

# A Pragmatic Analysis of Audience Demands Strategies in Selected Medical TV. Shows

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## Abstract

Adapting any speech to a specific audience requires a high level of creativity since determining the target via exhaustive research is difficult. Hence, this current research aims at exploring the pragmatic strategies for audience demands that may be used by the speakers in selected episodes of the medical show "The Doctors." To achieve such aims, the researchers seek to answer the following questions: What are the pragmatic strategies used by the speakers in the medical show "The Doctors" with the aim of achieving the audience demands? What are the pragmatic strategies that score higher frequency to achieve the audience demands? What are the aim functions behind using the pragmatic strategies to potentially achieve the audience demands? In this regard, selected episodes from the medical show "The Doctors" are chosen to be analysed based on an eclectic model that focuses on identifying the presupposition triggers and cooperative principles or Grice maxims theory. The current study found that presupposition was used more frequently than non-observed cooperative principles.

**Keywords:** pragmatics, presupposition, cooperative principle, Grice maxims.

## 1. Introduction

People's use of language has an impact on others. They want to sway their audience in order to accomplish their objectives (Nashmi and Mehdi, 2022, p.17). In order to deliver an effective speech, one must first determine their intended audience and then craft their message to appeal to the interests, knowledge, and values of that group. Adapting to a specific audience requires a high level of creativity since determining the target via exhaustive research is difficult (Weissgerber & Wolfe, 2006, p. 19). There is a risk of overuse with audience analysis, as there is with a great deal of effective methodology.

It is not the same thing as tailoring a speech to the requirements of a certain audience when you give them anything they desire. "Audience analysis" does not mean "putting on a show" or "bowing down" in front of a group. Instead, the process of adaptation affects how a speaker chooses to speak and what they say (Goh, 2020, p. 106). Understanding the main parts of audience adaptation will help you find the fine line between too much and too little change. When people sit in the audience of a speech, they already have ideas about the event, the topic, and the speaker (Lee, 2016, p. 36). If the speaker doesn't meet the audience's expectations, the speech might not be as good as it could be. Because of this, the people listening to the

politician's speech will have high hopes for it (Opt, 2017, p. 89). When a politician talks about a piece of legislation, the audience is likely to feel insulted, and the politician will lose credibility. Breaking the audience's expectations can be a good idea in some situations. The proclamation has a greater impact precisely due to the fact that the message does not seem to be appropriate for the occasion (Pettit et al., 2014, p. 189). Before they say something, communicators need to find out what their audience already knows about a subject. It is imperative that the level of familiarity that an audience has with a subject never be underestimated (Preston, 2004, p.41). For example, if a speaker starts a technical explanation of genetic engineering without first introducing the topic, listeners who don't know much about genetics will quickly lose interest. But if you think the audience doesn't understand, you might give a speech that seems condescending (Aderemi Adeoye, 2020, p.187). If you are going to make the assumption that the audience is comprised of a diverse group of individuals coming from a variety of backgrounds, it is usually a wise decision to go over a few essential terms and concepts (Redmon, 2015, p.250). In the field of health communication, "adapting" means modifying both the substance of the message and the

way it is conveyed in order to fulfill the requirements of a certain audience or set of circumstances. Most of the time, the words "targeting" and "tailoring" are used to describe this method (Rahmadani & Andrini, 2021, p.39). Targeting, on the other hand, means changing health communication to meet the needs of a certain group of people who have a lot in common. Customizing and targeting have both been shown to be effective ways to get people to change their health habits. There are clear signs of this in how health communication has changed to fit different stages of behavior change, cultural differences, and people's health literacy (Gillam et al., 1990, p.347). This piece of conceptual writing is about adapting health communication to how well people understand health issues. Within the scope of this research, it will investigate the strategies that the presenters of medical TV shows use in order to fulfill the needs and requirements of their audience (Horton & Gerrig, 2005, p. 125). It is looking into the more practical methods that have a higher chance of working to get people to adapt. The researchers will talk about the main reason why these techniques are used. The goal is to learn about the techniques a speaker needs to use to get people to like what he has to say (Aderemi Adeoye, 2020, p. 182).

## 2. A Literature Review

The representation of physicians, nurses, and patients in television series may influence public perception of healthcare. The limitations of the television medium, along with the aim to engage viewers with thrilling drama, result in a televised representation of healthcare that may be very different from reality (Redmon, 2015, p. 254). Viewers may get an erroneous idea of what goes on behind the scenes by watching television programs showing daily life in a hospital. This is particularly critical for trauma sufferers and their families. Many people's perspectives of the real-world hospitalization and recovery process are influenced by media depictions of catastrophic damage (Gillam et al., 1990, p. 345).

Because physical trauma occurs suddenly, there is no time to obtain credible medical information to help one prepare for a hospital stay and/or surgical treatment (unlike other disorders such as cancer). As a result, more dependence on media perceptions is required (Horton & Gerrig, 2005, p. 127). The doctor's role in such a TV program is to broaden the audience's medical understanding. More knowledge and suggestions will be very valuable to their overall well-being and health. The scientific divide between physicians and their audiences may operate as a barrier to the persuasive process and the doctor-audience interaction (Jiyoung Son & Jung, Jae Wal, 2016, p. 91).

According to Anderson et al. (2015), while engaging with an audience, physicians may use a range of communication styles. As an example, "presenting about a new sort of medicine would result in two quite different presentations for a doctor's audience and a non-doctoral audience." (Aderemi, Adeoye, 2020, p. 186) Failure to connect with the audience implies that the speech's goal will be completely missed. As a consequence, no utterance may have elements of speech unless there is an audience. The major task of the speaker is to set and adjust the goal of his speech so that it is adaptable to the preferences of the audience (Al-Hindawi & Jubair, 2021, p. 245).

### 2.1 Pragmatics

According to Levinson (1983, p. 1), the term pragmatics was coined by philosopher Charles Morris to denote a branch of semiotics (1938). Yule (1996, p. 3) states that pragmatics is interested in the analysis of meaning as expressed by a speaker and understood by a listener. Thus, it can be said that pragmatic analyses are more concerned with what people convey through the use of certain utterances than with what the words in those utterances may mean in isolation. The study of pragmatics focuses on discovering the underlying meanings of utterances (Ibrahim and Hussein, 2021, p.44). It is worth mentioning that in pragmatics, meaning is not considered to be as stable as linguistic forms. On the contrary, it is dynamically created in the course of employing a language (Verschuere, 1999, p. 11).

Pragmatics, as an area of linguistics, deals with context-specific meaning (Majeed, 2021, p.19). Pragmatics, in general, is concerned with those aspects of meaning that are context-dependent. It aims to broaden the scope of classical linguistics by encompassing a wide range of concerns and features that describe language in use (Horn & Kecskes, 2013, p. 356).

### 2.2 Presupposition

According to Yule (1996), the phrases "presupposition and entailment" are used to denote two separate elements of information. That which is conveyed by a speaker and assumed to be common knowledge by the listener is this information (Oualif, 2017, p. 131). A pragmatic inference as well as an assumption that seems to be incorporated into a language utterance and can be identified by linguistic texts is called a "presupposition" (Levinson, 1983, p. 68). According to Levinson's definition, a presupposition links linguistic design to the extra-linguistic environment in terms of inferences that may be drawn from the verbal structure itself (Colomina-Almiñana, 2018, p. 116).

While presupposition and entailment are related concepts, entailment stands apart from both of them. It refers to the conclusions that may be drawn from a sentence's structure alone. A presupposition is a presumption regarding the speaker's speech that is assumed to be true (Schlenker, 2008, p. 3). Nevertheless, this statement has an implication in terms of the information it conveys. On the other hand, a presupposition is an assumption about what the speaker intends the listener to comprehend when he or she makes an utterance (OUALIF, 2017, p. 48).

The converse of this is entailment, which happens when the listener or reader assumes certain knowledge from the speaker's statement regardless of what the speaker intends to express.

1. Sara's little sister is cute.
2. Sara has a little sister.

According to Yule (1996), a presupposition is a connection between two assertions in reasoning. Based on the above examples, A implies B. Because of the speaker's context, anybody may infer what the speaker is saying (Mahmud Wardat, 2017, p. 227).

Presupposition may be described as the speaker's beliefs when he or she makes comments. As previously stated, presuppositions pertain to speakers, but entailments pertain to sentences. Inferences are conveyed without any spoken communication (Dewi & Fadlilah, 2018, p. 127). Presuppositions are more often explored in pragmatics than entailments (Yule, 1996). As shown above, words and grammatical structures are presupposed. Presuppositions that certain terms and structures are unique to specific civilizations will also be unique.

A pragmatic presupposition is characterized by common assumptions, reciprocal knowledge, and contextual appropriateness. It is culturally interpreted; that is, what is assumed in one culture does not have to be assumed in another. It has been emphasized that individuals might not share cultural presuppositions, which may lead to intercultural misunderstandings. When cultural assumptions are misunderstood, mistranslations might occur, or translation issues can arise (Mejias-Bikandi, 1998, p. 168).

### 2.3 Cooperative Principles (Grice maxims theory)

Language scholars use the word "cooperation" in the context of a conversation to describe how people interact with each other. Pragmatics can't operate until the conversational exchange's metaphorical or

concealed meaning is understood. While we have an addresser as well as an addressee, we may conduct a dialogue. Assuming we have X and Y engaged in a discussion in which they ask each other questions or make statements, X expects Y to be cooperative and respond to his or her questions and statements. As a result, they make an effort to get in touch with one another. However, this cooperation creates what Grice refers to as "implications." (Sirichanasap & Booranaprasertsook, 2016, p. 76).

Grice's theory of meaning which asserted the existence of non-natural meaning, sparked the concept of implicature. Grice's theory of meaning, according to Levinson (1989, p. 106) is understood as "a theory of communication." A fascinating side-effect is that it presents an explanation of how communication may be conducted without any traditional methods for communicating the desired meaning. "It is clear from Grice's definition of meaning: "A intends for X to create an impact on an audience by virtue of the recognition of this intention" (Grice, 1958, p.158). According to Levinson, there are certain conclusions to be drawn as a result of this.

These so-called implicatures, which are inferences that don't operate within Grice's domain, are most likely not working in this discourse. Using the term implicature, Grice (1989) explains the various components of speech. There are three ways to describe what the speaker is trying to say: implicates, implicature, and implicatum, which all refer to what the speaker is indicating (Karanevych & Kutsa, 2018:145). However, we must understand how the implicature works. As Yule points out, implicature is "an extra transmitted meaning" (Yule, 1996, p. 34), but it must be founded on the truth and non-truth conditions of expressions in order to be considered valid (Yule, 1996).

There are two types of implicatures: conventional implicatures and non-conventional implicatures, such as those used in speech. It is not possible to deduce conventional implicatures from maxims of speech; rather, they are non-truth conditional conclusions (Levinson, 1983). This means the listener does not have to think about what is being said, but instead knows what the speaker is saying without having to decipher the hidden meaning. The "Cooperative Principle" and Grice's maxims are not the foundation of conventional implicatures (Cao, 2020, p. 1094).

In order to understand the intended meaning, people do not need context or particular phrases like the English conjunctions "but" and "and." For

instance, "he is impoverished but cheerful," as someone once said (Romadina, 2015, p. 152).

That which you are doing is based on the agreed-upon objective or direction of the conversation "(Grice, 1975; 1989). The concept is that when we participate in conversation, we need to provide our audience with enough information so that they can understand what we're saying and what we're trying to convey. Since Grice's assumptions are used as a guide to the dialogue, the discourse concludes with collaboration (Vidal, 2017, p. 252).

Grice's conversational maxims are a set of four guidelines that individuals are required to observe in a discussion (Grice, 1975, p. 44). The "maxim of quantity" is the first rule, and it states that you should always provide as much information as possible during interactions (Md. Mahroof Hossain, 2021, p. 36). The maxim contains two sub-maxims that clarify the rules of the maxim in more detail (Grice, 1989, p. 27). According to the first minim, our role in a discussion should be to provide as much useful information as possible. Sub-maxim 2 says we shouldn't provide more material to a discussion than is absolutely necessary to make our arguments (Grice, 1975, p. 44).

Since, for example, a person says, "Most of the people here believe in God," the "maximum of quantity" might be complicated. Even if everyone in the room is agnostic, they are still speaking the truth. Because most listeners assume that the speaker does not mean all of them when he or she says "most," the speaker is seen as being under informative (Yusuf Tsojon & Keziah Jonah, 2016, p. 422). As a result, if the speaker knows that everyone in the room believes in God, they should just declare so and leave it at that. Consequently, in order to avoid talking too much while still providing enough information, I've opted to keep my paragraphs as concise as possible (Birner, 2013, p. 43).

Two submaxims to the maxim of quality declare that we should not tell our discussion partner anything we know to be untrue. It's also a good idea to avoid making claims for which there isn't enough proof (Grice, 1975, p. 45). Since it's impossible to

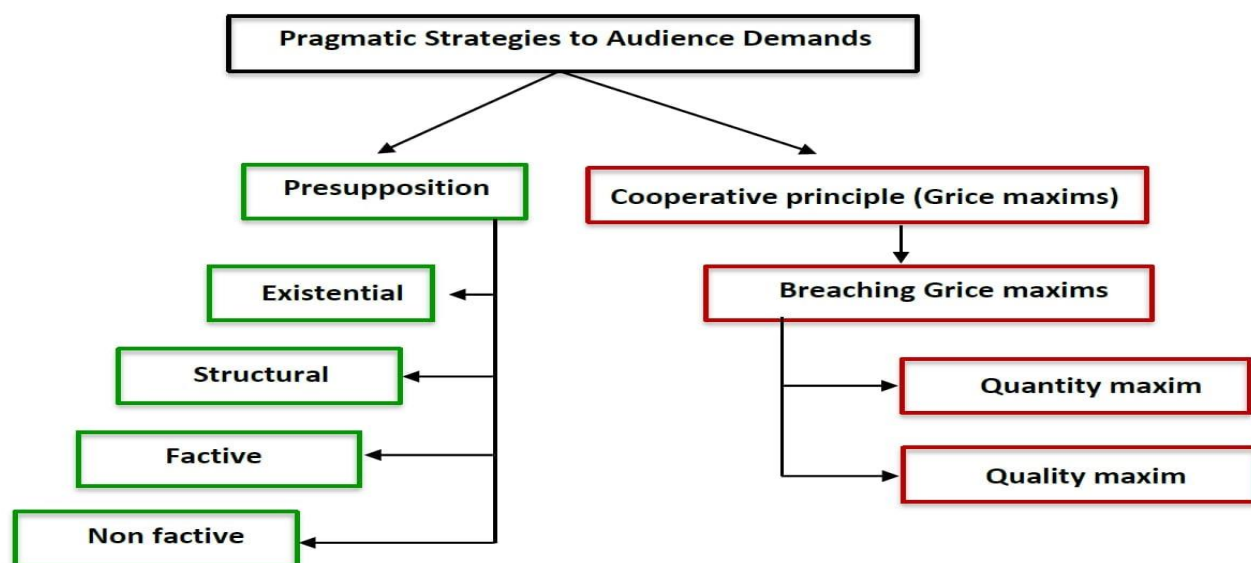
know every truth, the most you can do is to say just what you're sure to be true and avoid stating anything that you're not sure you're right about (Schamberger & Bülow, 2021, p. 127).

The maxim of manner instructs speakers to be concise and avoid ambiguity in their words. This maxim comprises four sub-maxims that encourage speakers to avoid ambiguity in discourse and to avoid using obscure language while speaking. In addition, speaking should be short, according to the manners maxim (Kheirabadi & Aghagolzadeh, 2012, p. 3). Finally, it is important for individuals to be organized while conversing with others and to prevent statements that go on for too long (Grice, 1975, p. 46). Speakers should prevent ambiguity in phrases by using precise terms to formulate their thoughts. Avoiding jargon that might be misunderstood is also a good idea (Senft, 2008, p. 142).

A speaker must avoid making ambiguous statements in order to prevent ambiguity. It is important for speakers to keep their utterances short and ordered in order to be concise and concise (Birner, 2013, p. 58). When it comes to communication, there is just one sub-maxim under the maxim of relationship: we should constantly strive to be interesting and relevant (Grice, 1975, p. 46).

### 3. Methodology

As this study aims to explore the pragmatic strategies to Audience Demands in the selected medical TV. Shows, an eclectic model is adopted that is based on analysing the Presupposition triggers done by (Yule, 1996) and the Cooperative principle of Grice (1975). The methodology of this study is based on adopting a mixed method of analysis, i.e., qualitative and quantitative to analyse the speeches qualitatively and find the frequencies of occurrences of pragmatic strategies quantitatively. The data for this study was selected from the medical show "The Doctors." The researchers selected two episodes to be analyzed, and the titles of these episodes are: "What Does an All-Raw Meat Diet Do to Your Body?" and "Want to Be an Organ Donor? Don't Miss This Important Step ". As for the genre of the selected data of the current study, the data is selected as a transcript of a conversation between the speakers in the episodes of the TV show "The Doctors.". The selected episodes are spoken, and the researchers take the transcript of the conversation between the speakers in these episodes to be analyzed in this study. The theoretical framework of the current study is shown in the following below figure.

**Fig. 1: Theoretical Framework of the Current Study**

#### 4. DATA ANALYSIS

To analyse the selected data qualitatively and quantitatively, the researchers will introduce instances from the selected transcripts of conversations between the speakers in two episodes of the TV show "The Doctors". The analysis is based on the pragmatic utterances that were used in the conversation and the usage of presupposition and cooperative principle or Grice's maxim theory. The selected data include two episodes which include different extracts to be analysed (see appendices 1 and 2).

##### 4.1 Episode One: What Effect Does an All-Raw Meat Diet Have On Your Body?

This episode is about a strange type of diet that has been created by Gotcha Wes. This diet basically consists of only eating raw meat. Wes tries to know more about how this diet affects Wes's personal life and he tries as well to convince Wes to run some tests.

##### 4.1.1 Presupposition

###### Extracts

1. You didn't bring it up, Wes, but I read your story and I examined your pictures.
2. and you felt that your jaw had widened over the last few years.

3. I think that your chewing muscles, your muscles of mastication, specifically your masseter muscles, I think just from chewing more than most people chew because this is raw meat.
4. Gotcha Wes. Well, we have to pry a little bit here with your raw meat and organ diet, Wes. How does it affect your personal life?
5. Do you have to work on your breath?

In the above extracts, Dr. Ordon uses four existential presuppositions by using possessive construction: "your story", "your jaw", "your chewing muscles", "your muscles of mastication" and "your raw meat and organ diet Wes" as seen in extracts (1, 2, 3 and 4). While in extracts (4 and 5), Dr. Ordon asks Wes two questions. First, it is related to how eating raw meat affects his personal life. "How does it affect your personal life?" and secondly, Dr. Ordon clarifies his question more via asking specifically how his eating diet affect his breath "do you have to work on your breath?" These two questions are structural presuppositions.

6. I would think that all these raw products could affect your breath.
7. Because when you're eating cooked meat, that stuff gets stuck in your teeth and in your gums a lot.
8. And with raw food, none of that stuff gets stuck in your teeth. It just goes straight down.

9. You know, we have some questions concerning the numbers that we would find if we analyzed your blood while on this diet.
10. Have you had any blood work done to see what's going on inside?

Extracts (6, 7, 8, and 9) contain five existential presuppositions via possessive construction: "your breath", "your teeth", "your gums", and "your blood". While extract (10) contains a structural presupposition in the form of a question, "Have you had any blood work done to see what's going on inside?" I'm assuming that Wes exists, and Wes needs to check his body by running some blood tests.

11. I mean, that's one of the reasons Dr. Molina and I are so curious about what your numbers would look like.
12. Would you be willing to let Dr. Molina run some tests?
13. And then we follow up with you and Dr. Molina to discuss those results to see what kind of results it's having on your body.
14. You know what? We're conducting our own little research study with you, Wes. How does that sound?

Dr. Ordon asks Wes, "Would you be willing to let Dr. Molina run some tests?" I am trying to convince him to do some blood tests to check what is going on inside his body. This question is a structural presupposition presuming that Wes exists, Dr. Ordon is trying to convince Wes to do the test, and Dr. Molina is a professional nutrition specialist. By using possessive construction, Extracts (11 and 13) contain two existential presuppositions by using "your numbers" and "your body". Again, Dr. Ordon asks Wes to do some tests as seen in extract (14) which is a structural presupposition by using question form.

15. So, you know, traditional medical debt, if you just went to see your regular doctor and they did a basic cholesterol panel.
16. I would want to look and see if there's any narrowing in the arteries in your neck.
17. And I have seen really fairly rapid narrowing in the arteries, or even doing a stress test on you. And I'd also be very concerned about your colon.
18. And I know that sounds crazy. I do care about your colon, Wes. But I do think that the data is pretty conclusive.
19. So let me help you put a little bit more doctor's thought into it instead of just your internet research.
20. So Wes, what do you think? Are you in?

The majority of presuppositions in the above extracts are existential presuppositions via using possessive constructions like "your regular doctor" (you have a regular doctor), "your neck" (you have a neck), "your colon" (you have a colon), and "your internet research" (you have internet and you do some research) as seen in extracts (15, 16, 17, 18, and 19). Extract (18) also contains a Factive presupposition by using the verb 'know', while extract (20) contains a structural presupposition in question form.

#### 4.1.2 The Co-operative Principles (Gricean Maxims)

##### Extracts

1. Gotcha Wes. Well, we have to pry a little bit here with your raw meat and organ diet, Wes. How does it affect your personal life?
2. (Wes laughing) -Interesting.

The first question Dr. Ordon asks Wes is whether his raw meat diet affects his personal life. Wes gives a very brief answer that contains only one word, "Interesting," which is a kind of ironic response expressing his shock at the question. His answer is also a quantity maxim as Wes's answer is less informative than required.

1. I mean, I've gotta, I mean, do you have to work on your breath? I would think that all these raw products could affect your breath.
2. I've heard people mention that before, and I don't know, I haven't gotten any bad reports yet, but maybe they're just too embarrassed to tell me, but I don't think my breath is that bad at all. If anything, it's better, I think. Because when you're eating cooked meat, that stuff gets stuck in your teeth and in your gums a lot. And with raw food, none of that stuff gets stuck in your teeth. It just goes straight down.

After asking Wes how eating raw meat affects his personal life, Dr. Ordon asks him a more specific question: "Do you have to work on your breath?" Wes answers that he did not get any bad reports about his breath, and he believes that it is actually getting better. "I think it's getting better," he says, as eating cooked meat gets stuck in your teeth and gums a lot and later causes a bad smell, while raw food does not as it goes straight down. In his answer, Wes violates the quality maxim by mentioning the last fact is not true. And with raw food, none of that stuff gets stuck in your teeth. It just goes straight down. "

1. Have you had any blood work done to see what's going on inside?
2. I haven't, and people ask all the time out of curiosity, and it may be something that I eventually do just to kind of satisfy the people on my channels that keep asking me for it, you know. But I'm not a hundred percent sure. You know how I would gauge those numbers, because I know there's not a whole lot of studies that have been done on people that eat raw meat. So I'm not sure how if it's never been studied on someone, how that would affect what you're comparing the actual baseline numbers to and all that. So... not a hundred per cent sure.

Dr. Ordon asks Wes whether he has done any blood tests to know what is going on inside his body. Wes answers that he has not and that he may do it to satisfy his followers as they keep asking him for it. So far, Wes's answer is perfect for the question, yet he adds a lot of unessential points to his answer, which makes it a quantity maxim.

1. Yeah, I mean, that's one of the reasons Dr. Molina and I are so curious about what your numbers would look like. That being said, would you be willing to let Dr. Molina run some tests? And then we follow up with you and Dr. Molina to discuss those results to see what kind of results it's having on your body. You know what? We're conducting our own little research study with you, Wes. How does that sound?
2. I'd be willing to take that into consideration. Yeah, yeah, we can talk about that.

Trying to convince West to do the test, Dr. Ordon explains that he and Dr. Molina are so curious about the results, then he asks Wes, "would you be willing to let Dr. Molina run some tests?" Later, they are going to have a second episode to discuss the results. Dr. Ordon then asks another question, "You know what? We're conducting our own little research study with you, Wes. "How does that sound?" For all these questions, Wes gives a very brief answer that he is going to "take that into consideration". This is a quantity maxim as his answer is less informative than required.

1. So let me help you put a little bit more doctor's thought into it instead of just your internet research. -- So Wes, what do you think? Are you in?
2. (Wes clears throat) -Uh... I will definitely consider it. I'll give you that right now.

Wes tries as well to convince Wes to do the tests, and after explaining too much about blood marks and how a raw diet can cause cancer in the long term, she asks Wes, "So Wes, what do you think?" "Are you in?" However, Wes gives a very short answer that violates the quantity maxim as he mentions less information than required.

#### 4.1.3 Discussion of the First Episode

This episode is about Gotcha Wes and his raw meat and organ diet Wes. The episode was posted on December 28, 2021 under the title "What Does an All-Raw Meat Diet Do to Your Body?" and it garnered 9.701 views at the time of analyzing this episode. It contains types of Presupposition. The existential presupposition is used seventeen times: "your story", "your breath", "your teeth", "your jaw", "your chewing muscles", "your muscles of mastication", "your blood", and "your raw meat and organ diet Wes". followed by a structural presupposition, which is found in question forms six times. While Gricean maxims are used five times, mainly the quantity maxim is less informative than required.

#### 4.2 Episode Two: Do You Want to Be an Organ Donor? Don't Miss This Important Step

Transplant specialist Dr. David Weill shares a case of saving someone's life who wasn't a typical transplant patient. He also shares why he decided to stop working as a transplant doctor. There is a national organ shortage, and Dr. Weill shares what you should be doing in order to make sure your organs are used for transplantation. Sign up to be an organ donor here.

##### 4.2.1 Presupposition

##### Extracts

1. I'll be honest, people in the room were skeptical, wondering if we should use our lungs for a person like him, whether it was a good use of our organs and
2. That's again injecting our own value system about who we think should live or who should die, and that's best avoided and I did everything I could to avoid it.
3. You know, I can't imagine how grateful he was that you took a roll of the dice on him right and look how his life turned out now, Dr. Wild. You know, incredibly high highs, incredibly low lows.
4. I imagine you experienced a lot of what we're talking about today in healthcare in general with Cold wood

Extracts (1 and 2) are an existential presupposition by using possessive construction to say "our organs" (we have organs) and "our own value system" (we have a value system). While extract (3) is a functional presupposition by using the verb "know" twice. Moreover, the verb "imagine" is a non-factive presupposition, which is an assumption used to be true by using the verb "imagine," as seen in extracts (3 and 4).

Let me ask you, ultimately, why did you decide to leave? What was the final straw for you?

6. I came home not exactly engaging with the family. I really was out of bandwidth, essentially, to be fully there and I knew that I had to make a choice.
7. It was either my career or my family, and I picked my family.
8. Dr. Wild, let me ask you. I mean, obviously, you made the right choice. As you look back over the course of your life, I wonder if there are any moments that really stick out as you really regret that the work caused you to miss with your wife and your daughters?

Dr. Ish Major Questions Dr. Weill: "Ultimately, why did you decide to leave? What was the final straw for you? " which is a structural presupposition, presupposing that Dr. Weill existed, that he was a doctor, and he left his job. Dr. Weill explains that one day he returned home not engaging with his family, and he "knew" that he should choose between his family and his job. Thus the verb "knew" here is a Factive presupposition. Extracts (7 and 8) are an existential presupposition by using possessive construction, as in "my career" (I have a career), "my family" (I have a family), "your life" (you have a life), and "your wife with your daughters" (you have a wife and daughters). Additionally, extract (8) is a structural presupposition by using a question from

9. I can't even imagine that. You know, it is tricky and it's frustrating and I recognize that late in my career, but it's frustrating because, on the one hand, I'm not playing golf and not there. I'm actually doing important work and she thought it was important.
10. What is it that you would like our viewers to understand about transplants today? Well, the main thing is that we do have an organ donor shortage right now.

The ninth extract (9) contains two presuppositions: one by using the verb "image", which is a non-factive presupposition, and the second by

using the verb "know," which is a factive presupposition. In extract (10), Dr. Major asks Dr. Weill for some advice for those who want to be donors, which is a structural presupposition.

11. and you not only have to sign your driver's license card at the DMV
12. You have to tell the people around you of your intention to be an organ donor. Tell your family and friends, because at the end of the day, the doctors at the 4:25 hospital who may be taking care of you at 4:27 may be
13. If tragedy happens, we are going to ask the 4:30 family members what your intention was.
14. And I just encourage everybody, if you're so inclined, to tell your family and friends that you want to be an organ donor.

Dr. Weill explains that those who want to be a donor have to sign their driver's license card at the DMV and they should inform their family and friends about their intention because if a tragedy happens, the doctor wants his family's consent. The above extracts are mainly an existential presupposition via using a possessive construction, as in "your driver's license," "your intention," "your family and friends," "your intention," and "your family and friends."

#### 4.2.2 The Co-Operative Principles (Gricean Maxims)

##### Extracts

1. Let me ask you, ultimately, why did you decide to leave? What was the final straw for you?
2. Well, I recognize the impact it was having on me but more importantly than that, I had two daughters that were young then and growing up. They're 16 and 19 now. I had a wife who's a nurse who understood what I was going through but also didn't get the full me. I came home not exactly engaging with the family. I really was out of bandwidth, essentially to be fully there and I knew that I had to make a choice. It was either my career or my family and I picked my family. I picked my family.

Dr. Ish Major asks Dr. Weill about how he made his last decision to leave the medical field. Dr. David Weill answers that he noticed the great impact that his job had on his personal life. As a father of two daughters, he could not attend most of his daughter's school events, and when he came home, he could not even engage with his family. However, he answers by describing more details than required, which makes it a quantity maxim.

1. and for the wives out there and significant others out there how could she get mad at you before being emotionally absent because you're saving lives right and so that's a that's a tricky conversation i can't even imagine that you know.
2. It is tricky and it's frustrating and I recognize that late in my career, but it's frustrating because, on the one hand, I'm not playing golf and not there. I'm actually doing important work and she thought it was important, but at the same time, did it really matter at the end of the day that I wasn't there for whatever reason?

Dr. Major asks Dr. Weill about how Weill's wife could be mad at him while she knew he was saving lives. Dr. Weill answers that he knows it is "tricky and it's frustrating" as his wife is a nurse and better than anyone, she understands the importance of his job. Yet, it did not matter because she was a wife and a mother. She knew that her daughters needed their father. Dr. Weill's answer here is a quantity maxim.

1. Dr. Wild, this is so critical and we have a national shortage when it comes to organ donors. What is it that you would like our viewers to understand about transplants today?
2. Well, the main thing is that we do have an organ donor shortage and right now it's a 50/50 proposition whether or not an individual will even consent to organ donation in some parts of the country. It's less than 50 percent and you not only have to tell the people around you of your intention to be an organ donor, you have to tell your family and friends because at the end of the day, the doctors at the hospital who may be taking care of you if tragedy happens are going to ask the family members what your intention was and I just encourage everybody if you're so inclined to tell your family and friends

Lastly, Dr. Major asks Dr. Weill about the national shortage in organ donation and his advice for

the audience to understand more about transplants. Dr. Weill responds that America has a huge shortage in organ donation that can reach less than 50 per cent in some parts of the country. He also gives some tips about how to be a donor. His answer is more informative than required; thus, it is a quantity maxim.

### 4.2.3 Discussion of the Second Episode

The episode "Want to Be an Organ Donor? Don't Miss This Important Step" was posted on May 3, 2022. Dr. Ordon and Dr. Ish Major host the transplant specialist, Dr. David Weill, to talk more about how he retired and give some guidelines about organ donation. This episode contains four types of presupposition. It is particularly existential presupposition by using possessive construction. Lastly, this episode contains three quantity maxims.

### 4.3 Findings and Discussion of findings

The following findings can be drawn from the data analysis:

1. There are four types of presupposition that are included in the selected transcripts of the conversations between the speakers in the episodes of the TV show "The Doctors."
2. The appearance of existential presupposition is 29 times that is 64.44%, structural presupposition is 9 times that is 20%, and is followed by factive presupposition which is 4 times that is 8.88%, while non factive presupposition is 3 times that is 6.66%.
3. The most predominant used in these two episodes is existential presupposition that is 64.44%, from this finding the researchers can conclude that existential presuppositions are the important part in the conversation between the speakers in TV show "The Doctors".
4. The results are listed in table 1 below.

**Table 1: Types of Presupposition**

NO	Types of presupposition	Number (F)	Percentage
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1	Existential	29	64.44%
2	Structural	9	20%
3	Factive	4	8.88%
4	Non factive	3	6.66%
5	Lexical	0	Zero
6	Counterfactual	0	zero
Total		45	99.99%

5. There are eight non-observed cooperative principles (Grice maxims) uttered by the speakers. The results that the researchers find are based on the frequency of the occurrence of the maxims that are presented in table 2.

**Table 2 Frequency of the non-observed cooperative Principle (Grice maxims)**

NO	The non-observed cooperative Principle (Grice maxims)	Number (F)	Percentage
1	Breaching the maxim of quantity	7	87.5%
2	Breaching the maxim of quality	1	12.5%
3	Breaching the maxim of relation	0	0
4	Breaching the maxim of manner	0	0
Total		8	100%

## Conclusion

The current study's findings reveal that there are four different sorts of presuppositions present in selected transcripts of conversations between the speakers in these two episodes of "The Doctors." The results of the statistical study suggest that existential presuppositions are more appropriate for the medical show "The Doctors" than other types of presuppositions. As a result, in the two episodes studied, the existential presupposition receives the most attention, accounting for 64.44 percent of all utterances. According to the statistical analysis, structural presuppositions account for 20% of all utterances, factive presuppositions account for 8.88%, and non-factive presuppositions account for 6.66 percent. Through the investigation, it was discovered that speakers do not use lexical or counterfactual presuppositions. The study found that eight (8) of the non-observed Cooperation Principles (Grice maxims) are used by the speakers in conversations amongst themselves in episodes of the TV show "The Doctors."

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## Appendix I

### First Episode

<https://www.youtube.com/watch?v=ZHKuy7GIrVk>

0:00 - You didn't bring it up Wes, 0:01 but I read your story and I examined your pictures, 0:05 and you felt that your jaw has widened 0:07 over the last few years. 0:09 And you know, I looked at those pictures 0:12 and I think that your chewing muscles, 0:14 your muscles of mastication, 0:16 masseter muscles specifically. 0:18 I think just from chewing more than most people chew 0:22 because this is raw meat. 0:24 Think about it. 0:25 You've got to work on it pretty well to get it down. 0:28 So I think you, 0:29 It has widened just on the basis of your muscles 0:32 that you chew with getting a little bit bigger. 0:35 - Yeah that makes sense to me. 0:37 And I've thought about that, too. 0:39 And it wasn't something that I noticed. 0:40 It was something that some of my followers were noticing. 0:43 They noticed that my face had widened a little bit. 0:45 So, it's harder to tell now with the beard obviously. 0:49 But yeah, I think I put on a little bit of weight 0:51 in my face, so I think the fat's showing up there, 0:53 and I also thought about that, too. 0:55 I'm eating so much more meat than I was before. 0:57 So I'm doing some more chewing. 0:59 - Gotcha Wes. 1:00 Well we have to pry a little bit here 1:02 with your raw meat and organ diet Wes. 1:05 How does it affect your personal life? 1:09 (Wes laughing) 1:10 - Interesting. 1:11 - I mean, I've gotta, I mean do you. 1:13 do you have to work on your breath? 1:15 You... I would think that all these raw 1:18 products could affect your breath. 1:21 - I've heard people mention that before, and I don't know, 1:24 I haven't gotten any bad reports yet, 1:26 but maybe they're just too embarrassed to tell me, 1:28 but I don't think my breath is that bad at all. 1:32 If anything, it's better I think. 1:34 Because when you're eating cooked meat, 1:36 that stuff gets stuck in your teeth 1:38 and stuck in your gums a lot. 1:40 And with raw food, 1:41 none of that stuff gets stuck in your teeth. 1:42 It just goes straight down. 1:44 - It seems to be working for you 1:45 but Dr. Molina and I, we

have some questions 1:49 you know, concerning the numbers that we would find 1:53 if we analyzed your blood being on this diet. 1:56 Have you had any blood work done 1:59 to see what's going on inside? 2:01 - I haven't, and people ask all the time 2:03 out of curiosity, 2:04 and it maybe something that I eventually do 2:06 just to kind of satisfy the people on my channels 2:09 that keep asking me for it, you know. 2:11 But I'm not a hundred percent sure, you know 2:14 how I would gauge those numbers, 2:16 because I know there's not a whole lot of studies 2:18 that have been done on people that eat raw meat. 2:20 So I'm not sure how if it's never been studied on someone, 2:23 how that would affect what you're comparing 2:26 the actual baseline numbers to and all that. 2:28 So... not a hundred percent sure. 2:31 - Yeah. I mean, that's one of the reasons 2:34 Dr. Molina and I are so curious about 2:36 what your numbers would look like. 2:38 That being said, would you be willing 2:39 to let Dr. Molina run some tests? 2:42 And then we follow up with you and Dr. Molina to discuss 2:46 those results to see what kind of results 2:51 it's having on your body. 2:52 You know what? We're conducting our own little 2:54 research study with you Wes 2:57 How does that sound? 2:58 - I'd be willing to take that into consideration. 3:00 Yeah, yeah we can talk about that. 3:02 - Well, and just to follow up on that 3:04 I mean, you know I think in some ways you're right Wes. 3:07 So you know, traditional medical debt, 3:09 if you just went to see your regular doctor 3:11 and they did a basic cholesterol panel, 3:14 it may or may not show anything. 3:15 And when you say they haven't done studies 3:17 on people like you, that's true, 3:19 but we've done studies on different blood markers. 3:22 So it doesn't matter what you're eating, 3:24 it's what the blood markers are. 3:26 And what I would be interested in looking at with you 3:28 is more advanced cholesterol testing. 3:31

I would want to be looking and seeing 3:33 if there's any narrowing in the arteries in your neck, 3:36 because of the large amounts of butter that you're eating. 3:39 That's very concerning to me. 3:40 And I have seen really fairly rapid narrowing 3:44 in the arteries, or even doing a stress test on you. 3:47 And I'd also be very concerned about your colon. 3:50 And I know that sounds crazy. 3:51 I do care about your colon, Wes. 3:53 But I do think that the data is pretty conclusive. 3:56 That diets that are super high in red meat 3:59 are clearly linked to cancer 4:01 and particularly colorectal cancer. 4:04 So you may be fine now... 4:06 but in five, 10, 15 20 years, you may not be. 4:09 And that's my concern because you seem like 4:11 a really good guy and you're smart. 4:13 You've put some thought into it. 4:14 So let me help you put a little bit more doctor thought 4:17 into it instead of just your internet research. 4:20 - So Wes, what do you think? Are you in? 4:22 (Wes clears throat) 4:23 -

Uh... I will definitely consider it. 4:25 I'll give you that right now. 4:26 (Dr. Molina chuckles) And we can maybe talk about it. Yep. 4:28 - Well, you've got a great doc in your corner there. 4:31 I think you should take advantage of it.

## Second Episode

<https://www.youtube.com/watch?v=fN0nVq6fmhs>

0:00 dr weil you move the needle to help 0:02 another marginalized patient in dire 0:05 need of a transplant tell us about that 0:08 the other patient that sticks out is a 0:10 young man named brian who was 19 and had 0:12 developmental 0:14 delay and he was 0:16 very shy 0:18 emotionally immature and had cognitive 0:20 impairment as well 0:22 and we wondered 0:23 whether or not he could be compliant 0:27 with a complex medical regimen following 0:29 transplant in fact a number of 0:30 transplant centers had turned him down 0:32 for that very reason 0:34 but we decided ultimately to take a 0:38 chance on him 0:40 and 0:41 i'll be honest people in the room were 0:42 skeptical wondering if we should use 0:44 lungs for a person like like him whether 0:48 it was a good use of our organs and 0:50 that's again 0:51 injecting our own value system about who 0:54 we think should live or who should die 0:57 and that's best avoided and i did 0:59 everything i could to avoid it 1:01 and we ended up transplanting this young 1:03 man and he went on to live 20 years 1:05 later and had a very fulfilling life 1:07 yeah so that was gratifying extremely 1:10 gratifying absolutely and you know i 1:13 can't imagine how how grateful he was 1:15 that you 1:17 took a roll of the dice on him right and 1:19 and look how his life turned out now 1:21 dr wild you know 1:23 incredibly high highs incredibly low 1:25 lows i imagine you experienced a lot of 1:28 what we're talking about today in 1:29 healthcare in general with coldwood 1:30 burnout let me ask you ultimately why 1:33 did you decide to leave what was the 1:35 final straw for you 1:37 well i recognize the impact it was 1:39 having on me personally but more 1:40 important than that i had two daughters 1:43 that were young then and growing up 1:45 they're 16 and 19 now i had a wife who's 1:48 a nurse who understood 1:51 what i was going through but also didn't 1:53 get the full me i came home 1:56 not exactly engaging with the family i 2:00 really was out of 2:02 bandwidth essentially 2:04 to be 2:05 fully there 2:06 and i knew 2:08 that 2:09 i had to make a choice it was either my 2:12 career or my family and i i picked my 2:14 family 2:16 dr wild let me ask you i mean i 2:18 obviously you made the right choice 2:21 as you look back over the course of your 2:23 life 2:24 i wonder if there are any moments that 2:26 really stick out as you 2:28 really regretting that the work caused 2:29 you to miss with your wife 2:31 with your daughters 2:32 i'm afraid there were more than one 2:34 there were

several 2:35 you know there was the miss soccer games 2:37 there were the dinners with my wife 2:39 where i was on the phone fielding an 2:42 organ donor call and then after the 2:44 salads were served we needed to go 2:47 there were a number of them and i think 2:49 worse than that it was just the 2:51 emotional detachment i was 2:54 preoccupied to say the least uh with the 2:57 work that was going on at the hospital 3:00 and even when i was physically there i 3:02 wasn't emotionally there and for the 3:05 wives out there and significant others 3:07 out there 3:08 how could she get mad at you 3:10 before being emotionally absent because 3:12 you're saving lives right and so that's 3:14 a that's a tricky conversation i can't 3:16 even imagine that you know 3:18 it it is tricky and it's frustrating and 3:21 i recognize that 3:24 late in my career but but it's 3:26 frustrating because on the one hand 3:28 i'm not playing golf and not there i'm 3:31 actually doing 3:32 important work and she thought it was 3:34 important but at the same time did it 3:37 really matter at the end of the day 3:39 that i wasn't there for whatever reason 3:41 yeah yeah it is it's so interesting dr 3:44 wild 3:45 this is so critical and we have a 3:47 national shortage when it comes to organ 3:49 donors what is it that you would like 3:51 for our viewers to understand about 3:52 transplants today well the main thing is 3:55 is that we do have an organ donor 3:57 shortage and right now 3:59 it's a 50 50 proposition whether or not 4:03 an individual even will consent to organ 4:05 donation in some parts of the country 4:07 it's less than 50 percent 4:10 and you not only have to 4:12 sign your 4:13 driver's license card at the dmV you 4:16 have to tell the people around you of 4:18 your intention to be an organ donor tell 4:20 your family and friends because at the 4:23 end of the day the doctors at the 4:25 hospital who may be taking care of you 4:27 if tragedy happens are going to ask the 4:30 family members what your intention was 4:32 and i just encourage everybody if you're 4:35 so inclined to tell your family and 4:37 friends that you want to be an organ 4:39 donor 4:55 you