

Patterns of medical-ethical violations in Iranian detention facilities

Siroos Mirzaei^{1,2}

Keywords: Iran; prisons; torture; pharmacological abuse; medical ethics; human rights; denial of care; political prisoners.

Obtaining direct and reliable information from prisons in autocratic states—especially political prisons—is inherently difficult. Such environments are deliberately designed to prevent external scrutiny, restrict independent monitoring, and suppress communication with the outside world. Nevertheless, numerous reports are available from international media, human rights organisations, and independent investigative groups (Mirzaei, S. 2021). Over the past decades, these sources have consistently documented the systemic use of mistreatment and torture of detainees in authoritarian systems. Even though physicians and other medical personnel are present in most prisons, their involvement in coercive practices - including the misuse of medical knowledge, diagnostic tools, and pharmacological agents - constitutes a grave violation of fundamental medical-ethical standards. Historical experience, particularly from former Eastern European states, has demonstrated how psychiatry and chemical substances have been weaponised to break prisoners' psychological resistance, silence political dissenters, and create medically disguised forms of torture (van Voren, R. 2010).

We have received multiple reports from various prisons across Iran describing patterns that correspond closely to these historical precedents. In this manuscript, we summarise examples gathered from reputable online media sources as well as direct accounts from individuals inside Iran who have communicated with us. These accounts are consistent in depicting a broader strategy of coercion that incorporates both physical and pharmacological methods, often under the guise of medical treatment.

Following the state killing of Mahsa Amini (Khatam, A. 2023), reports, i.e. by Campaign to Free Political Prisoners in

Iran (CFPPI, 2023) and psychiatric reports by Mohammadpour-Yazdi, A. (2023), emerged of an increasing use of pharmacological torture against political prisoners. According to information obtained by the Committee for the Freedom of Political Prisoners, such practices have been reported in prisons in Tehran, Baluchistan, Kurdistan, Khuzestan, Qom, and Khorasan (CFPPI, 2023). Detainees described a range of methods involving the covert or forced administration of psychoactive substances. Prisoners stated that officers added medications or opiates to drinking water or administered them during interrogations, resulting in confusion, disorientation, memory disturbances, nonsensical speech, or loss of consciousness. Such effects are consistent with the known pharmacodynamics of sedatives, benzodiazepines, and neuroleptics. Several inmates identified specific medications, including diazepam, haloperidol, chlordiazepoxide, and clonazepam. The intentional use of these substances outside a therapeutic context, particularly in the absence of medical indication, informed consent, or monitoring, constitutes pharmacological torture and represents a profound abuse of medical authority.

There have also been reports of unexplained deaths shortly after release from prison during recent protests, yet no subsequent official investigations were conducted. As reported by CFPPI (2023), these victims were buried under the heavy presence of the Islamic Revolutionary Guard Corps (IRGC) forces.

Multiple individuals and families have described suspicious medical symptoms that emerged immediately following detention. One 27-year-old woman from West Azerbaijan stated that she had been given unknown medications in custody, leading to confusion and a prolonged period of disorientation; she later attempted suicide and subsequently lost a kidney due to complications. Another 22-year-old woman reported forced medication that caused severe heat sensations in her neck and persistent discomfort; she now suffers from lasting visual disturbances. These symptoms are consistent with exposure to potentially toxic substances or overdoses of pharmacological agents. Most individuals who died shortly after release had no prior psychiatric or significant medical history, raising additional questions about the official explanations offered by authorities. Nevertheless, officials routinely attributed these deaths to sudden medical events, suicide, or drug misuse (VOA, 2023; Iran International, 2023), despite contradictory evidence and testimonies from families and medical personnel.

In 2021, following the hacking of internal video surveillance systems by the group Edalat-e Ali, visual evidence of physical torture in Iranian prisons became publicly accessible for the first time. These videos showed beatings, forced stress positions, and abuse by prison staff. Amnesty International (2021)

1 Department of Nuclear Medicine with PET-Center, Clinic Ottakring (former Wilhlemenspital), Vienna, Austria.
Correspondence to: mirzaei@gmx.at

2 Hemayat, Organisation for Support of Survivors of Torture and War, Vienna, Austria

described the footage as “the tip of the iceberg,” suggesting that the publicly visible incidents likely represent only a fraction of the actual abuses occurring within the prison system.

Iranian Human Rights Watch has also documented deaths resulting from deliberate denial of medical care. Iran Watch reported at least 30 deaths among prisoners convicted of financial offences due to inadequate medical attention, delayed treatment, or refusal of transfer to medical facilities (Iran International, 2025). The pattern suggests not only negligence but also the use of medical deprivation as a punitive and coercive measure.

The withholding of medical care from political prisoners in Iran as a form of punishment has been condemned by the World Medical Association (WMA, 2016). They emphasised that denying medical care amounts to ill treatment and can constitute torture or other forms of cruel, inhuman or degrading treatment, which are unambiguously prohibited under international human rights law.

Amnesty International (2022) has identified at least 96 prisoner deaths in recent years linked to a lack of appropriate medical treatment. The case of prominent poet Bektash Abtin (WWB, 2022), who died after authorities delayed essential medical care for COVID-19 complications, became emblematic of this systemic neglect. Another political prisoner, Behnam Mahjoubi, was denied essential medication required for a preexisting neurological condition and instead transferred to Amin-Abad Psychiatric Hospital. There, he was subjected to further mistreatment, including the misuse of psychiatric drugs; officials later attributed his death to drug intoxication. Similarly, the Iranian Human Rights Campaign reported that at least 34 political prisoners were deliberately denied access to medical care between June and August 2024. These cases highlight the instrumentalisation of medical systems not merely as tools of neglect but as active components of state repression. Comparable cases have been reported some ten years earlier (The Lancet, 2012).

Reports further describe subtler forms of medically mediated harm. One journalist recounted that she received an injection during a dental procedure in prison and subsequently developed an unexplained lesion on her tongue a month later, raising concerns about toxic substances or contaminated equipment (VOA, 2024). The lack of transparency in prison medical practices exacerbates the difficulty of verifying such cases, yet their consistency across sources strengthens their credibility.

Other forms of torture, including sexual violence and suspicious deaths, have been documented by multiple sources, including publicly accessible Wikipedia references (2025). These abuses form part of a broader ecosystem of violence that ex-

tends beyond physical coercion to psychological terror and the strategic use of medical institutions.

A well-documented case is that of Nasrin Shahkarami, mother of protester Nika Shahkarami, who has publicly rejected the official claim that her daughter died by suicide. Instead, she asserted that her daughter was killed by state forces during the Mahsa movement. While imprisoned in Khorramabad, Nasrin reportedly refused dental treatment offered by prison authorities, expressing fear that she would be injected with poison (The Guardian, 2024). Her refusal illustrates a profound erosion of trust in prison medical staff, a consequence of documented misuse of medical procedures for coercive purposes.

Another case personally known to the author concerns a prisoner executed by hanging in Mashhad in the early 1980s. The forensic report stated that rope marks on the neck were consistent with hanging and concluded with the phrase “verdict of God.” Such religiously framed justifications by medical professionals reflect severe ethical misconduct and illustrate how some forensic experts have historically aligned themselves with state narratives at the expense of medical objectivity.

Another case reported to the author involved a young man who was forcibly injected with a substance causing heavy-metal poisoning following a violent interrogation. He was left unconscious in the street and was later transferred to the hospital by a third person. The hospital report, provided anonymously to the author, confirmed severe intoxication with subsequent multiple organ failure. Only several days of complex detoxification in intensive care prevented his death. This example illustrates the potentially lethal consequences of pharmacological torture and the willingness of interrogators to use toxic agents despite unpredictable outcomes.

In addition to chemical and physical torture, reports indicate the use of a guillotine-type device for amputating fingers as punishment for theft (Devi, S. 2022). Such punitive amputations require medical follow-up to prevent infection or death, yet no medical personnel in Iran have publicly condemned or reported these practices. This silence represents a profound failure of professional ethics. Medical complicity in such punitive amputations directly contradicts international medical standards, including the World Medical Association’s declarations against involvement in torture and cruel, inhuman, or degrading treatment.

Conclusion:

The difficult-to-obtain reports presented in this manuscript collectively illustrate the possible involvement or acquiescence of medical staff in severe human rights violations within Iranian prisons. These findings point to a systemic breakdown of med-

ical ethics, in which health professionals - or individuals acting under the appearance of medical authority - participate in or fail to report practices that clearly constitute torture or cruel, inhuman, or degrading treatment. The documented cases underscore an urgent need for international scrutiny, independent medical investigations, and stronger protections for detainees to prevent further abuses.

References:

- Amnesty International. Iran: Leaked video footage from Evin prison offers rare glimpse of cruelty against prisoners. (2021, August 25). <https://www.amnesty.org/en/latest/news/2021/08/iran-leaked-video-footage-from-evin-prison-offers-rare-glimpse-of-cruelty-against-prisoners/>
- Amnesty International. Deaths in custody following deliberate denial of medical care in Iran's prisons. (2022, April) https://cdn.amnesty.at/media/9684/amnesty-report-iran_april-2022_in-death-s-waiting-room_deaths-in-custody-following-deliberate-denial-of-medical-care-in-iran-s-prisons.pdf
- Campaign to Free Political Prisoners in Iran (CFPPI). (2023, November). Political prisoners in Iran are subjected to pharmacological torture. <https://cfppi.org/2023/07/28/political-prisoners-in-iran-subjected-to-pharmacological-torture/>
- Devi, S. (2022) Iranian cases throw spotlight on use of punitive amputation. *Lancet*. 400(10352):553. DOI: 10.1016/S0140-6736(22)01575-6.
- Iran International. Interview with Shiva Maboubi. (2023) https://www.youtube.com/watch?v=S0EQbOR11_E.
- Iran International. Iran Watch: Thirty people lost their lives in Tehran's Great Prison last year due to a lack of medical care. (2025, September 25). <https://www.iranintl.com/202509279052>
- Khatam, A. (2023) Mahsa Amini's killing, state violence, and moral policing in Iran. *Human Geography*; Vol. 16(3) 299–306. <https://doi.org/10.1177/19427786231159357>.
- Mirzaei, S., Alizadeh, H., Zarei, S., Alksiri, R. (2021) Psychosocial consequences of widespread of torture and sociopolitical pressure in Iran. *Social Medicine* 14/1. <https://doi.org/10.71164/socialmedicine.v14i1.2021.1115>.
- Mohammadpour-Yazdi, A. (2023, September 15). The politicization of psychiatry and psychology as a machinery of control and repression in Iran [English translation of original article in Persian]. BBC Persian. <https://www.ahmadrezayazdi.com/the-politicization-of-psychiatry-and-psychology-as-a-machinery-of-control-and-repression-in-iran/>
- The Guardian. Mother of 16-year-old girl allegedly killed by Iran's security forces arrested. (2024, October 18). <https://www.theguardian.com/global-development/2024/oct/18/nasrin-shakarami-arrested-mother-nika-protester-mahsa-amini-killed-iran-security-forces>
- The Lancet. Iran denies medical care to quell dissent. (2012) *Lancet*; 379(9827):1691-2. [https://doi.org/10.1016/S0140-6736\(12\)61979-5](https://doi.org/10.1016/S0140-6736(12)61979-5).
- van Voren, R. (2010) Political abuse of psychiatry--an historical overview. *Schizophr Bull.*;36(1):33-5. <https://doi.org/10.1093/schbul/sbp114>.
- VOA News. Political prisoners undergo pharmacological torture. (2023, December 8) <https://ir.voanews.com/a/pharmacological-torture-in-iran-prisons-report/7390143.html>.
- VOA News. Exclusive: Personal accounts of the medicalization of political prisoners — a “deliberate, systematic process” in the Islamic Republic. (2024, May 17). <https://ir.voanews.com/a/make-sick-political-prisoners-systematic-iran/7599986.html>.
- Wikipedia. Human rights in the Islamic Republic of Iran. (2025, December 20). https://en.wikipedia.org/wiki/Human_rights_in_the_Islamic_Republic_of_Iran
- Words without borders. (WWB, 2022) Baktash Abtin. <https://wordswithoutborders.org/contributors/view/baktash-abtin/>
- World Medical Association. Denial of medical care to prisoners condemned by WMA. (2016, September 9). <https://www.wma.net/news-post/denial-of-medical-care-to-prisoners-condemned-by-wma/>

Submitted 24th of November 2025

Accepted 5th of January 2025