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Providing care as a punishable act

Physicians are expected to provide care based on need, irrespective of identity or circumstance. In some settings, however, fulfilling this obligation carries personal risk. Since the beginning of this year, reports from Iran, describe the detention, abuse, and disappearance of healthcare workers who treated injured protesters, raising concerns about what happens when the act of providing care itself becomes grounds for punishment (Alaei et al., 2026).

Recent protests in Iran have been accompanied by restrictions on communication, including internet shutdowns that limit independent verification. Within these constraints, consistent accounts describe interference with healthcare delivery: injured individuals removed from hospitals, security forces entering medical facilities, and clinicians detained for treating patients (Iran accused of, 2026; Jafari et al., 2026).

Accounts describe direct interference in hospital settings and increasing numbers of detained healthcare workers whose whereabouts remain unknown (Alaei et al., 2026; Iran accused of, 2026; Iran International, 2026b). There are also allegations of severe mistreatment of detained clinicians, including sexual violence, and reports of physicians who have disappeared and may face serious legal consequences (Jafari et al., 2026; Iran International, 2026a). Although difficult to independently verify, these accounts are consistent with a pattern in which providing medical care is treated as a punishable act; one that has been described in earlier periods of unrest as well (Iran International, 2026b; Rabiei, 2023).

For the neurosurgical community, this issue is not abstract. Dr Saber Dehghan, a neurosurgeon in Sirjan, has reportedly been detained after treating injured protesters. At the time of reporting, his whereabouts and condition remained unclear. In February, Dr Masoud Shirvani, head of the Iranian Association of Neurosurgeons, formally called for Dr Dehghan's release. His case illustrates a wider danger: when clinicians providing urgent care to injured people can disappear into detention, the professional duty to treat is placed in direct conflict with personal safety (AvaToday, 2026).

Such patterns have implications beyond individual cases. Medical neutrality, the expectation that clinicians can treat patients without fear of reprisal, is fundamental to clinical practice. When this principle is undermined, clinicians may be forced to weigh personal safety against professional duty, potentially altering clinical decision making. Patients may delay or avoid seeking care, eroding trust in healthcare systems at moments of greatest need.

Efforts by healthcare professionals, including the undersigned members of the Iranian diaspora, have sought to draw attention to these concerns through petitions, correspondence with policymakers, and appeals to international organisations such as World Health Organisation. These efforts have involved hundreds of clinicians across multiple countries. To date, there has been no visible response from major international medical and humanitarian bodies. (Rabiei).

Organisations such as the World Health Organization and Médecins Sans Frontières play a central role in promoting access to care and supporting healthcare workers in complex settings. Their mandates extend beyond service delivery to the defence of conditions necessary for safe medical practice. In situations where healthcare workers are reportedly detained or harmed in connection with their clinical duties, the absence of a clear and sustained response from these institutions raises important questions about how these principles are upheld in practice.

The protection of healthcare workers is not only a humanitarian concern but a prerequisite for the functioning of health systems. When clinicians face punishment for treating patients, the boundary between care and coercion begins to erode. If such patterns persist without consistent attention and response, the principle of medical neutrality may be weakened not only in Iran, but in any setting where clinicians provide care under conditions of risk.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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