

Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Email letters to journal@doctorsofbc.ca and include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

Re: Infertility among physicians

I am writing in response to the editorial “Infertility among physicians,” published in the April 2025 issue of the *BCMj*. It is staggering that 24% to 33% of physicians experience infertility, double or more the proportion of the general population.

The majority of fertility challenges are related to advanced maternal age. In 1992, 54% of medical school applicants in Canada were under the age of 22. In 2021, that number had fallen to 40%. In the same time period, specialty training programs evolved to obligate medical graduates to commit to a specialty program varying in length from 2 to 6 or more years. Most medical schools require applicants to have graduated from at least an undergraduate program prior to entry into the 4-year medical school. Many students complete additional years of research or master’s programs to better their chances of medical school acceptance. This journey can take 9 to 15 years.

Is all this really necessary? Do older medical school graduates who have accrued more than a decade of student debt, with long-term partners and aging

parents, really serve the medical needs of the Canadian population? Or would we have a more robust workforce by returning to undergraduate programs, graduating younger students with less debt and fewer familial obligations who are willing and able to work in rural and remote areas, complete specialty training, and still have time in their precious fertility windows to have children themselves?

Physicians make countless sacrifices in their personal lives for their profession. Having the choice to have children, ideally without reproductive technology, is a basic human right. Women shoulder the burden of childbearing and child-rearing in the early years of a child’s life. Over 60% of medical school students are women. The current paradigm of seeking perfection in medical school applicants, to the detriment of good enough, is harming our profession in ways that cannot be measured. We should not be asking this of our graduates, and we should be ensuring they enter medical training fully informed of the risk of being childless without choice.

—Deena Case, MD
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