Why India's hospitals aren't turning patients into papers

by Editorial Team

India's private hospitals see 60% of patients. They publish almost none of the science.

Quick gut-check: if your hospital sees the lion's share of India's patients, shouldn't it also be generating the lion's share of medical knowledge? Apparently not. A new five-year study (2021–2025) just dropped in BMJ's Journal of Medical Evidence, and the numbers are almost uncomfortable to read.

Private hospitals without a medical college attached the bulk of India's private healthcare averaged a combined 242 publications across the top 50 institutions over five whole years. Hospitals with medical colleges did better, clocking 1,530. Sounds decent, until you zoom out: China's top 10 medical colleges average 16,000+ papers a year. The US clocks ~14,500. The UK, 13,500. India's top 10 medical-college hospitals? 740 a year. Top 10 non-medical private hospitals? 133.

Translation: India is sitting on one of the largest, most diverse patient populations on the planet and almost none of that clinical experience is making it into the global knowledge base.

The "why" is less academic than you'd think

Dr. Samiran Nundy and Dr. Parmanand Tiwari (Sir Ganga Ram Hospital, Delhi), who led the study, don't pin this on a lack of talent. They point to something far more familiar to anyone who's worked inside Indian healthcare ops: misaligned incentives, thin electronic infrastructure, and a system built to optimize for throughput and margins not documentation. As the study puts it, there's a "neglect of the enormous data" flowing through Indian hospitals every single day.

And this isn't just an ego metric for academics. Research output is a real input into how hospitals get ranked globally think US News & World Report, or India's own NIRF and there's growing evidence that hospitals that publish well also tend to deliver better patient outcomes. Research output and care quality aren't separate conversations. They're the same conversation.

India has the volume. It doesn't have the system to turn that volume into something usable whether that's AI-ready data, national digital health records, or in this case, publishable research. The OT, the ward, the lab, the CSSD they’re all generating signal every day that mostly evaporate because nothing's built to capture it structurally.

The fix isn't more doctors writing papers on weekends. It's hospitals investing in the digital and data backbone that makes capturing this stuff a byproduct of how care already gets delivered not an extra task bolted on top.

Source: Journal of Medical Evidence (BMJ), study by Dr. Samiran Nundy and Dr. Parmanand Tiwari, Sir Ganga Ram Hospital, Delhi. Reported by Rema Nagarajan, The Times of India