**The Wicked Problem: Accessibility for IVF for Women of Childbearing Age Experiencing Infertility in Kamloops BC**

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The wicked problem that will be examined is the accessibility of in vitro fertilization (IVF) for women of childbearing age experiencing infertility in the Kamloops area. Infertility is defined as a condition or disease that results in difficulty achieving a successful pregnancy (Whitehead, 2024). Globally, approximately one in six couples experience infertility (Whitehead, 2024). A comprehensive understanding of infertility considers factors such as age, medical history, sexual history, reproductive history, physical findings, and a range of diagnostic tests (Whitehead, 2024). IVF, one of the most recognized treatments for infertility, involves combining a woman’s egg with a man’s sperm in a laboratory dish, with the term in vitro referring to the process occurring outside the woman’s body. Despite advancements in reproductive mefairdicine, accessibility to IVF remains a persistent and complex challenge, particularly for those living in mid-sized communities such as Kamloops. Kamloops is a mid-sized city with an estimated population of around 120,000. The closest fertility clinic located near to Kamloops is at the Olive Fertility Clinic in Kelowna and in Vancouver with other clinics such as the Pacific Centre for Reproduction Medicine and Grace Fertility Center also located in Vancouver.

There are multiple complex barriers such as: healthcare system limitations, financial barriers, geographic and infrastructure challenges, cultural and social factors, and simply the age of the infertile woman to consider when choosing IVF for infertility.

How the problem of accessibility of IVF for women of childbearing age experiencing infertility in Kamloops meets the criteria of a wicked problem is in the definition itself. A wicked problem is defined as a challenging problem that is not solvable through traditional planning or application of simple models and tools, no solutions, impacted and changed when solutions are implemented and are unpredictable (Keijser, 2020). The complex barriers to access to IVF as mentioned above meet the requirements of a wicked problem.

There are many key challenges and uncertainties of this wicked problem. Economic uncertainty involving high costs for clients and our healthcare system. Fair access for rural Kamloops clients, low-income families and marginalized groups. Ethical and moral considerations with use of public funds for reproductive assistance. IVF success rates vary and potential risk to mother and child raise medical and ethical considerations.

Women of childbearing age experiencing infertility are the primary population affected by lack of accessibility for IVF in Kamloops, British Columbia. Infertility affects single people, same-sex couples, and gender-diverse people wanting to become parents. Socioeconomic and demographic realities help explain why IVF accessibility is a local wicked problem.

Infertility prevalence and demand for IVF rises with advanced maternal age. Women aged 18-44 are most studied in the prevalence research for infertility and the rate of infertility has risen significantly in Canada and is associated with the age of the female partner, according to a metanalysis by Bushnik et al. (2012).

Patients in geographically underserved regions where visiting IVF clinics requires time off work, travel, and other expenses are most impacted by accessibility challenges of fertility care (Whitehead, Harjee & Tallon, 2024). The availability of IVF facilities in less-populated locations was also identified as a barrier due to potential wait times and a lack of choice in service. As a result of geographic isolation from fertility service providers, patients living a distance away from services had costs above the usual expense of IVF (Harris et al., 2016; Mackay, Taylor, & Glass, 2023). Geographical location was found to contribute to the decision of women from small towns and rural areas to choose oral medications over more effective and clinically indicated IVF to treat infertility (Mackay et al., 2023). Residents of Kamloops are required to travel to larger centres for specialist appointments and procedures, thus facing extra time, expense, and logistic burdens. Rural geography also reduces continuity of care and may lengthen time-to-treatment. These barriers can lead patients to discontinue care or start later, reducing success rates (Whitehead et al., 2024).

Communities with diverse backgrounds and Indigenous groups often face intersectional barriers to accessing healthcare. Local Indigenous communities in the Thompson–Nicola and Kamloops area represent an important population to consider. Regional data show a meaningful Indigenous population proportion and older median age compared with urban centres, plus housing affordability and income gaps that may worsen access to high-cost services like IVF (Statistics Canada, 2021). Median income for individuals aged 25 to 64 was lower for all Indigenous groups compared to the non-Indigenous population (Indigenous Services Canada, 2023). All the Indigenous groups were more likely to live in a low-income situation than the non-Indigenous population.

Olive Fertility Center (n.d.) estimates a single IVF cycle to cost approximately $12,000-$15,000. This estimation does not include higher doses of medications, other procedures that may be clinically necessary and increase likelihood of success, or travel costs. This financial barrier remains present with any added public funding due to extraneous costs, producing socioeconomic selection bias and financial barriers to those who receive treatment.

IVF access inequities also cascade to families and the broader community. These barriers are often multifactorial and interlinked. For the first time in history, BC has experienced negative population growth (BC Stats, 2025). This leads to fewer people entering the workforce than leaving it and impacts the economy. Governments around the globe have been taking notice of the international rise in infertility and are providing increased funding for fertility services (Whitehead et al., 2024). Recognizing the huge financial barrier experienced, 39 countries in Europe provide at least partial funding. Across Canada, the approach to public funding is highly variable but is available in most provinces including Quebec, Ontario, Manitoba, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, and New Brunswick (Whitehead et al., 2024).

In examining the historical and policy context of IVF coverage in British Columbia, it is important to recognize how provincial health funding has evolved. Historically, the BC Medical Services Plan (MSP) provided coverage for initial consultations, office visits, and a portion of fertility testing, while the IVF procedures themselves remained largely out-of-pocket for patients (Whitehead et al., 2024).  
 Because the Canada Health Transfer allows provinces to set their own coverage guidelines, significant variability exists across Canada. In BC, support for fertility services has remained comparatively limited. However, in April 2025 the provincial government rolled out a $68-million, two-year investment aimed at expanding access to fertility care. Premier David Eby emphasized that “being able to have a child shouldn’t depend on how much money you make, who you love or your relationship status” (Province of British Columbia, 2024).  
 This funding represents a step forward in reducing barriers, but constraints remain. Coverage applies to only one IVF cycle, and eligibility criteria restrict who can benefit. Moreover, demand exceeded available resources as the program filled almost immediately after launch, leaving patients with long waitlists and uncertainty of coverage. This demonstrates that funding alone is insufficient to meet demand (Raymond, 2025). Rural and Indigenous communities may continue to experience disproportionate barriers, particularly if local clinics are not included in the program or if travel and accommodation costs remain unaddressed. Survey data reinforce these inequities: 37% of respondents in the Thompson-Okanagan reported not pursuing IVF due to cost and geography, compared with only 14% in the Lower Mainland (Quelch, 2025).  
 By focusing on this historical and policy evolution, it is clear that while B.C. is making progress, significant constraints and resource limitations remain. These realities highlight why accessibility to IVF continues to be a wicked problem in Kamloops and why funding alone is insufficient. The following three solutions propose practical strategies to reduce these barriers and promote more equitable access to IVF services in Kamloops.

***Solution 1:***

Student name: Amanda Ashley   
 A solution for improving IVF accessibility in Kamloops is the partnership with the current predominant fertility clinic, Olive Fertility, and Telus Health to maximize the number of virtual consultations instead of in-person visits with fertility specialists from the fertility clinic. Because the patient journey for IVF includes numerous appointments and the geographical barrier for care is large, patients will benefit from a platform to meet with physicians, nurses and other members of the care team virtually as much as possible. By partnering with an existing platform for virtual health, Olive Fertility will benefit from established processes, technological advancement, and secure privacy and confidentiality. The partnership will foster more access, ensuring that Olive can trust that the financial sustainability remains intact despite less in-person appointments.

***Solution 2:***  
Student name: Pamela Bain   
 A solution for improving IVF accessibility in Kamloops is to specifically review the cost of the medications involved in IVF. A detailed cost analysis could be brought forward to Pharmacare to review potentially full or partial coverage for these medications. Working with the concepts of the Canadian family values and the importance of access to cost-saving measures within the process of IVF will be vital to communicate effectively to Pharmacare. This detailed cost analysis could be added to the website and/or brochures that are listed in solution 3 to ensure full awareness of the cost of medications is clarified.

***Solution 3:***  
Student name: Kimberly Csek   
 A solution to improving IVF accessibility in Kamloops is the development of a targeted awareness campaign. Many women have expressed frustration that the government and fertility services provide limited guidance about the IVF process, leaving patients to navigate on their own. An awareness initiative to have a dedicated website designed specifically for women in Kamloops, outlining the steps of the IVF journey. It would discuss the referral requirements, testing protocols, medication timelines, travel expectations, and available funding support. To increase reach and accessibility, this could be complemented by printed brochures distributed through primary care offices, walk-in clinics, and pharmacies. By simplifying and centralizing information, this solution would reduce uncertainty, empower patients to make informed decisions, and mitigate delays caused by lack of awareness.

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