

A Doctor's Conscience, A Patient's Trust

Living and working in Britain while supporting a
secular democratic Iran

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An independent analytical booklet and practical code of conduct
for UK healthcare professionals of Iranian heritage

12 OCTOBER 2026 | ENGLISH EDITION | 49 LINKED REFERENCES

Secular Democratic Movement and National Consolidation

Contents

A referenced analysis with profession-specific guidance, practical situations and an independent civic code. Chapters and references are linked in this PDF.

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Executive assessment

There is no inherent incompatibility between working as an NHS healthcare professional and supporting Iranian human rights, secular democracy, constitutional choice or Crown Prince Reza Pahlavi. This conclusion follows from the professional regulators' recognition of personal beliefs and lawful campaigning, read alongside their requirements for fair care and professional conduct. It is an interpretation of the published framework, not a decision granting immunity to any individual or organisation. [1, 2, 3, 4, 5]

The central distinction is between a clinician's civic convictions and the way those convictions enter a position of trust. A surgeon can oppose a foreign government's repression without allowing that opposition to determine who receives treatment. A nurse can attend a lawful vigil without presenting the NHS as a political sponsor. A dentist can defend secular government while respecting a Muslim patient's freedom of religion. The practical test is conduct, its context and its reasonably foreseeable consequences.

I support the Lion and Sun movement's aspiration for a free, secular democratic Iran and Crown Prince Reza Pahlavi's transitional leadership. My preferred constitutional outcome is parliamentary monarchy, subject to the Iranian people's free choice. I also recognise that this is a political commitment with a humanitarian purpose. Calling it purely humanitarian cannot remove its political character or exempt its supporters from scrutiny. [6, 7, 8]

Five conclusions govern this booklet:

- Equal treatment is unconditional: patients and colleagues retain their dignity whatever their ethnicity, religion, nationality or political opinion.
- NHS institutional impartiality does not require a clinician to agree with British foreign policy or abandon lawful civic advocacy.
- Political belief alone is different from a conflict involving professional decisions, money, leadership roles, resources or institutional representation.
- Personal accounts, disclaimers and omission of professional titles can clarify boundaries; they cannot shield abusive conduct or misleading claims.
- Employers should assess evidence and applicable rules proportionately, protect staff from threats and distinguish disagreement from professional misconduct.

The evidence of Iran's January 2026 repression is sufficiently serious to justify urgent public concern. Uncertainty about the final death toll does not erase documented mass killings. It does require careful attribution, particularly when discussing alleged foreign participants, online state activity and historical causation. [9, 10, 11]

My political conscience must strengthen my commitment to human dignity. Every person entering my consulting room must remain confident that the same care and respect are available to them.

This publication offers general professional and legal analysis. It cannot decide a particular employment dispute or fitness-to-practise case. The practical code and templates are my proposals; they have not been approved by the NHS, GMC or another regulator.

1. Living in England: the clinician and the citizen

Living in England as an Iranian doctor brings two forms of responsibility into the same life. One is the responsibility to patients in a health service built on public trust. The other is the responsibility I feel towards the people of Iran, their suffering and their right to determine their future. Neither responsibility becomes credible through a slogan alone. Each is tested by what I do when another person is vulnerable.

The trauma surgeon sees what violence leaves behind: wounds, disability, prolonged rehabilitation and families whose ordinary lives have been interrupted. This experience does not provide specialist authority over every question of history or diplomacy. It does explain why an account of state violence can become a matter of conscience rather than an abstract argument about competing governments.

I do not believe that joining a caring profession requires moral silence. I also do not believe that grief creates an entitlement to humiliate another person. A professional voice should help the listener understand the injury, the evidence and the action being requested. If my language makes a patient wonder whether I regard their religious identity as a threat, I have created a problem that my good intentions do not resolve.

The World Medical Association's Declaration of Geneva places patient welfare and dignity at the centre of the physician's responsibilities and excludes political affiliation, ethnic origin, religion and other personal characteristics from interfering with that duty. This is a professional ethical commitment; it is not a substitute for the law or the detailed standards of a UK regulator. [12]

That commitment must extend to a patient who supports the Islamic Republic, a critic of monarchy, a Muslim colleague, a Palestinian family, an Israeli civilian and a person who has no interest in Iranian politics. Treating an injured person never signifies approval of their beliefs. The clinician's task is to respond to need with competent judgement and respect.

For Iranian healthcare workers, belonging in Britain should not require detachment from Iran. It should mean learning how to exercise civic freedom within institutions that protect other people's freedom as well. The appropriate ambition is a public voice that is forceful, intelligible and dependable. Our professional discipline can make our advocacy more persuasive because it asks us to examine evidence, acknowledge uncertainty and accept responsibility for consequences.

2. Scope, method and what this booklet can establish

The main setting is NHS employment in England. The professional standards of several regulators apply across the United Kingdom, while employment legislation, health-service structures and organisational policies vary. The Equality Act 2010 framework discussed here applies principally in Great Britain; Northern Ireland has separate equality legislation. The NHS Constitution for England must not be described as the constitution of NHS Scotland, NHS Wales or Northern Ireland's health and social care services. [13, 14, 15]

This is a critical narrative analysis, not a systematic review, tribunal judgment or regulatory guidance document. Primary regulatory publications, legislation, court decisions, official policy statements and investigating human-rights organisations were selected for relevance. Sources were reviewed to 12 October 2026. Historical and political conclusions are qualified where the evidence does not justify a definitive claim.

Relevant material from my homepage and selected Drive papers was read to preserve intellectual continuity. These include my UK-Iran strategic assessment and deliberative decision-making protocol, alongside the public editions of Humanity Before Geopolitics and Revenge, Social Justice and the Highest Degree of Intelligence. They inform the reasoning and voice of this booklet; they do not independently establish casualty numbers, government motives or a regulator's position. This was a purposive review of relevant writing, not an audit of every Drive file. [16, 17, 18, 19]

Four kinds of statement must remain distinguishable. A rule explains an obligation found in a named source. A documented finding reports what an investigation establishes. An interpretation explains how I understand the relationship between those materials. A proposal describes a practice I recommend. The templates and checklists belong mainly to the fourth category.

Several limits matter. No published material reviewed establishes that support for the Lion and Sun movement is prohibited as such. Nor does the review establish that every supporter is protected from action. Protection depends on the facts, the applicable legal test and the conduct involved. No aggregate study of sanctions against Iranian healthcare workers was conducted, so this booklet does not claim a measured pattern of discriminatory enforcement.

Local social-media, outside-interests, media, fundraising, uniform and disciplinary policies must be checked in their current versions. A national standard cannot tell the reader what every trust permits on a badge, in a staff network or through its communication channels. Where a particular dispute arises, its documents and evidence require individual advice. This is a limit of general publication, not a reason to withhold an analysis of the principles.

3. Neutrality, impartiality and conflicts of interest

The word neutrality often conceals several different questions. Is the health service endorsing a political organisation? Is a clinician favouring one patient over another? Is an employee expressing an opinion away from work? Does an outside role influence a decision about NHS resources? These questions should be answered separately.

The GMC's conflicts guidance expressly directs questions about personal political and religious beliefs to its separate personal-beliefs guidance. It describes conflicts through competing financial or other interests and risks to professional responsibility. This separation is especially relevant here: a belief should not automatically be treated as though it were an undeclared commercial arrangement. Where a real, potential or perceived conflict does arise, openness and appropriate management remain necessary. [20]

Concept	Practical meaning	Example in this setting
Clinical impartiality	Care follows need and clinical judgement	A political opponent receives the same assessment and treatment
Institutional impartiality	Personal advocacy is not presented as NHS policy	An article identifies its author without claiming trust endorsement
Personal civic freedom	An individual holds and lawfully expresses beliefs	Attending a public vigil in personal time
Actual or potential conflict	An outside interest competes with a professional decision	Selecting an organisation one leads to receive NHS resources
Perceived conflict	A reasonable concern about influence needs management	A campaign donor appears to receive preferential access
Conduct concern	Behaviour may breach professional or employment standards	Ethnic slurs, targeted harassment or a confidentiality breach

The examples are analytical illustrations, not regulatory classifications of particular cases. A conduct concern can exist without a financial conflict. Conversely, an outside role can need declaration even when its holder behaves courteously. Appropriate management may include an independent decision-maker, a recorded declaration or withdrawal from a specific decision, rather than a ban on every related activity.

A patient should be able to rely on impartial treatment without requiring their clinician to have no opinions. A public employer should be able to prevent misuse of its authority without requiring employees to adopt the government's foreign policy. These are my interpretative conclusions from the combined framework. They preserve a meaningful space for both conscience and accountability.

4. Who regulates whom?

Correct identification of the regulator prevents serious misunderstanding. Nurses are regulated by the Nursing and Midwifery Council, not the HCPC. The General Dental Council is the GDC; DNC is not the relevant UK dental or nursing regulator. A professional association or trade union has a different role from a statutory regulator. [15]

Body	Main people or function	Relevant starting point
GMC	Doctors, physician associates and anaesthesia associates	Good medical practice and supporting guidance [1, 2, 3, 20]
NMC	Nurses and midwives across the UK; nursing associates in England	The Code, social-media and expression guidance [4, 21, 22]
GDC	Dentists and dental care professionals	Standards for the Dental Team and social-media guidance [5, 23]
HCPC	Its regulated health and care professions, including physiotherapists, radiographers, paramedics and practitioner psychologists	Conduct, performance and ethics; social-media guidance [24, 25]
GPhC	Pharmacists and pharmacy technicians in Great Britain	Standards for pharmacy professionals [26]
PSNI	Pharmacists in Northern Ireland	The Code effective 26 January 2026 [27]
GOC	Optical professionals, including optometrists and dispensing opticians	Standards of Practice effective 1 January 2025 [28]
GOsC	Osteopaths	Osteopathic Practice Standards [29]
GCC	Chiropractors	Code of Professional Practice effective 1 January 2026 [30]
Social Work England	Social workers in England	Professional standards [31]

The Professional Standards Authority oversees these ten health and care regulators. It is not the first-line regulator of an individual clinician's practice and should not be confused with the Care Quality Commission, which regulates relevant services in England. Social-care regulation in other UK countries requires the appropriate national body. [15]

NHS England publishes guidance and has system responsibilities; most hospital staff are employed by their own trust or foundation trust. A trust's responsible officer, HR department and managers have defined functions, but they are not interchangeable with the GMC or an independent tribunal. A local employment outcome and a professional registration outcome may therefore differ.

This booklet gives its most detailed conduct analysis to GMC, NMC, GDC and HCPC standards, with additional pharmacy and other-profession signposting. No single checklist replaces a registrant's own code. Each reader should use the framework to identify the current documents that govern their role.

5. GMC: the patient remains the first obligation

Good medical practice requires fair treatment, prohibits discrimination and prevents personal views from distorting relationships or care. Relevant provisions include paragraphs 19, 56 and 87, addressing fair treatment, abuse or harassment, and inappropriate expression of personal beliefs to patients. Paragraph 87 concerns expression that exploits vulnerability or could reasonably cause distress; it should not be misread as a blanket prohibition on political opinions in public life. The standards also require conduct that justifies trust. [1]

The GMC's personal-beliefs guidance recognises that medical professionals have values. Those values can coexist with practice when patients receive appropriate care without unfair treatment or distress. It also makes clear that objection to a particular procedure cannot justify refusing a category of patients because of views about them. This distinction is crucial when a clinician opposes an ideology associated with a patient's country or religion. [2]

My application of these principles is direct. A Muslim patient's beliefs cannot be treated as evidence of support for the Iranian authorities. A patient with a connection to an Iranian institution cannot be presumed responsible for state crimes. Even a patient who openly disagrees with my position remains entitled to professional assessment. Clinical decisions need an independent clinical justification.

A discussion requested by a patient still requires judgement. The question may be an attempt to discover whether they are safe with me, rather than an invitation to debate monarchy. A suitable response is to explain that care does not depend on politics, then return to their health needs. If there is a genuine concern about the therapeutic relationship, it should be handled through normal clinical arrangements without retaliation or avoidable delay.

Professional trust extends to communication about expertise. My surgical qualifications explain my standpoint on trauma, disability and care. They do not establish expertise in intelligence attribution, constitutional law or every historical controversy. Political writing should show readers its sources and reasoning rather than ask them to accept it because its author holds a medical degree.

The resulting discipline is demanding but compatible with advocacy. I can condemn an execution, ask for an independent investigation and support a democratic transition. I must also be able to demonstrate that these convictions do not reduce the safety or dignity of someone who enters my care. That demonstration is made through conduct over time, not through a disclaimer alone.

6. GMC: public campaigning and digital communication

The GMC expressly recognises doctors' right to political opinions and campaigning. Its activism statement also explains that unlawful conduct may raise fitness-to-practise questions and that action is assessed individually and proportionately. It warns against using referrals to discourage comment or unfairly target doctors. It does not decide whether the merits of a protest cause excuse illegality. [3]

Its social-media guidance applies professional standards across digital communication, including private messaging. It requires responsible, accurate communication, prohibits abuse and targeted harassment, protects confidentiality and recognises that private content can become public. Accurate identification is usually appropriate when commenting on health or healthcare. The guidance does not create a universal rule that political writing must conceal the author's professional identity. [32]

These two sources support a more useful approach than a choice between complete anonymity and unrestricted professional campaigning. The question is what the communication does. Does it identify an individual expressing a view? Does it suggest that an employer endorses the position? Does it give medical advice outside competence? Does it make a group appear undeserving of care?

For my own publication, I can write that I am a Consultant Trauma and Orthopaedic Surgeon and explain why violence concerns me. I should not place an NHS logo beside a call to join my preferred movement or describe a political programme as GMC-approved. When a healthcare matter is discussed, source quality and the limits of my knowledge should be visible.

A repost also deserves scrutiny. It may contain a legitimate concern alongside a slur, misleading casualty number or invitation to intimidate someone. Readers often encounter the shared material as a whole. A better response is to make the defensible point in my own words, cite the investigation and omit the abusive content. These are practical recommendations, not a guarantee about how a specific post will be judged.

The professional standard is not a demand for emotional flatness. Mourning, anger and firm condemnation can be expressed clearly. The question is whether the wording remains honest, respects people and preserves confidence in care. A useful sentence names the conduct being condemned and the remedy sought. It does not make ethnicity or faith a substitute for evidence of responsibility.

7. NMC: professional expression is possible

The NMC Code includes fair and respectful behaviour, responsible communication, privacy and appropriate handling of personal beliefs. Particularly relevant provisions are 20.2, 20.7 and 20.10, alongside the wider commitments to kindness, listening and professional relationships. The Code applies to registered nurses, midwives and nursing associates within their respective registration framework. [21]

The NMC's freedom-of-expression guidance, updated on 25 March 2026, distinguishes expression unrelated to practice, expression about healthcare and expression at work. It recognises that disagreement, shock or offence alone does not necessarily justify regulatory action. Its examples allow passionate political discussion where there is no discriminatory conduct, harassment or confidentiality breach. Risk to public protection, professional standards and confidence remains relevant. This is NMC guidance, not a threshold automatically transferable to every regulator. [4]

The social-media guidance covers personal as well as professional communication and extends its principles to websites and blogs. It addresses harmful or discriminatory content and the risks attached to sharing other people's material. A private group is therefore not an assured exemption from professional responsibility. [22]

For an Iranian nurse, these materials support a public argument against executions or compulsory state ideology. They do not require a nurse to abandon concern about family members in Iran. Equally, they do not permit remarks suggesting that Muslim patients, Arab colleagues or a disliked political group will receive less respectful care.

My proposed practical test is to read a post from the perspective of a frightened patient. Will they understand that the criticism concerns an authority's actions, or will they feel personally categorised as an enemy? Precision helps: name the policy, authority, investigation and requested remedy. If a clinical subject is included, distinguish established knowledge from personal opinion and remain within competence.

Managers also need to read the NMC's guidance carefully. A strongly expressed opinion is not automatically evidence of unsafe practice. A complaint deserves examination on its facts. The practitioner should engage with legitimate concerns while preserving the distinction between accepting a communication mistake and being asked to renounce a lawful belief.

An individual assessment should consider the exact wording, audience, context and impact. Neither a humanitarian description nor a political label answers those questions in advance. They are answered through evidence and the relevant professional framework.

8. GDC: controversial opinions and trustworthy care

The GDC's statement of 4 December 2025 recognises that dental professionals may express political opinions, campaign and protest, including on issues that others strongly reject. It requires exercise of those rights consistently with professional standards and public confidence, and rejects discriminatory actions in professional, social and online settings. It also cautions against the fitness-to-practise process becoming an inappropriate restriction on expression. [5]

The GDC's social-media guidance connects online behaviour with respect for colleagues and public trust. Sharing offensive or intimidating material can still create responsibility even where the registrant did not originate it. Confidentiality and the boundaries between personal and professional life are relevant. [23]

A dentist's civic position on secular democracy should therefore be assessed separately from the quality and fairness of their professional interactions. Advocacy does not become a breach merely because the movement concerns another country or a disputed constitutional model. However, a statement that attributes guilt to all members of a religious or national community can reasonably make members of that community fear unfair treatment.

The same applies within the dental team. Dental nurses, hygienists, therapists, technicians and other registered dental care professionals work under the GDC framework. A senior person's political expectations can acquire the force of workplace pressure. Invitations to a vigil or campaign should not become a condition of belonging, progression or favourable allocation of duties.

My proposed approach is to explain the civic purpose without using the dental setting to secure allegiance. A public article can discuss executions, freedom of belief and accountability. Patient contact details should remain within the purpose for which they were collected. A waiting room or clinical consultation should not become a compulsory campaign environment.

Where an objection arises, both parties deserve a precise account. What was said? Was it criticism of a policy, contempt for a group, a claim about treatment or a misuse of professional authority? The patient's concern should be heard without assuming that every controversial belief is a professional failure. The professional should respond without dismissing every complaint as politically motivated.

These are applications of the framework, not GDC approval of a specific movement. They invite dental professionals to maintain two commitments together: civic participation and dependable care. That combination is stronger when the patient's safety and the colleague's dignity remain visible in the conduct itself.

9. HCPC and pharmacy: common responsibilities

The HCPC standards effective from 1 September 2024 address the effects of personal values and bias, fair treatment, professional boundaries and responsible communication. Standards 1.5-1.6 and 2.10-2.12 are especially relevant to personal beliefs and social media: shared information needs reasonable accuracy checks, and online activity must protect boundaries and privacy. Standard 7.4 places service-user safety ahead of other loyalties. [24]

The HCPC's accompanying social-media guidance helps registrants apply those standards in digital settings. It is useful for physiotherapists, radiographers, paramedics, practitioner psychologists and other HCPC registrants who want to understand how an online presence relates to their responsibilities. It is not the registration framework for nurses or doctors. [25]

GPhC standards require person-centred care, effective communication, sound professional judgement, appropriate conduct and confidentiality. They also explain why conduct outside working hours can affect trust. The standards apply to pharmacists and pharmacy technicians in Great Britain. Pharmacy regulation in Northern Ireland follows the PSNI framework; its revised Code took effect on 26 January 2026. [26, 27]

My practical application is the same across these different professions. A rehabilitation plan, imaging interaction, psychological assessment or medicine supply should respond to the person's needs. It cannot be used to reward support for a movement or punish disagreement. A practitioner who becomes involved in a politically affiliated aid organisation should preserve independent clinical decisions and clear explanations of any relevant outside role.

Professional competence also shapes public communication. An HCPC registrant or pharmacist may make an excellent contribution on health consequences of repression within their knowledge. They should distinguish that contribution from unverified claims about weapons, perpetrators or legal responsibility. Identifying a gap in evidence can improve an article rather than weaken solidarity.

For cross-profession groups, one agreed civic code may be helpful, but it cannot erase the differences between statutory standards. Group administrators should require members to know their own code, maintain confidentiality and avoid attaching institutional endorsement to a collective political statement. If an organisation coordinates actual care, its clinical governance needs qualified leadership appropriate to the service.

The movement's political objective does not determine a practitioner's registration obligations. The registration obligations determine how that practitioner can act responsibly while pursuing the objective.

10. Other regulated professionals and support staff

This booklet also includes professionals whose regulators are less often mentioned in political discussion. The GOC's current Standards of Practice took effect on 1 January 2025. The GOsC publishes Osteopathic Practice Standards under communication, knowledge, safety and professionalism. The GCC's new Code of Professional Practice came into effect on 1 January 2026. Social Work England publishes standards concerning rights, dignity, relationships, responsible practice and integrity. Each should be read directly for the relevant occupation. [28, 29, 30, 31]

The purpose of this signposting is accuracy. It would be misleading to cite an older chiropractic code or Northern Irish pharmacy code as though it governed all current conduct. A profession's own regulator is the appropriate source for its obligations. The shared practical principles in this booklet are the author's synthesis; they do not replace each profession's detailed requirements.

Healthcare assistants, administrative staff, interpreters and volunteers may work without registration by one of the named healthcare regulators. This does not leave them without obligations. Their contracts, role-specific codes, safeguarding requirements, organisational policies and applicable law still matter. Where an interpreter or receptionist deals with a distressed patient, political hostility can damage access to care before a consultation even begins.

The civic group should therefore avoid presenting membership as a certificate of professional approval. An online badge stating that a participant follows this booklet expresses a personal commitment only. It is not evidence of regulatory endorsement, current registration, competence to provide a service or suitability to access confidential records.

For all roles, I recommend an annual check of the relevant code and local policies, and a review whenever responsibilities change. A person moving from ordinary membership to treasurer, spokesperson, organiser or clinical coordinator may acquire new interests and new risks. The review should follow the role rather than demand indiscriminate disclosure of every private opinion.

Professional participation can be a considerable civic strength. Staff bring different skills: communication, rehabilitation, medicines, research, management and practical care. A responsible organisation recognises those differences, uses people within competence and gives them a clear route to raise concerns. Political enthusiasm should not overrule these ordinary requirements of a trustworthy service.

11. NHS values, employment and institutional authority

The NHS Constitution for England combines service to all, respect for human rights, clinical need, compassion, professional quality and fair treatment of staff. It includes staff rights and pledges concerning an environment free from discrimination, bullying and harassment. Its public character does not make its workforce a single political constituency. These values support attention to suffering while requiring fairness in care. [13]

NHS England's conflicts guidance was updated on 17 September 2024 and covers relevant English NHS organisations, including trusts, foundation trusts and integrated care boards. It requires organisations to address competing interests through governance. Its scope should not be confused with a universal requirement to register every private political belief. A practical concern arises when an outside role could influence an NHS decision or use of resources. [33]

My interpretative conclusion is that a clinician does not owe ideological agreement with the government's policy on Iran. They do owe faithful performance of their clinical duties and lawful contractual requirements. Criticism of diplomatic restraint, military action or sanctions can be expressed as a personal argument. It must not be presented as the health service's authorised position.

A current local policy may regulate use of logos, uniforms, premises, work email, staff networks and media appearances. The reader should check the actual rule, its purpose and its application. A national article cannot determine whether a specific badge or workplace display is permitted. Managers should explain applicable requirements rather than rely on an undefined demand for neutrality.

Leadership increases the risk of perceived pressure. A consultant, supervisor or service lead should make clear that participation in an event is voluntary and unrelated to appraisal, progression, training opportunities or duty allocation. A colleague's refusal must be accepted without questioning their compassion or loyalty. This is a practical recommendation to protect freedom within a hierarchy.

An NHS title may accurately describe employment, but it must not imply authority to speak for the organisation. For an independently published political booklet, using a professional description and an explicit personal-capacity statement is generally clearer than surrounding the argument with institutional branding. Any relevant outside role or sponsorship should be disclosed appropriately.

The aim is a reliable boundary: the institution supplies care according to its duties, and the individual participates in civic life according to the law and professional standards. Neither role needs to consume the other.

12. Freedom of belief and expression: the legal framework

The Human Rights Act 1998 gives domestic effect to Convention rights, including freedom of thought, conscience and religion, expression, and peaceful assembly. The holding of beliefs and the outward expression of them are distinct questions. Restrictions on qualified rights require the appropriate legal basis and justification; freedom of expression is substantial but not unlimited. Public bodies must act consistently with their human-rights obligations. [14]

The Equality Act 2010 protects religion or belief, including the absence of belief, and race, including nationality and ethnic or national origin. Employment protections include direct and indirect discrimination and relevant harassment or victimisation provisions. A political preference is not automatically a protected philosophical belief. Whether a particular commitment qualifies depends on its nature and the legal test, not simply the label secular or humanitarian. [34]

The familiar philosophical-belief criteria concern a genuinely held belief, seriousness, cogency and significance, compatibility with human dignity and respect for others' fundamental rights. Courts have developed their application. A commitment to secular democratic equality may merit careful assessment, but this booklet cannot pre-certify every version of monarchism, anti-theocracy or allegiance to a named figure. [35]

The distinction matters in both directions. An employer should not simply presume that a lawful civic conviction is outside protection because it is politically contested. An employee should not assume that protection of a belief licenses every possible way of expressing it. The manner, audience and consequences of expression remain relevant to a proportionate assessment.

The law also protects other people. Religious freedom includes a Muslim colleague's practice, a person's right to leave a religion and the right to have no religion. National identity protects against treating an Arab or Iranian as a representative of a foreign government's conduct. These freedoms are consistent with secular government when secularism means state impartiality and equal citizenship rather than compulsory unbelief.

Northern Ireland requires its own equality-law analysis. Local employment, professional and legal advice should address jurisdiction and facts. A complaint, disciplinary outcome and registration decision may engage different tests. It is therefore unwise to treat a sentence taken from one judgment as an automatic answer to every NHS social-media dispute.

My proposed civic argument is that Iranian staff should be able to defend democratic freedom in a form that also demonstrates their commitment to the freedoms of those who disagree. This makes the legal claim more coherent because the requested protection is reciprocal.

13. Proportionality: what two court cases teach

In *Higgs v Farmor's School* [2025] EWCA Civ 109, the Court of Appeal held that the dismissal at issue constituted unlawful discrimination related to protected belief. The judgment requires a careful assessment of the expression and the proportionality of the employer's response, rather than reliance on reputational concern in the abstract. It also discusses the dangers of demanding insight without clearly identifying the problematic manner of expression. This was an employment case involving a school, not permission for healthcare professionals to ignore their codes. [36]

The Supreme Court refused permission to appeal on 4 June 2025. Its case page records the refusal and reasons; it did not issue a new merits judgment approving all conduct involving protected beliefs. That distinction matters when explaining the authority of the Court of Appeal decision. [37]

Page v NHS Trust Development Authority [2021] EWCA Civ 255 concerned an NHS non-executive director and media expression about same-sex adoption. His appeal failed. The case demonstrates that protected beliefs can coexist with a justified response to their particular public manifestation and impact in an NHS role. The facts and role were specific; it is not a ruling that every clinician with controversial beliefs is unsafe. [38]

Read together, the cases support attention to what occurred, the role involved, the connection to work, the rights affected and the response chosen. Neither case determines the acceptability of the Lion and Sun emblem or the conduct of a particular Iranian healthcare worker. Both prevent simplistic claims that a controversial belief always loses protection or always defeats employer concerns.

My proposed assessment asks five questions. What exactly is the objection? What legitimate interest needs protection? What evidence connects the expression to that risk? Would a less restrictive response address it? Is the effect on the employee's rights proportionate? These questions are an analytical aid, not a complete legal test for every cause of action.

For the practitioner, precision is equally important. It is possible to acknowledge that a caption was misleading, remove it and improve the communication while retaining opposition to the Islamic Republic. For the employer, concern about language should be explained as concern about language, with evidence and relevant standards. It should not become an unexplained demand to abandon democratic advocacy.

Fair assessment requires room for legitimate complaints and protection from unfair stereotyping. Public trust benefits when both responsibilities are fulfilled.

14. History and economic claims: credibility through precision

For me and many supporters, the Pahlavi name evokes an aspiration for secular institutions, national development, women's participation, territorial integrity and modern government. This is a political interpretation and a statement of identification. It should not be presented as the universal meaning of the name for every Iranian. Other people associate the period with authoritarian government and serious human-rights concerns, including the conduct of SAVAK. Their questions deserve historical investigation rather than dismissal.

Supporting a future constitutional monarchy does not require endorsing every act of the former monarchy. The democratic case is stronger when it commits future institutions to scrutiny, rights and electoral accountability. Historical context can explain circumstances; it must not become a method for cancelling a victim's rights. My earlier work on justice makes the same distinction between understanding conduct and erasing responsibility. [18]

The proposition that President Jimmy Carter simply supported the 1979 revolution under Ayatollah Khomeini is too categorical for this booklet. An archived presidential communication of 21 November 1978 explicitly records support for the Shah and a continuing bilateral relationship. This does not settle every question about later policy, contacts or decisions. It does demonstrate why a single statement of intentional support for the revolution needs a much more detailed historical argument. [39]

Economic criticism also needs defined measures. Total nominal GDP, real GDP per person and purchasing-power comparisons answer different questions. Exchange-rate changes can transform dollar values without representing the same change in real production. The World Bank publishes an appropriate real GDP-per-capita series, but no comparative dataset or counterfactual estimate has been calculated for this booklet. It therefore gives no percentage loss since 1979 and does not claim that every year or indicator deteriorated. [40]

The strongest defensible formulation is to demand an evidence-based assessment of Iran's unrealised opportunities, living standards and relative development. Comparison requires declared start and end dates, justified comparators, population adjustment and consideration of war, oil dependence, sanctions and domestic governance. These factors do not excuse state repression. They identify the work required to substantiate an economic conclusion.

Current human-rights findings can establish a grave present situation without proving a uniform decline in every measure over forty-seven years. The difference matters for a clinician's public credibility: a carefully limited claim can withstand scrutiny, while an exaggerated comparison gives an opponent an avoidable opportunity to divert attention from victims.

15. December 2025 and January 2026: naming the suffering

Amnesty International reports that protests began on 28 December 2025 and that security forces carried out mass unlawful killings, particularly on 8-9 January 2026. Its investigation describes rifles and shotguns, targeting of protesters and serious injuries, amid an internet shutdown. It identifies Iranian security bodies, including the IRGC, Basij and police. The account supports an urgent condemnation of the crackdown without requiring a single agreed final death toll. [9]

The UN Fact-Finding Mission's September 2026 report addresses extreme state repression, including attacks on healthcare, and assesses serious international crimes using its investigative standard. Its findings are not individual criminal convictions. Reporting should preserve that distinction while recognising the gravity of the evidence. [10]

The execution record is also grave. Amnesty International recorded at least 2,159 executions in Iran during calendar year 2025, its highest recorded Iranian figure since 1981. This is a dated, source-specific count. It must not be added to January protest deaths or presented as a count of executions of those protesters. It supports urgent concern without establishing a simple forty-seven-year trend in every rights indicator. [49]

Reza Pahlavi's official statement of 8 January 2026 reaffirmed an evening mobilisation call for Thursday and Friday. It is a primary source for what he urged, not independent verification of the number who participated, their complete range of demands or every event that followed. The nationwide movement cannot be reduced to a single leader's appeal or a single constitutional preference. [11]

For healthcare professionals, the consequences are concrete. An injured person needs safe access, treatment, documentation where appropriate and rehabilitation. A family needs information that does not expose relatives to further danger. A clinician documenting possible abuse needs to distinguish what was reported, what was observed and what can be concluded within competence. These priorities connect humanitarian concern with professional discipline.

Claims that Iraqi, Syrian, Palestinian or Lebanese participants assisted specific crackdowns require separate verification. The primary material reviewed here does not independently establish every such deployment. This booklet therefore treats that broader assertion as an allegation, not a proven description of whole communities. A reliable account needs a specific unit, date, location, conduct and corroboration. Even proof involving a named armed group would not implicate an entire nationality or religion.

Anger about mass killing is understandable. It should inform an urgent request for protection and accountability, not the transfer of guilt to patients or colleagues who share a perpetrator's presumed identity. A firearm wound does not become less serious because a witness favours monarchy; nor does a person's entitlement to safety disappear because they favour a republic.

16. Crown Prince Reza Pahlavi and the democratic promise

The Iran Prosperity Project materials describe territorial integrity, secular democracy, individual freedoms and the Iranian people's right to choose their system of government. The downloadable Emergency Phase Booklet is dated February 2026, while the campaign landing page labels its presentation March 2026. Its proposed process includes constitutional choice and subsequent democratic steps. These are declared plans, not proof that implementation will succeed. [6, 7]

In his Toronto speech of 19 September 2026, Reza Pahlavi sets out his account of national struggle and transition. His statements are appropriate sources for his stated commitments. They cannot by themselves establish the views of every Iranian, determine national electoral support or answer every criticism of leadership. [8]

The Friedrich Naumann Foundation for Freedom announced on 14 September 2026 that its 2026 Freedom Prize is awarded to the Iranian people. The ceremony is scheduled for 7 November 2026 at St Paul's Church in Frankfurt, with Reza Pahlavi accepting in trust on their behalf. It should be described accurately as recognition of the Iranian people, rather than a personal prize or a certification by a UK regulator. [41]

My support for his transitional role rests on a democratic expectation: citizens should choose the permanent constitution through a credible process. That expectation must remain real if the result differs from my own preference. A parliamentary monarchy is my preferred outcome, but the purpose of the ballot is lost if only one result is acceptable.

The movement is not a single organisation whose every supporter acts according to one enforceable code. Public statements provide evidence of declared principles; decentralised conduct provides another test. Threats against critics, collective blame or demands for compulsory loyalty undermine democratic credibility even when posted beneath an appropriate flag.

The campaign's March 2026 diaspora appeal includes calls to support targeted military operations as well as electoral choice. That is another reason to describe the movement honestly as political advocacy with humanitarian aims. It is not equivalent to a neutral relief agency. A clinician can support transition while assessing each proposal, alliance and military action separately. [42]

I ask employers to assess a staff member's actual words and conduct, not assume that a historical emblem proves support for repression. I ask supporters to explain the emblem's meaning without insisting that other people must share it. The most credible defence of a democratic movement is behaviour consistent with democracy.

17. Criticising political Islam while protecting people

Opposition to theocratic government, compulsory religious rules or the use of religion to justify state violence does not inherently mean hostility towards Muslims. Secular democracy can protect both belief and non-belief. The distinction should be made in the substance of the argument: describe the law, institution or conduct being criticised and the equal freedoms being defended.

The UK government's non-statutory definition of anti-Muslim hostility, published on 9 March 2026, expressly safeguards lawful criticism, debate and even ridicule of religious ideas. It focuses on hostility towards people and must be read with its accompanying explanations. It is not a new statutory offence, a blasphemy rule or a replacement for professional standards. A lawful statement can still require professional assessment in its context. [43]

The NMC's discrimination guidance recognises the distinction between debate about ideas and discriminatory treatment of people, while treating relevant discriminatory conduct seriously, including outside work. No definition should be used to erase anti-Muslim hostility, and no allegation of hostility should substitute for examining the actual communication. [44]

My preferred formulation is that I oppose coercive religious government and defend freedom of conscience for everyone. That includes a Muslim woman who chooses a headscarf, a woman who rejects it, a Baha'i family, a Christian convert, a Jewish community, a Zoroastrian and a person with no religion. A secular state should not determine which citizen's conscience deserves protection.

Arab identity is a different matter from religious belief and from membership of an armed organisation. Arabs are not a single political body; Muslims are not the Islamic Republic; Palestinians are not interchangeable with any militia. Naming a group alleged to have participated in violence requires evidence of its conduct. It does not justify national or ethnic contempt.

The same discipline applies to antisemitism and hostility towards Israelis or other communities. Criticism of a government's actions must not become a claim of collective guilt against people presumed to share a religion or identity. It should also avoid conspiracy language that attributes hidden control to an entire community.

For clinicians, this is more than diplomatic wording. It concerns the patient's ability to believe that their identity is safe in our presence. A person need not agree with my political analysis to trust my care. That trust becomes easier when my public language consistently respects their equal dignity.

18. Britain, Europe and consistent humanitarian concern

Iranian activists may reasonably criticise the adequacy, speed or effectiveness of British and European responses. They may argue for stronger accountability measures and more practical support. However, disagreement about military action does not itself establish deliberate hostility to the Iranian people. That conclusion requires evidence of a specific decision and its purposes.

On 13 January 2026, the UK Foreign Secretary publicly condemned the killing of Iranian protesters and described diplomatic steps. On 2 March, the Prime Minister explained that Britain had not joined the initial US-Israeli strikes, preferred a negotiated settlement and supported specified defensive measures. These statements show that opposition to participation in initial strikes and condemnation of Iranian repression coexisted in official policy. They establish stated positions, not the effectiveness or moral sufficiency of the response. [45, 46]

My criticism should therefore identify what I believe was missing: protection for dissidents, effective pressure against executions, support for independent investigations, safe medical assistance or serious engagement with democratic transition. Such an argument is stronger than assigning one malign motive to all British officials or European citizens. It creates a demand that can be answered and evaluated.

The same principle applies when comparing concern for Iran with Gaza or Lebanon. Every civilian's life matters. A claim for equal seriousness does not require reducing recognition of someone else's suffering. It calls for reliable evidence, consistent protection and attention to people whose needs may be obscured by geopolitical disagreement.

Humanitarian concern also needs practical independence. A clinician should be able to condemn violence by Iranian authorities and scrutinise civilian harm caused by foreign military action. Supporting democratic transition does not require accepting every act of a foreign ally. The patient's welfare cannot be assigned to a geopolitical camp.

For the employer, staff should not have to endorse the government's policy to demonstrate professionalism. The relevant professional questions are whether care remains fair, communication is responsible and institutional authority is represented accurately. For the activist, a foreign-policy disagreement should be expressed with the same evidence and respect expected in other public matters.

My earlier work on Britain emphasises a prepared transition, institutional continuity and national self-determination. Those concerns support cooperation with people who do not endorse my preferred constitutional model. A shared request to protect lives can be pursued while political disagreements remain open. [19]

19. A practical method before posting

The following method is my proposed application of the regulatory framework. It is intended to improve judgement rather than provide a numerical safe-posting score. A post that passes a checklist can still be inappropriate in a particular context.

First, identify the purpose. Am I reporting a finding, expressing grief, explaining a political view or asking for a defined action? An unclear purpose often produces a mixture of accusation, anger and unrelated claims. One defensible point is easier to verify and communicate than a thread containing every unresolved grievance.

Second, identify the actor. Replace a sweeping label with the institution or conduct concerned. If the allegation is about a specific armed unit, do not substitute the unit's presumed nationality. If the evidence is about a state policy, do not imply that all adherents of a religion support it.

Third, check the evidence. Open the source, confirm its date and identify whether it reports a documented minimum, estimate, allegation or formal finding. Images require provenance. A short video may not establish location, date, identity or the sequence that preceded it. Where uncertainty remains, name it. A corrected statement should be visible rather than silently leaving the misleading version in circulation.

Fourth, check the whole item. Read subtitles, comments embedded in screenshots, flags, captions, linked material and the wording of the repost. A sympathetic message can circulate an abusive remark or an unsupported claim. Rewriting the sound argument with a source is often clearer than adding a disclaimer to problematic content.

Fifth, consider the audience. A patient or colleague may see the post without its original context. Could they reasonably believe that I oppose them as a person or would treat them unfairly? Could they mistake my opinion for institutional policy? Clarification should be concrete and consistent with the content, not a formula that contradicts it.

Finally, pause when emotionally activated. Ask a trusted reader to review a contentious post. A pause is a proposed communication habit, not a regulatory requirement or diagnosis of incapacity. Grief should receive respect and support. It should not be exploited by provocateurs to produce a response that damages both the speaker and the cause.

Name the harm, cite the evidence, defend the right and request the action. Make the human being easier to see.

20. Personal websites, credentials and public boundaries

It is sensible to distinguish a political website from a clinical service, including their branding, contact purposes and visitor expectations. This does not create a second personality exempt from professional standards. It makes the purpose of the communication clearer.

A professional title can identify the author honestly. The blanket claim that doctors must never mention their qualifications in political writing is not supported by the guidance reviewed. The safer principle is accurate identification without appropriation of institutional authority. When discussing healthcare, the GMC ordinarily expects appropriate identification and context about expertise. [32]

For this booklet, my name and qualifications describe authorship. They do not indicate NHS endorsement or that medical training resolves a constitutional dispute. A concise personal-capacity statement is appropriate. It should not use an NHS or regulator logo to suggest sponsorship. The same principle applies to university and professional-body affiliations.

I recommend distinct forms and contact routes for clinical enquiries and civic engagement. A political mailing list should not be assembled from patient contacts. Readers should understand what information is collected and why. A clinical request arriving through a political channel should be redirected into the appropriate service pathway without a political discussion becoming part of triage.

Separating content also helps accessibility. Someone searching for an ankle consultation should be able to find clinical information without being asked to agree with a political position. Someone reading a civic essay should understand its sources, authorship and declared viewpoint. Links between the sites can be transparent and optional.

Public images deserve similar care. A photograph in scrubs or at an NHS location can create an impression of institutional endorsement even when a caption says otherwise. Check permissions and local policy before using workplace images. Avoid patient material, visible identifiers, confidential screens or clinical situations as political decoration. These are practical recommendations about clarity and privacy.

Finally, a disclaimer should match behaviour. Personal views does not repair ethnic abuse. Humanitarian purpose does not prove that a donation route is lawful or that a programme is clinically governed. Professionally qualified does not make an unverified allegation true. A trustworthy website allows readers to examine the evidence and understand the limits of the author's authority.

21. The consulting room and the workplace

A patient notices my article and asks whether I dislike Muslims. I should address the concern directly: I oppose coercive government and support freedom of belief; the patient's care and dignity are unconditional. I should then return to the health issue and invite any further concern about treatment through the usual route. This is a proposed response, not a script that overrides the patient's needs.

A patient says they support the Islamic Republic. Their disclosure does not justify delay, contempt or a political cross-examination. If their care can be provided safely, it should proceed according to clinical need. A genuine safety issue requires ordinary safeguarding and clinical judgement, not retaliation for the belief.

A colleague declines a campaign invitation. Their decision should be accepted. A senior professional should not infer indifference to Iranian suffering, press for an explanation or allow refusal to influence opportunities. A voluntary civic invitation remains voluntary only when the hierarchy does not punish declining it.

A staff member asks to display a Lion and Sun badge during clinical work. The emblem's meaning should be explained, and the current uniform or symbols policy checked. Questions include infection-control requirements, consistency, audience and patient-facing appropriateness. This booklet cannot authorise the display in every workplace. Off-duty use at a lawful event is a different context and still requires responsible conduct.

A charity or civic organisation asks for access to a trust mailing list. The professional should not release data or represent agreement without an authorised process. A worthwhile aim does not confer access to information or resources. Relevant interests should be disclosed where decisions overlap.

A clinical discussion turns into disagreement about Iran. The team should bring the discussion back to patient care. Political disagreement should not obstruct handover, imaging, rehabilitation or prescribing. If a colleague is targeted or harassed, the concern should be raised appropriately rather than allowed to become an accepted part of the team's culture.

These situations show why neutrality is most useful when described through behaviour. The patient receives fair care; the colleague retains freedom; institutional resources are protected; and the clinician remains able to participate in civic life. There is no need to determine whether every participant's politics is correct before applying those commitments.

22. Online harassment, threats and suspected state activity

Iranian professionals may face hostile messages, coordinated reporting, impersonation or threats. Some may fear risks to relatives. UK official statements recognise Iranian threats towards dissidents, but this does not establish that every abusive account is controlled by the IRGC. Attribution needs evidence. A suspected bot or state-linked profile should be described as suspected unless a reliable investigation establishes the connection. [46]

The first priority is to prevent escalation and preserve useful evidence. Record the original message, date, account identifier and surrounding context securely. Use platform reporting, muting or blocking where appropriate. Do not respond with threats, public accusations unsupported by evidence or disclosure of another person's private information. These are proposed protective practices.

Where there is immediate danger, contact the police through the emergency route. Credible non-immediate threats should be reported through appropriate police and employer-security channels. If a threat concerns the workplace, reception arrangements or identifiable colleagues, involve the relevant organisation rather than trying to manage it through a public thread.

Evidence should be retained without unnecessarily circulating sensitive information. Screenshots used for advice may contain patient details, relatives' locations or private telephone numbers. Share the minimum needed through appropriate secure routes. Publishing a collection of hostile messages can amplify the attacker and expose other people; the purpose of preservation is assessment and protection.

Provocation explains context but does not authorise abuse. It is possible to acknowledge being targeted, obtain support and stop responding while retaining a strong political position. Asking a trusted colleague to review public wording can help when repeated harassment has narrowed attention towards the next insult.

Employers should protect staff from intimidation without automatically treating civic visibility as misconduct. They should also take genuine patient or colleague concerns seriously. An alleged campaign against a practitioner and a complaint about an actual post can both require examination. Neither should be decided solely by how many messages arrive.

For groups, nominate an incident contact, establish a secure evidence process and prohibit retaliatory doxxing. Encourage wellbeing support where distress or sleep disruption affects work. These are reasonable organisational proposals, not evidence that a person experiencing grief is unfit to practise. The aim is to sustain safe care and safe civic participation together.

23. Responding to an employer or regulatory concern

A formal concern should be met with a clear record and appropriate advice. Obtain the allegation in writing, identify the exact content, the relevant policy or standard and the process being used. Preserve the original context before making changes. Do not conceal evidence or assume that deleting a post resolves its professional significance.

The Acas Code provides a framework for fair disciplinary and grievance handling, including appropriate investigation, notice of the issue, an opportunity to respond, relevant accompaniment rights and appeal. The statutory right to accompaniment concerns qualifying disciplinary and grievance hearings; it does not automatically attach to every informal or investigatory meeting. A trust policy may provide additional arrangements. Regulatory proceedings follow their own rules. [47]

Seek support from the relevant trade union, defence organisation or qualified legal adviser promptly. Explain the facts without assuming that a humanitarian motive decides the case. Equally, identify any evidence of unfair stereotyping, unequal policy application or threats intended to suppress lawful advocacy. Ask that the full communication and circumstances be considered.

Where a mistake occurred, describe it specifically. I repeated an unverified number differs from I must no longer support Iranian democracy. A meaningful response identifies the error, corrects the record and explains how future communication will improve. If the allegation is disputed, a reasoned factual response is appropriate; disagreement should not be replaced by a false admission.

Clinical conduct and online conduct may require different evidence. Relevant records of fair practice can matter, but they do not automatically answer a complaint about harassment or public communication. Conversely, the fact that a complainant disliked a political opinion does not by itself prove a breach of professional standards.

For doctors, the GMC's activism guidance explains the need to follow reporting obligations for relevant criminal matters and how individual circumstances enter assessment. Readers should check their own regulator's current notification rules rather than apply a doctor's rule to every profession. [3]

My proposed response file contains a chronology, original content, sources relied on, role and account context, relevant policies, the practitioner's explanation, any corrective action and the advice received. It should omit unrelated patient or family information. This is a practical preparation tool, not a substitute for case-specific advice or a prediction of outcome.

24. Civic organisations, medical solidarity and fundraising

A group of Iranian healthcare workers can support democratic transition and human rights. It should state its political position honestly, identify who speaks for it and publish conduct expectations. A shared emblem does not establish agreement by every participant with every statement, alliance or funding decision.

Humanitarian delivery needs its own rules. Eligibility for treatment should follow need and the programme's lawful, defined scope, not a requirement to endorse monarchy or a transitional leader. Clinical assessment, consent, records, safeguarding, referral and rehabilitation need appropriate competence and governance. A patient should not be asked to provide political publicity in exchange for care.

Conflicts become concrete when a group leader influences allocation of resources or payment. A donor's political prominence should not determine access. Declare relevant relationships, use independent assessment where necessary and document the reasons for decisions. These are applications of the distinction between a belief and an interest that can distort a professional choice. [20]

Fundraising should state whether money supports clinical assistance, civic campaigning or another purpose, with clear accountability. The word humanitarian does not establish charitable status. For charities in England and Wales, Charity Commission guidance explains the relationship between charitable purposes and political activity; a charity cannot have a political purpose, and campaigning must further its charitable objects within the rules. A separate civic organisation has a different framework. [48]

Before transferring funds or arranging treatment, obtain appropriate advice on sanctions, safeguarding, data protection, insurance and professional arrangements where they actually apply. This is about checking a specific programme, not labelling Iranian assistance inherently suspect. Do not promise a legal route, provider partnership or service that has not been established.

My deliberative protocol proposes documented decisions, visible dissent, risk assessment and review instead of governance through social-media pressure. It can help a healthcare civic group decide whether to endorse an event, issue a statement or cooperate with another organisation. Clinical judgement still needs a qualified clinical process. [17]

The test of medical solidarity is what reaches the person in need: appropriate care, reliable information, safety and continued support. Public attention can help secure these benefits. It should never replace them as the purpose of the programme.

25. What employers and regulators should provide

I propose a balanced institutional response to Iranian healthcare workers' civic activity. This is an authorial policy recommendation, not a statement that employers have already adopted the programme or that a measured nationwide pattern of enforcement has been established.

First, provide accurate orientation. Explain the distinction between criticism of the Islamic Republic, support for a constitutional model, hostility towards people and a clinical concern. Identify the actual professional or employment rule involved. Training should include Iranian experiences without requiring colleagues to share a political position.

Second, assess conduct consistently. Use the same standards of accuracy, respectful behaviour, patient confidence and institutional representation for advocacy concerning Iran, Gaza, Lebanon or another crisis. Consistency does not mean ignoring different facts. It means that the political popularity of a cause should not decide whether the standard applies.

Third, avoid assumptions about identity. A Lion and Sun supporter should not automatically be treated as endorsing every historical act of the Pahlavi state. A Muslim colleague should not be presumed to support theocratic repression. Both deserve assessment of their actual conduct and protection from stereotyping.

Fourth, explain proportionate options. Depending on the facts, clarification, corrected sourcing, training, mediation or a defined boundary may address a concern. Serious discrimination or safety risks can warrant a more substantial response. An institution should be able to explain why the chosen step is necessary and why less restrictive measures would be inadequate.

Fifth, protect staff from threats and provide confidential support. Bereavement, fear for relatives and online intimidation may need practical assistance. Recognising distress does not predetermine competence, and assessing competence should not become an informal test of political conformity.

Sixth, protect patients' channels of complaint. A patient should be able to raise a concern without being publicly identified as a political enemy. Equally, a complaint process should not become an unexamined instrument for suppressing lawful comment. Evidence, context and clear reasons support confidence on both sides. [3, 4, 47]

Finally, preserve a meaningful space for civic participation. The healthcare worker should know how to speak in a personal capacity, declare a relevant outside role and organise lawful activity without implying NHS endorsement. The employer should know how to protect service impartiality without demanding indifference to suffering.

26. A commitment that can be tested

The answer to the opening question is therefore conditional but clear. Supporting secular democracy in Iran, the Lion and Sun movement or Crown Prince Reza Pahlavi is not, by itself, an inherent conflict with NHS work or professional registration. The compatibility is sustained by fair treatment, truthful communication, respect, appropriate boundaries and management of specific competing interests. A particular action can still breach law, employment requirements or professional standards.

For me, the movement's humanitarian purpose is central. Iranians should not have to make their injuries, bereavements and threatened executions invisible to secure acceptance in British institutions. The evidence of suffering should be heard. But its recognition does not require an exemption from the dignity owed to another community.

I want Britain and Europe to recognise Iranian healthcare workers as citizens with moral concerns, experience and a legitimate public voice. I also want patients to be certain that the consulting room is not a place where those patients must pass a political test. These ambitions reinforce one another when our behaviour is credible.

My support for parliamentary monarchy is a constitutional preference, not a substitute for consent. My support for Reza Pahlavi is an expectation of a democratic transition, not an instruction to suspend scrutiny. My opposition to the Islamic Republic concerns coercion and conduct, not a patient's religious identity. These distinctions should be evident whenever I speak publicly.

The quality of advocacy can be evaluated. Are sources traceable? Are errors corrected? Are opponents' rights defended? Are donations accounted for? Can patients and colleagues raise concerns without retaliation? Does an organisation behave according to the democracy it says it seeks? These questions connect national emotion with institutional responsibility.

The same care in reasoning that protects a patient's welfare can protect a political movement from impulsive harm. Listening, verification and accountability do not diminish conviction. They give conviction a form that other people can trust.

I will speak for Iranian freedom in a manner consistent with the freedom and dignity I wish every Iranian to possess. I will care for every patient in a manner that makes that commitment visible.

Appendix A. A proposed professional civic code

This twelve-point code is an independent proposal for adoption or adaptation by individuals and civic groups. It is not an official regulator code or approved NHS policy.

1. I will treat every patient according to clinical need and professional judgement, without a political allegiance requirement.
2. I will respect colleagues and the public, including those who reject my preferred leader or constitutional outcome.
3. I will distinguish criticism of institutions, ideologies and actions from hostility towards people because of religion, ethnicity or nationality.
4. I will not threaten, bully, harass, doxx or encourage collective punishment, and will not excuse such conduct because it serves my cause.
5. I will describe my qualifications, expertise and institutional relationships accurately, without implying an endorsement that does not exist.
6. I will protect confidential information and will not recruit through patient data or use a clinical relationship to obtain political support.
7. I will check evidence before sharing it, distinguish findings from allegations and correct significant errors clearly.
8. I will review material I repost, including captions, imagery and embedded content, rather than consider only its headline.
9. I will declare and manage relevant interests when outside roles, funding, relationships or resources overlap with professional decisions.
10. I will organise lawful civic participation in a personal capacity, observe applicable policies and preserve safe performance of my duties.
11. I will respond to concerns honestly, preserve relevant evidence, seek appropriate advice and make specific improvements when justified.
12. I will defend democratic choice, accountability and freedom of conscience in the conduct of the organisations I support.

Adoption should include the date, the person's or group's name and a plan for review. It should never be marketed as proof of GMC, NMC, GDC, HCPC or NHS approval. A credible commitment is demonstrated through continuing conduct and a fair process for addressing concerns.

Appendix B. Public wording and personal-capacity statements

These examples are suggested wording. They do not guarantee compliance in every context, and a reader should adapt them to facts they can substantiate.

A concise profile statement

I am a healthcare professional writing here in a personal capacity. I support Iranian human rights, secular democracy and the Iranian people's freedom to choose their constitutional future. My views do not represent my employer or any professional regulator. My care and respect for patients are independent of their politics, religion or nationality.

A declared constitutional preference

I support Crown Prince Reza Pahlavi's role in a democratic transition and prefer parliamentary monarchy. The permanent constitution must be decided through a credible, free process by the Iranian people. Those who choose a republic retain equal rights and dignity.

A post about the January killings

Amnesty International documents mass unlawful killings during Iran's January 2026 crackdown, particularly on 8-9 January. I call for protection of injured people and medical staff, independent investigation and accountability. Figures should be attributed to their source and reporting date. [9]

A distinction concerning religion

I oppose the use of religious authority to impose coercive state rules. I defend Muslims' freedom of belief alongside the freedom to change religion or have none. My criticism concerns policies and conduct; it does not assign guilt to a religious or ethnic community.

A response to provocation

I will discuss the evidence and the rights at issue. I will not participate in personal abuse or threats. Credible concerns can be raised through the appropriate channel, and harassment will be documented and reported where necessary.

A correction

My earlier post described an allegation as established fact. I have corrected the wording and linked the available source. I cannot independently verify the broader claim. The correction does not alter my commitment to Iranian rights and impartial care.

Reassurance to a patient

Your treatment and dignity do not depend on agreement with my personal views. I respect your beliefs and will assess your health needs on their clinical merits. Please tell me if anything has caused concern about your care.

Appendix C. Scenarios for discussion

These fictional scenarios are teaching examples. Their assessments are provisional applications of the framework, not determinations of fitness to practise.

Situation	Main issue	Constructive response
A surgeon attends a lawful off-duty vigil with a Lion and Sun flag	Personal civic participation	Keep representation accurate; assess actual conduct rather than infer misconduct from the emblem
A nurse posts a sourced demand to end executions	Public advocacy and accuracy	Preserve source attribution, dignity and clear personal capacity
A registrant shares a video containing an ethnic slur	Sharing harmful content	Preserve context, remove or correct the problematic publication and make the defensible point separately
A consultant gives preferred theatre access to a donor from a campaign they lead	Competing interest and unequal allocation	Declare the relationship; use an independent, clinically justified allocation process
A senior clinician pressures trainees to sign a political letter	Hierarchy and freedom to decline	Withdraw pressure and ensure opportunities are unaffected by participation
A patient asks whether a political post means Muslim patients are unwelcome	Confidence in care	Listen, explain equal treatment and address the actual wording without political debate
A practitioner labels every hostile account an IRGC bot	Unsupported attribution	Describe observed conduct and distinguish suspicion from verified state linkage
A trust objects to a political badge during clinical duties	Local policy and context	Obtain the current rule, assess its consistent application and consider a proportionate boundary

The recurring question is not whether the reader likes the cause. It is whether the person can exercise civic freedom while meeting duties to others. Similar cases may differ because of wording, role, history, audience, evidence and impact.

Declarations and publication notes

Author's position: I support secular democracy, constitutional monarchy and Crown Prince Reza Pahlavi's transitional leadership, subject to democratic choice and protection of equal rights. This interest is declared because it shapes my argument. It is not presented as a conflict that automatically disqualifies advocacy or care.

Institutional position: This is an independent publication by Mr Peyman Bakhshayesh, MD, PhD, MBA, Consultant Trauma and Orthopaedic Surgeon. Professional credentials identify the author. No NHS organisation, university, regulator, political office or foundation is presented as having endorsed this booklet or its proposed code.

Publication status: Prepared from the author's commission and selected primary sources and earlier writings. It contains no original clinical dataset, survey of regulatory decisions or claim of journal peer review. The legal discussion is general analysis, not individual legal advice. Proposed procedures require adaptation to the relevant occupation and organisation.

Privacy: No private patient records, personal disciplinary documents, identifiable clinical cases, unpublished witness details or signature lists are reproduced. The scenarios are fictional. Relevant private Drive writings were consulted for continuity; their private sharing links are not published here.

Evidence date: Sources were reviewed to 12 October 2026. The Freedom Prize ceremony remains a future scheduled event at publication. Dates refer to the cited document or edition. Rules and policies should be checked again when a decision depends on them.

Source limitations: Automated access to some NHS England, legislative and UN pages was incomplete. Search-accessible official publication text, related primary documents and a public copy of the original UN report were used where identified. This booklet does not claim a full comparative GDP analysis or independent proof of every alleged foreign militia deployment or online-state attribution.

Use of prior writing: Relevant Drive manuscripts and current homepage editions were used for style and intellectual continuity. They are cited as the author's own arguments, not independent verification of external events. Readable web and PDF editions of this booklet carry the same substantive text and reference numbering.

Suggested citation: Bakhshayesh P. A Doctor's Conscience, A Patient's Trust: Living and working in Britain while supporting a secular democratic Iran. Independent analytical booklet. 12 October 2026.

References

All online sources were consulted on 12 October 2026. Links identify the source actually used or its official document entry point. Numbering is consistent across the PDF and website. Where an official statement supplies evidence of a position, it is cited for that position rather than its successful implementation.

[1] General Medical Council. Good medical practice.

2024 standards; current professional-standards entry point. Relevant provisions include paragraphs 19, 56 and 87.

Read source / www.gmc-uk.org

[2] General Medical Council. Personal beliefs and medical practice.

Current guidance, including the 13 December 2024 extension to all GMC registrants. Relevant sections: personal beliefs and values; professionals' personal beliefs; conscientious objection.

Read source / www.gmc-uk.org

[3] General Medical Council. Doctors taking part in protests or other forms of activism.

30 July 2024. Political campaigning, conduct, reporting, proportionality and safeguards concerning referrals.

Read source / www.gmc-uk.org

[4] Nursing and Midwifery Council. Freedom of expression and Fitness to Practise.

Reference FtP-2a-xi; updated 25 March 2026. Framework and examples for assessing professional expression.

Read source / www.nmc.org.uk

[5] General Dental Council. Maintaining professional standards in relation to controversial issues.

4 December 2025. Political expression, campaigning, discrimination and appropriate regulatory limits.

Read source / www.gdc-uk.org

[6] Iran Prosperity Project. Emergency Phase Booklet.

English download, cover dated February 2026. Foreword and proposed democratic process; advocacy blueprint, not independently validated implementation.

Read source / iranopasimgirim.com

[7] Rise Iran. Iran Prosperity Project.

Campaign presentation labelled March 2026 edition. Four declared principles and transition outline.

Read source / iranopasimgirim.com

[8] Reza Pahlavi. Speech at the Cyrus the Great II Event in Toronto.

19 September 2026. Primary source for the speaker's declared political position, not public-opinion measurement.

Read source / rezapahlavi.org

[9] Amnesty International. What happened at the protests in Iran?

26 January 2026. Investigation of protests beginning 28 December 2025, mass killings, firearms and restrictions on healthcare.

Read source / www.amnesty.org

[10] UN Human Rights Council. Report of the Independent International Fact-Finding Mission on the Islamic Republic of Iran. A/HRC/63/61.

21 September 2026. Original UN report; public copy hosted by the Abdorrahman Boroumand Center. Investigative findings, not criminal convictions.
[Read source / www.iranrights.org](http://www.iranrights.org)

[11] Reza Pahlavi. Emphasizes the 8 PM Call on Thursday and Friday: Potential Internet Cutoff is Another Call to Seize the Streets.

8 January 2026. Primary statement of the mobilisation appeal.
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