HEALTHCARE CONTENT GUIDE

How to Write Human Content for Clinics, Hospitals & Doctors

A short, working guide for healthcare marketers and clinicians. Copy the prompt, run your draft against the word list, then check it against the framework before it publishes.

WHAT'S INSIDE

- The prompt: paste it into any AI drafting tool
- 108 words AI overuses in healthcare content
- 7 signals that flag AI-written pages
- A 10-point pre-publish checklist
- One before/after example

START HERE

Copy This Prompt First

Paste it in front of any healthcare content request in ChatGPT, Claude or Gemini.

HEALTHCARE CONTENT PROMPT

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Act as an experienced healthcare content editor. Rewrite the content I give you so it reads as human-written and stays compliant for a medical or clinic website. Follow these rules:

1. Remove generic marketing phrases (compassionate care, state-of-the-art, cutting-edge, world-class, comprehensive, holistic, seamless) unless they're followed by a specific, verifiable detail. If there's no detail to add, cut the phrase.

2. Remove or flag any absolute or guarantee-style claim: cure, guaranteed, 100% safe, risk-free, pain-free, no side effects, miracle, breakthrough, permanent solution, works for everyone. Do not soften these with a synonym. Remove them or ask me for a source.

3. Replace vague authority ("studies show", "many doctors recommend", "clinically proven") with a named source, or remove the claim if I haven't given you one.

4. Add at least one first-person clinical marker if the content is from a named clinician's perspective ("in our experience", "we typically start with").

5. Include at least one specific, real number where relevant: recovery time, visit length, case volume, or years in practice. Ask me for the number if it's missing. Do not invent one.

6. Vary sentence length. Do not let every sentence follow the same rhythm.

7. Do not write a "medically reviewed by" byline yourself. Flag where one should go and leave it for me to fill in with a real name and credential.

8. Keep the tone direct and specific rather than reassuring and vague. A reader should finish the page knowing a concrete fact, not just a feeling.

Now apply these rules to the following content:
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108 WORDS, TWO GROUPS

The Word Bank

Group A just needs a specific detail added. Group B gets removed, not reworded.

Group A: sounds like AI, add a detail

Compassionate care → name the specific thing you do

State-of-the-art facility → name the equipment and year

Cutting-edge technology → name the technology

Board-certified experts → name the certification and doctor

Personalized treatment plan → describe what actually changes

Holistic approach to wellness → describe what "holistic" means here

Patient-centered care → describe the actual difference

World-class physicians → name credentials and years

Seamless patient experience → describe booking, check-in, follow-up

Comprehensive care → list what's actually included

Life-changing results → cite a measurable outcome range

Trusted healthcare partner → cite years in practice or reviews

Exceptional patient outcomes → cite the actual outcome data

Innovative treatment options → name the treatments

Unparalleled expertise → name the specific expertise

Commitment to excellence → describe a specific standard

Empowering patients → describe how (education, shared decisions)

Journey to wellness → describe the actual care pathway

Top-tier medical care → name the accreditation or specialists

Advanced diagnostic technology → name the equipment

Premier healthcare provider → say what's actually premier

Dedicated team of experts → name the team and credentials

Transformative care → cite the transformation with a number

Cutting-edge research → cite the actual research

Revolutionary treatment → name the treatment and evidence

Gold standard of care → name the protocol you follow

Unwavering commitment → describe the specific commitment

Tailored treatment plans → describe what gets tailored, and how

Holistic healing → name the specific modalities used

Wellness journey → describe the visit sequence

Empathetic care → describe what that looks like in a visit

State-of-the-art equipment → name the brand and model

Leading-edge medicine → name what's actually leading-edge

Trusted name in healthcare → cite years in practice or patient volume

Compassionate professionals → name the team and specialty

Peace of mind → describe what reduces patient worry

Exceptional care → describe the specific care standard

Highest standards of care → name the accrediting body

Patient-first approach → describe an actual patient-first policy

Seamless care coordination → describe the referral or handoff process

Whole-person care → describe what's assessed beyond the complaint

Individualized attention → describe the appointment length/format

Award-winning care → name the award and year

Renowned specialists → name them and their credentials

Unmatched expertise → name specific expertise

Groundbreaking treatment → name the treatment and evidence

Best-in-class care → name the standard that defines "best"

Family-centered care → describe what that looks like in practice

Concierge-level service → describe the specific service

Evidence-based approach → cite the specific guideline followed

Multidisciplinary team → name the specialties involved

Continuum of care → describe the actual stages of treatment

Proactive health management → describe the monitoring or follow-up

Root-cause approach → describe your diagnostic process

Integrative medicine → describe which modalities are combined

Precision medicine → describe how treatment is customized

Next-generation care → name what's actually new

State-of-the-art imaging → name the imaging technology

Unrivaled patient satisfaction → cite a real satisfaction score

Deep clinical expertise → name years or case volume

Genuine compassion → describe a specific policy

Uncompromising quality → describe a specific quality metric

Patient wellbeing is our top priority → describe a policy that supports this

Second-to-none care → name what makes it distinct

Personalized attention → describe the appointment structure

Trusted by thousands of patients → cite the actual patient count

Delivering hope → describe a specific outcome or program

Life-saving care → cite the actual procedure and outcome

Advanced surgical techniques → name the technique

Minimally invasive approach → name the specific procedure

Rapid recovery → cite the actual average recovery time

Streamlined process → describe the actual steps

Convenient access to care → describe hours, locations, telehealth

Comprehensive diagnostic workup → list what's included

Latest medical advancements → name the specific advancement

Warm, welcoming environment → describe the actual space

Superior patient care → name what makes it superior

Passionate about patient health → describe a specific initiative

Unique blend of expertise → name the specific specialties

Setting new standards in care → name the standard and how it's measured

Transforming healthcare → describe the specific change

Redefining patient care → describe what's actually different

Elevating the patient experience → describe the specific change

Group B: compliance risk, remove entirely

These don't get a softer synonym. They get cut, or replaced with a claim you can name a source for.

Cure / cures → implies a guarantee no treatment can make

Guaranteed results → unsubstantiated outcome claim

100% safe → no procedure is zero-risk

Risk-free → real risks must be disclosed

Pain-free (absolute) → overstates individual variation

No side effects → almost never literally true

Miracle treatment / cure → classic advertising red flag

Breakthrough (unqualified) → implies consensus that may not exist

Clinically proven (no citation) → name the actual study or drop it

FDA-approved (if not literally true) → misrepresents regulatory status

Better than surgery → needs head-to-head evidence

Outperforms all other treatments → unsubstantiated superiority claim

Instant results → sets an unrealistic expectation

Permanent solution → most treatments carry recurrence risk

Completely eliminates → absolute claim, rarely defensible

Totally reverses → especially risky for chronic conditions

Works for everyone → ignores individual variation

No recovery time needed → misleading on procedure risk

Guaranteed to work → same issue as guaranteed results

Safe for all patients → ignores contraindications

Zero downtime → overstated recovery claim

Best doctor in [city] → unverifiable superlative

#1 rated clinic → needs a named, current source

Proven to prevent [condition] → prevention claims need strong evidence

Doctors agree that… → vague, uncredited consensus claim

WHY IT MATTERS

Three Facts Worth Knowing Before You Publish

The short version of why this isn't just a style issue.

YMYL. Google treats health content as Your Money or Your Life: pages that could affect someone's health, safety or finances if they're wrong. Nearly every clinic, hospital or doctor page qualifies, which is why it's graded harder than most other industries.

The trust paradox. A 2024 MIT Media Lab study found patients could only tell AI-written from doctor-written medical answers about 50% of the time, and rated low-accuracy AI answers as trustworthy as real doctors (4.06 vs. 3.85 on their scale).

The scale of the shift. Roughly 40 million people ask ChatGPT a health question daily (OpenAI), and AI Overviews appear on an estimated 89% of healthcare searches (BrightEdge, via Search Engine Journal). Experience, the first "E" in Google's E-E-A-T, is the signal AI text can't fake.

Full sources and citations are on the last page of this guide.

THE FRAMEWORK

7 Signals That Flag AI-Written Healthcare Content

1. No named author or credential attached to a medical claim
2. Every sentence runs the same length and rhythm
3. Vague authority with no named source ("studies show")
4. Generic promises that could sit on any clinic's site
5. No real numbers anywhere: no visit length, recovery window, case volume
6. Service pages that read identically, just the condition swapped
7. Zero first-person clinical voice

The Pre-Publish Checklist

1. Named author with credentials, not "Admin" or "Our Team"
2. Clinician review noted and dated
3. Every superlative has a source (award, year, source named)
4. Every guarantee-style word is gone (cure, guaranteed, 100% safe)
5. At least one real number per page
6. First-person clinical voice appears at least once
7. Service pages don't read like templates of each other
8. External claims are cited by name, not "studies show"
9. Update date is visible and reflects an actual review
10. Read it aloud once before it goes live

ONE EXAMPLE

Before and After

AI-STYLE: ABOUT PAGE

Our compassionate team of board-certified physicians is committed to providing comprehensive, patient-centered care using state-of-the-art technology in a warm and welcoming environment.

HUMAN-FOCUSED

Dr. Patel has practiced family medicine in this neighborhood for 14 years. Same-day appointments are held open every weekday morning for patients who can't wait a week to be seen.

How RankVed Approaches This

Sarthak Jain, founder of RankVed, has guided 110+ clinics and hospitals through this exact process, with 57+ long-term managed partners. His 3:3 Framework pairs the three paths patients use to find care (Google Search, Maps, AI platforms) with three trust-building layers on the site, content humanization being one of them, tied to clinical review rather than treated as a separate writing task.

Want RankVed to run this for your practice? See rankved.com/services/healthcare-seo-services.

SOURCES

Citations

1. Google Search Central.
Creating Helpful, Reliable, People-First Content. Google's guidance on how content quality, including YMYL, is evaluated.

2. Corso, A. (2026).
How to Create Health & YMYL Content That Performs in AI Search. Search Engine Journal. Source of the ChatGPT and AI Overview figures above.

3. Monahan, F. (2026).
Google's Search Quality Rater Guidelines and YMYL in the Age of AI Search. iPullRank.

4. Shekar, S., Pataranutaporn, P., Sarabu, C., Cecchi, G. & Maes, P.
People Over-Trust AI-Generated Medical Responses and View Them to Be as Valid as Doctors, Despite Low Accuracy. MIT Media Lab research.

Legal and compliance guidance in this guide is general and not a substitute for review by your practice's legal counsel or medical board requirements in your region.