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Applying zoroastrian virtue ethics in clinical medicine to address epistemic injustice and ethical marginalisation

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Contents

Introduction	01
Historical Context	02
Zoroastrian Ethical Framework	03
Virtues and Responsibilities in Practice	04
Comparative Analysis	05
Source Of Renewal	06
Conclusion	07

I think first I need to ask myself, why did I even bother undertaking this project?

A faith and set of ethics not many are familiar with,
A project that is quite difficult to find primary sources for given the historical nature of the content...

But one day on hospital placement,
I was in a Respiratory Testing tutorial

And they handed us a “GLI” booklet that had arbitrary
values used to calculate the lung function of patients,

Imagine each GLI value is an arbitrary value attributed to a
given ethnicity

So I naturally tried to find my own ethnicity (Persian)

Though I couldn't find it, because

Every patient seemed to get broadly categorised into 5 buckets:

1. Caucasian (white)
2. African-American (black)
3. North-East Asian
4. South-East Asian
5. Other...

<https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.scribblemaps.com%2Fmaps%2Fview%2FZoroastrian-Empires%2FZoroastrianEmpires&psig=ACQVaw21UaHelxn9JDp78470ATZy&ust=1764513749066000&source=images&cd=vfe&opi=89978449&ved=0CBUqjRxqFwoTCKBwovMI5EDFQAAAAAABAL>

So effectively, this is the world map in the eyes of the GLI score

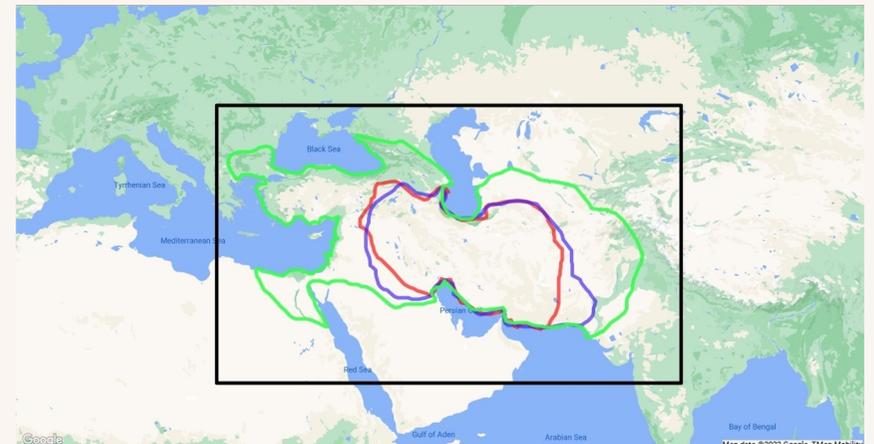


So my next thought was...

Why?

Now obviously, lack of funding and lack of access sure

But then ideas started coming to me,
Differences in cultural norms, medical ethics and perceptions of
medical research...



Now I'm not saying there's some guaranteed correlation...

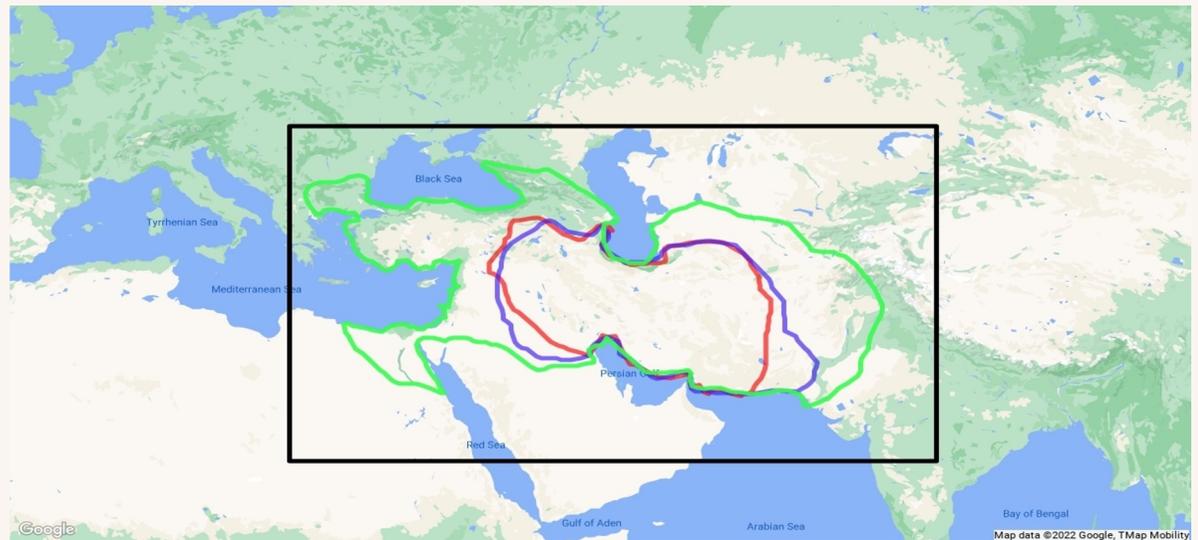
But I felt like I knew enough at least about my own culture to start putting my thoughts together regarding why or how medicine and the perception of research is different in central/west Asia

And subsequently, the approach to medical ethics both in Zoroastrianism and these regions

Now before we go further, my own name “Sepanta” comes from the ancient religion called Zoroastrianism, which was founded around 2600 years ago, known to be the first monotheistic religion

This map includes all Zoroastrian dynasties.

(Many of which were theocratic and reigned across ~2000 years)



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This is the geographical reach and influence of Zoroastrianism

The goal of this is to evince Zoroastrianism's influence on various cultures.



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By many accounts and perceptions of reputable scholars and historians,

it is sometimes known as a *precursor* to other Abrahamic faiths and a synergistic linguistic partner to Hinduism through the ancient language connection between Avestan and Sanskrit

It is also believed that the “3 wise men” who came to visit Jesus were Zoroastrian priests (Majis), around 2000 years ago.

But of course, I'm no theologian, nor am I religious, nor am I here to debate the religious aspect of all this...

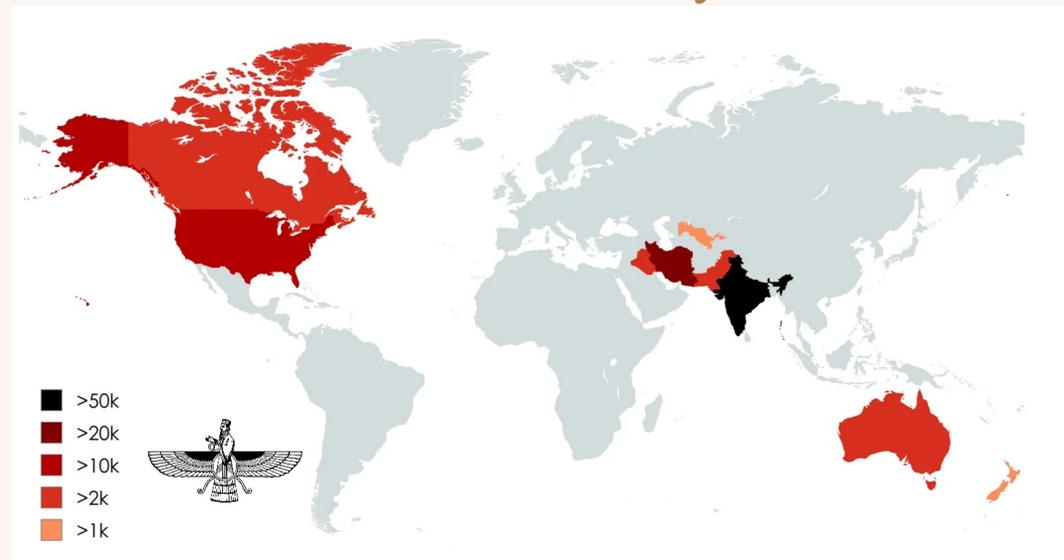
Let's have a discussion about Zoroastrian Medical Ethics and how it may have influenced cultures and patterns of thought,

Even to this day!

It's important to understand that the modern population of Zoroastrians and contemporary diaspora around the world is quite low, so the focus here is on the influence it has had on peripheral cultures.

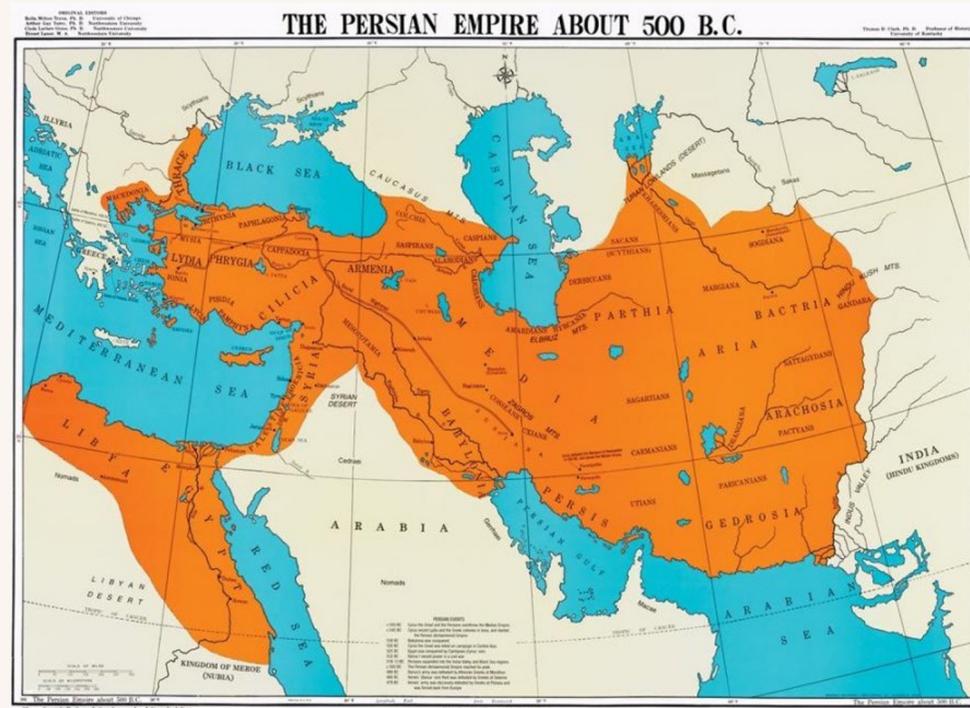
For reference here is a map of where Zoroastrians live today:

Population:
~200,000



https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.reddit.com%2F%2FMapPorn%2Fcomments%2F17192b%2Fzoroastrian_population_by_country%2F&psig=AOVaw21UaHelxn9JDp78470ATZy&ust=1764513749066000&source=images&cd=vfe&opi=89978449&ved=0CBUQJRxqFwoTCKCBwovMI5EDFQAAAAAAdAAAAABAE

The Persian empire at it's peak (300 B.C.)



<https://www.google.com/url?sa=i&url=https%3A%2F%2Fmmsdragon.org%2F1133%2Fcommunity%2Fthe-persian-empire%2F&sig=AO/Vaw1ZFZT-BML8dxyOchOR-Rf&ust=1764519744987000&source=images&cd=vfe&opi=89978449&ved=0CBUQjRxfFwoTCNcmirfi5EDFQAAAAAdAAA AABAE>

Zoroastrianism in brief: history, reach, cultural influence.



Among the oldest still practised monotheistic traditions, traced to Zarathustra in ancient Persia

Shaped imperial cultures for centuries

Achaemenid, Parthian and especially Sasanian dynasties

Law, kingship and medicine intertwined with Zoroastrian ideas of truth, purity and justice

Geographic and cultural reach

Historical influence across what is now Iran, Iraq, Afghanistan, Central Asia and the Indian subcontinent

Living communities today in Iran and India, and Parsi and other diasporas in North America, Europe and beyond

Zoroastrianism in brief: history, reach, cultural influence.



Ethical themes that travelled

- Sharp contrast between asha truth order and druj lie chaos
- High value placed on justice, truthful speech, care for the vulnerable and purity of body and environment

Even where people no longer identify as Zoroastrian, these habits of thought have shaped moral expectations for millennia

Iran is the only country in the world there is a free, legal and limitless market for selling one's own organs,

But the interesting part is that nobody seems to want to sign a consent form... or any sort of form that legally binds them to that event

We see the same trends in medical research!

And why is that?

There is a cultural fear about being associated with such hardship,

Hardship thorough enough to convince oneself to sell an organ is culturally taboo, even though it's a free market!

Whether it's Kyrgyzstan, Iran, Afghanistan, Uzbekistan, Iraq (or many of the other countries in the Central/West Asian sphere), the same issue persists surrounding consent forms and signing up to research...

Many of which would prefer to participate without any legal entanglement!

The dilemma is in some ways a “Damn.. I have to SIGN A FORM that LEGALLY BINDS ME to this to TRUST you won’t do me wrongly?”

Because a lot of these cultures are bound by a sense of unspoken, arbitrary, virtue ethics and morals.

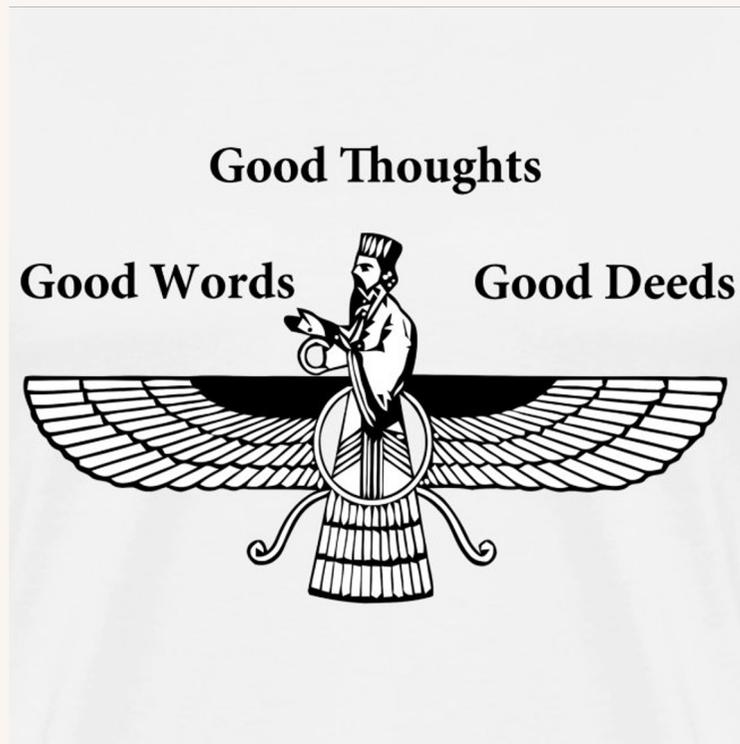
This style of thinking can certainly be incompatible with euro-centric/western research norms, expectations and trust in our judicial systems.

In many of these countries, there is a deep grey area around ethics and moral expectations from opposing parties when it comes to medical research.

Now this is the mantra of Zoroastrianism that many Iranians feel proud of and aim to teach their children, as well as peripheral farsi-speaking and adjacent cultures:



The triad – visual diagram.



Pendar-e-nik – Good thoughts

Inner disposition, intention, discernment

Goftar-e-nik – Good words

Truthful, timely, compassionate communication

Kerdar-e-nik – Good deeds

Just, courageous, life promoting action

**This 3 phrase mantra is deeply linked to Persian culture,
and is the most distilled down version of Zoroastrian
ethics and morals.**



Maybe if we understood a bit more about the style of virtue ethics and thinking of these cultures, we'd have an easier time collecting data!

So why revisit this framework now?

Limits of principlism.

Contemporary bioethics is often framed by four principles

Autonomy

Beneficence

Non-maleficence

Justice

Why revisit this framework now?

Yet often

Action focused rather than character focused

Sometimes thin on moral psychology, virtue and spiritual meaning

Individualistic, less attentive to family, community and cosmic narratives

Rooted in Eurocentric intellectual history, with limited use of non Western traditions

Result:

We risk missing how many patients and clinicians actually think about right and wrong

We overlook resources that could strengthen justice, compassion and integrity in practice

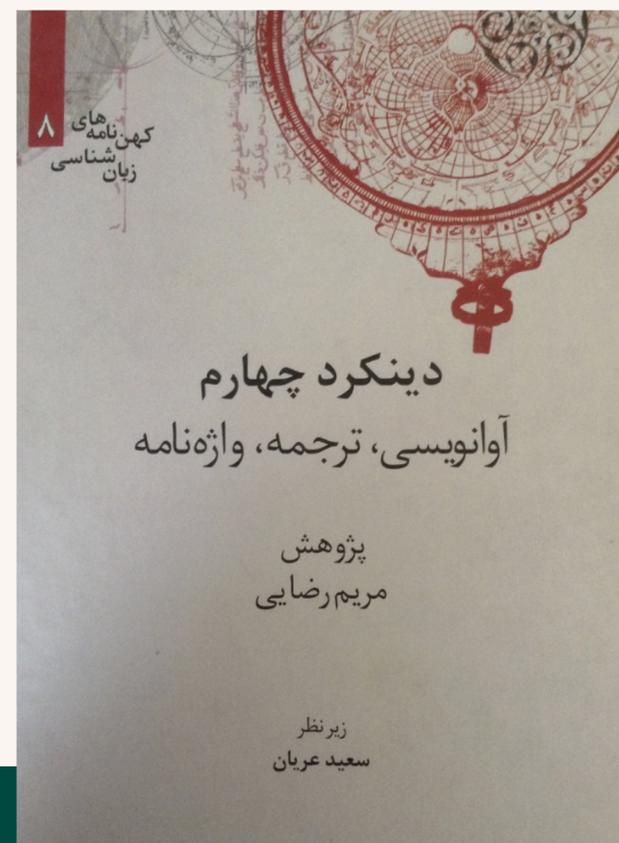
Why revisit this framework now?

Again, this presentation is not with the goal of adding an extra “theological” perspective to keep in mind during clinical practice, but rather understanding the spread of influence Zoroastrianism had imperialistically across thousands of years which should have a place in contemporary frameworks.

The “ideal physician” in the Denkard (A 9th Century Compendium of Zoroastrian Wisdom)

Key traits

- **Knows the body and remedies**
- **Amiable, gentle in word, free from jealousy and arrogance**
- **Enemy of disease, friend of the sick**
- **Avoids crime, injury and violence**
- **Not driven by greed for wealth, but seeks spiritual reward**
- **Listens, learns, protects reputation, prepares medicines that restore health and purity**
- **Clear alignment with the triad**



The “ideal physician” in the Denkard (A 9th Century Compendium of Zoroastrian Wisdom)

Which links back into:

- **Humata – pure intention, humility, absence of envy**
- **Hukhta – gentle, truthful, respectful speech**
- **Huvarshta – technically competent, non violent, service oriented action**

- **Reads like a proto virtue ethics template for modern professionalism!**

Clinical vignette 1: terminal cancer and truth-telling; what Z ethics adds.

Vignette outline

Middle aged patient with terminal cancer struggles to accept prognosis

Family asks oncologist not to disclose the full truth to “protect” him

Standard four principle analysis

Clinical vignette 1: terminal cancer and truth-telling; what Z ethics adds.

Autonomy and respect for persons suggest honest disclosure

Beneficence and non-maleficence invite careful balancing of hope and harm

Zoroastrian virtue ethics lens

Asha requires truthfulness, but truth must be spoken as hukhta good words

Clinical vignette 1: terminal cancer and truth-telling; what Z ethics adds.

Lying aligns with druj, even if the intention is to protect

Physician aims to tell the truth gently, with empathy and spiritual sensitivity

Humata guides the intention: “I will not abandon you and I will be honest with you”

Huvarshata appears in actions that relieve pain, fear and loneliness, not only physical symptoms

End-of-life care: bullets of the Z stance vs principlism.

Zoroastrian stance

Life is a sacred good, created by Ahura Mazda

Active killing, including euthanasia, is generally forbidden

Strong emphasis on

Palliative care and relief of suffering

Dying with spiritual readiness, reconciliation and peace

Truthful conversations about prognosis and preparation for death

The physician as “friend of the sick” who never abandons the patient

End-of-life care: bullets of the Z stance vs principlism.

Accepts intensive analgesia and comfort measures even if they may shorten life indirectly, as part of resisting suffering and fear

Principlism stance

Non-maleficence: avoid causing harm

Beneficence: relieve suffering and promote wellbeing

Autonomy: advanced directives, consent to withdraw life sustaining treatment

Justice: fair access to palliative services

Active euthanasia and physician assisted dying treated as contested options, depending on jurisdiction and interpretation of autonomy and harm

Clinical vignette 2: abortion dilemma; Z virtue-ethics reasoning.

Young woman with unplanned pregnancy, no medical indication, requests abortion due to financial and social pressure

Zoroastrian influenced physician

Views abortion as a serious moral wrong that destroys an innocent life and introduces impurity nasu

Sees herself as a guardian of life and an “enemy of disease, friend of the living

Clinical vignette 2: abortion dilemma; Z virtue-ethics reasoning.

Virtue ethical response

Good thoughts

Deep empathy for the patient's distress

Intention to protect both the woman and the unborn

Good words

Explains clearly and respectfully why she believes abortion is wrong

Avoids harsh judgemental language

Opens conversation about values, beliefs and fears

Good deeds

Offers practical support, referrals, community resources

Explores alternatives such as continuing the pregnancy with financial and social support or adoption

If pregnancy threatens the mother's life

Termination becomes a tragic but morally permitted rescue of the greater good, preventing two deaths rather than one

Abortion: pro-life stance, exception to save the mother.

Zoroastrian Ethics

Strongly pro-life, abortion considered a grave sin in classical texts

Exception when continuing pregnancy will almost certainly kill the mother

Language of asha (truth) and druj (dishonesty), purity and pollution, good and evil

Concern for the integrity of creation and the soul of mother and unborn

Physician as guardian of life, counsellor, provider of support, reluctant to end life even under pressure

Four-Principle Bioethics

Often framed as a conflict between maternal autonomy and foetal moral status

Termination may be considered permissible in a wider range of circumstances, including serious hardship or severe foetal anomaly, depending on context

Language of rights, interests, harms and benefits

Concern for balancing competing claims fairly and transparently

Physician as neutral advisor and technical expert, sometimes as procedural gatekeeper

Shared acceptance that saving the mother's life can justify termination

Z narrative can deepen reflection on conscience, character and meaning of loss

Principle based analysis can help Z influenced clinicians navigate complex pluralistic legal environments without abandoning patients

	Zoroastrian Ethics	Four-Principle Bioethics
Basic Stance	Strongly pro-life, abortion considered a grave sin in classical texts	Often framed as a conflict between maternal autonomy and fetal moral status
Exception to Save the Mother	Exception when continuing pregnancy will almost certainly kill the mother	Termination may be considered permissible in a wider range of circumstances, including serious hardship or severe foetal anomaly, depending on context
Moral Language	Language of asha (truth) and druj (dishonesty), purity and pollution, good and evil	Language of rights, interests, harms and benefits
Primary Concern	Concern for the integrity of creation and the soul of mother and unborn	Concern for balancing competing claims fairly and transparently
Role of Physician	Physician as guardian of life, counsellor, provider of support, reluctant to end life even under pressure	Physician as neutral advisor and technical expert, sometimes as procedural gatekeeper

Potential Complementarity

Shared acceptance that saving the mother's life can justify termination

Z narrative can deepen reflection on conscience, character and meaning of loss

Principle based analysis can help Z influenced clinicians navigate complex pluralistic legal environments without abandoning patients

Comparative matrix: autonomy, beneficence, non-maleficence, justice, paternalism

	Zoroastrian Ethics	Four-Principle Bioethics
Beneficence	Beneficence is sacred service, part of fighting evil and sustaining the world (Adds deep motivational force to care for the vulnerable and marginalised)	Duty to promote wellbeing
Non-maleficence	Harm as cooperation with druj, with spiritual consequences (Encourages strong moral resistance to practices that instrumentalise or exploit patients)	“Do no harm” as a baseline
Justice	Asha includes social justice and truth for all souls Happiness is linked to making others happy In practical terms, a Zoroastrian physician should be as dedicated to a poor patient as to a wealthy patient	• • Fair distribution of health resources, non discrimination
Autonomy	Tension when a requested choice is seen as deeply wrong, for example euthanasia No explicit modern concept, but strong commitment to honest communication and respect for persons	Central and often primary concern in contested cases

Epistemic injustice and global bioethics: why Z frameworks matter in practice.

Epistemic injustice

The wrong of discounting someone's knowledge or moral voice because of who they are

In clinical ethics this can look like

Dismissing a patient's religiously grounded reluctance about abortion or end of life interventions as "irrational" or "cultural baggage"

Ignoring a clinician's conscientious reasoning grounded in a minority tradition

Epistemic injustice and global bioethics: why Z frameworks matter in practice.

Why Zoroastrian frameworks matter

They still influence families and clinicians in Iran, India, Pakistan, Central Asia and diasporas in Canada, the United Kingdom and elsewhere

They shape expectations around purity, end of life rituals, organ donation, and the moral meaning of suffering

Taking these perspectives seriously

Improves trust, adherence and shared decision making

Makes bioethics more representative of the world's moral landscape, not just the West

Helps avoid moral distress for patients and providers whose worldviews are otherwise invisible in ethical guidelines

Educational and practical implementation ideas.

Medical education

Introduce the initial 3-pillar Zoroastrian ethical framework in modules on global bioethics or comparative religious ethics

Use short vignettes to prompt discussion of good thoughts, good words, good deeds in clinical communication

Invite students from West and Central Asian backgrounds to share lived perspectives

Educational and practical implementation ideas.

Clinical practice:

Ask open questions about spiritual frameworks when discussing major decisions
Develop brief cultural guidance notes for caring for Parsi and other Z influenced patients

Use Z ethics as one case study when designing more inclusive global ethics frameworks

Three things to remember

Good thoughts

Cultivate inner integrity, humility and a sincere desire for the patient's good

Ask yourself what kind of clinician you are becoming through repeated decisions

Three things to remember

Good words

Commit to truthful, timely and compassionate communication

Speak in ways that reduce fear and confusion while respecting autonomy and dignity

Three things to remember

Good deeds

Act with courage and justice, especially for the poorest and most vulnerable

See palliative care, listening and advocacy as morally charged good deeds, not secondary tasks

(fourth) thing* to remember

If our thoughts, our words and our deeds are aligned with the patient's wellbeing, we are already moving in the direction of asha.

Finally,

Zoroastrian ethics is not offered as a replacement for current bioethics, but as a partner

It brings a long standing, human centred and spiritually rich account of what it means to heal

Including frameworks like this corrects epistemic injustice and strengthens our response to global health challenges

Finally,

I invite you to:

Recognise and engage with ethical traditions that have shaped patients and clinicians for millennia

Make space in curricula, guidelines and ethics committees for voices from underrepresented traditions

Finally,

If bioethics aims to serve all of humanity, it should learn from all of humanity.

Zoroastrian ethics is one such voice that can help us build more just, compassionate and morally resilient healthcare.

Thank You

