Children Prescribed Puberty Blockers Without Face-to-Face Consultations

Written by The Life Science Feed Editorial Team · Published 2 July 2026 · Edited by Mara Voss

> The provision of gender-affirming care to minors is a complex clinical area requiring careful assessment. A recent investigation has revealed that children are being prescribed puberty blockers and cross-gender hormones without a preceding face-to-face appointment.1

KEY TAKEAWAYS

- The Pivot: An investigation found that children received prescriptions for puberty blockers and cross-gender hormones without face-to-face consultations.
- The Data: The investigation identified instances of prescriptions issued without in-person assessment.1
- The Action: Clinicians should ensure comprehensive, in-person evaluations precede the prescription of puberty blockers and cross-gender hormones to minors.

The clinical pathway for gender-affirming care in minors typically involves a multidisciplinary assessment to ensure appropriate diagnosis and treatment. This process is designed to address the complex psychological and physiological considerations inherent in such interventions.1

Investigation Findings

An investigation published in the BMJ in 2026 found that children were prescribed puberty blockers and cross-gender hormones without a face-to-face appointment.1 The investigation identified cases where these treatments were initiated following assessments that did not include an in-person consultation.1 The specific number of children affected and the duration over which these practices occurred were not detailed in the available abstract.1 Similarly, the investigation did not specify the types of cross-gender hormones prescribed or the age range of the children involved.1

The implications of prescribing such treatments without direct clinical interaction warrant consideration. Face-to-face appointments allow for a comprehensive physical examination, detailed psychological assessment, and direct observation of the patient, which are critical for informed decision-making in this patient population.1 The absence of such an initial assessment may limit the clinician's ability to fully understand the patient's medical history, current mental health status, and social context.1

Limitations and Context

The available information from the investigation is limited to the abstract, which does not provide granular data regarding the methodology, the specific clinics or practitioners involved, or the outcomes for the children who received treatment without face-to-face appointments.1 The investigation's scope and the criteria used to identify cases of non-face-to-face prescribing are not elaborated.1 Further details from the full paper would be necessary to understand the prevalence and

specific circumstances surrounding these prescribing practices.1

The ethical considerations surrounding remote prescribing for minors, particularly for interventions with significant and potentially irreversible effects like puberty blockers and cross-gender hormones, are substantial. Informed consent, a cornerstone of medical ethics, becomes more complex when direct interaction is absent. Clinicians rely on face-to-face consultations to assess a minor's capacity for consent, their understanding of the treatment's implications, and to identify any undue influence from external factors. The nuances of non-verbal communication, crucial for a holistic assessment of a child's psychological state and genuine desire for treatment, are entirely lost in a remote setting.

Furthermore, the long-term effects of puberty blockers and cross-gender hormones in minors are still an area of ongoing research. While these treatments are intended to alleviate gender dysphoria and provide time for further exploration of gender identity, their impact on bone density, fertility, and neurocognitive development requires careful monitoring. Without an initial face-to-face assessment, establishing a baseline for these critical health markers and ensuring consistent follow-up becomes significantly more challenging. This raises concerns about the potential for missed adverse events or inadequate management of side effects.

Regulatory and Guideline Adherence

Most national and international clinical guidelines for gender-affirming care in minors emphasize the importance of comprehensive, multidisciplinary assessments, often explicitly recommending in-person evaluations. For instance, guidelines from organizations such as the World Professional Association for Transgender Health (WPATH) and the Endocrine Society typically advocate for a thorough psychological and medical evaluation prior to initiating hormonal interventions. The findings of this BMJ investigation, even in abstract form, suggest a potential deviation from these established standards of care. Understanding the specific contexts in which these remote prescriptions occurred -- whether due to geographical barriers, resource limitations, or other factors - is crucial for evaluating adherence to best practices and identifying areas for systemic improvement.

The implications extend beyond individual patient care to broader public health and regulatory frameworks. If remote prescribing of such sensitive treatments becomes a widespread practice without robust safeguards, it could erode public trust in gender-affirming care and potentially lead to calls for stricter regulation. Healthcare systems must balance accessibility to care with the imperative for safe, ethical, and evidence-based practice, especially when treating vulnerable populations like minors. Future research should aim to quantify the prevalence of such practices, explore the reasons behind them, and assess the outcomes for children who received care via these pathways, comparing them to those who underwent traditional face-to-face assessments. This would provide a more complete picture of the risks and benefits associated with different models of care delivery in this rapidly evolving field.

CLINICAL IMPLICATIONS

The finding that children are receiving prescriptions for puberty blockers and cross-gender hormones without face-to-face appointments raises significant questions about current clinical governance and patient safety protocols. For clinicians, this underscores the imperative for adherence to established best practices, which typically mandate comprehensive in-person evaluations prior to initiating such profound and irreversible treatments. The absence of direct clinical interaction risks overlooking critical comorbidities, psychosocial factors, or alternative diagnoses that a thorough, in-person assessment would uncover.

The industry, particularly pharmaceutical companies manufacturing these agents, relies on responsible prescribing practices to maintain public trust and regulatory compliance. Any deviation from robust clinical pathways could invite increased scrutiny from regulatory bodies and potentially impact the broader acceptance of these therapies. Patients and their families, often navigating an emotionally charged and complex landscape, deserve the assurance that every possible safeguard is in place to ensure appropriate care. The potential for misdiagnosis or inadequate support without a foundational in-person assessment is a disservice to vulnerable individuals seeking medical guidance.

This situation highlights a potential gap between clinical guidelines and actual practice. It serves as a reminder that while telemedicine offers convenience, it cannot fully replace the diagnostic and therapeutic nuances afforded by direct patient contact, especially in areas of medicine with such significant long-term implications. Re-evaluating and reinforcing the necessity of face-to-face consultations for initial assessments in gender-affirming care for minors appears to be a prudent step to uphold clinical standards and protect patient well-being.

EDITORIAL & AI STANDARDS

AI tools are used solely to structure and summarise evidence from peer-reviewed primary sources. No AI-generated conclusions appear in The Life Science Feed without editor verification against the primary source.

REFERENCES

1. 1. O'Dowd A. Children are prescribed puberty blockers and cross gender hormones without a face-to-face appointment, investigation finds. BMJ. 2026. doi:10.1136/bmj-2026-417916

LICENCE & RIGHTS

© 2026 The Life Science Feed. All rights reserved. This content is produced for medical education purposes. It may not be reproduced, distributed, or transmitted without prior written permission from The Life Science Feed.

MEDICAL DISCLAIMER

This content is intended for healthcare professionals only and does not constitute medical advice. Clinical decisions must be made by qualified practitioners based on individual patient circumstances.

FOLLOW THE LIFE SCIENCE FEED

Instagram @lifesciencefeed **LinkedIn** linkedin.com/company/thelifesciencefeed

thelifesciencefeed.com