Incidence of Vasectomies Refused and Reasons for Refusal

Survey of clinics and physicians

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BECAUSE VASECTOMY IS GROWING in popularity, a substantial body of literature on the subject has accumulated over the past few years. However, there has been only limited empirical investigation of the incidence of vasectomies refused and of the reasons care givers (private physicians and vasectomy clinics) cite for refusing this operation to patients.

A review of the literature reveals a diverse range of contraindications to vasectomy; usually these have evolved through the personal experience, intuition, and professional judgment of the care giver. Contraindications may include an applicant's failure to meet eligibility criteria (specific requirements of age, parity, marital status, and so forth, the counselor's or agency's evaluative criteria (presence of observable psychiatric or marital-sexual problems and so forth), or any combination of reasons from the two categories with which the care giver feels comfortable.

It would be unfair to omit the entire processes of eligibility determination and evaluation of individual researchers and single out their peculiarities; the reader interested in contrasting styles of evaluative criteria is directed to articles by Carlson, Stokes, Parker, Schmidt, and Dodds (*1–5*).

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The Survey

In an attempt to discern the extent of refusals to perform vasectomies and the common reasons for contraindication, 108 private physicians and 77 vasectomy clinics throughout the United States were surveyed. These care givers acknowledged performing vasectomies in the routine provision of medical services by voluntarily registering with the Association for Voluntary Sterilization. The 108 private physicians were a subsample obtained from among several thousand by means of the random sampling technique.

A questionnaire was mailed in early 1972 and, although both clinics and private physicians were self-selected, the survey population appeared to be essentially representative of vasectomists throughout the health care system. Of those surveyed, roughly 80 percent of the clinics and 60 percent of the private physicians responded, despite a rather lengthy questionnaire.

Respondents were asked to give the number of vasectomies performed and refused for the years 1969, 1970, and 1971; in addition, they were asked to list their most common reasons for refusing to perform a vasectomy.

Results

Table 1 shows the vasectomies performed and refused by those surveyed, according to type of care giver service.

For the private physician group, the number of vasectomies performed more than doubled over the 3 years, while the number of physicians doing the surgical procedure rose only moderately, from 93 to 108. In 1971, these physicians performed more than 19,000 vasectomies, with the mean (X) being 193, the mode—the most frequently reported number—150, and a range of 3,000–5,000. More than 13,000 were performed in 1970, with a X of 121, mode of 100, and a range of 0–1,200. In 1969, more than 8,600 vasectomies were performed, with a X of 78, mode of 50, and range of 0–990.

For the clinic services, the number of vasectomies increased nearly eight times over the period, while the number of clinics more than doubled, from 30 to 77. In 1971, more than 18,000 vasectomies were performed, with a X of 249, mode of 100, and a range of 4 to 1,720. Roughly 6,500 were performed in 1970, with a X of 115, mode of 50, and range of 0 to 573. In 1969, the clinics performed only about 2,300 operations, with the X being 58 and a range of 0 to 320. Reflecting the spectacular rise over the 3-year period, the mode for 1969 was zero.

Private physicians tended to report more refusals to perform vasectomies than the clinics. For 1971, about 1,500 refusals ($X = 13$) were reported by physicians, while the clinics tallied roughly 500 ($X = 7$). For 1970, physicians reported nearly 850 refusals ($X = 8$) and clinics, 130 ($X = 3$); for 1969, physicians totaled nearly 420 ($X = 4$) and the clinics 127 ($X = 4$).

Interestingly, although the numbers of vasectomies performed in 1971 by both services were similar, the private physicians refused three times as many applicants. In 1970, when the physicians performed twice as many vasectomies as the clinics, the physicians refused six times as many applicants as the clinics. In 1969, the physicians performed four times as many vasectomies as the clinics and refused six times as many applicants for this procedure.

Ratios of performed to refused vasectomies highlight group differences. For 1971, the private physicians' ratio was 13:1; for clinics it was 36:1. In 1970, ratios were 15:1 and 49:1, respectively; in 1969 they were nearly equal—20:1 and 18:1.

Table 1. Vasectomies performed and refused, by type of service, 1969–71

Year	Private practitioners			Clinics		
	Number of physicians	Number of vasectomies	Mean	Number of clinics	Number of vasectomies	Mean
Vasectomies performed		41,320			27,026	
1971	108	19,637	193	77	18,275	249
1970	105	13,046	121	53	6,470	115
1969	93	8,637	78	30	2,281	58
Vasectomies refused		2,741			755	
1971	86	1,478	13	62	498	7
1970	83	844	8	33	130	3
1969	67	419	4	19	127	4

Data from the survey tend to suggest that an applicant may have been more successful in obtaining a vasectomy through a clinical service. A trend possibly suggested by the data is that clinics have tended to refuse fewer applicants in proportion, as the demand for vasectomy has risen over the past 3 years.

Discrepancies between the number of care givers reporting vasectomies performed and vasectomies refused cannot be adequately accounted for. Such a discrepancy merely reflects the phenomenon that some which reported performing vasectomies also failed to report refusing vasectomies. Additional survey data, not reported here, cause one to speculate that (*a*) some care givers perform vasectomies and refuse no one and (*b*) care givers who had just begun to perform vasectomies had not yet encountered instances in which refusal was warranted.

When reasons most frequently given for refusing to perform a vasectomy were assessed, little difference emerged between private physicians and clinics (table 2).

For private physicians, eligibility-related responses (that is, age, parity, marital status, and nonconsent of spouse) represented nearly 49 percent of the reasons for refusal; reasons that would normally emerge during counseling (that is, psychological problems, immaturity, coercion by spouse, and so forth) comprised nearly 45 percent of the total. Comparable figures for clinics were 47 and 41 percent respectively.

Two responses were elicited from both groups and in nearly equal proportions with much greater frequency than other reasons. The most frequent reason was that the applicant was "too young" (19.6 percent of the physicians' reasons and 19.4 percent of the clinics' total). The second most frequent contraindication, psychological problems, comprised roughly 18 percent of the reasons given by both types of service.

Discussion

For the entire 3 years, the care providers had performed more than 68,000 vasectomies and refused 3,500 applicants. Over the period from 1969 to 1971, the private physicians doubled the number they performed, but the clinics increased the number of procedures eight times. The number of private practitioners performing vasectomies rose only slightly, but the clinics doubled in number.

Private physicians reported that they refused more applicants than the clinics. Most reasons given for refusal tended to be clustered around either eligibility or counseling evaluation criteria; group differences were virtually nonexistent.

There was an interesting and unexplainable inconsistency in the respondents' refusals of vasectomy applicants. On the whole, the survey data, of which this article is an abstract, tended to suggest (*a*) essentially no differences between physicians and clinics in eligibility criteria, (*b*) very little variation between the two types of service regarding counseling practices, and (*c*) virtually no difference in reasons stated for refusing a vasectomy. Yet, private physicians consistently reported refusing more vasectomies between 1969 and 1971 than the clinics.

The fact that slightly more private physicians than clinics were surveyed does not seem to explain this phenomenon satisfactorily. Refusing a vasectomy, then, appears to be more often a decision of the private practitioner. The implica-

Table 2. Reasons given for refusing to perform a vasectomy, by type of service, 1969–71

Reason[1]	Private practitioners		Clinics	
	Number	Percent	Number	Percent
Too young	34	19.6	22	19.4
Psychological problems	31	17.7	20	17.7
Undecided couple or man	16	9.0	7	6.2
Too young and too few children	15	8.6	9	7.9
Marital problems	11	6.2	4	3.5
Applicant unmarried	10	5.7	6	5.3
Too few children	9	5.2	2	1.7
Consent form not signed by spouse	9	5.2	4	3.5
Immaturity	8	4.6	9	7.9
Unmarried and too young	8	4.6	10	8.8
Coercion of spouse	6	3.4	2	1.7
Lack of understanding	4	2.2	2	1.7
Concern over psychological or physical side effects	2	1.2	2	1.7
Religious conflicts	1	.6	1	.9
Other[2]	9	5.2	13	11.5
Total	173	99.0	113	99.4

[1] Respondents often gave more than 1 reason.

[2] Reasons given by physicians were lack of money, appointment not kept, no referral, and applicant intoxicated; reasons given by clinics were patient's physic. l contraindication, desire for reversibility, income too high, not married long enough, and need for general anesthesia.

tion is clear—a vasectomy applicant is more likely to obtain an operation from a clinic.

In view of the data from this survey, the demand for vasectomies seems to be increasing dramatically. In addition, clinics seem to be the health system resource where vasectomies are readily available. If this trend is maintained, it can be anticipated that planning for manpower and funding will need to be greatly accelerated to keep pace with the rising number of vasectomy applicants.

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To determine the extent of vasectomy refusals and reasons for refusing applicants for this procedure, data were collected via questionnaires sent to registrants with the Association for Voluntary Sterilization. A total of 108 private physicians and 77 clinics provided information on the number of vasectomies performed and refused and the commonest reasons for refusing applicants from 1969 through 1971.

The number of vasectomies performed increased over the 3 years. Physicians performed 8,637 in 1969 and 19,637 in 1971; the clinics, 2,281 in 1969 and 18,275 in 1971. The number of clinics doing this procedure more than doubled—from 30 to 77 during this period—but the number of physicians increased only from 93 to 108.

Refusal to perform vasectomies was reported more frequently by physicians, who refused about 1,500 applicants in 1971, while the clinics turned down only about 500. Ratios of performed to refused vasectomies in 1971 were 13:1 for the physicians and 36:1 for the clinics. The greater chance of successfully obtaining a vasectomy from a clinic rather than from a private physician was not explained by the survey data.

Most common reasons for refusal by both physicians and clinics were that the applicant was "too young" and the psychological problems of the applicants. Forty-nine percent of the physicians' refusals related to the applicants' failure to meet eligibility requirements (age, parity, marital status, consent of spouse, for example) and 45 percent to evaluation of the applicant during counseling (psychological problems, immaturity, coercion of spouse, for example). Comparable figures for the clinics were 47 percent and 41 percent.