

# 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 humanitarian aid. <i>Nature</i> , 2018, 559, 169-173.	27.8	17
2	Addressing Ethical, Social, and Cultural Issues in Global Health Research. <i>PLoS Neglected Tropical Diseases</i> , 2013, 7, e2227.	3.0	16
3	Innovative drugs and vaccines in China, India and Brazil. <i>Nature Biotechnology</i> , 2012, 30, 923-926.	17.5	25
4	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
5	Grand challenges in global mental health. <i>Nature</i> , 2011, 475, 27-30.	27.8	1,654
6	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
7	Access and use of human tissues from the developing world: ethical challenges and a way forward using a tissue trust. <i>BMC Medical Ethics</i> , 2011, 12, 2.	2.4	22
8	Indian vaccine innovation: the case of Shantha Biotechnics. <i>Globalization and Health</i> , 2011, 7, 9.	4.9	19
9	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
10	Evaluating priority setting success in healthcare: a pilot study. <i>BMC Health Services Research</i> , 2010, 10, 131.	2.2	29
11	Genetically engineered oil-eating microbes for bioremediation: Prospects and regulatory challenges. <i>Technology in Society</i> , 2010, 32, 331-335.	9.4	42
12	Science-based health innovation in sub-Saharan Africa. <i>BMC International Health and Human Rights</i> , 2010, 10, S1.	2.5	16
13	Turning science into health solutions: KEMRI's challenges as Kenya's health product pathfinder. <i>BMC International Health and Human Rights</i> , 2010, 10, S10.	2.5	5
14	Science-based health innovation in Tanzania: bednets and a base for invention. <i>BMC International Health and Human Rights</i> , 2010, 10, S4.	2.5	6
15	Can incubators work in Africa? Acorn Technologies and the entrepreneur-centric model. <i>BMC International Health and Human Rights</i> , 2010, 10, S7.	2.5	6
16	South-South entrepreneurial collaboration in health biotech. <i>Nature Biotechnology</i> , 2010, 28, 407-416.	17.5	33
17	Global health or global wealth?. <i>Nature Biotechnology</i> , 2010, 28, 907-909.	17.5	10
18	Cultivating regenerative medicine innovation in China. <i>Regenerative Medicine</i> , 2010, 5, 35-44.	1.7	41

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19	Stagnant Health Technologies in Africa. <i>Science</i> , 2010, 330, 1483-1484.	12.6	14
20	Responsibilities in international research: a new look revisited. <i>Journal of Medical Ethics</i> , 2010, 36, 194-197.	1.8	112
21	Five promising methods for health foresight. <i>Foresight</i> , 2010, 12, 54-66.	2.1	24
22	Regenerative medicine in Brazil: small but innovative. <i>Regenerative Medicine</i> , 2010, 5, 863-876.	1.7	13
23	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
24	Priority setting: what constitutes success? A conceptual framework for successful priority setting. <i>BMC Health Services Research</i> , 2009, 9, 43.	2.2	177
25	Sex, gender, and health biotechnology: points to consider. <i>BMC International Health and Human Rights</i> , 2009, 9, 15.	2.5	3
26	A survey of South-North health biotech collaboration. <i>Nature Biotechnology</i> , 2009, 27, 229-232.	17.5	11
27	Small but tenacious: South Africa's health biotech sector. <i>Nature Biotechnology</i> , 2009, 27, 427-445.	17.5	30
28	Globetrotting firms: Canada's health biotechnology collaborations with developing countries. <i>Nature Biotechnology</i> , 2009, 27, 806-814.	17.5	5
29	How Biodevelopment can Enhance Biosecurity. <i>Bulletin of the Atomic Scientists</i> , 2009, 65, 23-30.	0.6	4
30	Chinese health biotech and the billion-patient market. <i>Nature Biotechnology</i> , 2008, 26, 37-53.	17.5	100
31	Brazilian health biotech "fostering crosstalk between public and private sectors. <i>Nature Biotechnology</i> , 2008, 26, 627-644.	17.5	57
32	Genomic medicine and developing countries: creating a room of their own. <i>Nature Reviews Genetics</i> , 2008, 9, 487-493.	16.3	55
33	Human genomic variation initiatives in emerging economies and developing countries. <i>Nature Reviews Genetics</i> , 2008, 9, S3-S4.	16.3	9
34	From diversity to delivery: the case of the Indian Genome Variation initiative. <i>Nature Reviews Genetics</i> , 2008, 9, S9-S14.	16.3	18
35	South Africa: from species cradle to genomic applications. <i>Nature Reviews Genetics</i> , 2008, 9, S19-S23.	16.3	39
36	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

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37	Universal health care, genomic medicine and Thailand: investing in today and tomorrow. <i>Nature Reviews Genetics</i> , 2008, 9, S14-S19.	16.3	11
38	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
39	Public engagement on global health challenges. <i>BMC Public Health</i> , 2008, 8, 168.	2.9	36
40	Harnessing Stem Cells for Health Needs in India. <i>Cell Stem Cell</i> , 2008, 3, 11-15.	11.1	20
41	The Indian And Chinese Health Biotechnology Industries: Potential Champions Of Global Health?. <i>Health Affairs</i> , 2008, 27, 1029-1041.	5.2	27
42	Teaching bioethics to medical students and postgraduate trainees in the clinical setting. , 2008, , 329-336.		2
43	Capacity. , 2008, , 17-23.		1
44	Grand Challenges in Global Health: Ethical, Social, and Cultural Issues Based on Key Informant Perspectives. <i>PLoS Medicine</i> , 2007, 4, e268.	8.4	23
45	Grand Challenges in Global Health: The Ethical, Social and Cultural Program. <i>PLoS Medicine</i> , 2007, 4, e265.	8.4	63
46	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
47	Grand Challenges in Global Health: Community Engagement in Research in Developing Countries. <i>PLoS Medicine</i> , 2007, 4, e273.	8.4	296
48	Accelerating Health Product Innovation in sub-Saharan Africa. <i>Innovations</i> , 2007, 2, 129-149.	3.4	17
49	Priority setting and cardiac surgery: A qualitative case study. <i>Health Policy</i> , 2007, 80, 444-458.	3.0	47
50	Innovation Cultures in Developing Countries: The Case of Health Biotechnology. <i>Comparative Technology Transfer and Society</i> , 2007, 5, 178-201.	0.2	3
51	A tough transition. <i>Nature</i> , 2007, 449, 160-163.	27.8	20
52	Grand challenges in chronic non-communicable diseases. <i>Nature</i> , 2007, 450, 494-496.	27.8	562
53	India's health biotech sector at a crossroads. <i>Nature Biotechnology</i> , 2007, 25, 403-417.	17.5	80
54	How can developing countries harness biotechnology to improve health?. <i>BMC Public Health</i> , 2007, 7, 346.	2.9	25

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55	A Visual Dashboard for Moving Health Technologies From “Lab to Village”, Journal of Medical Internet Research, 2007, 9, e32.	4.3	9
56	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
57	Nutrients and Norms: Ethical Issues in Nutritional Genomics. , 2006, , 419-434.		3
58	Regenerative Medicine and the Developing World. PLoS Medicine, 2006, 3, e381.	8.4	63
59	Leadership and priority setting: The perspective of hospital CEOs. Health Policy, 2006, 79, 24-34.	3.0	43
60	Biotechnology patenting takes off in developing countries. International Journal of Biotechnology, 2006, 8, 43.	1.2	22
61	The role of the domestic private sector in developing countries for addressing local health needs. International Journal of Biotechnology, 2006, 8, 91.	1.2	10
62	Increasing human security through biotechnology. International Journal of Biotechnology, 2006, 8, 119.	1.2	2
63	Realising the promise of genomics: exploring governance. International Journal of Biotechnology, 2006, 8, 132.	1.2	8
64	Enabling knowledge societies in developing countries: the example of genomics. International Journal of Biotechnology, 2006, 8, 4.	1.2	1
65	Health biotechnology publishing takes-off in developing countries. International Journal of Biotechnology, 2006, 8, 23.	1.2	17
66	Regenerative medicine: new opportunities for developing countries. International Journal of Biotechnology, 2006, 8, 60.	1.2	45
67	Pharmacogenetics and geographical ancestry: implications for drug development and global health. Nature Reviews Genetics, 2005, 6, 241-246.	16.3	90
68	Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. Social Science and Medicine, 2005, 61, 2355-2362.	3.8	101
69	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
70	Top 10 health care ethics challenges facing the public: views of Toronto bioethicists. BMC Medical Ethics, 2005, 6, E5.	2.4	73
71	Tiny technologies for the global good. Materials Today, 2005, 8, 14-15.	14.2	2
72	14. Harnessing Genomics for Global Health: The Role of Higher Education. , 2005, , 246-264.		1

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73	Global Health Challenges: The Need for an Expanded Discourse on Bioethics. PLoS Medicine, 2005, 2, e143.	8.4	89
74	Nanotechnology and the Developing World. PLoS Medicine, 2005, 2, e97.	8.4	236
75	Hospital priority setting with an appeals process: a qualitative case study and evaluation. Health Policy, 2005, 73, 10-20.	3.0	34
76	A randomized trial of teaching bioethics to surgical residents. American Journal of Surgery, 2005, 189, 453-457.	1.8	20
77	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
78	"Harnessing genomics to improve health in Africa" " an executive course to support genomics policy. Health Research Policy and Systems, 2005, 3, 2.	2.8	11
79	CONCLUSION: LESSONS FOR COMPANIES AND FUTURE ISSUES. , 2005, , 331-354.		0
80	Biotechnology to improve health in developing countries: a review. Memorias Do Instituto Oswaldo Cruz, 2004, 99, 341-350.	1.6	12
81	Strengthening the Role of Genomics in Global Health. PLoS Medicine, 2004, 1, e40.	8.4	18
82	Introduction: promoting global health through biotechnology. Nature Biotechnology, 2004, 22, DC3-DC7.	17.5	25
83	Indian biotechnology"rapidly evolving and industry led. Nature Biotechnology, 2004, 22, DC31-DC36.	17.5	41
84	Conclusions: promoting biotechnology innovation in developing countries. Nature Biotechnology, 2004, 22, DC48-DC52.	17.5	52
85	The scientific muscle of Brazil's health biotechnology. Nature Biotechnology, 2004, 22, DC8-DC12.	17.5	57
86	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
87	"Harnessing genomics to improve health in India" " an executive course to support genomics policy. Health Research Policy and Systems, 2004, 2, 1.	2.8	19
88	ÂMind the gapÂ: science and ethics in nanotechnology. Nanotechnology, 2003, 14, R9-R13.	2.6	253
89	Priority Setting in Surgery: Improve the Process and Share the Learning. World Journal of Surgery, 2003, 27, 962-966.	1.6	21
90	Seasonal bed closures in an intensive care unit: A qualitative study. Journal of Critical Care, 2003, 18, 25-30.	2.2	14

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91	Biotechnology and the UN's Millennium Development Goals. <i>Nature Biotechnology</i> , 2003, 21, 1434-1436.	17.5	32
92	Global health ethics: the rationale for mutual caring. <i>International Affairs</i> , 2003, 79, 107-138.	0.9	195
93	Priority setting in a hospital critical care unit: Qualitative case study*. <i>Critical Care Medicine</i> , 2003, 31, 2764-2768.	0.9	71
94	Strengthening the role of ethics in medical education. <i>Cmaj</i> , 2003, 168, 854-5.	2.0	9
95	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
96	Fairness, accountability for reasonableness, and the views of priority setting decision-makers. <i>Health Policy</i> , 2002, 61, 279-290.	3.0	110
97	Priority setting for new technologies in medicine: A transdisciplinary study. <i>BMC Health Services Research</i> , 2002, 2, 14.	2.2	27
98	Quality end-of-life care: A global perspective. <i>BMC Palliative Care</i> , 2002, 1, 4.	1.8	82
99	Consensus guidelines on analgesia and sedation in dying intensive care unit patients. <i>BMC Medical Ethics</i> , 2002, 3, E3.	2.4	95
100	Top ten biotechnologies for improving health in developing countries. <i>Nature Genetics</i> , 2002, 32, 229-232.	21.4	304
101	Communicating advance directives from long-term care facilities to emergency departments. <i>Journal of Emergency Medicine</i> , 2001, 21, 83-89.	0.7	15
102	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
103	Priority-setting decisions for new cancer drugs: a qualitative case study. <i>Lancet, The</i> , 2001, 358, 1676-1681.	13.7	102
104	Clinical ethics revisited. <i>BMC Medical Ethics</i> , 2001, 2, E1.	2.4	92
105	Quality end-of-life care. <i>Journal of Evaluation in Clinical Practice</i> , 2000, 6, 51-61.	1.8	27
106	Avoiding Frankendrugs. <i>Nature Biotechnology</i> , 2000, 18, 1225-1225.	17.5	10
107	Priority setting for new technologies in medicine: qualitative case study. <i>BMJ: British Medical Journal</i> , 2000, 321, 1316-1318.	2.3	116
108	Quality End-of-Life Care: Where Do We Go from Here?. <i>Journal of Palliative Medicine</i> , 2000, 3, 403-405.	1.1	9

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109	Planning for the end of life. Lancet, The, 2000, 356, 1672-1676.	13.7	97
110	Quality End-of-Life Care. JAMA - Journal of the American Medical Association, 1999, 281, 163.	7.4	1,090
111	Assessment of patient capacity to consent to treatment. Journal of General Internal Medicine, 1999, 14, 27-34.	2.6	232
112	A New Model of Advance Care Planning. Archives of Internal Medicine, 1999, 159, 86.	3.8	86
113	Proxy, Health, and Personal Care Preferences: Implications for End-of-Life Care. Cambridge Quarterly of Healthcare Ethics, 1999, 8, 200-210.	0.8	10
114	The cancer specific advance directive. Cancer, 1998, 82, 1570-1577.	4.1	32
115	Reconceptualizing Advance Care Planning From the Patient's Perspective. Archives of Internal Medicine, 1998, 158, 879.	3.8	260
116	Accuracy of Clinical Impressions and Mini-Mental State Exam Scores for Assessing Capacity to Consent to Major Medical Treatment. Psychosomatics, 1997, 38, 239-245.	2.5	34
117	The HIV-specific advance directive. Journal of General Internal Medicine, 1997, 12, 729-735.	2.6	37
118	Measuring Capacity to Complete an Advance Directive. Journal of the American Geriatrics Society, 1996, 44, 660-664.	2.6	70
119	Advance Care Planning as a Process: Structuring the Discussions in Practice. Journal of the American Geriatrics Society, 1995, 43, 440-446.	2.6	131
120	Advance Directives in Palliative Care. Journal of Palliative Care, 1994, 10, 111-116.	1.0	5
121	Evaluation of a multicenter ethics objective structured clinical examination. Journal of General Internal Medicine, 1994, 9, 690-692.	2.6	23
122	Long-Term Care Facility Policies on Life-Sustaining Treatments and Advance Directives in Canada. Journal of the American Geriatrics Society, 1994, 42, 1150-1153.	2.6	18
123	Advance Directives in Dialysis. Advances in Chronic Kidney Disease, 1994, 1, 240-250.	2.1	13
124	The ethics objective structured clinical examination. Journal of General Internal Medicine, 1993, 8, 23-28.	2.6	61
125	Continuing Problems with Patient Self-Determination. American Journal of Medical Quality, 1993, 8, 187-193.	0.5	9
126	Nancy B: The Criminal Code and decisions to forgo life-sustaining treatment*. Commonwealth Law Bulletin, 1993, 19, 366-373.	0.2	0



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127	Capacity to Complete an Advance Directive. <i>Journal of the American Geriatrics Society</i> , 1993, 41, 1141-1143.	2.6	35
128	Rationing, Patient Preferences, and Cost of Care at the End of Life. <i>Archives of Internal Medicine</i> , 1992, 152, 478.	3.8	59
129	Advancing the Cause of Advance Directives. <i>Archives of Internal Medicine</i> , 1992, 152, 22.	3.8	23
130	The ethical assessment of innovative therapies: Liver transplantation using living donors. <i>Theoretical Medicine and Bioethics</i> , 1990, 11, 87-94.	0.5	49
131	Correspondence. <i>Theoretical Medicine and Bioethics</i> , 1990, 11, 343-346.	0.5	1
132	Ethics of Liver Transplantation with Living Donors. <i>New England Journal of Medicine</i> , 1989, 321, 620-622.	27.0	342
133	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
134	The illusion of futility in clinical practice. <i>American Journal of Medicine</i> , 1989, 87, 81-84.	1.5	257
135	Advance care planning. , 0, , 65-71.		0
136	Priority setting. , 0, , 251-256.		8