The missing link in reproductive care: Overcoming the vasectomy access crisis in BC

In April 2023, BC became the first Canadian province to offer universal coverage for prescription contraceptives. It was a landmark achievement for reproductive justice, saving residents hundreds of dollars annually and removing financial barriers to the birth control pill, IUDs, and emergency contraception.[1] This policy was hailed as a significant step toward gender equity, yet a disparity remains.

While a "permanent" procedure like a vasectomy is not exactly equivalent to reversible short- or long-acting contraceptives, it remains a cornerstone of male contraception that, when properly supported, ensures that the lifelong responsibility for family planning is a shared commitment rather than a solo female obligation. Currently, male contraception faces a crisis of access, cost, and systemic neglect that undermines the equity the province sought to achieve.

Despite vasectomy being covered by the Medical Services Plan (MSP), the path to obtaining a vasectomy in BC is increasingly fraught with obstacles. In many regions, urologists have shifted away from performing vasectomies for various reasons, including poor compensation, leaving a significant void in access to the procedure. While some family physicians do perform vasectomies, it is not enough to meet demand, resulting in prolonged wait lists.

This bottleneck forces many individuals into a difficult position—wait indefinitely in the public system or seek care at private clinics. These clinics, while offering faster access, often opt out of the public billing system or charge significant administration fees or premiums that are not covered by MSP.[2] By universally funding female contraception while gating vasectomies behind high costs and long wait lists, the system reinforces that the mental and physical burden of contraception is a female obligation rather than the shared responsibility it ought to be.

Beyond the logistic and financial hurdles lies a deeper, more pervasive social inequity. This disparity reflects a deeply ingrained contraceptive burden placed on females. Research indicates that approximately 70% of individuals believe their social environment expects women to take responsibility for pregnancy prevention.[3] Even in clinical settings, the mental and emotional labor of managing fertility is often constructed as "the woman's job," while the male role remains passive.[4] By failing to subsidize and streamline male contraception with the same vigor as female methods, the system reinforces the outdated idea that family planning is a woman's responsibility.

Many men are willing and eager to share the responsibility of family planning. For men to be active partners in this conversation, the system must remove structural barriers that penalize male participation.

The failure to streamline male contraception also has economic implications. In BC, an unintended pregnancy resulting in a birth is estimated to cost the health care system over $8100; therefore, providing universal contraception for females is projected to save the province $27 million annually by its fourth year.[5] Expanding this logic to include male contraception would further reduce these costs.[6]

By failing to fund and support a robust public network of vasectomy providers, the government is missing a critical opportunity to further reduce the rate of unintended births and their associated long-term social and economic costs. Until BC addresses the long wait lists and the private-pay barrier for vasectomies, the burden of contraception will remain unfairly, and inefficiently, shouldered by women. ■

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This article is the opinion of the authors and not necessarily the Council on Health Promotion or Doctors of BC. This article has not been peer reviewed by the BCMJ *Editorial Board.*

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