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Review Article

Financial Autonomy in Vietnam's Public Health Facilities: Institutional Barriers under the 2023 Medical Examination and Treatment Law

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Abstract

Introduction: Vietnam has pursued financial autonomy in public health facilities as a core pillar of health-financing reform; however, the legislative shift introduced by the 2023 Law on Medical Examination and Treatment has generated both momentum and uncertainty. This study aims to examine the institutional barriers that shape the implementation of financial autonomy under the new law, with particular attention to the regulatory, governance, and operational dimensions affecting public hospitals. **Methods:** Employing a qualitative research design, the study applied Weimer and Vining's (2025) policy analysis framework to systematically analyse legal and policy documents issued before and after the enactment of the 2023 Law, together with secondary academic literature and policy reports. **Results:** The findings reveal persistent regulatory overlaps, pricing and procurement constraints, and limited managerial flexibility, which collectively undermine the intended effects of autonomy and inadvertently discourage innovation and investment in service quality. **Conclusion:** The study concludes that, while the 2023 Law provides an important legal foundation for strengthening autonomy, its effectiveness depends on clarifying sub-law regulations, harmonizing related legislation, and enhancing financial governance capacity. By offering a jurisdiction-specific institutional analysis, the study contributes contextual evidence to debates on hospital autonomy in transitional health systems.

1. Introduction

Vietnam's public healthcare system has historically been financed predominantly through State budget allocations, reflecting the country's

commitment to equitable access to essential health services. However, growing fiscal pressures, rising healthcare demand, and the need to

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modernize service delivery have prompted the government to gradually reduce budget dependency and enhance the autonomy of public hospitals. A major policy shift began with Decree No. 16/2015/NĐ-CP, later reinforced by Decree No. 60/2021/NĐ-CP,¹ both of which introduced a more flexible model of financial self-management for public service delivery units.² These measures signalled a transition toward a performance-oriented and efficiency-based management culture. The 2019 pilot of full financial autonomy at four central-level hospitals³ further demonstrated the government's intent to test a quasi-market model of hospital governance, granting significant discretion over revenue generation, expenditure, human resources, and investment decisions. Despite these ambitions, experience over the past few years has revealed uneven outcomes and multiple emerging challenges. While greater autonomy created opportunities for hospitals to diversify income, improve facilities, and attract skilled professionals,⁴ it also exposed systemic vulnerabilities. The COVID-19 pandemic, in particular, served as a stress test for the autonomy model. Hospitals confronted unprecedented operational pressures, including escalating treatment costs, shortages of medical supplies, and disruptions in procurement chains. The crisis highlighted rigidities in price-setting mechanisms, delayed approval processes, and compliance burdens that constrained hospitals' ability to respond swiftly and effectively.⁵ These weaknesses underscored that autonomy without regulatory coherence and adaptive governance can lead to operational inefficiencies, inequities, and financial risks. To analyse these dynamics, this study draws upon multiple theoretical foundations. Institutional Theory provides a useful lens to understand how formal rules – laws, decrees, circulars – and informal organisational practices intersect to shape behaviour and influence policy outcomes.⁶ It highlights that policy effectiveness depends not only on written regulations, but also on organisational culture, norms, capacity, and the degree of discretion exercised by hospital leaders. Public Choice Theory and New Public Management (NPM) further enrich the analysis by focusing on incentive structures, managerial autonomy, accountability frameworks, and the pursuit of efficiency in public service delivery.⁷ Together, these perspectives illuminate both the motivations and constraints that influence hospital decision-making when autonomy is expanded.⁸ Additionally, the

WHO/World Bank Health Financing Framework situates financial autonomy within core financing functions – revenue generation, pooling, and purchasing – linking it to universal health coverage (UHC) objectives of sustainability, equity, and access.⁹

Despite reform momentum, several critical problems persist. Fragmented and sometimes conflicting legal documents have created a layer of regulatory ambiguity. Intersections between the Law on Medical Examination and Treatment No. 15/2023/QH15,¹⁰ the Law on Prices No. 16/2023/QH15,¹¹ Decree No. 60/2021/NĐ-CP,¹ and guiding circulars have led to inconsistent implementation, particularly around pricing, service fee calculations, insurance reimbursement, investment, and procurement processes.¹¹ Many hospitals find themselves responsible for financial outcomes but still constrained by strict administrative controls, limited pricing authority, and slow approval procedures. Furthermore, existing scholarship on hospital financial autonomy has largely examined pre-2023 reforms, focusing on financial performance, accounting systems, or management capacity,¹² leaving limited qualitative evidence on new institutional barriers emerging since the 2023 Law took effect in January 2024.¹⁰ To address these gaps, this study offers the first qualitative institutional analysis centred specifically on the 2023 Law on Medical Examination and Treatment and its early implications for financial autonomy in Vietnam's public hospitals. This study does not seek to generate new empirical evidence at the hospital level, nor does it undertake cross-national comparison. Instead, it offers a qualitative, jurisdiction-specific institutional analysis of Vietnam's evolving legal framework for hospital financial autonomy following the enactment of the 2023 Law on Medical Examination and Treatment. It examines how regulatory misalignments, governance constraints, and policy-practice gaps shape autonomy outcomes. The study identifies unintended consequences for pricing, investment decisions, procurement, human-resource flexibility, and accountability. In doing so, it contributes timely evidence to ongoing policy debates and proposes refined pathways to align autonomy with UHC principles, efficiency targets, and sustainable health financing reform. Ultimately, the aim is to support a more coherent, equitable, and resilient model of hospital financial autonomy that strengthens Vietnam's health system rather than shifting financial burdens to health facilities or

patients. As such, this study aimed to answer the following questions:

- a. How do current regulatory and institutional frameworks affect the implementation of financial autonomy in public hospitals?
- b. What key barriers limit hospitals from achieving effective financial autonomy, and what policy adjustments are needed?

2. Methods

This study employed a qualitative exploratory design to investigate the institutional and policy factors influencing the implementation of financial autonomy in Vietnam's public hospitals under the Law on Medical Examination and Treatment No. 15/2023/QH15.¹⁰ The study did not seek to generate primary empirical data (e.g., interviews or case studies); rather, it focused on systematic analysis of legal and policy documents to examine institutional design and early implementation dynamics. A qualitative approach was deemed appropriate given the complexity of ongoing reforms and the need to capture contextual nuances, perceptions, and governance dynamics that quantitative methods alone cannot reveal. The research integrated policy and institutional analysis to examine how legal frameworks interact with management practices across the health sector. Data were collected from multiple sources to enhance credibility and depth. Primary materials included laws, decrees, circulars, and resolutions regulating hospital operations and financial autonomy, selected purposively based on their relevance to pricing, procurement, budgeting, investment, and human-resource governance, and covering both pre- and post-2023 reform periods. Secondary sources comprised peer-reviewed studies, policy briefs, and analytical reports from organizations such as the World Health Organization and the World Bank.⁹ To reduce selection bias, documents were cross-checked across official government portals and triangulated with independent policy analyses. To enrich this evidence base, expert commentary and grey literature from the Ministry of Health, Vietnam Social Security, and media policy discussions were reviewed, offering insights into stakeholder perspectives and implementation challenges. Analytical saturation was considered achieved when recurrent regulatory themes and institutional constraints consistently emerged across document types. The analysis followed Weimer and Vining's Policy Analysis Framework,¹³ which provides a structured approach

to policy evaluation by examining (1) problem diagnosis, (2) institutional constraints shaping policy implementation, (3) policy alternatives and design choices, and (4) expected versus unintended effects of policy reforms. These four dimensions were applied as a deductive coding structure to ensure analytical consistency and transparency. This framework was used to assess the coherence, efficiency, and feasibility of Vietnam's hospital financial autonomy reform.

3. Discussion

Institutional, regulatory, and legal constraints affecting the operationalisation of financial autonomy in vietnam's public hospitals

A persistent obstacle to achieving genuine financial autonomy in Vietnam's public hospitals lies within the country's complex regulatory and legal framework. Although the Law on Medical Examination and Treatment No. 15/2023/QH15¹⁰ was enacted to modernize service delivery and promote managerial independence, its practical impact remains limited by overlapping mandates, conflicting regulations, and vague implementation guidance.¹⁴ A central difficulty arises from the dispersion of authority among several ministries that jointly influence autonomy policy. The Ministry of Health, the Ministry of Finance, and the Ministry of Home Affairs each oversee aspects such as professional standards, budgeting, and staffing. Yet their regulations often lack coordination, leading to inconsistent or even contradictory instructions for hospitals.¹⁵ Consequently, decision-making on issues like pricing, personnel, and investment approval becomes cumbersome, reducing administrative flexibility and slowing reform progress. Pricing policy presents another significant barrier. Under the Law on Prices No. 16/2023/QH15,¹¹ hospitals are unable to set service fees that accurately reflect real costs – including labor, consumables, and equipment depreciation. Rather than reiterating broader governance concerns, this discussion isolates pricing as a regulatory mechanism that directly undermines cost recovery and reinvestment capacity. Rigid ceilings and lengthy approval processes have created a mismatch between actual expenditures and allowable prices.¹⁶ This misalignment has led to chronic funding shortfalls and hindered hospitals' capacity to reinvest in infrastructure or enhance service quality, especially among institutions with higher autonomy status. Furthermore, ambiguity in defining autonomy levels and revenue-retention

rules adds to the uncertainty. Although *Decree No. 60/2021/NĐ-CP*¹ specifies four autonomy tiers, the criteria and application remain inconsistently interpreted. Some hospitals exercise broad discretion in financial management, whereas others remain cautious due to audit and legal concerns. This uneven understanding has produced wide disparities in implementation across institutions of similar scale.¹⁷ Ultimately, these regulatory inconsistencies constrain hospitals' ability to innovate, plan strategically, and adapt to evolving healthcare demands – undermining the broader objectives of efficiency, sustainability, and quality improvement envisioned by recent reforms.

Structural constraints on procurement and investment decisions under the financial autonomy framework

Although Vietnam's autonomy reforms were designed to grant hospitals greater managerial discretion, public facilities still operate under tight structural constraints in procurement and investment. These limitations – rooted in rigid legal provisions, risk-averse administration, and fragmented oversight – continue to restrict hospitals' capacity to plan strategically and allocate resources effectively.¹⁸ One of the most persistent challenges lies in the complexity of public procurement rules. Despite the reform's intention to increase hospitals' authority to purchase equipment, supplies, and services, procurement remains governed by strict bidding procedures and multi-layered approvals aimed at preventing corruption.¹⁴ In reality, these safeguards often cause prolonged delays in acquiring essential medical equipment and consumables, particularly high-value items. The widespread use of the "lowest-price" criterion further compromises quality, leaving hospitals with substandard or short-lived technologies that lack adequate maintenance and after-sales support. This analysis avoids repeating regulatory fragmentation arguments and instead highlights procurement rules as an operational bottleneck. Similarly, investment planning faces similar bottlenecks.¹⁵ Although *Decree No. 60/2021/NĐ-CP*¹ allows hospitals to mobilize revenue for infrastructure or service upgrades, regulations on asset management and investment approval remain cumbersome and inconsistently applied. Proposals to build new facilities or upgrade diagnostic systems typically require sign-off from multiple authorities, including the Ministry of Health and the Ministry of Finance.¹⁶ This multi-agency approval process often

leads to bureaucratic inertia, limiting hospital leaders' ability to respond quickly to patient needs or market shifts. Public–private partnership (PPP) models could, in theory, offer a pathway to unlock new investment resources. Some pilot projects have shown promise in modernizing equipment and diversifying services.⁴ However, unclear legal responsibilities, weak risk-sharing frameworks, and inconsistent post-audit procedures have discouraged broader participation. Overall, these structural and procedural barriers reveal an enduring tension between autonomy and central control. While designed to ensure accountability, the current procurement and investment framework inadvertently constrains hospitals' capacity to innovate, plan long term, and deliver higher-quality care. Unless these obstacles are systematically addressed, the vision of genuine financial autonomy will remain out of reach.

Leadership, governance, and accountability challenges in the implementation of financial autonomy

Leadership capacity, governance design, and accountability mechanisms are central to how financial autonomy takes shape in Vietnam's public hospitals. Although recent reforms were intended to empower hospital leaders with greater decision-making authority, many institutions remain bound by entrenched bureaucratic norms that limit initiative and slow progress. The gap between formal autonomy and practical authority has resulted in uneven implementation and, in some cases, passive resistance to reform.¹⁷ A key weakness lies in leadership readiness and managerial competence. Historically, hospital directors have been appointed for their clinical expertise rather than for management or financial experience. As autonomy expands, these leaders are expected to assume roles similar to chief executives – defining strategic directions, managing staff, and ensuring fiscal sustainability. Nonetheless, limited exposure to contemporary hospital management practices and risk-based decision-making has left many unprepared for these responsibilities.^{12,19} This lack of capacity often translates into risk-averse behaviour, where compliance takes precedence over innovation to avoid administrative penalties. Governance structures further constrain decision-making. Despite policy reforms, most hospitals still operate under rigid hierarchies, with major decisions – such as pricing, investment, or staffing – requiring multiple layers of approval from internal committees and external

agencies.¹⁵ This process not only delays execution but also blurs accountability. In some cases, leadership boards lack sufficient authority over financial planning, leading to fragmented management and conflicting priorities. Such rigidity runs counter to the principles of New Public Management, which emphasise decentralisation and performance-based accountability.¹⁸ Moreover, heightened oversight from auditors and anti-corruption bodies has created a cautious managerial climate. While transparency is vital, excessive procedural scrutiny discourages bold decisions and reinforces defensive governance. The absence of clear performance metrics linking autonomy to outcomes further weakens accountability.¹² Fundamentally, without stronger leadership capacity, clearer governance mandates, and balanced accountability frameworks, financial autonomy risks remaining largely symbolic – granting responsibility without genuine power to innovate or improve healthcare delivery.

Strategic policy and practice implications to enhance the effectiveness of hospital financial autonomy

Enhancing the effectiveness of financial autonomy in Vietnam's public hospitals demands a coherent blend of policy, institutional, and operational reforms. These reforms must close regulatory gaps, ease governance constraints, and resolve implementation challenges, while maintaining a balance between autonomy and accountability. The overarching goal is to promote efficiency without eroding equity and to align delegated authority with institutional capacity. A foremost priority is harmonising the fragmented legal framework governing hospital autonomy. Greater alignment between the Law on Medical Examination and Treatment No. 15/2023/QH15,¹⁰ the Law on Prices No. 16/2023/QH15,¹¹ and Decree No. 60/2021/NĐ-CP¹ would eliminate overlapping provisions that currently create uncertainty for hospital leaders. Unified guidance on pricing, revenue retention, procurement, and investment approvals would provide a more predictable environment for strategic planning.^{2,20} Establishing cross-ministerial coordination bodies or joint circulars could further streamline oversight and enhance policy consistency. Operational reforms are equally critical. Revising procurement and investment rules to incorporate risk-based flexibility – granting higher autonomy to compliant, well-performing hospitals – would accelerate decision-making and innovation. Expanding transparent public-private partnership models, supported by clear risk-sharing and audit

frameworks, could unlock new funding sources for infrastructure and technology upgrades.⁷ Moreover, digital governance tools such as e-procurement platforms and open reporting systems would strengthen accountability while reducing bureaucratic delays. Leadership capacity must also be reinforced. Training programmes in strategic management, health economics, and risk governance would prepare hospital directors for the complex demands of autonomy.⁴ Linking performance evaluations to outcomes such as service quality, efficiency, and patient satisfaction would embed accountability and incentivise continuous improvement. Finally, equity safeguards remain essential.⁸ Equity considerations are retained but articulated concisely to avoid overlap with earlier policy discussions. Targeted subsidies, adjusted funding, and differential reimbursement mechanisms should protect vulnerable hospitals and patient groups. Collectively, these measures can transform financial autonomy from a procedural reform into a genuine driver of innovation, efficiency, and sustainability – while upholding the public service mission of Vietnam's healthcare system. Therefore, implementing these reforms is expected to strengthen the coherence and responsiveness of Vietnam's health-financing framework, enabling evidence-based policymaking, greater fiscal sustainability, and more equitable access to quality healthcare nationwide.

4. Conclusion

Vietnam's pursuit of financial autonomy in public hospitals marks a significant turning point in the country's health system reform trajectory. Designed to enhance efficiency, improve service quality, and reduce dependency on State budget allocations, autonomy offers a pathway for hospitals to take greater ownership of financial and managerial decisions. However, the extent to which these ambitions can be realised depends heavily on the ability of the system to minimise institutional frictions, address regulatory inconsistencies, and create an enabling environment that supports genuine decentralisation of authority.

The introduction of the Law on Medical Examination and Treatment No. 15/2023/QH15 represents an important legislative milestone that lays the groundwork for a more modern, accountable, and performance-oriented public health sector. Nevertheless, early evidence indicates that structural, legal, and governance barriers continue to

constrain effective implementation. Fragmented policies, inflexible pricing regulations, procurement challenges, limited investment autonomy, and risk-averse leadership cultures have constrained the intended benefits of the reform. Without targeted adjustments, autonomy risks remaining largely symbolic—transferring responsibility to hospitals without sufficient authority or flexibility.

Looking ahead, strategic policy refinements are essential to ensure that autonomy drives the outcomes it is intended to deliver. Priority actions include harmonising legal frameworks, strengthening managerial and leadership capacity, and recalibrating accountability mechanisms toward performance-based models that protect equity while incentivising efficiency and quality. If supported by coherent policy, capable leadership, and balanced oversight, financial autonomy has the potential to contribute meaningfully to a more efficient, high-quality, and sustainable public healthcare system in Vietnam.

This study also has some limitations. It does not include primary empirical data from hospitals or policymakers, as the focus is on institutional design rather than implementation outcomes, and the analysis is jurisdiction-specific. These limitations reflect deliberate analytical choices rather than methodological gaps. By concentrating on Vietnam's legal and regulatory architecture at a critical reform juncture, the study offers timely insights into how hospital autonomy reforms are shaped by institutional coherence, governance capacity, and regulatory layering.

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References:

1. Government of Vietnam. Decree No. 60/2021/NĐ-CP on financial autonomy mechanisms for public service delivery units. Hanoi: Government of Vietnam; 2021. [Cited on 04th Jan 2025]. Available from: https://datafiles.chinhphu.vn/cpp/files/vbpg/2021/06/60.signed_01.pdf
2. Huyen VTN, Anh NH, Van HK. Financial autonomy in public hospitals under the Ministry of Health in Vietnam. *Int J Religion*. 2024; 5(11):7236-45. <https://doi.org/10.61707/h7kca912>
3. Government of Vietnam. Resolution No. 33/NQ-CP on the pilot model of autonomous financial management in four central-level hospitals in Vietnam. Hanoi: Government of Vietnam; 2019. [Cited on 04th Jan 2025]. Available from: <https://datafiles.chinhphu.vn/cpp/files/vbpg/2019/05/33.signed.pdf>
4. Vo MTH, Lofgren K. An institutional analysis of the fiscal autonomy of public hospitals in Vietnam. *Asia Pac Policy Stud*. 2018; 6(1):90-107. <https://doi.org/10.1002/app5.268>
5. Quan NK, Taylor-Robinson AW. Vietnam's evolving healthcare system: notable successes and significant challenges. *Cureus*. 2023; 15(6):e40414. <https://doi.org/10.7759/cureus.40414>
6. Le T, Le Q, Do T, Tran T, Mai X, Vo X. The evolution of economics and law in Vietnam. *Asian J Law Econ*. 2025; 16(1):131-53. <https://doi.org/10.1515/ajle-2025-0048>
7. Thoa DTK, Van Nhi V. Improving the quality of the financial accounting information through strengthening of the financial autonomy at public organizations. *J Asian Business Econ Studies*. 2021; 29(1):66-82. <https://doi.org/10.1108/jabes-06-2020-0059>
8. Lim MY, Kamaruzaman HF, Wu O, Geue C. Health financing challenges in Southeast Asian countries for universal health coverage: a systematic review. *Arch Public Health*. 2023; 81(1):148. <https://doi.org/10.1186/s13690-023-01159-3>
9. Teo HS, Bales S, Bredenkamp C, Cain JS. The Future of Health Financing in Vietnam: Ensuring Sufficiency, Efficiency, and Sustainability. Washington (DC): World Bank Group; 2019:1-58. [Cited on 04th Jan 2025]. Available from: <https://documents.worldbank.org/curated/en/222831563548465796/The-Future-of-Health-Financing-in-Vietnam-Ensuring-Sufficiency-Efficiency-and-Sustainability>
10. National Assembly of Vietnam. Law on Medical Examination and Treatment. Law No. 15/2023/QH15. Hanoi: Government of Vietnam; 2023. [Cited on 04th Jan 2025]. Available from: <https://datafiles.chinhphu.vn/cpp/files/vbpg/2023/02/15luat.signed.pdf>
11. National Assembly of Vietnam. Law on Prices. Law No. 16/2023/QH15. Hanoi: Government of Vietnam; 2023. [Cited on 04th Jan 2025]. Available from: <https://vanban.chinhphu.vn/?pageid=27160&docid=208367>
12. Hung NT, Oanh TTK, Trang CTT. The impact of economic freedom on economic growth in countries with high and low regulatory quality – lessons for Viet Nam. *Humanit Soc Sci Commun*. 2024; 11(1):1-15. <https://doi.org/10.1057/s41599-024-03741-8>
13. Weimer LD, Vining RA. Policy Analysis: Concepts and Practice. 7th ed. London: Routledge; 2025. <https://doi.org/10.4324/9781003475101>
14. Hoang VT, Thuy LTT, Nam DH. Determinants influencing cost system in Vietnam's public hospitals. *Accounting*.

- 2020; 6:727-36.
<https://doi.org/10.5267/j.ac.2020.6.011>
15. Nguyen HDK. Financial management experience at public hospitals and lessons learned for Vietnam. *Int J Multidisciplinary Research and Growth Evaluation*. 2024; 5(3):507-10.
16. Tran HA. Challenges and opportunities in improving entrepreneurial capacity in Vietnam of the medical examination and treatment service industry. *Int J Management and Organizational Research*. 2023; 2(6):38-45.
17. Nguyen NP, Pham TH, Nguyen NH. The effect of financial autonomy on medical treatment in central public hospitals in Vietnam. *J Organizational Behavior Research*. 2024; 9(2):95-104.
<https://doi.org/10.51847/M1JcunFDqY>
18. Nguyen TTT, Pham TH, Vu TTT. Financial autonomy in public hospitals: a systematic review. *Int J Advanced Multidisciplinary Research and Studies*. 2023; 3(5):1017-1020.
19. Bich NN, Tuan VV. Social Criticism and its Impact on Law-Making Activities in Vietnam: A Critical Analysis. *J Forensic Med Sci Law*. 2025; 34(1):44-49. doi: 10.59988/jfmsl.vol.34issue1.9
20. Mankar DD, Jha MK. Ethical leadership – how deeply we care? *J Forensic Med Sci Law*. 2021; 30(2):108-10.