MEDICAL SEO

How Google judges a hospital website

E-E-A-T is not an author box. It is proof, page by page, that a patient can trust what you publish.

Swipe →

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WHAT THE GUIDELINES SAY

Rater guidelines, read correctly

RATERS	External evaluators scoring sample results, not changing rankings directly
E-E-A-T	Not a ranking factor, but what Google's systems are tuned to reward
YMYL	Health, money and safety topics get extra weight
HOSPITALS	Almost every page you publish sits in the highest-scrutiny category

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THE FOUR LETTERS

Trust is the one that matters most

- Experience: first-hand involvement, such as a patient's own story
- Expertise: a qualified clinician wrote or reviewed it, verifiably
- Authoritativeness: a recognised source on this topic
- Trust: accurate, honest, safe, and clear about who is behind it

A genuine expert can still write an untrustworthy page if it is inaccurate or hides its source.

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SIGNALS ON A PAGE

What a rater looks for on your site

- Who runs the site: legal entity, address, phone, grievance route
- Named author, named clinical reviewer, last-reviewed date
- How it was made, including any AI drafting and review
- Why it exists: answer first, honest call to action

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WHERE TRUST LEAKS

Six unglamorous ways hospital sites fail

- Clinical blogs credited to Team or Admin, undated
- Best, painless, guaranteed results
- Doctors who left, old OPD timings, dead phone numbers
- Hundreds of near-identical templated condition pages
- Symptom articles ending in a hard sell

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OFF-SITE REPUTATION

"

A hospital that calls itself a centre of excellence while its review profile tells a different story has a trust gap no author box will close.

Raters are told to research independent sources: reviews, registries, news, publications.

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THE EDITORIAL SYSTEM

Build trust into how content is run

1. Inventory every URL and tag it by type
2. Grade harm high, medium or low
3. Assign an owner and a specialty-matched clinical reviewer
4. Set review cycles and event triggers
5. Retire or merge pages nobody will review

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WHO SIGNS OFF

Harm level decides the reviewer

EMERGENCY	High harm. Specialist in that field signs off
PROCEDURES	High harm. Treating specialist signs off
PRICING	Medium to high. Billing lead plus a clinician
PROFILES	Medium. The doctor plus medical administration
LOGISTICS	Low. Unit operations

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WHAT TO REPORT

Three numbers the board needs

1. Share of high-harm pages with a named, in-date reviewer
2. Stale or unowned pages retired or merged
3. Search and enquiry performance where trust issues were fixed

Expect it to be slow. Trust compounds over months and shapes how AI assistants describe you.

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READ THE FULL GUIDE

YMYL and E-E-A-T, in full

- An eight-question E-E-A-T audit for your top pages
- The page-type sign-off table
- What the 2026 NMC guidelines changed
- gauravphogat.com/ymyl-and-eeat-how-google-judges-medical-websites

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