

Peter A Singer

List of Publications by Year in descending order

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Version: 2024-02-01

136
papers

9,988
citations

61687

45
h-index

40945

97
g-index

136
all docs

136
docs citations

136
times ranked

10107
citing authors

| # | ARTICLE | IF | CITATIONS |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|
| 1 | Grand challenges in humanitarian aid. <i>Nature</i> , 2018, 559, 169-173. | 13.7 | 17 |
| 2 | Addressing Ethical, Social, and Cultural Issues in Global Health Research. <i>PLoS Neglected Tropical Diseases</i> , 2013, 7, e2227. | 1.3 | 16 |
| 3 | Innovative drugs and vaccines in China, India and Brazil. <i>Nature Biotechnology</i> , 2012, 30, 923-926. | 9.4 | 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. | 1.1 | 36 |
| 5 | Grand challenges in global mental health. <i>Nature</i> , 2011, 475, 27-30. | 13.7 | 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. | 1.2 | 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. | 1.0 | 22 |
| 8 | Indian vaccine innovation: the case of Shantha Biotechnics. <i>Globalization and Health</i> , 2011, 7, 9. | 2.4 | 19 |
| 9 | Shared Principles of Ethics for Infant and Young Child Nutrition in the Developing World. <i>BMC Public Health</i> , 2010, 10, 321. | 1.2 | 12 |
| 10 | Evaluating priority setting success in healthcare: a pilot study. <i>BMC Health Services Research</i> , 2010, 10, 131. | 0.9 | 29 |
| 11 | Genetically engineered oil-eating microbes for bioremediation: Prospects and regulatory challenges. <i>Technology in Society</i> , 2010, 32, 331-335. | 4.8 | 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. | 9.4 | 33 |
| 17 | Global health or global wealth?. <i>Nature Biotechnology</i> , 2010, 28, 907-909. | 9.4 | 10 |
| 18 | Cultivating regenerative medicine innovation in China. <i>Regenerative Medicine</i> , 2010, 5, 35-44. | 0.8 | 41 |

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|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 19 | Stagnant Health Technologies in Africa. <i>Science</i> , 2010, 330, 1483-1484. | 6.0 | 14 |
| 20 | Responsibilities in international research: a new look revisited. <i>Journal of Medical Ethics</i> , 2010, 36, 194-197. | 1.0 | 112 |
| 21 | Five promising methods for health foresight. <i>Foresight</i> , 2010, 12, 54-66. | 1.2 | 24 |
| 22 | Regenerative medicine in Brazil: small but innovative. <i>Regenerative Medicine</i> , 2010, 5, 863-876. | 0.8 | 13 |
| 23 | A Business Plan To Help The "Global South" In Its Fight Against Neglected Diseases. <i>Health Affairs</i> , 2009, 28, 1760-1773. | 2.5 | 28 |
| 24 | Priority setting: what constitutes success? A conceptual framework for successful priority setting. <i>BMC Health Services Research</i> , 2009, 9, 43. | 0.9 | 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. | 9.4 | 11 |
| 27 | Small but tenacious: South Africa's health biotech sector. <i>Nature Biotechnology</i> , 2009, 27, 427-445. | 9.4 | 30 |
| 28 | Globetrotting firms: Canada's health biotechnology collaborations with developing countries. <i>Nature Biotechnology</i> , 2009, 27, 806-814. | 9.4 | 5 |
| 29 | How Biodevelopment can Enhance Biosecurity. <i>Bulletin of the Atomic Scientists</i> , 2009, 65, 23-30. | 0.2 | 4 |
| 30 | Chinese health biotech and the billion-patient market. <i>Nature Biotechnology</i> , 2008, 26, 37-53. | 9.4 | 100 |
| 31 | Brazilian health biotech "fostering crosstalk between public and private sectors. <i>Nature Biotechnology</i> , 2008, 26, 627-644. | 9.4 | 57 |
| 32 | Genomic medicine and developing countries: creating a room of their own. <i>Nature Reviews Genetics</i> , 2008, 9, 487-493. | 7.7 | 55 |
| 33 | Human genomic variation initiatives in emerging economies and developing countries. <i>Nature Reviews Genetics</i> , 2008, 9, S3-S4. | 7.7 | 9 |
| 34 | From diversity to delivery: the case of the Indian Genome Variation initiative. <i>Nature Reviews Genetics</i> , 2008, 9, S9-S14. | 7.7 | 18 |
| 35 | South Africa: from species cradle to genomic applications. <i>Nature Reviews Genetics</i> , 2008, 9, S19-S23. | 7.7 | 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. | 7.7 | 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. | 7.7 | 11 |
| 38 | The next steps for genomic medicine: challenges and opportunities for the developing world. <i>Nature Reviews Genetics</i> , 2008, 9, S23-S27. | 7.7 | 54 |
| 39 | Public engagement on global health challenges. <i>BMC Public Health</i> , 2008, 8, 168. | 1.2 | 36 |
| 40 | Harnessing Stem Cells for Health Needs in India. <i>Cell Stem Cell</i> , 2008, 3, 11-15. | 5.2 | 20 |
| 41 | The Indian And Chinese Health Biotechnology Industries: Potential Champions Of Global Health?. <i>Health Affairs</i> , 2008, 27, 1029-1041. | 2.5 | 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. | 3.9 | 23 |
| 45 | Grand Challenges in Global Health: The Ethical, Social and Cultural Program. <i>PLoS Medicine</i> , 2007, 4, e265. | 3.9 | 63 |
| 46 | Grand Challenges in Global Health: Engaging Civil Society Organizations in Biomedical Research in Developing Countries. <i>PLoS Medicine</i> , 2007, 4, e272. | 3.9 | 35 |
| 47 | Grand Challenges in Global Health: Community Engagement in Research in Developing Countries. <i>PLoS Medicine</i> , 2007, 4, e273. | 3.9 | 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. | 1.4 | 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. | 13.7 | 20 |
| 52 | Grand challenges in chronic non-communicable diseases. <i>Nature</i> , 2007, 450, 494-496. | 13.7 | 562 |
| 53 | India's health biotech sector at a crossroads. <i>Nature Biotechnology</i> , 2007, 25, 403-417. | 9.4 | 80 |
| 54 | How can developing countries harness biotechnology to improve health?. <i>BMC Public Health</i> , 2007, 7, 346. | 1.2 | 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. | 2.1 | 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. | 0.1 | 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. | 3.9 | 63 |
| 59 | Leadership and priority setting: The perspective of hospital CEOs. Health Policy, 2006, 79, 24-34. | 1.4 | 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. | 7.7 | 90 |
| 68 | Priority setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. Social Science and Medicine, 2005, 61, 2355-2362. | 1.8 | 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. | 0.9 | 23 |
| 70 | Top 10 health care ethics challenges facing the public: views of Toronto bioethicists. BMC Medical Ethics, 2005, 6, E5. | 1.0 | 73 |
| 71 | Tiny technologies for the global good. Materials Today, 2005, 8, 14-15. | 8.3 | 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. | 3.9 | 89 |
| 74 | Nanotechnology and the Developing World. PLoS Medicine, 2005, 2, e97. | 3.9 | 236 |
| 75 | Hospital priority setting with an appeals process: a qualitative case study and evaluation. Health Policy, 2005, 73, 10-20. | 1.4 | 34 |
| 76 | A randomized trial of teaching bioethics to surgical residents. American Journal of Surgery, 2005, 189, 453-457. | 0.9 | 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. | 1.1 | 8 |
| 78 | "Harnessing genomics to improve health in Africa" " an executive course to support genomics policy. Health Research Policy and Systems, 2005, 3, 2. | 1.1 | 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. | 0.8 | 12 |
| 81 | Strengthening the Role of Genomics in Global Health. PLoS Medicine, 2004, 1, e40. | 3.9 | 18 |
| 82 | Introduction: promoting global health through biotechnology. Nature Biotechnology, 2004, 22, DC3-DC7. | 9.4 | 25 |
| 83 | Indian biotechnology"rapidly evolving and industry led. Nature Biotechnology, 2004, 22, DC31-DC36. | 9.4 | 41 |
| 84 | Conclusions: promoting biotechnology innovation in developing countries. Nature Biotechnology, 2004, 22, DC48-DC52. | 9.4 | 52 |
| 85 | The scientific muscle of Brazil's health biotechnology. Nature Biotechnology, 2004, 22, DC8-DC12. | 9.4 | 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. | 0.8 | 22 |
| 87 | "Harnessing genomics to improve health in India" " an executive course to support genomics policy. Health Research Policy and Systems, 2004, 2, 1. | 1.1 | 19 |
| 88 | ÂMind the gapÂ: science and ethics in nanotechnology. Nanotechnology, 2003, 14, R9-R13. | 1.3 | 253 |
| 89 | Priority Setting in Surgery: Improve the Process and Share the Learning. World Journal of Surgery, 2003, 27, 962-966. | 0.8 | 21 |
| 90 | Seasonal bed closures in an intensive care unit: A qualitative study. Journal of Critical Care, 2003, 18, 25-30. | 1.0 | 14 |

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|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 91 | Biotechnology and the UN's Millennium Development Goals. <i>Nature Biotechnology</i> , 2003, 21, 1434-1436. | 9.4 | 32 |
| 92 | Global health ethics: the rationale for mutual caring. <i>International Affairs</i> , 2003, 79, 107-138. | 0.6 | 195 |
| 93 | Priority setting in a hospital critical care unit: Qualitative case study*. <i>Critical Care Medicine</i> , 2003, 31, 2764-2768. | 0.4 | 71 |
| 94 | Strengthening the role of ethics in medical education. <i>Cmaj</i> , 2003, 168, 854-5. | 0.9 | 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. | 0.8 | 62 |
| 96 | Fairness, accountability for reasonableness, and the views of priority setting decision-makers. <i>Health Policy</i> , 2002, 61, 279-290. | 1.4 | 110 |
| 97 | Priority setting for new technologies in medicine: A transdisciplinary study. <i>BMC Health Services Research</i> , 2002, 2, 14. | 0.9 | 27 |
| 98 | Quality end-of-life care: A global perspective. <i>BMC Palliative Care</i> , 2002, 1, 4. | 0.8 | 82 |
| 99 | Consensus guidelines on analgesia and sedation in dying intensive care unit patients. <i>BMC Medical Ethics</i> , 2002, 3, E3. | 1.0 | 95 |
| 100 | Top ten biotechnologies for improving health in developing countries. <i>Nature Genetics</i> , 2002, 32, 229-232. | 9.4 | 304 |
| 101 | Communicating advance directives from long-term care facilities to emergency departments. <i>Journal of Emergency Medicine</i> , 2001, 21, 83-89. | 0.3 | 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. | 6.3 | 83 |
| 103 | Priority-setting decisions for new cancer drugs: a qualitative case study. <i>Lancet, The</i> , 2001, 358, 1676-1681. | 6.3 | 102 |
| 104 | Clinical ethics revisited. <i>BMC Medical Ethics</i> , 2001, 2, E1. | 1.0 | 92 |
| 105 | Quality end-of-life care. <i>Journal of Evaluation in Clinical Practice</i> , 2000, 6, 51-61. | 0.9 | 27 |
| 106 | Avoiding Frankendrugs. <i>Nature Biotechnology</i> , 2000, 18, 1225-1225. | 9.4 | 10 |
| 107 | Priority setting for new technologies in medicine: qualitative case study. <i>BMJ: British Medical Journal</i> , 2000, 321, 1316-1318. | 2.4 | 116 |
| 108 | Quality End-of-Life Care: Where Do We Go from Here?. <i>Journal of Palliative Medicine</i> , 2000, 3, 403-405. | 0.6 | 9 |

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| 109 | Planning for the end of life. Lancet, The, 2000, 356, 1672-1676. | 6.3 | 97 |
| 110 | Quality End-of-Life Care. JAMA - Journal of the American Medical Association, 1999, 281, 163. | 3.8 | 1,090 |
| 111 | Assessment of patient capacity to consent to treatment. Journal of General Internal Medicine, 1999, 14, 27-34. | 1.3 | 232 |
| 112 | A New Model of Advance Care Planning. Archives of Internal Medicine, 1999, 159, 86. | 4.3 | 86 |
| 113 | Proxy, Health, and Personal Care Preferences: Implications for End-of-Life Care. Cambridge Quarterly of Healthcare Ethics, 1999, 8, 200-210. | 0.5 | 10 |
| 114 | The cancer specific advance directive. Cancer, 1998, 82, 1570-1577. | 2.0 | 32 |
| 115 | Reconceptualizing Advance Care Planning From the Patient's Perspective. Archives of Internal Medicine, 1998, 158, 879. | 4.3 | 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. | 1.3 | 37 |
| 118 | Measuring Capacity to Complete an Advance Directive. Journal of the American Geriatrics Society, 1996, 44, 660-664. | 1.3 | 70 |
| 119 | Advance Care Planning as a Process: Structuring the Discussions in Practice. Journal of the American Geriatrics Society, 1995, 43, 440-446. | 1.3 | 131 |
| 120 | Advance Directives in Palliative Care. Journal of Palliative Care, 1994, 10, 111-116. | 0.4 | 5 |
| 121 | Evaluation of a multicenter ethics objective structured clinical examination. Journal of General Internal Medicine, 1994, 9, 690-692. | 1.3 | 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. | 1.3 | 18 |
| 123 | Advance Directives in Dialysis. Advances in Chronic Kidney Disease, 1994, 1, 240-250. | 2.2 | 13 |
| 124 | The ethics objective structured clinical examination. Journal of General Internal Medicine, 1993, 8, 23-28. | 1.3 | 61 |
| 125 | Continuing Problems with Patient Self-Determination. American Journal of Medical Quality, 1993, 8, 187-193. | 0.2 | 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. | 1.3 | 35 |
| 128 | Rationing, Patient Preferences, and Cost of Care at the End of Life. <i>Archives of Internal Medicine</i> , 1992, 152, 478. | 4.3 | 59 |
| 129 | Advancing the Cause of Advance Directives. <i>Archives of Internal Medicine</i> , 1992, 152, 22. | 4.3 | 23 |
| 130 | The ethical assessment of innovative therapies: Liver transplantation using living donors. <i>Theoretical Medicine and Bioethics</i> , 1990, 11, 87-94. | 0.4 | 49 |
| 131 | Correspondence. <i>Theoretical Medicine and Bioethics</i> , 1990, 11, 343-346. | 0.4 | 1 |
| 132 | Ethics of Liver Transplantation with Living Donors. <i>New England Journal of Medicine</i> , 1989, 321, 620-622. | 13.9 | 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. | 13.9 | 55 |
| 134 | The illusion of futility in clinical practice. <i>American Journal of Medicine</i> , 1989, 87, 81-84. | 0.6 | 257 |
| 135 | Advance care planning. , 0, , 65-71. | | 0 |
| 136 | Priority setting. , 0, , 251-256. | | 8 |