

Peter A Singer

List of Publications by Year in descending order

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136
papers

9,988
citations

53794

45
h-index

36028

97
g-index

136
all docs

136
docs citations

136
times ranked

9276
citing authors

#	ARTICLE	IF	CITATIONS
1	Grand challenges in global mental health. <i>Nature</i> , 2011, 475, 27-30.	27.8	1,654
2	Quality End-of-Life Care. <i>JAMA - Journal of the American Medical Association</i> , 1999, 281, 163.	7.4	1,090
3	Grand challenges in chronic non-communicable diseases. <i>Nature</i> , 2007, 450, 494-496.	27.8	562
4	Ethics of Liver Transplantation with Living Donors. <i>New England Journal of Medicine</i> , 1989, 321, 620-622.	27.0	342
5	Top ten biotechnologies for improving health in developing countries. <i>Nature Genetics</i> , 2002, 32, 229-232.	21.4	304
6	Grand Challenges in Global Health: Community Engagement in Research in Developing Countries. <i>PLoS Medicine</i> , 2007, 4, e273.	8.4	296
7	Reconceptualizing Advance Care Planning From the Patient's Perspective. <i>Archives of Internal Medicine</i> , 1998, 158, 879.	3.8	260
8	The illusion of futility in clinical practice. <i>American Journal of Medicine</i> , 1989, 87, 81-84.	1.5	257
9	ÂMind the gapÂ: science and ethics in nanotechnology. <i>Nanotechnology</i> , 2003, 14, R9-R13.	2.6	253
10	Nanotechnology and the Developing World. <i>PLoS Medicine</i> , 2005, 2, e97.	8.4	236
11	Assessment of patient capacity to consent to treatment. <i>Journal of General Internal Medicine</i> , 1999, 14, 27-34.	2.6	232
12	Global health ethics: the rationale for mutual caring. <i>International Affairs</i> , 2003, 79, 107-138.	0.9	195
13	Priority setting: what constitutes success? A conceptual framework for successful priority setting. <i>BMC Health Services Research</i> , 2009, 9, 43.	2.2	177
14	Advance Care Planning as a Process: Structuring the Discussions in Practice. <i>Journal of the American Geriatrics Society</i> , 1995, 43, 440-446.	2.6	131
15	Priority setting for new technologies in medicine: qualitative case study. <i>BMJ: British Medical Journal</i> , 2000, 321, 1316-1318.	2.3	116
16	Responsibilities in international research: a new look revisited. <i>Journal of Medical Ethics</i> , 2010, 36, 194-197.	1.8	112
17	Fairness, accountability for reasonableness, and the views of priority setting decision-makers. <i>Health Policy</i> , 2002, 61, 279-290.	3.0	110
18	Priority-setting decisions for new cancer drugs: a qualitative case study. <i>Lancet, The</i> , 2001, 358, 1676-1681.	13.7	102

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19	Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. <i>Social Science and Medicine</i> , 2005, 61, 2355-2362.	3.8	101
20	Chinese health biotech and the billion-patient market. <i>Nature Biotechnology</i> , 2008, 26, 37-53.	17.5	100
21	Planning for the end of life. <i>Lancet, The</i> , 2000, 356, 1672-1676.	13.7	97
22	Consensus guidelines on analgesia and sedation in dying intensive care unit patients. <i>BMC Medical Ethics</i> , 2002, 3, E3.	2.4	95
23	Clinical ethics revisited. <i>BMC Medical Ethics</i> , 2001, 2, E1.	2.4	92
24	Pharmacogenetics and geographical ancestry: implications for drug development and global health. <i>Nature Reviews Genetics</i> , 2005, 6, 241-246.	16.3	90
25	Global Health Challenges: The Need for an Expanded Discourse on Bioethics. <i>PLoS Medicine</i> , 2005, 2, e143.	8.4	89
26	A New Model of Advance Care Planning. <i>Archives of Internal Medicine</i> , 1999, 159, 86.	3.8	86
27	Origins of the desire for euthanasia and assisted suicide in people with HIV-1 or AIDS: a qualitative study. <i>Lancet, The</i> , 2001, 358, 362-367.	13.7	83
28	Quality end-of-life care: A global perspective. <i>BMC Palliative Care</i> , 2002, 1, 4.	1.8	82
29	India's health biotech sector at a crossroads. <i>Nature Biotechnology</i> , 2007, 25, 403-417.	17.5	80
30	Top 10 health care ethics challenges facing the public: views of Toronto bioethicists. <i>BMC Medical Ethics</i> , 2005, 6, E5.	2.4	73
31	Priority setting in a hospital critical care unit: Qualitative case study*. <i>Critical Care Medicine</i> , 2003, 31, 2764-2768.	0.9	71
32	Measuring Capacity to Complete an Advance Directive. <i>Journal of the American Geriatrics Society</i> , 1996, 44, 660-664.	2.6	70
33	Regenerative Medicine and the Developing World. <i>PLoS Medicine</i> , 2006, 3, e381.	8.4	63
34	Grand Challenges in Global Health: The Ethical, Social and Cultural Program. <i>PLoS Medicine</i> , 2007, 4, e265.	8.4	63
35	Participation in health care priority-setting through the eyes of the participants. <i>Journal of Health Services Research and Policy</i> , 2002, 7, 222-229.	1.7	62
36	The ethics objective structured clinical examination. <i>Journal of General Internal Medicine</i> , 1993, 8, 23-28.	2.6	61

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37	Rationing, Patient Preferences, and Cost of Care at the End of Life. <i>Archives of Internal Medicine</i> , 1992, 152, 478.	3.8	59
38	The scientific muscle of Brazil's health biotechnology. <i>Nature Biotechnology</i> , 2004, 22, DC8-DC12.	17.5	57
39	Brazilian health biotechâ€”fostering crosstalk between public and private sectors. <i>Nature Biotechnology</i> , 2008, 26, 627-644.	17.5	57
40	Conflicts between Patients' Wishes to Forgo Treatment and the Policies of Health Care Facilities. <i>New England Journal of Medicine</i> , 1989, 321, 48-50.	27.0	55
41	Genomic medicine and developing countries: creating a room of their own. <i>Nature Reviews Genetics</i> , 2008, 9, 487-493.	16.3	55
42	The next steps for genomic medicine: challenges and opportunities for the developing world. <i>Nature Reviews Genetics</i> , 2008, 9, S23-S27.	16.3	54
43	Conclusions: promoting biotechnology innovation in developing countries. <i>Nature Biotechnology</i> , 2004, 22, DC48-DC52.	17.5	52
44	The ethical assessment of innovative therapies: Liver transplantation using living donors. <i>Theoretical Medicine and Bioethics</i> , 1990, 11, 87-94.	0.5	49
45	Priority setting and cardiac surgery: A qualitative case study. <i>Health Policy</i> , 2007, 80, 444-458.	3.0	47
46	Regenerative medicine: new opportunities for developing countries. <i>International Journal of Biotechnology</i> , 2006, 8, 60.	1.2	45
47	Leadership and priority setting: The perspective of hospital CEOs. <i>Health Policy</i> , 2006, 79, 24-34.	3.0	43
48	Genomics, public health and developing countries: the case of the Mexican National Institute of Genomic Medicine (INMEGEN). <i>Nature Reviews Genetics</i> , 2008, 9, S5-S9.	16.3	43
49	Genetically engineered oil-eating microbes for bioremediation: Prospects and regulatory challenges. <i>Technology in Society</i> , 2010, 32, 331-335.	9.4	42
50	Indian biotechnologyâ€”rapidly evolving and industry led. <i>Nature Biotechnology</i> , 2004, 22, DC31-DC36.	17.5	41
51	Cultivating regenerative medicine innovation in China. <i>Regenerative Medicine</i> , 2010, 5, 35-44.	1.7	41
52	South Africa: from species cradle to genomic applications. <i>Nature Reviews Genetics</i> , 2008, 9, S19-S23.	16.3	39
53	The HIV-specific advance directive. <i>Journal of General Internal Medicine</i> , 1997, 12, 729-735.	2.6	37
54	Public engagement on global health challenges. <i>BMC Public Health</i> , 2008, 8, 168.	2.9	36

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55	Emergence of biopharmaceutical innovators in China, India, Brazil, and South Africa as global competitors and collaborators. <i>Health Research Policy and Systems</i> , 2012, 10, 18.	2.8	36
56	Capacity to Complete an Advance Directive. <i>Journal of the American Geriatrics Society</i> , 1993, 41, 1141-1143.	2.6	35
57	Grand Challenges in Global Health: Engaging Civil Society Organizations in Biomedical Research in Developing Countries. <i>PLoS Medicine</i> , 2007, 4, e272.	8.4	35
58	Accuracy of Clinical Impressions and Mini-Mental State Exam Scores for Assessing Capacity to Consent to Major Medical Treatment. <i>Psychosomatics</i> , 1997, 38, 239-245.	2.5	34
59	Hospital priority setting with an appeals process: a qualitative case study and evaluation. <i>Health Policy</i> , 2005, 73, 10-20.	3.0	34
60	South-South entrepreneurial collaboration in health biotech. <i>Nature Biotechnology</i> , 2010, 28, 407-416.	17.5	33
61	The cancer specific advance directive. <i>Cancer</i> , 1998, 82, 1570-1577.	4.1	32
62	Biotechnology and the UN's Millennium Development Goals. <i>Nature Biotechnology</i> , 2003, 21, 1434-1436.	17.5	32
63	Small but tenacious: South Africa's health biotech sector. <i>Nature Biotechnology</i> , 2009, 27, 427-445.	17.5	30
64	Evaluating priority setting success in healthcare: a pilot study. <i>BMC Health Services Research</i> , 2010, 10, 131.	2.2	29
65	A Business Plan To Help The "Global South"™ In Its Fight Against Neglected Diseases. <i>Health Affairs</i> , 2009, 28, 1760-1773.	5.2	28
66	Quality end-of-life care. <i>Journal of Evaluation in Clinical Practice</i> , 2000, 6, 51-61.	1.8	27
67	Priority setting for new technologies in medicine: A transdisciplinary study. <i>BMC Health Services Research</i> , 2002, 2, 14.	2.2	27
68	The Indian And Chinese Health Biotechnology Industries: Potential Champions Of Global Health?. <i>Health Affairs</i> , 2008, 27, 1029-1041.	5.2	27
69	Introduction: promoting global health through biotechnology. <i>Nature Biotechnology</i> , 2004, 22, DC3-DC7.	17.5	25
70	How can developing countries harness biotechnology to improve health?. <i>BMC Public Health</i> , 2007, 7, 346.	2.9	25
71	Innovative drugs and vaccines in China, India and Brazil. <i>Nature Biotechnology</i> , 2012, 30, 923-926.	17.5	25
72	Five promising methods for health foresight. <i>Foresight</i> , 2010, 12, 54-66.	2.1	24

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73	Advancing the Cause of Advance Directives. Archives of Internal Medicine, 1992, 152, 22.	3.8	23
74	Evaluation of a multicenter ethics objective structured clinical examination. Journal of General Internal Medicine, 1994, 9, 690-692.	2.6	23
75	What do hospital decision-makers in Ontario, Canada, have to say about the fairness of priority setting in their institutions?. BMC Health Services Research, 2005, 5, 8.	2.2	23
76	Grand Challenges in Global Health: Ethical, Social, and Cultural Issues Based on Key Informant Perspectives. PLoS Medicine, 2007, 4, e268.	8.4	23
77	Can a "good death" be made better?: A preliminary evaluation of a patient-centred quality improvement strategy for severely ill in-patients. BMC Palliative Care, 2004, 3, 2.	1.8	22
78	Biotechnology patenting takes off in developing countries. International Journal of Biotechnology, 2006, 8, 43.	1.2	22
79	Access and use of human tissues from the developing world: ethical challenges and a way forward using a tissue trust. BMC Medical Ethics, 2011, 12, 2.	2.4	22
80	Priority Setting in Surgery: Improve the Process and Share the Learning. World Journal of Surgery, 2003, 27, 962-966.	1.6	21
81	A randomized trial of teaching bioethics to surgical residents. American Journal of Surgery, 2005, 189, 453-457.	1.8	20
82	A tough transition. Nature, 2007, 449, 160-163.	27.8	20
83	Harnessing Stem Cells for Health Needs in India. Cell Stem Cell, 2008, 3, 11-15.	11.1	20
84	"Harnessing genomics to improve health in India" â€" an executive course to support genomics policy. Health Research Policy and Systems, 2004, 2, 1.	2.8	19
85	Indian vaccine innovation: the case of Shantha Biotechnics. Globalization and Health, 2011, 7, 9.	4.9	19
86	Longâ€"Term Care Facility Policies on Lifeâ€"Sustaining Treatments and Advance Directives in Canada. Journal of the American Geriatrics Society, 1994, 42, 1150-1153.	2.6	18
87	Strengthening the Role of Genomics in Global Health. PLoS Medicine, 2004, 1, e40.	8.4	18
88	From diversity to delivery: the case of the Indian Genome Variation initiative. Nature Reviews Genetics, 2008, 9, S9-S14.	16.3	18
89	Health biotechnology publishing takes-off in developing countries. International Journal of Biotechnology, 2006, 8, 23.	1.2	17
90	Accelerating Health Product Innovation in sub-Saharan Africa. Innovations, 2007, 2, 129-149.	3.4	17

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91	Grand challenges in humanitarian aid. <i>Nature</i> , 2018, 559, 169-173.	27.8	17
92	Science-based health innovation in sub-Saharan Africa. <i>BMC International Health and Human Rights</i> , 2010, 10, S1.	2.5	16
93	Addressing Ethical, Social, and Cultural Issues in Global Health Research. <i>PLoS Neglected Tropical Diseases</i> , 2013, 7, e2227.	3.0	16
94	Communicating advance directives from long-term care facilities to emergency departments. <i>Journal of Emergency Medicine</i> , 2001, 21, 83-89.	0.7	15
95	Seasonal bed closures in an intensive care unit: A qualitative study. <i>Journal of Critical Care</i> , 2003, 18, 25-30.	2.2	14
96	Stagnant Health Technologies in Africa. <i>Science</i> , 2010, 330, 1483-1484.	12.6	14
97	Advance Directives in Dialysis. <i>Advances in Chronic Kidney Disease</i> , 1994, 1, 240-250.	2.1	13
98	Regenerative medicine in Brazil: small but innovative. <i>Regenerative Medicine</i> , 2010, 5, 863-876.	1.7	13
99	Biotechnology to improve health in developing countries: a review. <i>Memorias Do Instituto Oswaldo Cruz</i> , 2004, 99, 341-350.	1.6	12
100	Shared Principles of Ethics for Infant and Young Child Nutrition in the Developing World. <i>BMC Public Health</i> , 2010, 10, 321.	2.9	12
101	"Harnessing genomics to improve health in Africa" – an executive course to support genomics policy. <i>Health Research Policy and Systems</i> , 2005, 3, 2.	2.8	11
102	Universal health care, genomic medicine and Thailand: investing in today and tomorrow. <i>Nature Reviews Genetics</i> , 2008, 9, S14-S19.	16.3	11
103	A survey of South-North health biotech collaboration. <i>Nature Biotechnology</i> , 2009, 27, 229-232.	17.5	11
104	Proxy, Health, and Personal Care Preferences: Implications for End-of-Life Care. <i>Cambridge Quarterly of Healthcare Ethics</i> , 1999, 8, 200-210.	0.8	10
105	Avoiding Frankendrugs. <i>Nature Biotechnology</i> , 2000, 18, 1225-1225.	17.5	10
106	The role of the domestic private sector in developing countries for addressing local health needs. <i>International Journal of Biotechnology</i> , 2006, 8, 91.	1.2	10
107	Global health or global wealth?. <i>Nature Biotechnology</i> , 2010, 28, 907-909.	17.5	10
108	The case for conducting first-in-human (phase 0 and phase 1) clinical trials in low and middle income countries. <i>BMC Public Health</i> , 2011, 11, 811.	2.9	10

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109	Continuing Problems with Patient Self-Determination. American Journal of Medical Quality, 1993, 8, 187-193.	0.5	9
110	Quality End-of-Life Care: Where Do We Go from Here?. Journal of Palliative Medicine, 2000, 3, 403-405.	1.1	9
111	Human genomic variation initiatives in emerging economies and developing countries. Nature Reviews Genetics, 2008, 9, S3-S4.	16.3	9
112	A Visual Dashboard for Moving Health Technologies From "Lab to Village". Journal of Medical Internet Research, 2007, 9, e32.	4.3	9
113	Strengthening the role of ethics in medical education. Cmaj, 2003, 168, 854-5.	2.0	9
114	Harnessing genomics to improve health in the Eastern Mediterranean Region " an executive course in genomics policy. Health Research Policy and Systems, 2005, 3, 1.	2.8	8
115	Realising the promise of genomics: exploring governance. International Journal of Biotechnology, 2006, 8, 132.	1.2	8
116	Priority setting. , 0, , 251-256.		8
117	Science-based health innovation in Tanzania: bednets and a base for invention. BMC International Health and Human Rights, 2010, 10, S4.	2.5	6
118	Can incubators work in Africa? Acorn Technologies and the entrepreneur-centric model. BMC International Health and Human Rights, 2010, 10, S7.	2.5	6
119	Advance Directives in Palliative Care. Journal of Palliative Care, 1994, 10, 111-116.	1.0	5
120	Globetrotting firms: Canada's health biotechnology collaborations with developing countries. Nature Biotechnology, 2009, 27, 806-814.	17.5	5
121	Turning science into health solutions: KEMRI's challenges as Kenya's health product pathfinder. BMC International Health and Human Rights, 2010, 10, S10.	2.5	5
122	How Biodevelopment can Enhance Biosecurity. Bulletin of the Atomic Scientists, 2009, 65, 23-30.	0.6	4
123	Nutrients and Norms: Ethical Issues in Nutritional Genomics. , 2006, , 419-434.		3
124	Innovation Cultures in Developing Countries: The Case of Health Biotechnology. Comparative Technology Transfer and Society, 2007, 5, 178-201.	0.2	3
125	Sex, gender, and health biotechnology: points to consider. BMC International Health and Human Rights, 2009, 9, 15.	2.5	3
126	Tiny technologies for the global good. Materials Today, 2005, 8, 14-15.	14.2	2

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127	Increasing human security through biotechnology. International Journal of Biotechnology, 2006, 8, 119.	1.2	2
128	Teaching bioethics to medical students and postgraduate trainees in the clinical setting. , 2008, , 329-336.		2
129	Motivating action: why should Canadian physicians participate in research, education, or patient care in the developing world?. Canadian Family Physician, 2007, 53, 1849-51, 1863-5.	0.4	2
130	Correspondence. Theoretical Medicine and Bioethics, 1990, 11, 343-346.	0.5	1
131	14. Harnessing Genomics for Global Health: The Role of Higher Education. , 2005, , 246-264.		1
132	Enabling knowledge societies in developing countries: the example of genomics. International Journal of Biotechnology, 2006, 8, 4.	1.2	1
133	Capacity. , 2008, , 17-23.		1
134	Nancy B: The Criminal Code and decisions to forgo lifeâ€sustaining treatment*. Commonwealth Law Bulletin, 1993, 19, 366-373.	0.2	0
135	Advance care planning. , 0, , 65-71.		0
136	CONCLUSION: LESSONS FOR COMPANIES AND FUTURE ISSUES. , 2005, , 331-354.		0