One unique character of reproductive medicine is the involvement of multiple individuals. Apart from individual(s) who want to become parents, also the interests offspring that is created by reproductive medicine treatments should be considered. This unique character brings unique ethical challenges, as the principle ‘Primum non nocere’ should be applied on all involved, including the children born from fertility treatments. I will present a framework that involves three dimensions, the risks for the mother, risks for the offspring and consequences for society and the public system.

First, treatment can be refused as there is uncertainty about the quality of life of the future offspring. I will argue that before the treatment is started, the new individual is not there and cannot claim any rights. The care provider has a responsibility towards the future individual, not only in terms of health, but also from a social perspective. If the future child going to live an abusive family, it might be better of not existing.

Second, treatment can be refused because of an unhealthy lifestyle or a health risk for the future mother. Treatment might be refused because a mother has an underlying disease that could severely exacerbate during pregnancy, or because she smokes or is obese. I will argue that in these situations decisions should be made in the context of absolute health risks for the mother and the offspring, as well as success rates of treatments. I will demonstrate that the bar to refuse treatments based on these grounds is high and that in most cases risks are acceptable while success rates are sufficiently high to justify treatment.

Third, the risks of treatments should be balanced against the expected success rates of treatments. Risks of treatment are more acceptable if the success rates are higher. This obviously does not count for risks that only occur if the treatment is successful, for example pregnancy risks or risks for the offspring.

Finally, treatments without proven effectiveness should preferably be offered in the context of research. Uncertainty about their effectiveness should be shared with the individual(s) who undergo the treatment. While in a private context, where patients pay their own treatment, the issue of cost-effectiveness is less relevant, efficiency is important in a public system, where society pays for treatment. In the latter case, ineffective treatments (for example IVF for older women with success rates of 1 or 2%) can be delayed in favour of less expensive treatments, or even denied.
