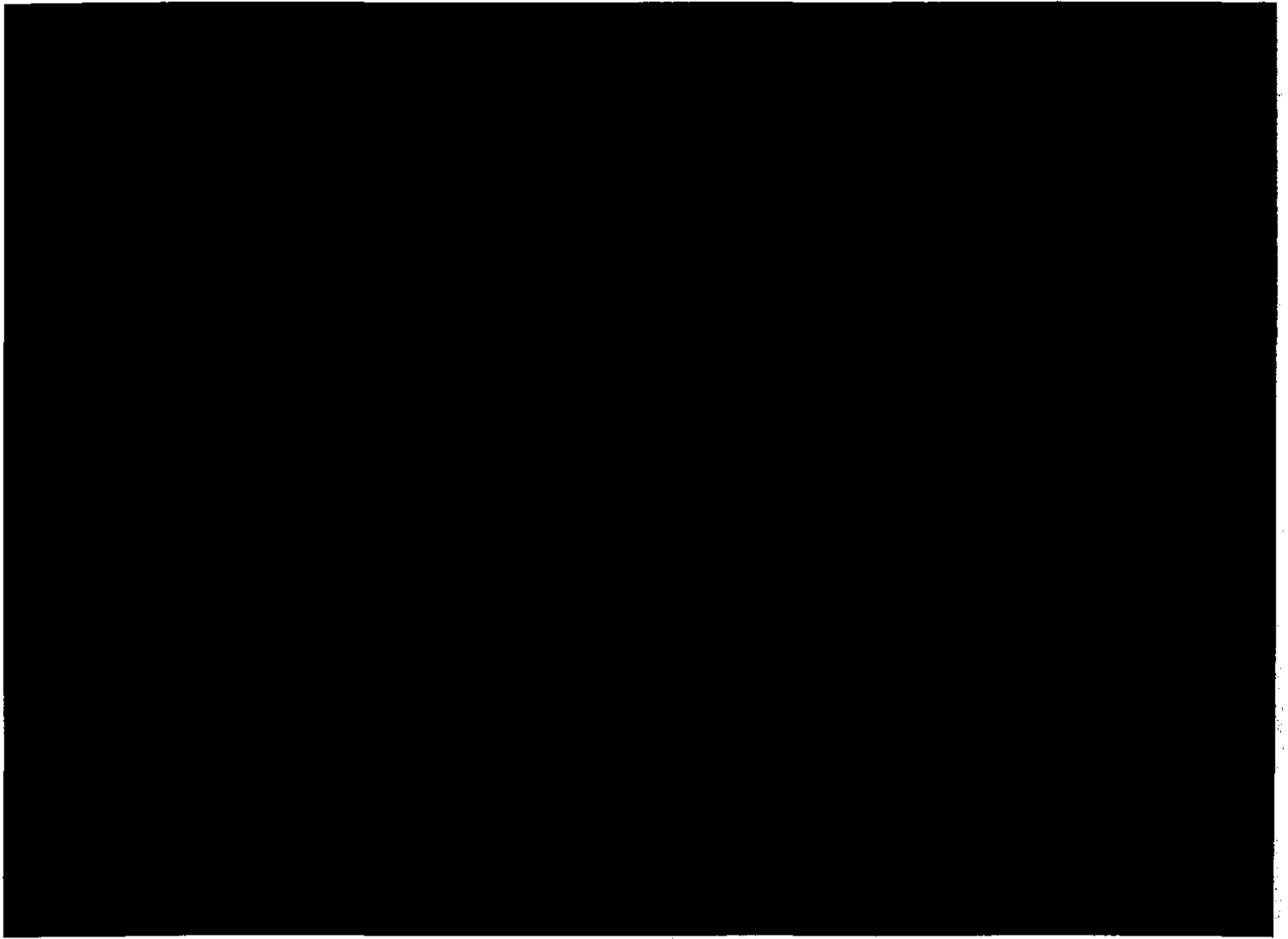
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The twentieth of these is the fact that the system is not a simple one, and that the results are not always the same.







訴訟を意識した処分

III 訴訟を意識した処分

訴訟を意識した処分の必要性

III 訴訟を意識した処分

訴訟を意識した処分の必要性

Ⅲ 訴訟を意識した処分  
事実認定の基礎

Ⅲ 訴訟を意識した処分  
事実認定の基礎

III 訴訟を意識した処分  
事実認定の基礎

III 訴訟を意識した処分  
事実認定の基礎

III 訴訟を意識した処分  
事実認定の基礎

III 訴訟を意識した処分  
事実認定の基礎

### III 訴訟を意識した処分 事実認定の基礎



### III 訴訟を意識した処分 証拠作成～訴訟対応の観点から



III 訴訟を意識した処分

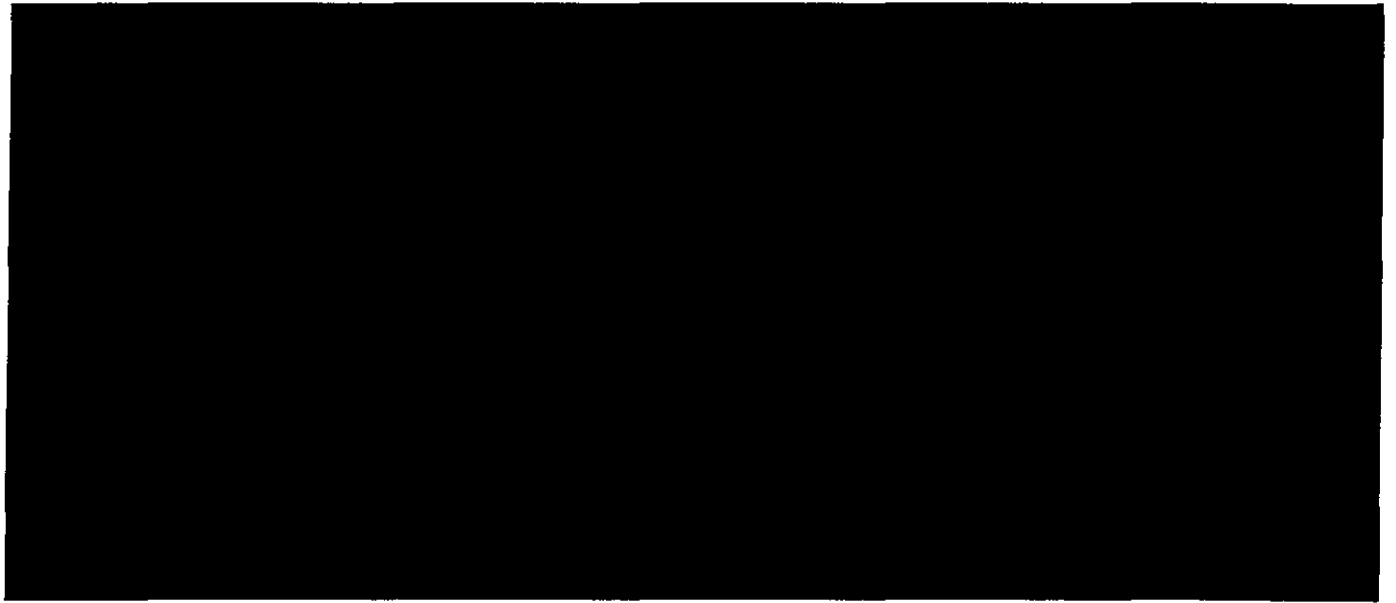
証拠作成～訴訟対応の観点から

III 訴訟を意識した処分

証拠作成～訴訟対応の観点から

III 訴訟を意識した処分

証拠作成～訴訟対応の観点から



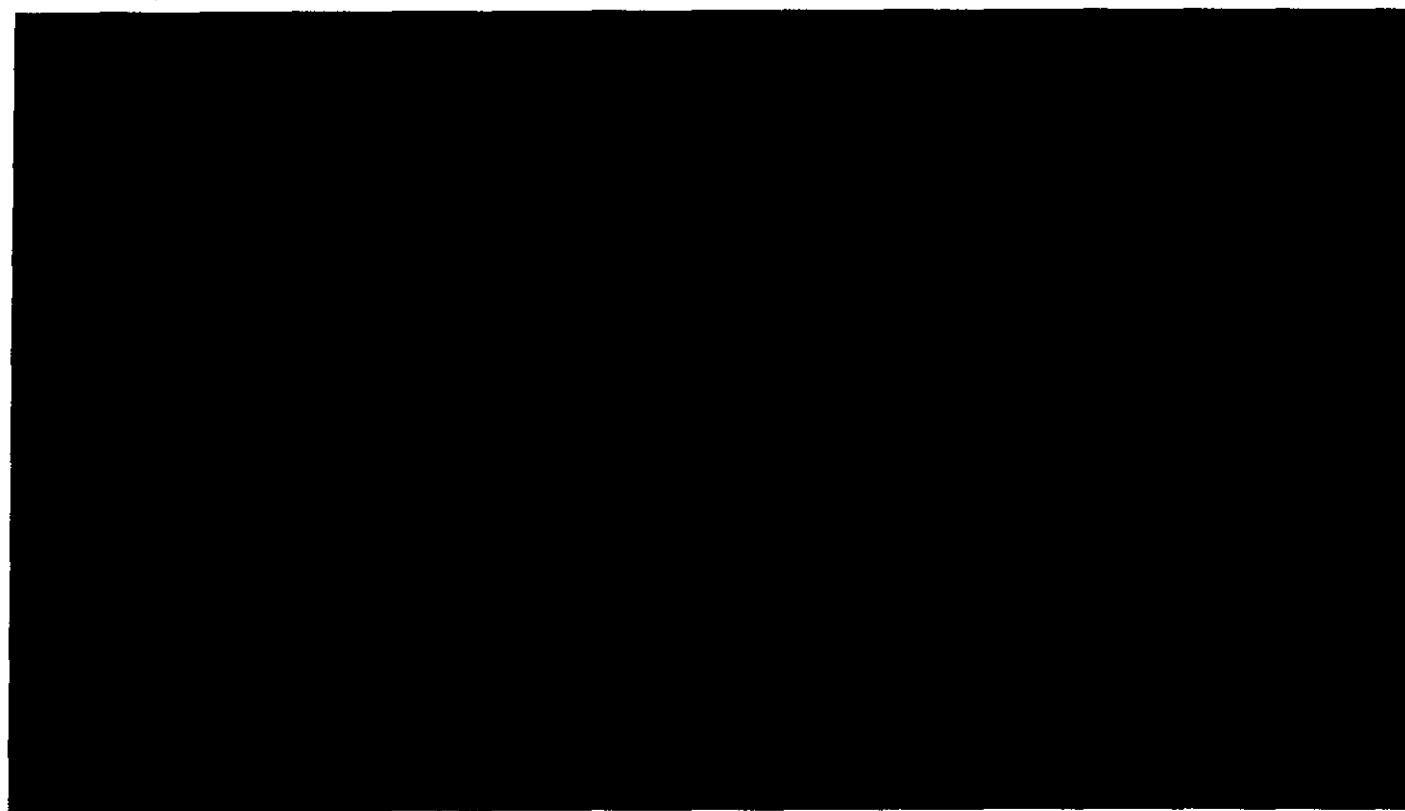
III 訴訟を意識した処分

証拠作成～訴訟対応の観点から

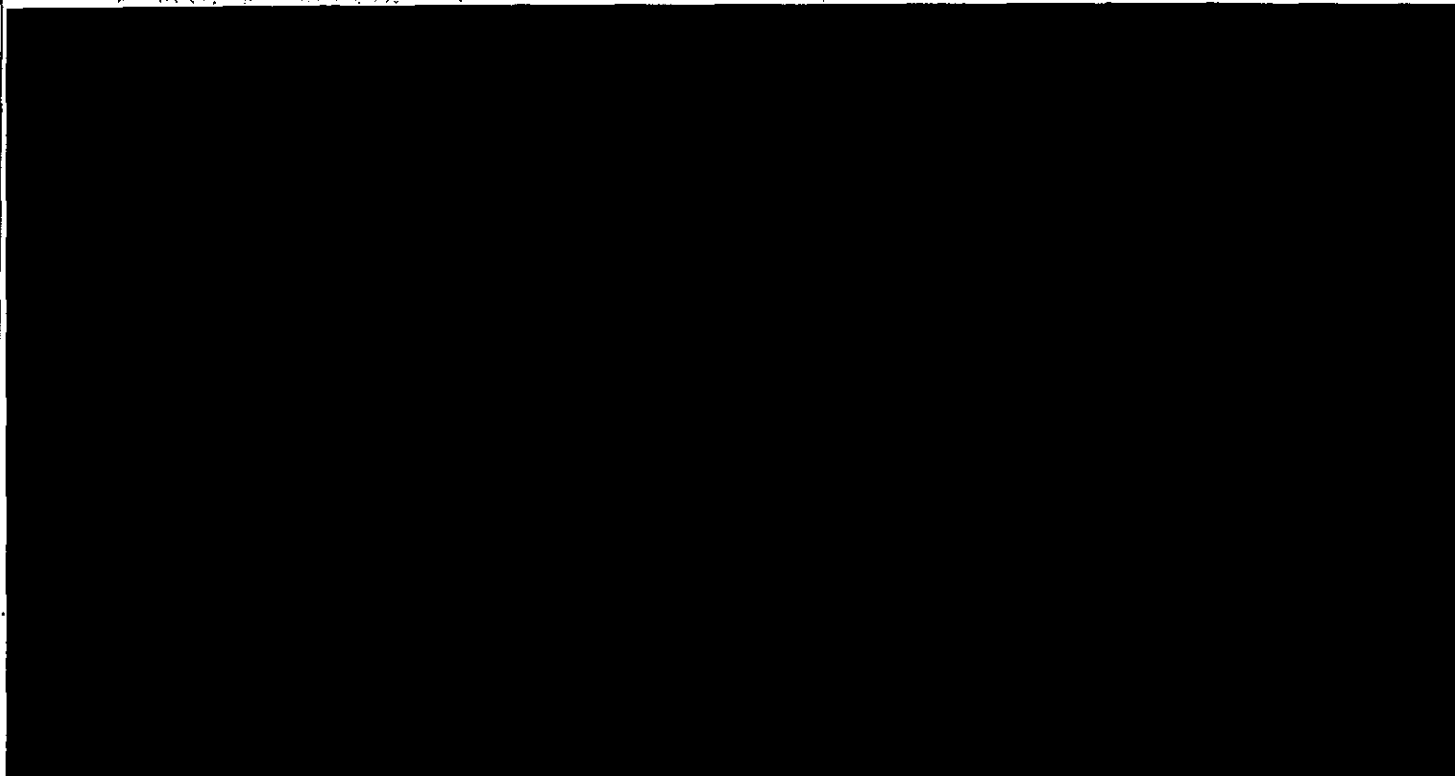




### Ⅲ 訴訟を意識した処分 証拠作成～訴訟対応の観点から



### Ⅲ 訴訟を意識した処分 証拠作成～訴訟対応の観点から



## 証拠作成～訴訟対応の観点から



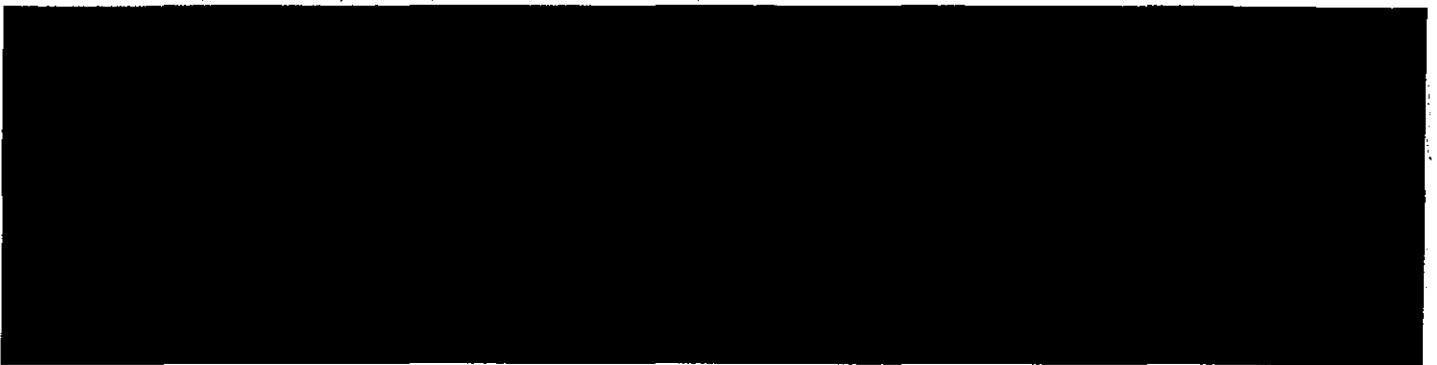
## 証拠作成～訴訟対応の観点から



Ⅲ 訴訟を意識した処分  
証拠作成～訴訟対応の観点から



Ⅲ 訴訟を意識した処分  
証拠作成～訴訟対応の観点から



III 訴訟を意識した処分

証拠作成～訴訟対応の観点から

III 訴訟を意識した処分

証拠作成～訴訟対応の観点から

Ⅲ 訴訟を意識した処分

証拠作成～訴訟対応の観点から

Ⅲ 訴訟を意識した処分

証拠作成～訴訟対応の観点から

III 訴訟を意識した処分  
処分の手続

III 訴訟を意識した処分

訴訟対応の観点から見た処分の留意点

III 訴訟を意識した処分

訴訟対応の観点から見た処分の留意点

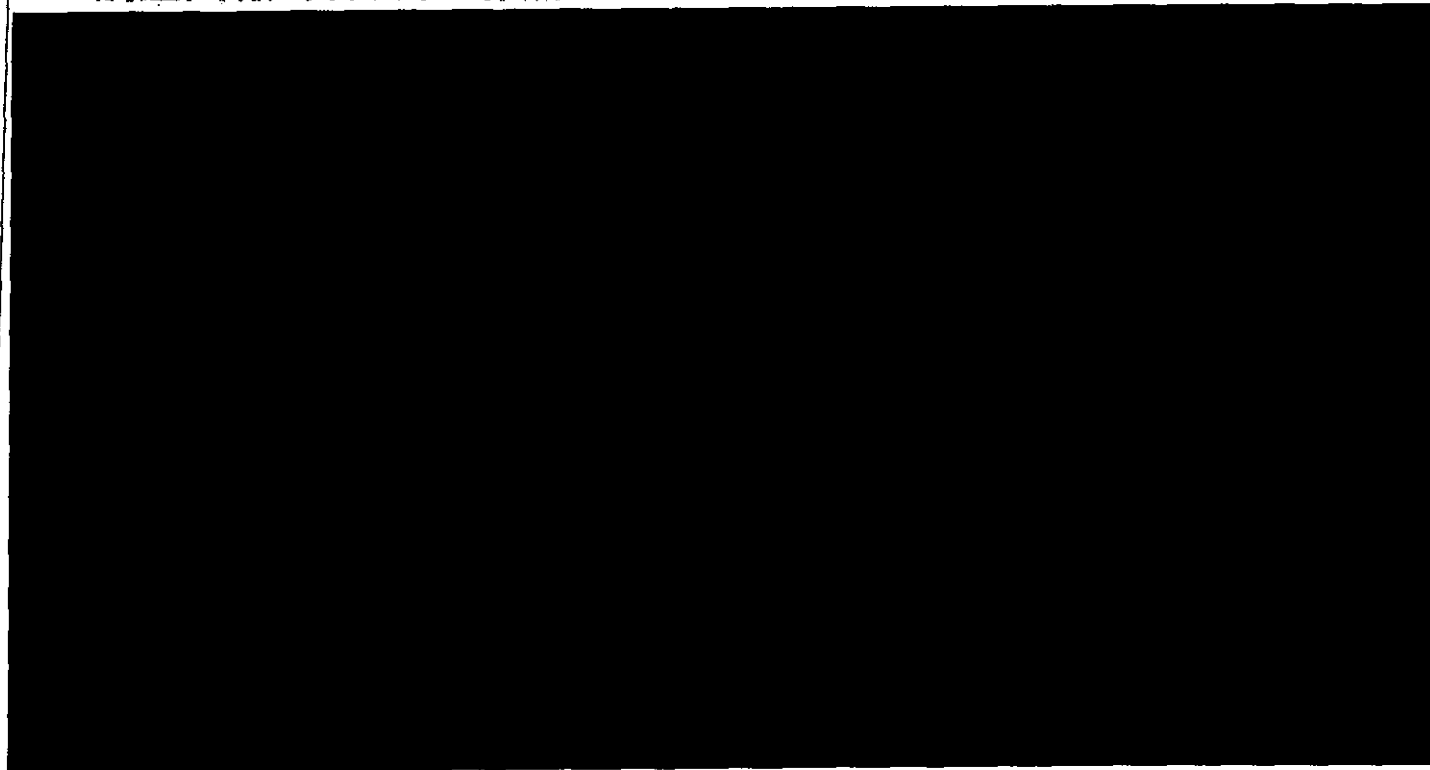


IV 訴訟に臨むに当たっての留意点

訴訟対応一般



IV 訴訟に臨むに当たっての留意点  
調査回報・答弁書の作成



IV 訴訟に臨むに当たっての留意点  
主張・立証





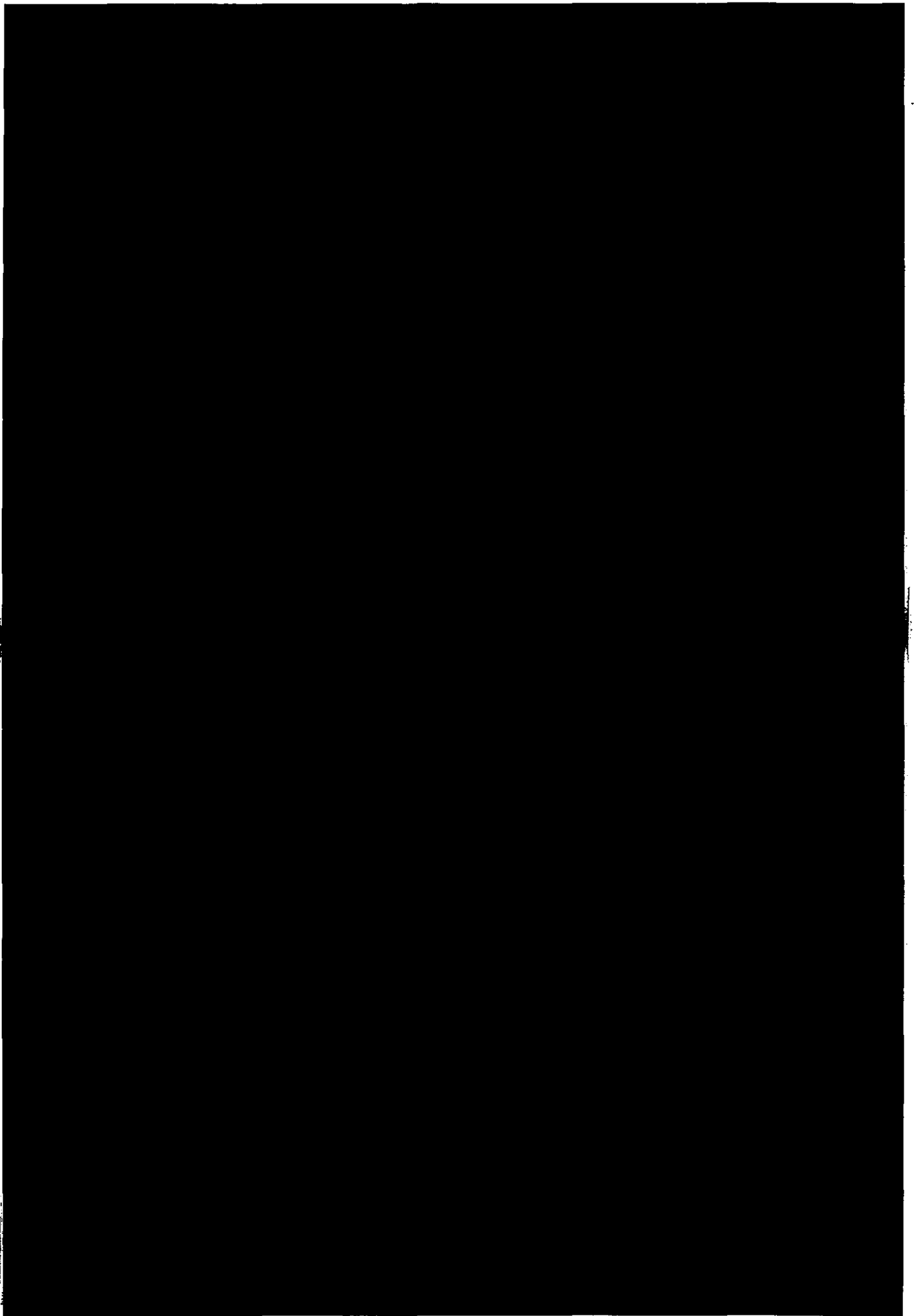
IV 訴訟に臨むに当たっての留意点  
主張・立証

IV 訴訟に臨むに当たっての留意点  
主張・立証

IV 訴訟に臨むに当たっての留意点  
判決対応

# 書面の作成について

資料 6





the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on the following principles:

- Older people should be able to live independently and actively.
- Older people should be able to access the services and facilities they need.
- Older people should be able to participate in the life of their community.
- Older people should be able to live in a safe and secure environment.
- Older people should be able to live in a healthy and well environment.

The strategy also sets out a number of key objectives, including:

- To improve the health and well-being of older people.
- To improve the social and economic participation of older people.
- To improve the living conditions of older people.
- To improve the safety and security of older people.
- To improve the environment for older people.

The strategy also sets out a number of key actions, including:

- To improve the health and well-being of older people.
- To improve the social and economic participation of older people.
- To improve the living conditions of older people.
- To improve the safety and security of older people.
- To improve the environment for older people.

The strategy also sets out a number of key targets, including:

- To reduce the number of older people who are in poor health.
- To reduce the number of older people who are in poverty.
- To reduce the number of older people who are in poor living conditions.
- To reduce the number of older people who are in poor safety and security.
- To reduce the number of older people who are in poor environment.

1. *Journal of Management Studies*, 1996, 33, 1, 1-14.

the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1995, compared with 4.5 million in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of women in its workforce. In 1995, 88% of the public sector workforce were women, compared with 78% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

Another reason why the public sector has become an important employer of women is that it has a high proportion of jobs that are part-time or flexible. In 1995, 38% of the public sector workforce were employed on part-time or flexible contracts, compared with 28% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

A third reason why the public sector has become an important employer of women is that it has a high proportion of jobs that are well paid. In 1995, the average salary of a public sector employee was £18,000, compared with £15,000 in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

There are a number of other reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of jobs that are secure. In 1995, 88% of the public sector workforce were employed on permanent contracts, compared with 78% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

Another reason why the public sector has become an important employer of women is that it has a high proportion of jobs that are well located. In 1995, 38% of the public sector workforce were employed in the London area, compared with 28% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

A third reason why the public sector has become an important employer of women is that it has a high proportion of jobs that are well matched to women's skills. In 1995, 88% of the public sector workforce were employed in jobs that required a degree or higher qualification, compared with 78% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 2000). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office of National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in the community. This has led to a number of initiatives, including the development of age-friendly communities, and the establishment of age-friendly networks. These initiatives aim to create environments that are safe, accessible, and supportive for older people.

One of the key challenges in developing age-friendly communities is to ensure that the needs of older people are taken into account in all aspects of community planning. This includes the design of public spaces, the provision of services, and the development of policies. It is important to involve older people in the planning process, and to ensure that their views are heard.

Another challenge is to ensure that older people have access to the services and facilities that they need. This includes access to housing, transport, and social services. It is important to ensure that these services are accessible to all older people, regardless of their income or health status.

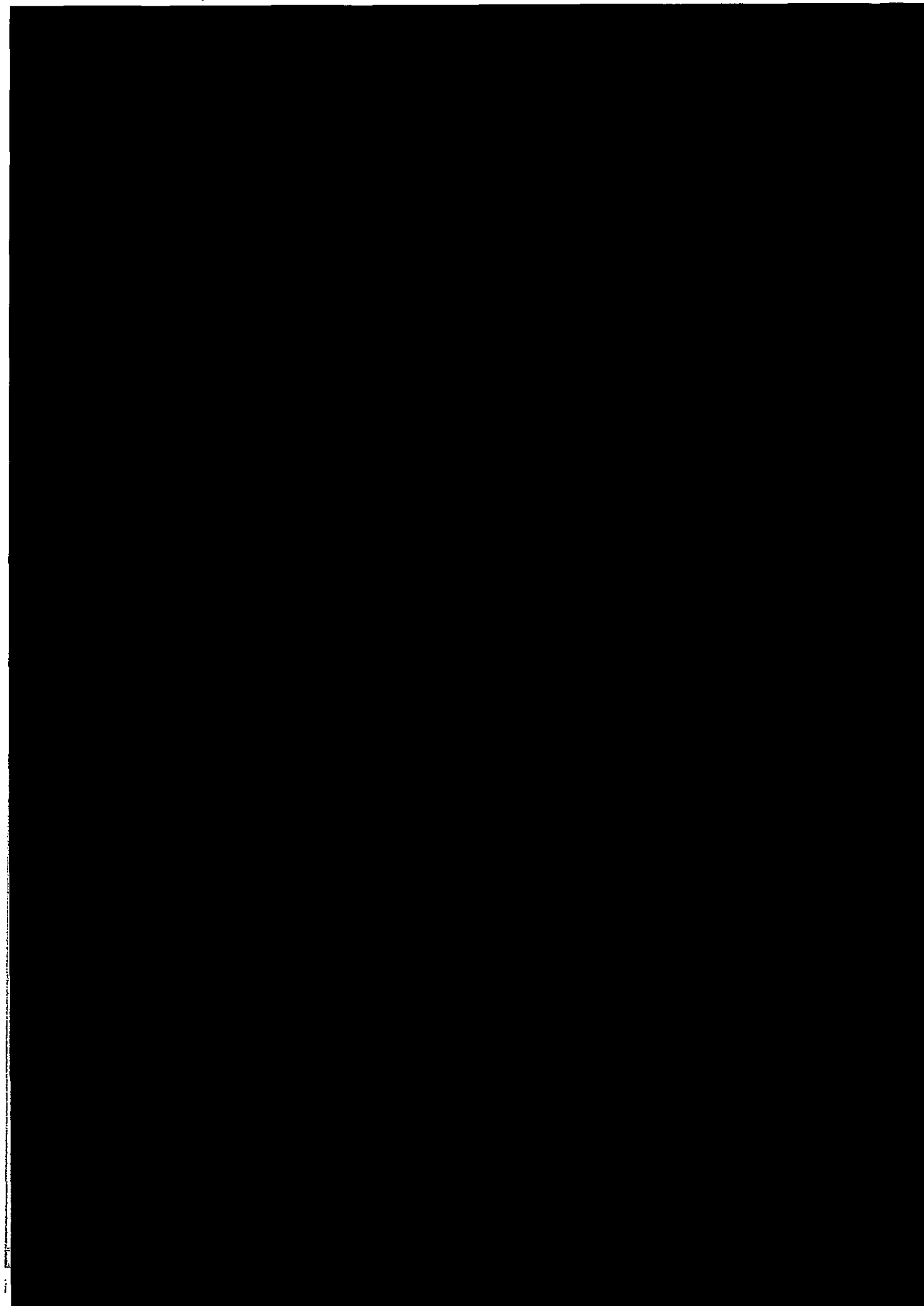
Finally, it is important to ensure that older people are able to live independently and actively in the community. This requires a range of measures, including the provision of housing, transport, and social services, and the development of policies that support older people's independence and active participation in the community.

There are a number of ways in which communities can become more age-friendly. These include: improving the design of public spaces; providing accessible transport; developing social services; and developing policies that support older people's independence and active participation in the community.

Age-friendly communities are communities that are safe, accessible, and supportive for older people. They are communities where older people are able to live independently and actively, and where their needs are taken into account in all aspects of community planning.

There are a number of benefits to age-friendly communities. These include: improved quality of life for older people; increased social participation; and reduced costs to the health and social care system.

Age-friendly communities are a key part of the solution to the challenges of an ageing population. By ensuring that older people are able to live independently and actively in the community, we can create a more inclusive and sustainable society.



the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has become a major employer in the UK, and its growth has been a major factor in the overall growth of the economy.

The public sector has also become a major employer of women. In 1980, women made up 40% of the public sector workforce, and by 1995, this had increased to 50%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing participation of women in the workforce, and the increasing demand for public services.

The public sector has also become a major employer of people with disabilities. In 1980, people with disabilities made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people with disabilities.

The public sector has also become a major employer of people from ethnic minorities. In 1980, people from ethnic minorities made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people from ethnic minorities.

The public sector has also become a major employer of people with low qualifications. In 1980, people with low qualifications made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people with low qualifications.

The public sector has also become a major employer of people with mental health problems. In 1980, people with mental health problems made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people with mental health problems.

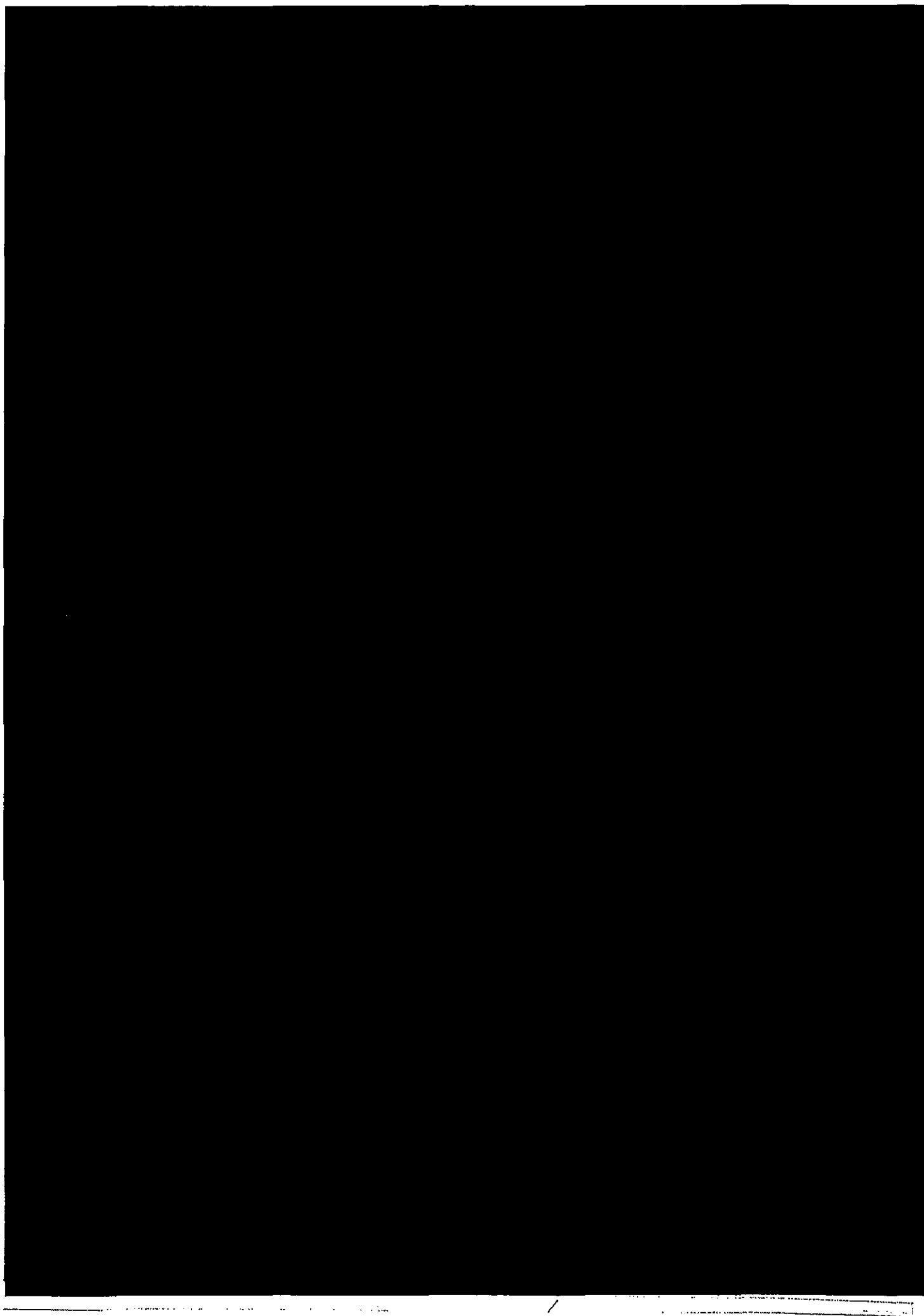
The public sector has also become a major employer of people with physical health problems. In 1980, people with physical health problems made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people with physical health problems.

The public sector has also become a major employer of people with chronic health problems. In 1980, people with chronic health problems made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people with chronic health problems.

The public sector has also become a major employer of people with long-term health problems. In 1980, people with long-term health problems made up 1% of the public sector workforce, and by 1995, this had increased to 3%. This increase has been driven by a number of factors, including the growth of the public sector, the increasing demand for public services, and the increasing awareness of the needs of people with long-term health problems.























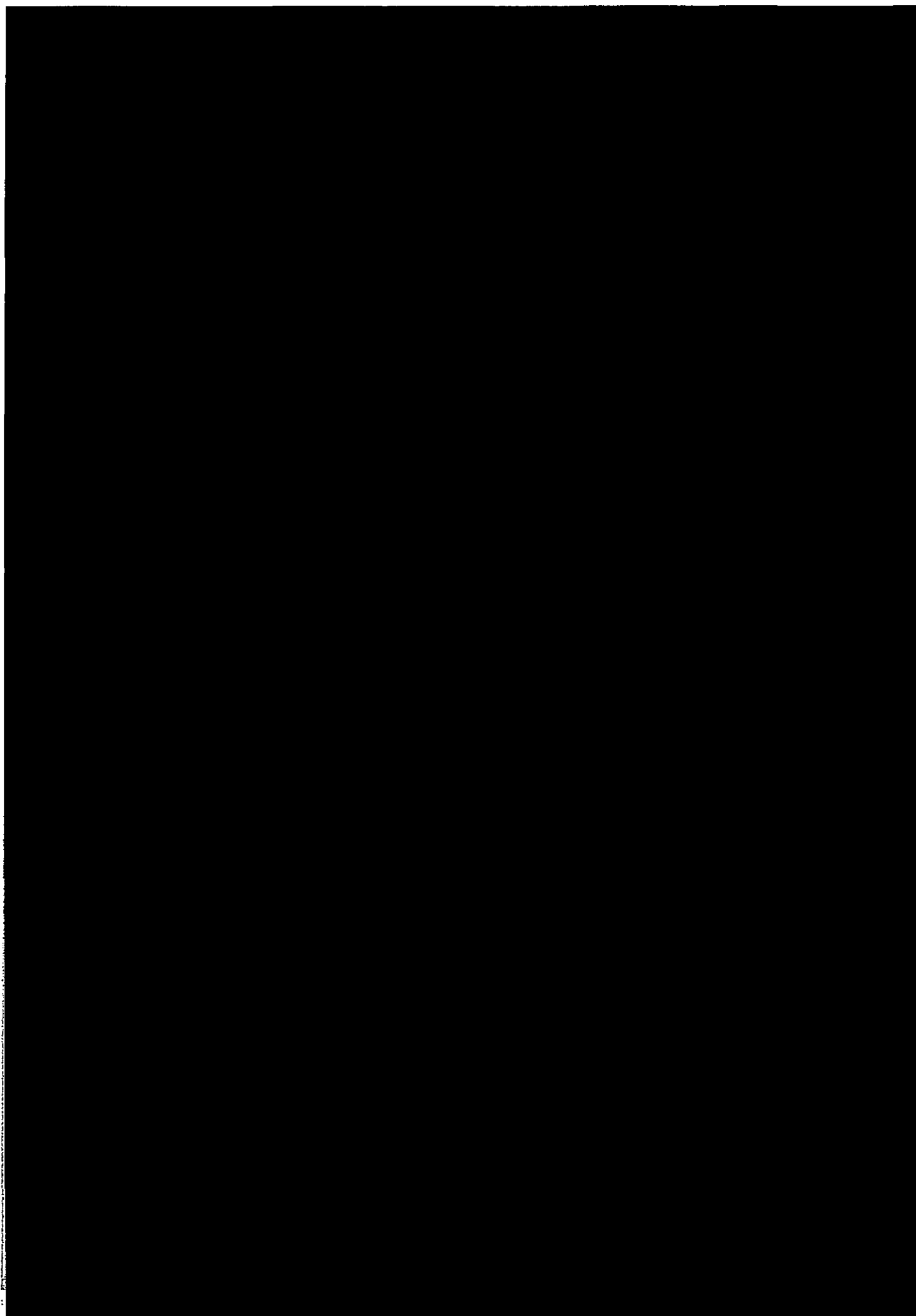






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the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 12.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 15.5 million by 2020, and the number of people aged 75 and over to 8.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on the following principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

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There is a growing awareness of the need to develop services to meet the needs of older people, and a number of initiatives have been developed to address this need. The Department of Health (1999) has published a strategy for older people, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity. The strategy is being implemented through a number of initiatives, including the development of new services, the improvement of existing services, and the promotion of good practice.

One of the key initiatives is the development of new services to meet the needs of older people. This includes the development of new housing, new health services, and new social services. The government is also investing in the improvement of existing services, such as the development of new care homes and the improvement of existing care homes. The government is also promoting good practice, such as the development of new standards for care homes and the promotion of good practice in the development of new services.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998. The public sector has also become an important employer of people with disabilities, with 1.5 million people with disabilities employed in the public sector in 1998, compared with 1.2 million in 1980.

There are a number of reasons why the public sector has become an important employer of people with disabilities. One reason is that the public sector has a long history of employing people with disabilities. In the 19th century, the public sector employed people with disabilities in a number of different roles, including as clerks, typists, and stenographers. In the 20th century, the public sector employed people with disabilities in a number of different roles, including as teachers, nurses, and social workers.

Another reason why the public sector has become an important employer of people with disabilities is that the public sector has a number of policies in place that encourage the employment of people with disabilities. For example, the public sector has a number of policies in place that encourage the employment of people with disabilities in a number of different roles, including as teachers, nurses, and social workers.

One of the most important policies in place is the Public Sector Equality Duty (PSED). The PSED requires public sector employers to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share different characteristics. The PSED also requires public sector employers to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share different characteristics.

Another important policy in place is the Equality Act 2010. The Equality Act 2010 consolidates and simplifies the law relating to equality and discrimination. The Equality Act 2010 also introduces a number of new provisions that are designed to improve the employment of people with disabilities. For example, the Equality Act 2010 introduces a new provision that requires employers to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share different characteristics.

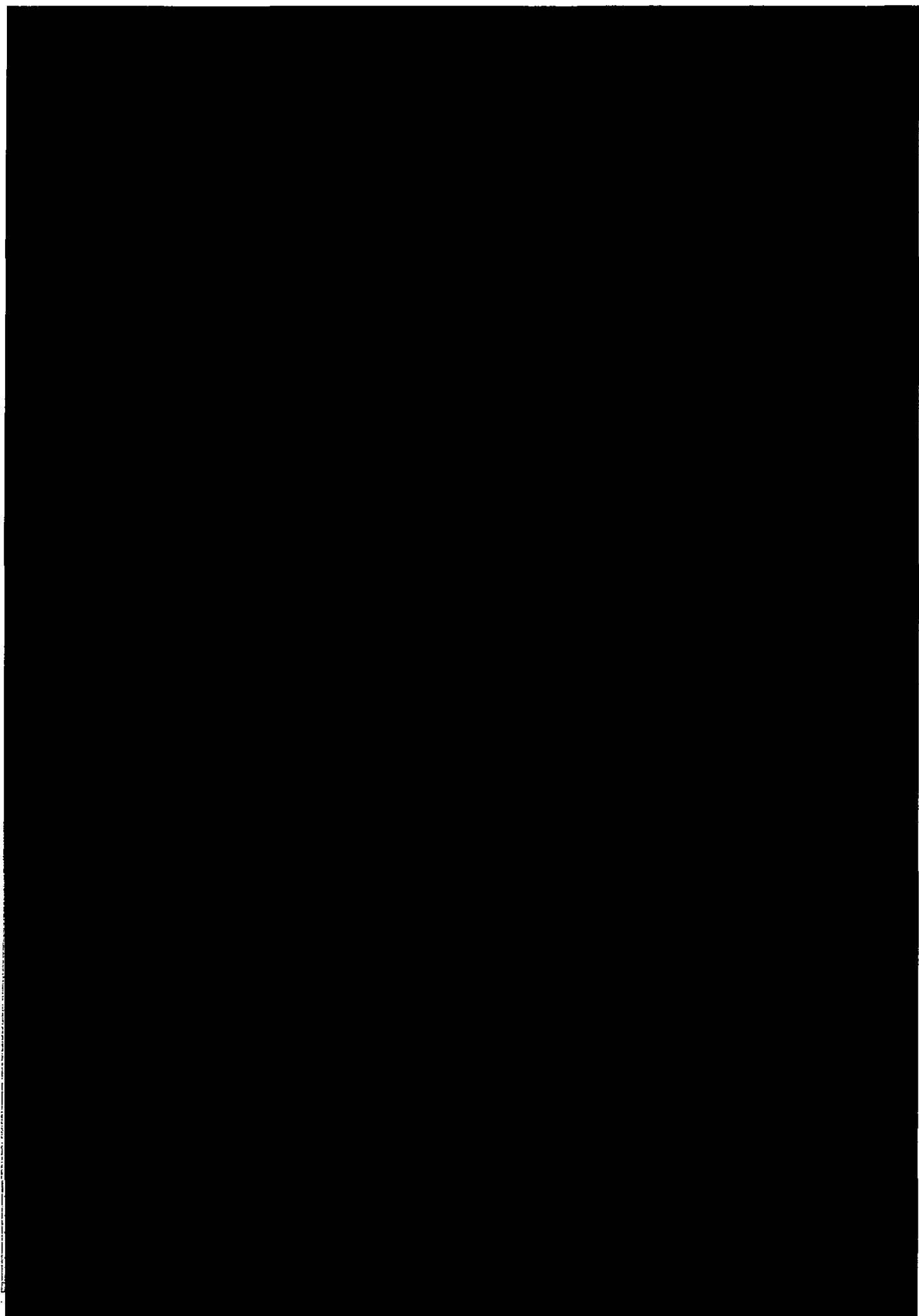
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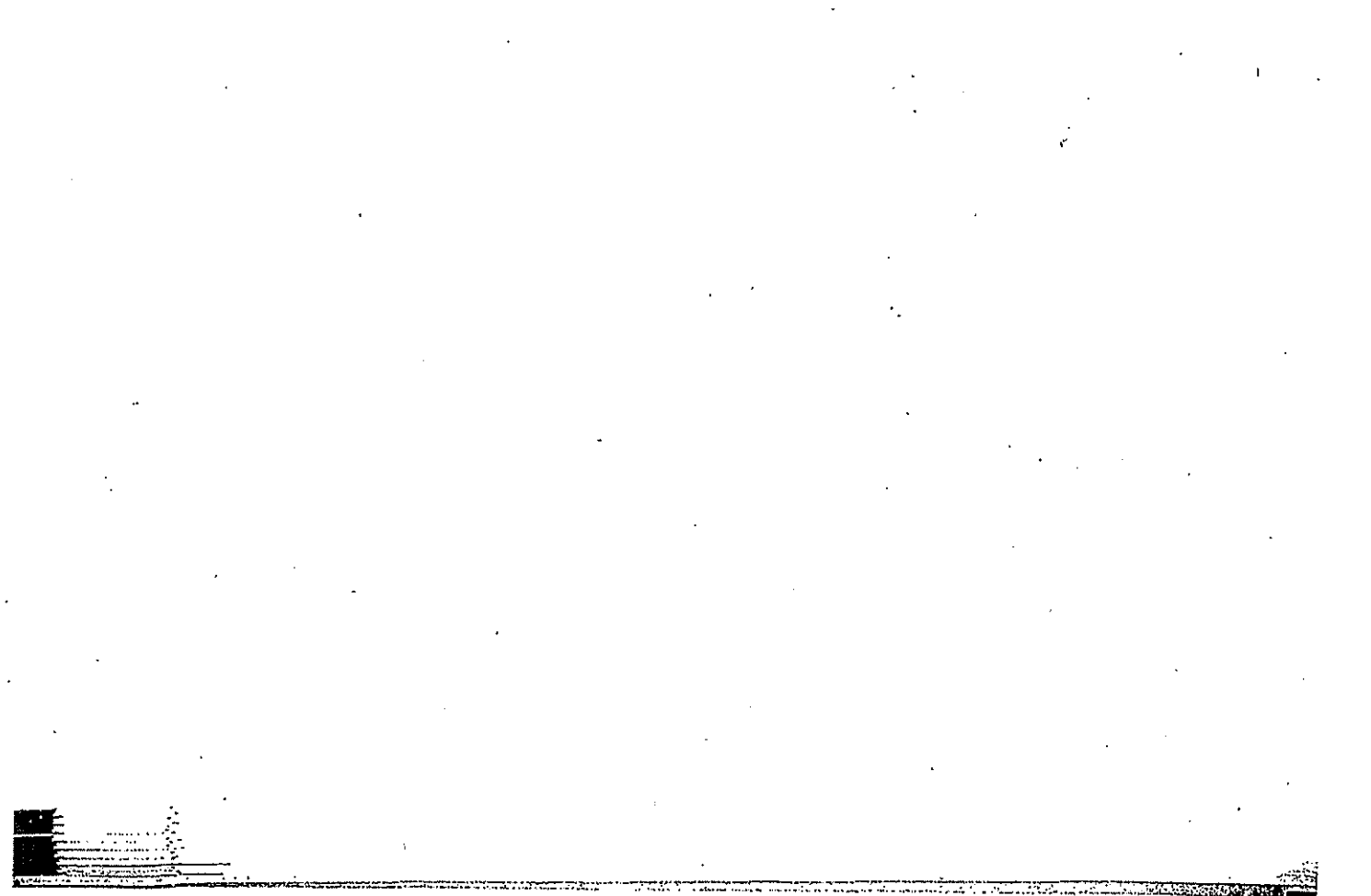
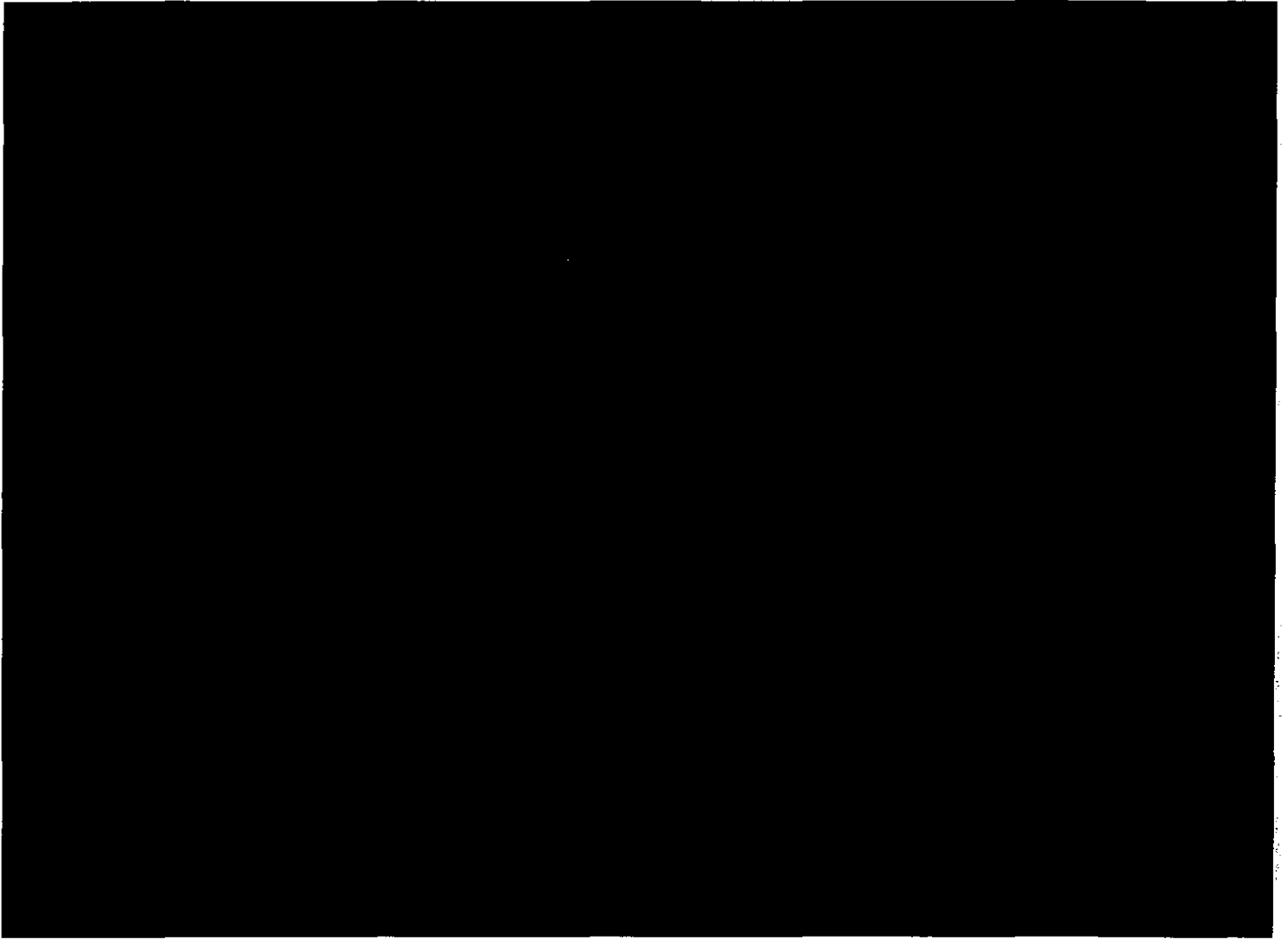
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The strategy is based on the following assumptions: (1) that older people are a diverse group with different needs and interests; (2) that older people should be able to live independently and actively; (3) that older people should have access to the services and support they need; and (4) that older people should be treated with respect and dignity. The strategy sets out a range of measures to be taken to improve the lives of older people, including: (1) to improve the physical environment; (2) to improve the social environment; (3) to improve the financial environment; and (4) to improve the health and social care environment.

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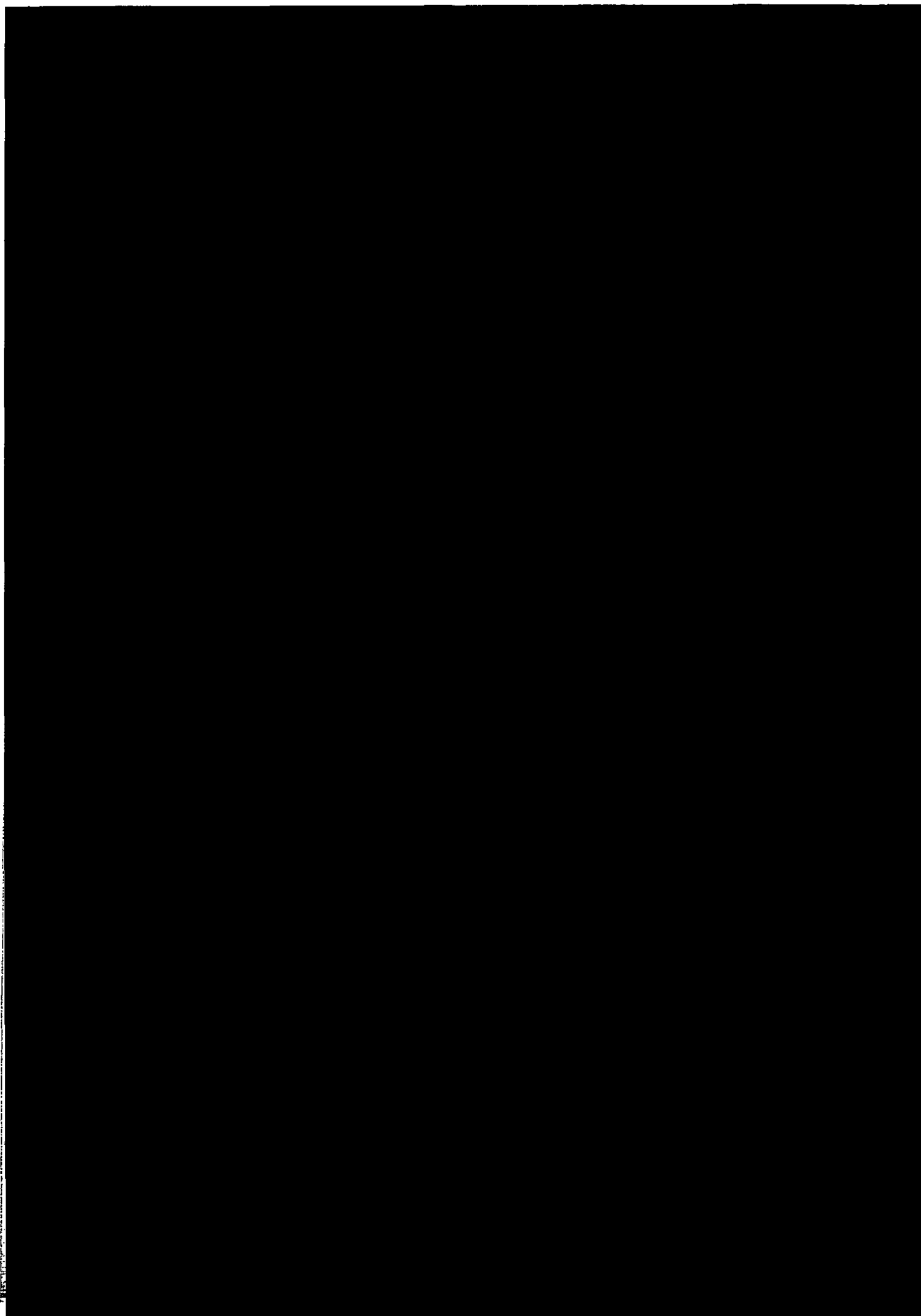
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There is a growing awareness of the need to develop strategies to meet the needs of older people, and to ensure that they are able to live independently and actively in their own homes for as long as possible. This has led to a number of initiatives, including the development of age-friendly communities, and the establishment of age-friendly networks. These initiatives aim to create environments that are safe, accessible, and supportive for older people, and to provide them with the resources and services they need to live well in old age.

One of the key challenges in developing age-friendly communities is to ensure that the needs of older people are taken into account in all aspects of community planning and development. This includes the design of public spaces, the provision of transport and housing, and the development of social and health services. It is essential that older people are consulted and involved in the planning process, and that their views and experiences are taken into account in the development of community strategies.

Another key challenge is to ensure that older people have access to the resources and services they need to live well in old age. This includes access to housing, transport, and social and health services. It is essential that these services are designed to meet the needs of older people, and that they are accessible and affordable to all older people. This may involve the development of new services, or the modification of existing services to better meet the needs of older people.

Finally, it is essential to ensure that older people are able to live independently and actively in their own homes for as long as possible. This requires a range of measures, including the provision of home care services, the development of home care packages, and the provision of support and advice to older people and their families. It is essential that these measures are designed to meet the needs of older people, and that they are accessible and affordable to all older people.

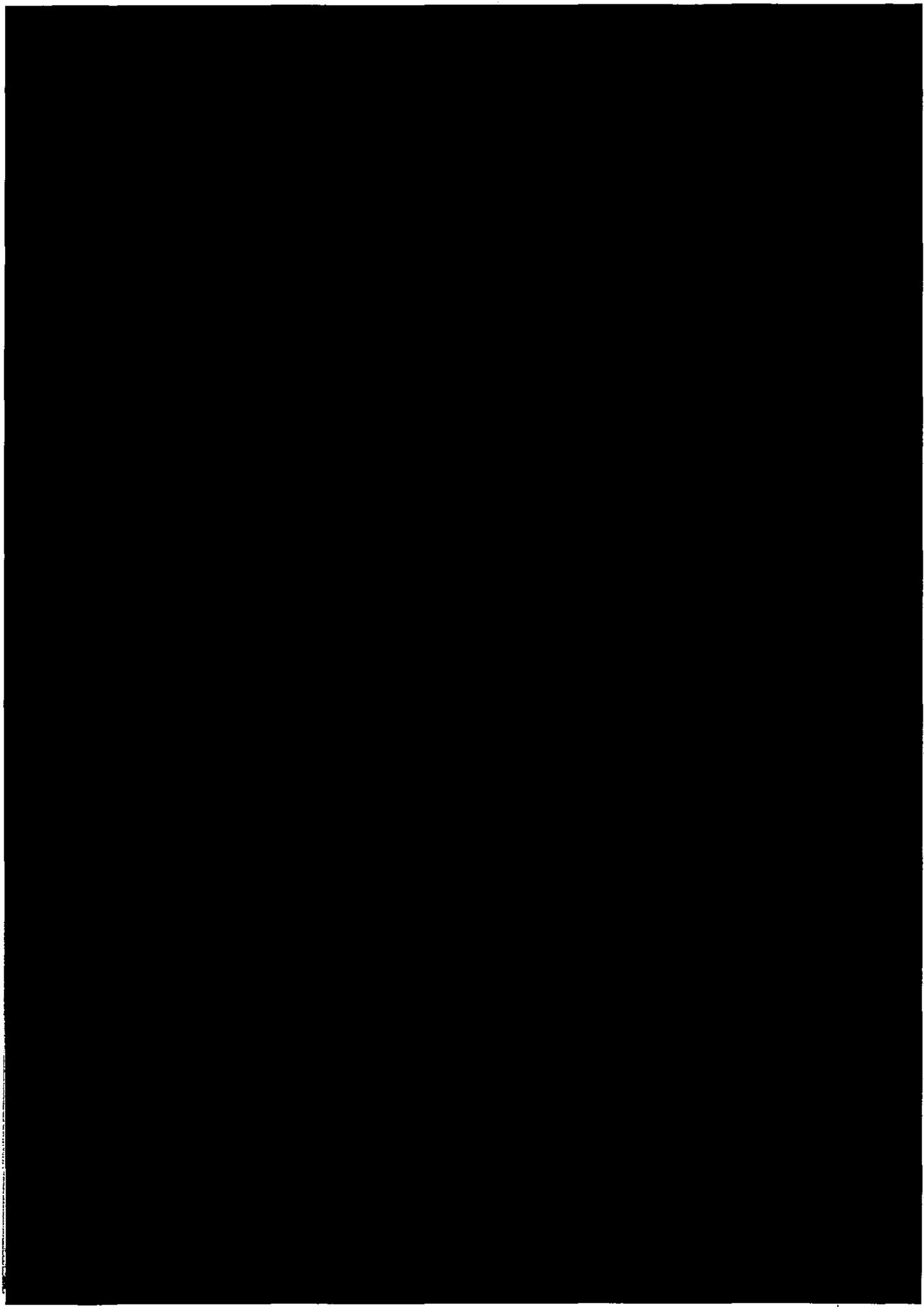
In conclusion, the development of age-friendly communities is a complex task that requires the involvement of all stakeholders, including older people, local authorities, and the private sector. It is essential that the needs of older people are taken into account in all aspects of community planning and development, and that they are able to live independently and actively in their own homes for as long as possible. This requires a range of measures, including the provision of housing, transport, and social and health services, and the development of home care services and packages.

The development of age-friendly communities is a key priority for local authorities, and it is essential that they take the necessary steps to ensure that the needs of older people are taken into account in all aspects of community planning and development. This includes the development of age-friendly networks, the provision of home care services, and the development of home care packages. It is essential that these measures are designed to meet the needs of older people, and that they are accessible and affordable to all older people.

Local authorities should also ensure that older people are consulted and involved in the planning process, and that their views and experiences are taken into account in the development of community strategies. This may involve the establishment of age-friendly networks, or the development of other mechanisms for consulting older people. It is essential that these measures are designed to meet the needs of older people, and that they are accessible and affordable to all older people.

In conclusion, the development of age-friendly communities is a complex task that requires the involvement of all stakeholders, including older people, local authorities, and the private sector. It is essential that the needs of older people are taken into account in all aspects of community planning and development, and that they are able to live independently and actively in their own homes for as long as possible.







the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1995. The public sector has also become an important employer of women, with 55% of public sector employees being women in 1995, compared with 45% in 1980. The public sector has also become an important employer of people with disabilities, with 10% of public sector employees being people with disabilities in 1995, compared with 5% in 1980.

The public sector has also become an important employer of people who are over 50 years of age. In 1995, 15% of public sector employees were over 50 years of age, compared with 10% in 1980. The public sector has also become an important employer of people who are under 25 years of age. In 1995, 10% of public sector employees were under 25 years of age, compared with 5% in 1980.

The public sector has also become an important employer of people who are from ethnic minority groups. In 1995, 10% of public sector employees were from ethnic minority groups, compared with 5% in 1980. The public sector has also become an important employer of people who are from the Scottish Highlands and Islands. In 1995, 10% of public sector employees were from the Scottish Highlands and Islands, compared with 5% in 1980.

The public sector has also become an important employer of people who are from the Welsh language area. In 1995, 10% of public sector employees were from the Welsh language area, compared with 5% in 1980. The public sector has also become an important employer of people who are from the Northern Ireland area. In 1995, 10% of public sector employees were from the Northern Ireland area, compared with 5% in 1980.

The public sector has also become an important employer of people who are from the London area. In 1995, 10% of public sector employees were from the London area, compared with 5% in 1980. The public sector has also become an important employer of people who are from the South East area. In 1995, 10% of public sector employees were from the South East area, compared with 5% in 1980.

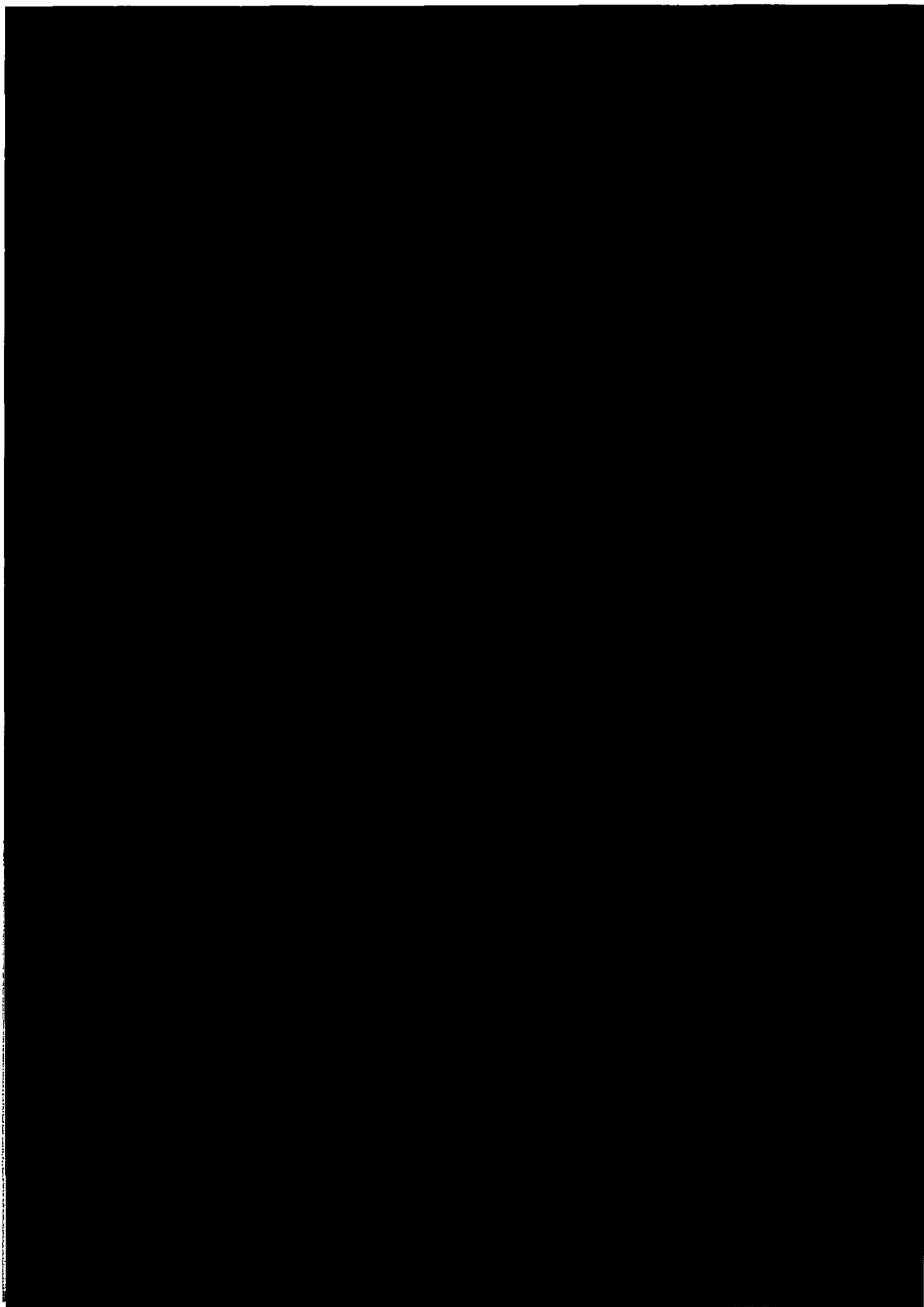
The public sector has also become an important employer of people who are from the South West area. In 1995, 10% of public sector employees were from the South West area, compared with 5% in 1980. The public sector has also become an important employer of people who are from the Midlands area. In 1995, 10% of public sector employees were from the Midlands area, compared with 5% in 1980.

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The public sector has also become an important employer of people who are from the Yorkshire and the Humber area. In 1995, 10% of public sector employees were from the Yorkshire and the Humber area, compared with 5% in 1980. The public sector has also become an important employer of people who are from the East of England area. In 1995, 10% of public sector employees were from the East of England area, compared with 5% in 1980.

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the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million (1990–1999) and is projected to increase by a further 1.5 million by 2010 (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase by 2.5 million by 2020 (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has identified the need to develop a 'new paradigm' for the care of the ageing population. This paradigm is based on the principle of 'active ageing', which is the process of maintaining and enhancing the functional abilities of older people, so that they can live independently and participate in the community. The Department of Health (1999) has identified a number of key areas for action in order to achieve this paradigm, including: (1) promoting healthy ageing; (2) preventing and managing age-related illness; (3) supporting independence; and (4) promoting social participation.

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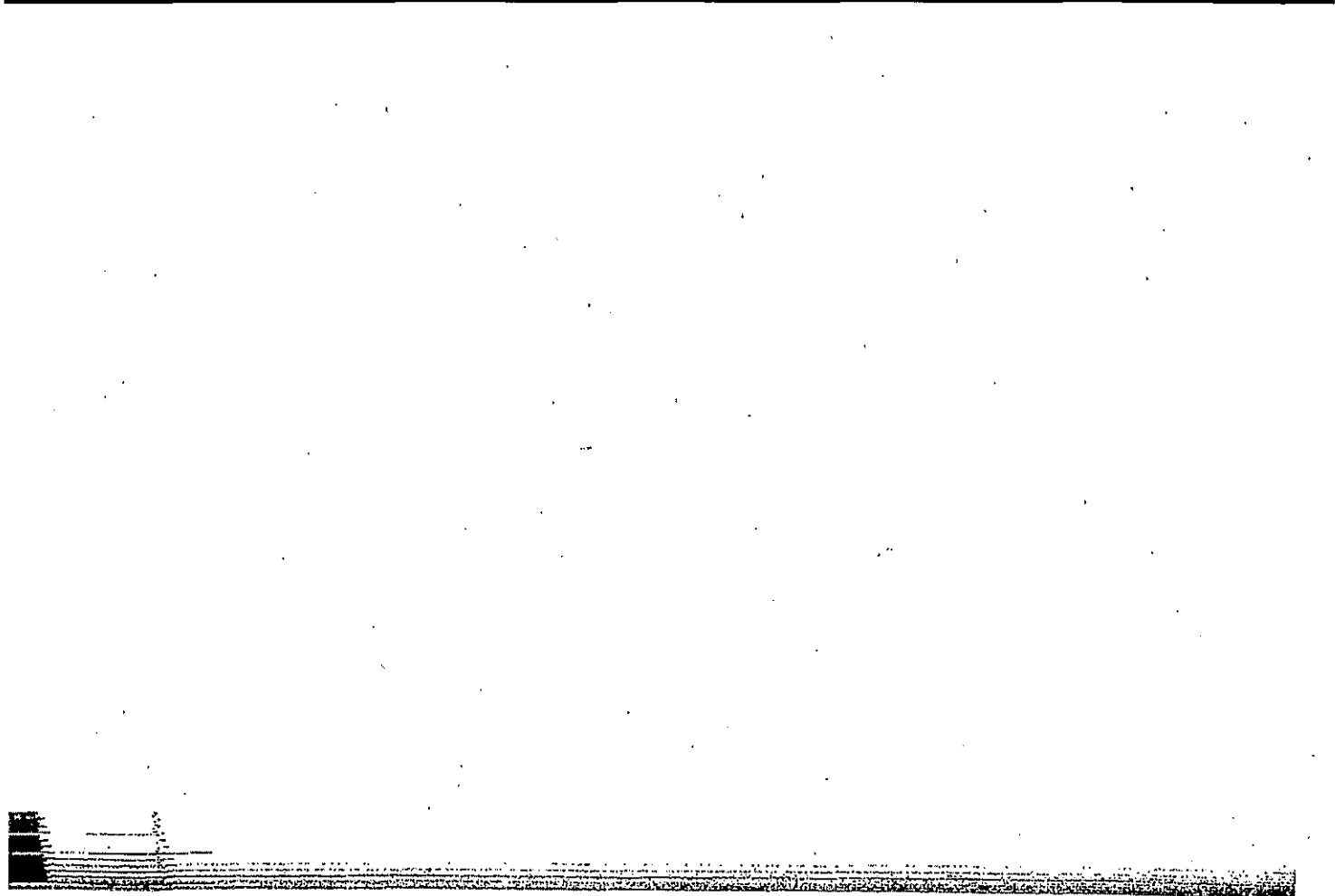
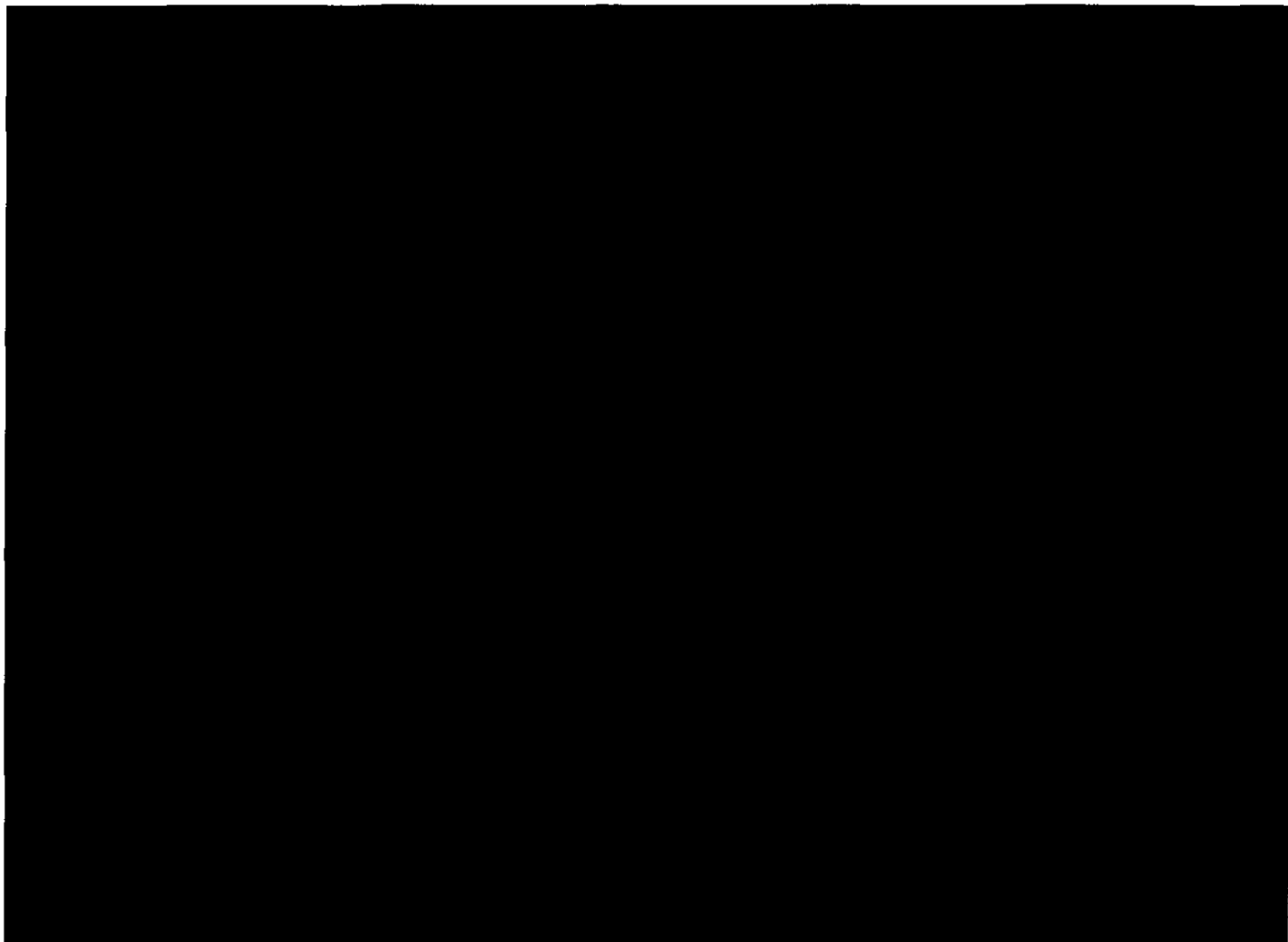
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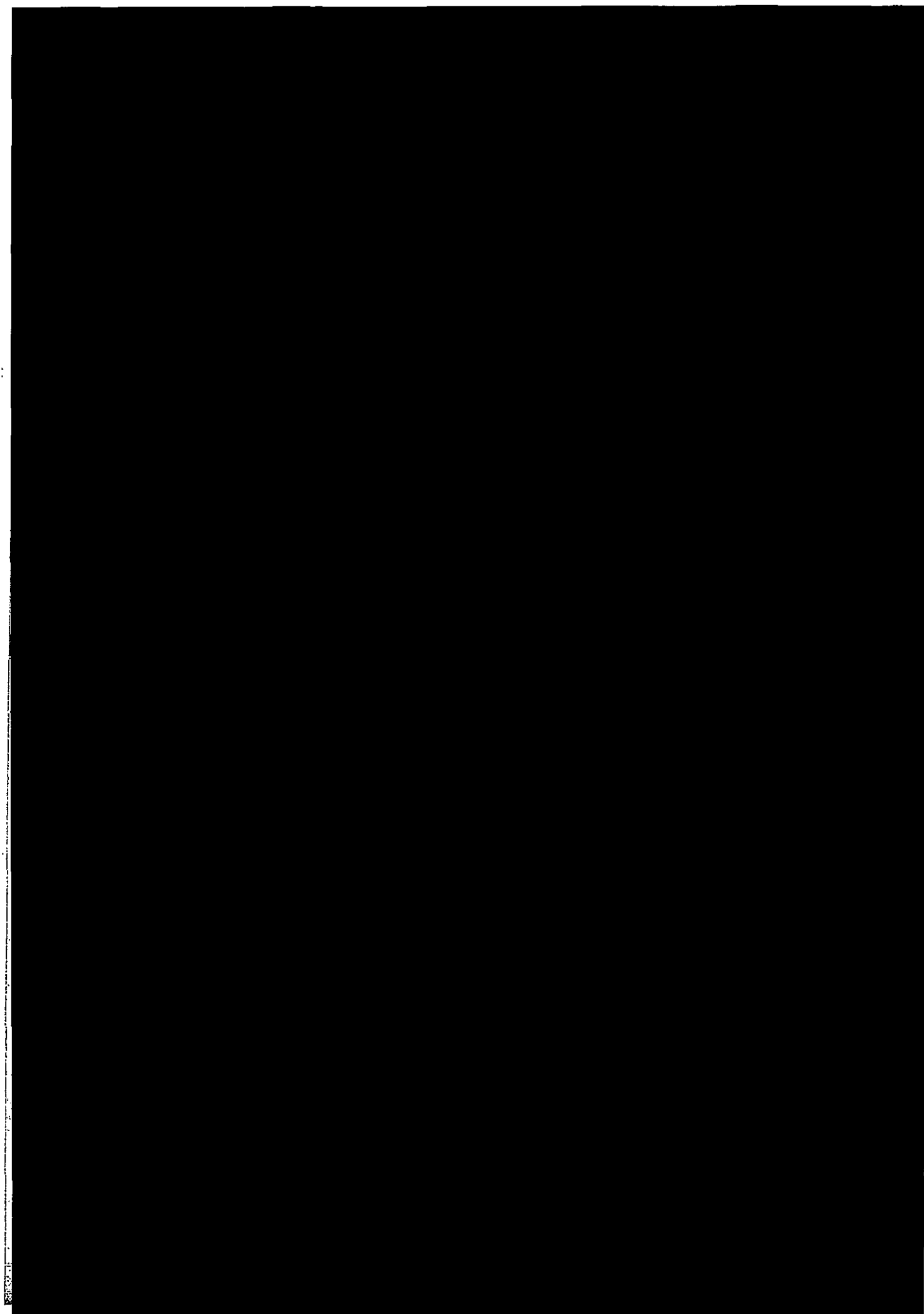
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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998 (Department of Health 1999). The number of people employed in the health sector has increased by 1.2 million, from 2.2 million in 1980 to 3.4 million in 1998.

There is a growing emphasis on the need to improve the quality of care and services provided by the public sector. This has led to a number of initiatives, including the introduction of the Health Act 1999, which sets out the framework for the regulation of health care. The Act requires health care providers to ensure that they meet certain standards of quality and safety, and to be subject to external regulation. The Act also requires health care providers to be transparent about their performance and to involve patients in decisions about their care.

In addition to the Health Act 1999, there have been a number of other initiatives aimed at improving the quality of care and services provided by the public sector. These include the introduction of the Clinical Governance Framework, which requires health care providers to ensure that they have in place a system of clinical governance that covers all aspects of clinical care, from the selection of staff to the monitoring of clinical outcomes. The Framework also requires health care providers to be transparent about their performance and to involve patients in decisions about their care.

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the 1990s, the number of people in the UK who are employed in the public sector has increased by 1.5 million, from 2.5 million in 1980 to 4 million in 1998. The public sector has also become an important employer of women, with 5.5 million women employed in the public sector in 1998, compared with 4.5 million in 1980.

There are a number of reasons why the public sector has become an important employer of women. One reason is that the public sector has a high proportion of women in its workforce. In 1998, 88% of the public sector workforce were women, compared with 78% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

Another reason why the public sector has become an important employer of women is that it has a high proportion of jobs that are part-time or flexible. In 1998, 38% of the public sector workforce were employed on part-time or flexible contracts, compared with 28% in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

A third reason why the public sector has become an important employer of women is that it has a high proportion of jobs that are well paid. In 1998, the average salary of a public sector employee was £18,000, compared with £15,000 in 1980. This is due to a number of factors, including the fact that the public sector has a high proportion of jobs that are traditionally held by women, such as teaching, nursing, and social work.

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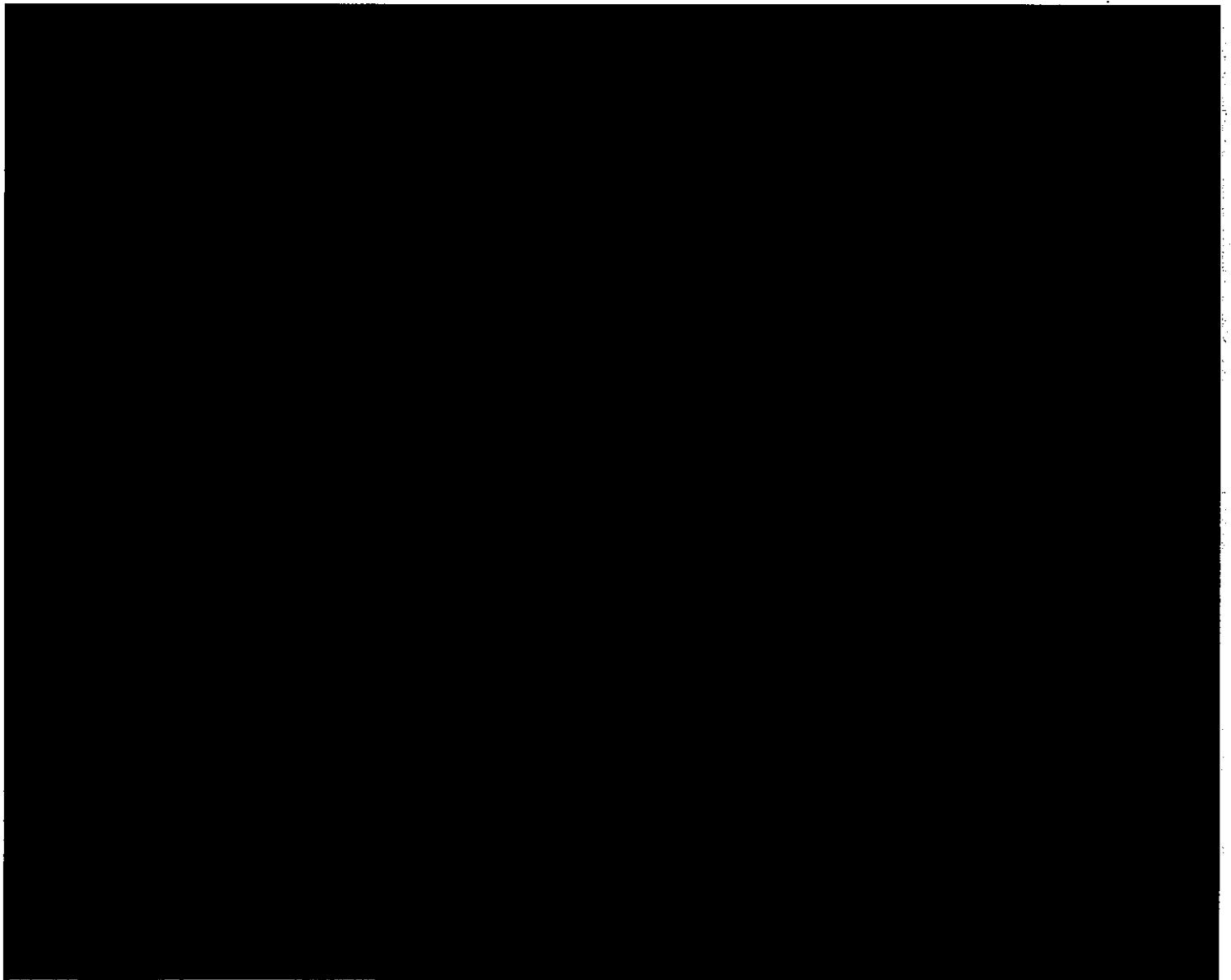
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| 1 訟務処理体制                     | 北海道(11)                                                         | 青森(1)                                     | 岩手(0)                                     | 宮城(3)                                        | 秋田(1)                                                               | 山形(1)                                        | 福島(1)                                                                      |
|------------------------------|-----------------------------------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------|
| ①応訴方針検討会議の出席者(役職名、人数)        | 労災補償課長、労災管理調整官、主任地方労災補償監察官、地方労災補償訟務官2名(主査・サブ)。合計5名。             | 労災補償課長、管理調整官、労災補償監察官、労災医療監察官(4名)          | 労働基準部長、労災補償課長、労災管理調整官、労災補償監察官、労災医療監察官 計5名 | 労災補償課長、労災管理調整官、地方労災補償監察官 合計4名                | 労災補償課長<br>労災管理調整官<br>労災補償監察官(2名)<br>計4名                             | 労災補償課長・労災管理調整官・労災補償監察官(2名) 4名                | 労災補償課長及び訟務担当者(労災補償監察官)計2名                                                  |
| ②法務局協議における出席者(役職名、人数)        | 地方労災補償訟務官2名(主査・サブ)、事案によっては労災補償課長も出席。                            | 労災補償課長、管理調整官、労災補償監察官、労災医療監察官 4名           | 労災補償課長 労災補償監察官 労災医療監察官<br>3名              | 労災補償課長、地方労災補償監察官 合計3名                        | 労災補償課長<br>労災補償監察官(2名)<br>計3名                                        | 労災補償課長・労災管理調整官・労災補償監察官(2名) 4名                | 労災補償課長及び訟務担当者(労災補償監察官)計2名。地元裁判所担当事件の場合は監察官全員。                              |
| 2 訴訟追行体制                     |                                                                 |                                           |                                           |                                              |                                                                     |                                              |                                                                            |
| ①期日への出廷者(役職名、人数)             | 地方労災補償訟務官2名(主査・サブ)                                              | 労災補償課長、管理調整官、労災補償監察官、労災医療監察官 4名           | 労災補償課長 事件担当監察官 計2名                        | 労災補償課長、地方労災補償監察官 合計3名                        | 労災補償課長<br>労災補償監察官(2名)<br>(処分庁)署労災課長 計4名                             | 労災補償課長・労災管理調整官・労災補償監察官(2名) 4名                | 労災補償課長及び訟務担当者(労災補償監察官)計2名。地元裁判所担当事件の場合は監察官全員。                              |
| ②進捗状況の把握・管理は、誰がどのように行っているのか。 | 月初めに、「労災訴訟事件一覧表」を作成し、労災補償課長、労災管理調整官、主任地方労災補償監察官の決裁を仰ぎ、指示を受けている。 | 全体の進行管理 労災補償課長<br>連絡調整 管理調整官              | 労災補償課長が中心となり、把握・管理し労働基準部長に報告する。           | 労災補償課長が、期日や口頭弁論機会をとらえ、担当監察官より報告をさせ、進行管理している。 | 担当の労災補償監察官(案件を分担)が法務局との連絡調整を行い、情報や指示事項については、その都度労災補償課長に報告している。      | 原告から準備書面等が提出された際には、応訴方針検討会議のメンバーで随時検討を行っている。 | 担当案件の訟務担当者(労災補償監察官)が、訴訟事案専用ファイルを作成し、そのファイルの先頭頁に経過簿を作成・記載することによって把握・管理している。 |
| 3 準備書面案作成                    |                                                                 |                                           |                                           |                                              |                                                                     |                                              |                                                                            |
| ①法務局に提出するまでの確認(決裁)者          | 労災補償課長、労災管理調整官、主任地方労災補償監察官、地方労災補償訟務官                            | 原案を基準部長まで確認(決裁)した後、選任弁護士と調整の上、法務局へ提出している。 | 局長までの決裁としている。                             | 担当監察官→監察官→労災管理調整官→労災補償課長                     | 行政庁案については、担当の労災補償監察官が原案を作成し、課内検討、本省担当訟務官の確認を受けた後、局長決裁を経て法務局に提出している。 | 局長・労働基準部長・労災補償課長・労災管理調整官・労災補償監察官             | 訟務担当者→労災補償課長→労働基準部長→労働局長                                                   |
| ②準備書面案の作成に当たり、苦慮している点、問題点    |                                                                 |                                           |                                           |                                              |                                                                     |                                              |                                                                            |

| 4 労災法務専門員                                                       | 北海道(11) | 青森(1) | 岩手(0) | 宮城(3) | 秋田(1) | 山形(1) | 福島(1) |
|-----------------------------------------------------------------|---------|-------|-------|-------|-------|-------|-------|
| ①労災法務専門員への相談回数(出張相談を含む)(月〇回程度)                                  |         |       |       |       |       |       |       |
| ②労災訟務において、どのような場面で活用しているか。(応訴方針検討、準備書面作成への助言、敗訴判決の検討、その他(具体的に)) |         |       |       |       |       |       |       |
| 5 医学意見書作成を依頼できる医師の確保のために工夫したこと、苦慮したこと                           |         |       |       |       |       |       |       |

## 訟務担当者ブロック研修 協議事項(北海道・東北ブロック)

|             |   |                              |                                                                                                        |
|-------------|---|------------------------------|--------------------------------------------------------------------------------------------------------|
| (青森)<br>労働局 | 1 | 議題                           | 専門医等の確保                                                                                                |
|             |   | 提案理由<br>(できるだけ具体的に記入してください。) | <p>医証の作成等を依頼できる専門医の確保について、自局のみでは対応が困難な状況です。</p> <p>今後の訴訟追行の参考とするため、各局ではどのように専門医の確保を行っているか教示いただきたい。</p> |

|             |   |                              |                                                                                         |
|-------------|---|------------------------------|-----------------------------------------------------------------------------------------|
| (宮城)<br>労働局 | 1 | 議題                           | 労災法務専門員の活用状況について                                                                        |
|             |   | 提案理由<br>(できるだけ具体的に記入してください。) | <p>回報時や準備書面提出時には、法務局(訴訟代理人、部付)とのやりとりが中心で、労災法務専門員の活用はしていませんでした。活用方法等について、ご教示をお願いします。</p> |

|             |   |                              |                                                                |
|-------------|---|------------------------------|----------------------------------------------------------------|
| (宮城)<br>労働局 | 2 | 議題                           | 判例の収集方法について                                                    |
|             |   | 提案理由<br>(できるだけ具体的に記入してください。) | <p>参考となる判例等を入手としたいのですが、探し出すのに苦慮しております。収集方法について、ご教示をお願いします。</p> |