

Practical

Because it is effective, safe and economical

A treatment can only be justified by evidence of its quality. In the Swiss healthcare system, WZW criteria are applied as a standard for evaluating the quality of treatments (WZW based on the Swiss terms for effectiveness, appropriateness and economic viability). Of course, health insurance companies will only reimburse the costs of treatments that meet the WZW criteria.

Effectiveness: *A treatment is considered effective primarily when it is perceived as such by the treated patients, and the objective pathological findings are also standardised. The symptoms should abate or disappear, if possible within a clear time frame, and should not require permanent medication (curative therapy with the intention of curing).*

However, a treatment is also effective if it alleviates the pain of a patient with chronic pain or maintains the quality of life as far as possible in the case of a terminal illness (palliative therapy with the intention of relief due to deliberate suppression of symptoms).

At this point, we should remember to consider the extent to which the well-documented improvements in subjectively perceived symptoms that we describe here can be attributed to the existing criteria of objective effectiveness. Without calling into question the importance of scientifically designed double-blind studies with objectively measurable functional or condition parameters, *we argue the case for taking subjectively evaluated findings into account as evidence of effectiveness.* This should be the case in particular, if – as in the case of iron treatments – both sufficiently documented statements and adequate information about their reliability and reproducibility is available.

The confounded issue of costs is affected a great deal by this. We only have to imagine what most of our iron-deficient patients have already had to go through before they were finally effectively treated. In the months or years before the replenishment of their empty iron stores, most have already undergone a full range of diagnostic procedures and often have received treatment for their individual symptoms only over a long period. We can only imagine how much this generally costs. These diagnostic procedures usually include many aspects: X-ray images, blood samples and tests by specialists, which often take place in hospitals.

Doctors should also consider that, with all these superfluous procedures, they are exposing their patients to considerable psychological and often also physical stress. In addition, these procedures also presumably only provide patients with confirmation that they do not have a serious organic illness that would have explained the symptoms they are complaining about. While this is naturally reassuring to know, it usually does not bring them any closer to the anticipated cure. On the contrary: The symptoms that impact on their quality of life, and the associated certainty, remain. Following these diagnostic procedures, depressed patients then usually receive psychoactive drugs, patients with sleep disorders are prescribed tranquilisers, and patients with dizziness receive anti-vertiginous medication. Children with AD(H)D are often unnecessarily turned into Ritalin guzzlers.

It doesn't all come down to only the excessive costs of diagnostics and treatments. But, while these are debated, it is important to remember the following: It is not rare for the condition of a considerable number of patients with iron deficiency to cause them to be unable to work for short or prolonged periods. Some even become so chronically ill that they are ultimately forced into early retirement.

In these cases, the expenditure for one treatment with iron infusions represents a fraction of the costs incurred by all the diagnoses, medication and lost working hours of these patients. For this reason, there can be no doubt that the infusion treatment for IDS is also justified from the perspective of a cost-benefit ratio. After all – as long as the dose is individually tailored and the treatment is performed to exact

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specifications – it has proven to be not only highly effective and well-tolerated, but also *economical* .

***The economic viability** of a treatment is greater, the higher its cost efficiency. This simply means that a treatment is considered economical if it delivers "a lot of health for little money". Every doctor has a responsibility to avoid expensive treatments that "bring little health benefit" as far as possible.*

The rationale of the health insurance companies

At this point – with all due restraint – a word of acknowledgement to the Swiss health insurance companies. They are exemplary on this issue, as they recognise the facts. They have the same objective as GPs and patients: As much health as possible for as little money as possible! Therefore, the effective infusion treatments of iron-deficient patients must be delivered promptly, as long as in addition to the criteria for efficiency and economic viability, the third prerequisite of "appropriateness" is also fulfilled.

*A medical treatment can only be described as **appropriate** if it is not only effective and economical, but it is also extremely safe and well-tolerated.*

WZW criteria for the treatment of patients with iron deficiency syndrome:

Based on scientific studies and our own benchmarking data (success monitoring), we can state without a doubt, that: The treatments with iron infusions – when performed correctly – are not only extremely safe and well-tolerated, but are also proven to be highly effective in the long term. The cost-benefit ratio has proven very beneficial. In summary, we can therefore confidently state the following:

The Swiss Iron System (SIS), which is developed in Switzerland and has been proven to be safe and well-tolerated, has more than fulfilled the criteria for "appropriateness". This new and superior cure is highly recommended for all iron-deficient patients.