

## Balancing complexity with hard reality

Professor Clark and colleagues present a very insightful take on “research into complex healthcare interventions” by comparing the current state-of-the-art to the sport of football and underscoring what the former can learn from the latter.<sup>1</sup> Unfortunately, they start out with the idealistic proposition of having to choose between Lionel Messi and Alex Clark, “an amateur from the University of Alberta, Canada” in forming one’s team.

Granted that Silver Arrows FC would prefer Mr. Messi over Mr. Clark, the fact of the matter is the choice is not between the two men but rather between Mr. Clark and others in his price range – and if we accept that the a football player’s skills are reflected in his market value – and stature. As such hard reality qualifies the choice set that one faces.<sup>2-3</sup>

That we ask rather simplistic questions and simplify things does not necessarily mean that we are ignoring complexity inherent in health and health care but reflects the way we deal with reality.<sup>4-5</sup> This is especially true in the area of health economics with its propensity to work on models of real life and which proceeds on assumptions that are simplistic if not fail to capture reality.<sup>6-7</sup>

To be sure, we can do better in terms of the questions we pose, the methods we employ in investigating answers as well as translate them to solutions to vexing problems. The nature of the beast that is (professional) football, should not be missed, however, if we are to truly learn from it. Given that institutions matter in both football and health care, given the choice between Lionel Messi and Wayne Rooney?

### References:

- <sup>1</sup> Clark AM, Briffa TG, Thirsk L, et al. What football teaches us about researching complex health interventions. *BMJ* 2012;345:e8316.
- <sup>2</sup> Carrera P. 2008. Investing health care resources. *Health Affairs (Milwood)*, 27(1): 301-302.
- <sup>3</sup> Savedoff WD. What Should A Country Spend On Health Care? *Health Aff.* 2007;26(4):962-970.
- <sup>4</sup> Huber M, Knottnerus JA, Green L et al. How should we define health? *BMJ.* 2011;343:235-237.
- <sup>5</sup> Oliver A. Markets and targets in the English National Health Service: is there a role for behavioral economics? *J Health Polit Policy Law.* 2012; 37(4):647-64.
- <sup>6</sup> Carrera P. Tell me who your friends are: “Peers” in comparing health care systems. *Value Health.* 2011;14(7):A363.
- <sup>7</sup> Beutels P, Edmunds WJ, Smith RD. Partially wrong? Partial equilibrium and the economic analysis of public health emergencies of international concern. *Health Econ.* 2008;17(11):1317-22.
- <sup>8</sup> Burgess JF Jr., Maciejewski ML, Bryson CL, et al. Importance of health system context for evaluating utilization patterns across systems. *Health Econ.* 2011 Feb;20(2):239-51.
- <sup>9</sup> Carrera P, Bridges J. 2008. Health financing reforms in Germany: The relevance of all stakeholders. *Harvard Health Policy Review*, 9(1): 17-25.

Far from undermining the contribution of “learning” from football and apologizing for how healthcare research is currently being done,

While it is true that

research into complex healthcare interventions still focuses on easily described components of interventions and risks overlooking what really matters