Would you support your child being banned from social media?

"Can I have Snapchat? When can I get Snapchat? The only thing I want for my birthday is Snapchat. I will have zero friends without Snapchat. Seriously, Mom. Snapchat is not social media—you just don't understand because all you had was Facebook. This isn't fair. Everybody has Snapchat. I am literally the only one who doesn't."

It's easy to dismiss this as preteen hyperbole. But my son isn't entirely wrong. According to MediaSmarts, 86% of kids aged 9 to 11 years have at least one social media platform, despite nearly all platforms requiring users to be at least 13 years old.[1]

His pleas make me wonder: Am I protecting him or making him a social outlier? Am I preserving his childhood or becoming the gatekeeper of his friendships? I worry about opening the floodgates to a world where children are expected to post, respond, accumulate followers, remain perpetually available, and take the risk of being "blocked" into social exile.

In May 2026, *JAMA Pediatrics* published the largest longitudinal meta-analysis to date on digital media use and childhood development, encompassing nearly 19 000 participants (153 studies, 115 cohorts).[2] The paper looked only at longitudinal studies, meaning that the digital media exposure preceded the outcomes. The authors concluded that digital media use was consistently associated with poorer child and adolescent health and development outcomes, particularly for social media.

Social media was linked to higher rates of depression, self-injurious thoughts and behaviors, internalizing behaviors, externalizing behaviors, poorer self-perception, poorer academic achievement, increased substance use, and problematic Internet use. Importantly, not all digital media was equally harmful. Video games showed a more nuanced picture, with some negative associations but also a small positive association with attention and executive functioning.

The authors suggest that social comparison and the constant feedback inherent in social platforms can make younger adolescents particularly vulnerable. They describe social media as a "low-level transdiagnostic risk factor" with an effect size similar to poor diet and physical inactivity. While this does not prove causation, and it remains possible that vulnerable adolescents are drawn to social media, the accumulating evidence of harm to children should not be ignored.[2]

The lead author, Samantha Teague, is based in Australia, the first country to prohibit children under 16 years of age from holding accounts on major social media platforms. That 2024 legislation sparked international debate and has influenced policy discussions around the world. For example, in July 2026, the Special Panel on Child Safety Online presented its findings to the European Commission president as the European Union considers age-appropriate restrictions to platforms.[3]

Canada is moving in a similar direction with the introduction of the Safe Social Media Act (Bill C-34) on 10 June 2026.[4] Part 1, the Digital Safety Act, proposes new requirements for social media and artificial intelligence services, such as a minimum age requirement of 16 to access social media accounts, regulations on chatbots, and a duty to make specific types of sexual content inaccessible to better protect children. Part 2 would see the establishment of the proposed Digital Safety Commission of Canada to administer the framework. Parliamentary debate is expected to take place in the fall of 2026.

Should physicians support age-based restrictions on social media, or should we instead focus on harm reduction through education about content literacy, sleep hygiene, and online habits?

At this stage of my life, I support stronger government regulation.[5] I've heard the argument that this represents state substitution for parenting, but I see it differently. Public policy has long helped parents raise healthier children by mitigating transdiagnostic risk factors such as tobacco and alcohol.[6] Social media platforms are engineered by some of the world's most sophisticated technology companies to capture attention and maximize engagement. I don't believe parents alone should be expected to compete with that. ■

—Caitlin Dunne, MD, FRCSC

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More than just a beautiful game

As physicians, we spend much of our time helping patients navigate life after something has gone wrong. By the time they arrive in our offices, illness has often begun its quiet work of narrowing a life. Chronic pain can reduce a person's world to the dimensions of what they can carry, lift, or tolerate. Depression can make ordinary tasks feel implausibly heavy. Loneliness, although harder to chart and easier to miss, may be one of the most corrosive conditions of all: a gradual withdrawal from the people and places that once gave shape to joy and purpose.

We are well trained to respond to disease processes. But lately I find myself drawn to a different kind of clinical question: What keeps people connected, active, and tethered to the communities around them?

This summer, the beautiful game offered one answer.

The FIFA World Cup 2026 is easy to dismiss as an overpriced, commercialized sporting spectacle. And yet every few years it performs a social miracle. People gather in restaurants, parks, and city squares with a collective energy and an expectation to socialize with all those around them. In our current day, when so many of us spend copious amounts of time staring at our screens and relying on technology for even simple tasks, witnessing this level of connection and community is becoming uncommon. It seems the answer to our unprecedented levels of loneliness is simple—more community-centred events.

The World Cup gave people around the world a reason for friends to connect and family group chats to endlessly debate referee calls and last-minute goals. For a few weeks, people who may have little in common had shared rituals, conversation, and connection through a common experience. In my clinic, many appointments began not with symptoms but with conversations about the previous day's match. More than once, I ran behind schedule because we found ourselves reliving a dramatic finish or debating a controversial call. Those conversations may not appear in a medical record, but they remind me that strong health care is built not just through ordering medications and procedures but also through our relationships and connections with patients.

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From a public health perspective, this type of connection matters. Loneliness and social isolation are increasingly recognized as serious threats to our health. Depression, anxiety, cardiovascular disease, cognitive decline, frailty, and premature mortality are all connected to chronic social isolation. We often speak about the importance of exercise and diet when it comes to chronic disease prevention. But our health is shaped by more than just our individual choices and risk factors. People and communities are healthier when they have a sense of belonging and social connection.

The World Cup represents more than just a corporate sporting event. It has demonstrated that what we have quietly forgotten is a core part of our mental well-being—human connection. For all the efficiencies of modern life, human beings still want to sit shoulder to shoulder, share a conversation, argue over a missed call, and feel that they are part of a collective experience, not just an individual behind a screen.

With the tournament now behind us, I hope we remember what it revealed. Healthy communities are not built solely through hospitals and clinics. They are built through parks filled with people of all ages who have access to affordable, inclusive sporting activities, community festivals, and public spaces where people can gather without needing an invitation.

As a physician, I will continue to advocate for movement and exercise, because they prevent disease. But perhaps I should be just as willing to advocate for the community infrastructure that allows people to connect with one another. ■

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