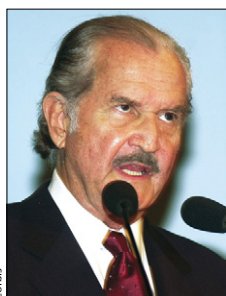


Offline: What about the football?



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A solemn crisis meeting. The group is reflecting on its failures and its future. Tens of millions of dollars in investment are at stake. People are inevitably suspicious of one another. A global health institution is in peril. On the first day, the group took a final gasp for life. But the air was tinged with fear and mistrust. A collegial dinner would be a moment to consider whether there was enough breath left for a fight to survive. And then a kindly American asks, "What about the football?" It was Brazil vs Chile. The assembled scholars and dignitaries picked up their glasses and fled. A room with a screen was hastily set up. The match was streamed through a computer. Dinner plates were carried from garlanded tablecloths to the cheap veneer of a windy conference room. Wine flowed. The players were cheered. A few around the table roared when a goal was scored. They slapped each other's backs. The game ended and people slowly, reluctantly retired to bed. The second day of crisis came to pass. And with grace, good humour, and humility, the group discovered new heart, old friendships, and they agreed to try to make their world work. Football had eased the souls of the sorely vexed. Thank you Brazil.

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"Politics is so much more than an election-day event", wrote Carlos Fuentes in *This I Believe*. A lesson being learned brutally by the new Liberal-Conservative coalition in Britain. Fuentes drew on the bloody lessons of Latin American history when he invited politicians to ask themselves: "What is the great contemporary social wound, and what kind of sutures will close it?" The metaphor is telling. In 2010, our societies are not broken. But they are wounded. Worse, politics seems unable to adapt fast enough to the global events that create these wounds. The evolution of human predicaments is outstripping the evolution of our ingenuity to deal with them.

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A Russell Group university hosts a dinner for politicians and health-policy experts in a London hotel (I was a non-expert, non-political free rider). The aim is subversive. To review likely implications of the UK Government's plans for the NHS and to consider responses. There is majority agreement on several issues. First, putting more power in the hands of general practitioners is madness. GPs

have neither the time nor the skills to commission health services. Second, the NHS budget should not be ring-fenced. Why should education suffer a 25% cut but health be left unscathed? Third, the financial crisis may not be bad enough. Only if the NHS was subjected to greater pain would genuinely innovative reforms be delivered—and such reforms are needed. Fourth, social care will again be marginalised under the new government. This omission will only deepen a divide that most who work in health think should be bridged urgently. And finally, there is no point opposing Andrew Lansley (the new Minister). He has waited for power for too long to be diverted now. The best one can do is either to watch his strategy explode (as it surely will) or to work with him to defuse the most dangerous elements of his plan. The evening's discussion concluded with a terrible sense of fatalism and foreboding.

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Impact factors. Editors pretend not to care. But they do. It's the one independent measure of their failure, however imperfect. So the 2009 impact factors, published last month, display several new findings. Here is one: the *Cochrane Database of Systematic Reviews* (CDSR). In 2007, CDSR had an impact factor of 4.65 (14th place in the general medicine category, the same group as *The Lancet*). In 2008, it rose to 5.18 (12th). In 2009, it rose again to 5.65 (11th). The CDSR is improving its quality year-on-year. Systematic reviews are becoming a stronger currency in medical science. But CDSR is doing even better than its impact factor suggests. First, look at the total number of times CDSR is being cited (the journal's real footprint in the medical literature). Here, CDSR is consistently 8th, higher than the easily manipulated impact factor indicates. Second, a league table of change from 2007–09 puts CDSR higher still—at 5th, behind only *NEJM*, *The Lancet*, *JAMA*, and the *BMJ*. CDSR is not only having a bigger influence than it at first appears, but also the rate of increase in its impact is outpacing most of its rivals. The message? Users of the medical literature should start paying more attention to the *Cochrane Database of Systematic Reviews*, and less attention to some better known competitors.

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The printed journal includes an image merely for illustration

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