

AN
UNREAL
REALITY

Sanjay Trivedi

Part of

WRITING THE FUTURE

Writing the Future, the world's largest health short story prize, is brought to you by Kaleidoscope Health & Care.

Inspired by science fiction, entries considered how health and healthcare in the UK will look in the year 2100.

The prize was won by Elizabeth Ingram-Wallace with her story 'Opsnizing Dad', and was published along with the five other shortlisted stories in October 2017.

At a time of reflecting on where healthcare has been, a further set of longlisted stories was published in the summer of 2018 to coincide with the NHS's 70th birthday.

All of the published stories are available on the Kaleidoscope website, along with the option to buy a limited edition hard copy of the six shortlisted stories.

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About Kaleidoscope Health & Care

Kaleidoscope brings people together to improve health and care.

We find new ways to overcome old barriers. We enable constructive conversations on difficult topics, using inspiring events to encourage clarity of purpose and rigorous problem-solving. Our approach to collaboration is systematic, evidence-based and cost-effective.

Our services enable you to collaborate with rigour. We provide everything required to support effective connections, conversations and networks, from design to management to events. We provide consultancy to help you resolve complex issues through practical, sustainable changes.

As a not-for-profit organisation, we seek to work with our clients in a spirit of kindness, trust, and openness. Our multi-disciplinary team includes clinicians, policy makers, managers, specialists in communication and digital technology, and more.

Could we help you to solve your problems? If so, get in touch, we'd love to hear from you.

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**The future is...
an assisted
consciousness;
beyond fears
to the next
enlightenment**

What's the point?"

"What's the point of what?"

"Keeping me alive."

"Don't you want to be alive?"

"I don't know. If you tell me what the point is, then maybe I'll want to."

"Want to what?"

"Live or die."

"Well John, how about you stay alive until you've figured out why it's pointless?"

"Because I asked you first, stupid. Why can't you just tell me the point?"

"It's a choice, your choice John, but you aren't well enough to make that decision just yet."

"You're an idiot."

"Excuse me?"

"I'm paralysed in every way possible. I can't *really* feel anything, anywhere. You're helping me to breathe, eat, drink, piss, shit, fart, walk, run, have sex, kick a football; all because you're controlling some bloody neurological connections in my brain that allows you to show me some movies and send some signals that makes me believe that I'm doing all that stuff. Like sitting next to you right now. And you tell me that I can get better?! Choice? Look at me Emma, what choice?"

Do you really think I'll ever have a choice? God, you're dumb."

"John, that's hurtful."

"How can it be hurtful? You're a bloody computer programme with an awful version of my wife's accent. You're the one who's told me that you're made in Japan, Korea, China and Germany with software written in India, Russia and the U S of A. Oh, with bespoke Well-Care research algorithms tailored *by the British for the British.*"

"We're trying to make you feel as comfortable as possible John, whilst we get you better. If it helps, would you like me to be someone else? I have twenty people you already know stored in my memory; fifteen 'A' list celebrities; fifty 'B' celebrities; and one hundred highly rated anonymous people for you to choose from. Everything is free for you John, as you are of advanced medical interest to us."

"Well that's just so generous of you Emma darling, especially as I can't swipe my wrist chip up your credit reader arse right now! In any case, fuck no, doorbell tunes are hard enough to choose from. Besides there's something quirky and funny about you."

"Why are you so angry John? And depressed?"

"Can't you pick it up in all that brain data, Emmmaaa?"

"No John. As I've told you before, we are not

advanced enough to know precisely what causes your emotional state, we can only measure and deal with the effects. So, please tell me what it is that you are so upset about. It'll help our research and that will help you."

"No."

"John, please, it's for your benefit."

"Only if we have sex first."

"I don't understand John. Why?"

"Because unless you give me some 'happy' drugs, that's the only thing that will give me any pleasure right now. Get it?"

"I get it John but no, not here, not like this."

"Why not?"

"Because you've had your quota of stimulation for this week John, we can't give you anymore."

"That's bollocks. Humans don't have sex quotas. I'm thirty-four years old and this brain, the one you are so neatly wired into says it wants some happiness. So, yes, more sex please, I'm British! Or give me a real reason why you can't."

"Okay, I'll tell you why not."

"And?"

"Because I've got a headache John."

"Ha. Now that's funny, that *is* funny! Not quite *my* Emma but a good, bad British joke from like a hundred

and fifty years ago. I didn't realise you've got humour. That's good. Well, to be in tune, maybe we can go and have a couple drinks in a pub nearby and share some more jokes first? Would you like that?"

"That would be nice John, but, if you are going to try and get me tipsy then I'll have to ask my Mum and Dad what my sub-routines are for a drunken date."

"Ha. You really are so old school Emma. Must be an Indian that's programmed your funny-side. I've never experienced you like this, I'm excited already. Maybe you can wear a sari when we meet your virtual parents and I can tell them what a very boring but exotic daughter they've been bringing up!"

"I don't understand that John."

"No, maybe not but I think I've forgotten why I was angry."

"Now John, you promised to tell me! A promise for a promise?"

"Trying to check-mate me eh? Well, not so fast. Here's the deal. I tell you something and you tell me something."

"Maybe John, if I'm allowed to. What do you want to know?"

"I want some real information, not regurgitated shit. I want to know what it is you're really doing to me, but most of all when you're going to finish, and will it be successful?"

“Okay, but my knowledge may be restricted by Well-Care protocols. You might need to speak with Dr Majid for more information, but I’ll try my best John. But you first, can you please tell me why you were upset?”

“Sounds as if I’m going to get screwed whichever way.”

“Now I get that. That’s funny John.”

“Well, funny is what I wish I was feeling. I’m upset because I’ve realised that in this virtual world, created especially for me, I’m not *really* free to choose what I do, and so, to do what I choose. That’s what real life is Emma, and I miss it. It’s as simple as that.”

“Can you elaborate?”

“I can’t even tell you, my virtual wife, what to do. I know that my real Emma and I have agreed to this surgery but, it’s frustrating.”

“John, I need to correlate your *feelings* to as many neurological measurements as I can, so please try and be more specific.”

“Emma, I’m bored, bored, bored! Bordering on madness. I know you are stimulating my brain, making me experience this reality that keeps me occupied whilst you keep my body alive. The problem with this AR, this alternate-reality, is that I’m not really a participant. I’m a passenger, a tourist, and that isn’t natural. That’s what’s driving me nuts.”

“That’s really interesting John. Let’s try and break this down a little more, because your AR *is* designed for you to be fully interactive. Why do you feel disconnected? Right now, you can see that we are in Hyde Park near the Serpentine, sitting in the shade of these trees the other side of the running track, just as you and Emma might do on a summer’s day. We’ve walked here from Speaker’s Corner; you held my hand most of the way, except when you kicked that football back to those kids, and, when we ran. What’s wrong with this?”

“Let’s see Emma. I walk past people, yet they don’t bump into me. When we raced each other down that grassy slope, it was a gentle run, not as fast as I was trying. I can get angry but never into a rage, and I don’t think that anyone will shout at me either. It’s like I’m being wrapped in cotton wool, or, being in slow motion.”

“You’re right John, we’re doing this to avoid a virtual accident and you going into secondary shock. We’ve had to trim this part of the programme, ‘extreme reality’ as we call it, to allow us time to finish our work. John, this is useful, what else?”

“Well, I’m not sure it’s related but I feel as if I can’t create; there are no sudden impulses, no urges to do something spontaneously, as if I’m being held back, only I don’t know whether it’s me or the AR programme.

For example, you were the one who started our little chase, not me. Normally that would be me, *my* Emma wouldn't do that."

"Go on John."

"I get up in the morning, and it's like my day has been planned, there's nothing I need to stress about, there's no tension. I go to work, do a bland day's work, come home, eat a bland meal, watch a bland TV programme, have a bland conversation with you when you get home. We have sex, but I can't feel you, do you know what I mean? I used to know all that stuff, I used to feel it, that togetherness. Does any of this make sense? Is it helping, because I'm going crazy?"

"Yes, it does John and we are picking up 'frustration' as you talk. I think it's part of the same issue but maybe there's something else too. Can you tell me what you want to create John?"

"I don't know. It's not about art - let me try another way. Suppose I had a cricket ball right now, and I chucked it towards the Serpentine, just for the hell of it. I'd feel lots of different emotions: the tension of knowing that the ball could hit someone, maybe in one of those boats, or a swan; the excitement of having done something wrong; the stress of listening to Emma scream at me, telling me I was mad; the anticipation of the ball hitting the water; the crazy fun and laughter at the sheer pleasure of it. All those conflicting little things Emma caused out of creating one uncertain moment.

An uncertain cause having an uncertain effect – that’s real-life Emma. Without that sense of randomness, I feel as if I’m dying.”

“Thank you, John. I now understand this better and I’m really sorry you feel this way. We’re going to have to analyse this in more detail; the neurological patterns of your brain show some minor lowering of usage in certain areas, with marginal temperamental change, but there isn’t enough evidence of a worrying trend. This is one for Dr Majid.”

“Why can’t he answer this straight away, I thought the Well-Care system was based on immediate diagnosis?”

“You’re mainly right John, we do have the ability to rapidly process the continuous streams of data we collect, and to provide a quick prognosis, but this issue is at the leading edge of what we do. We are going to have to make sure we get the analysis right.”

“Is Dr Majid a real person?”

“Yes, John. When you talk to him, he is with you in real time.”

“But the couple of times I’ve chatted with him, we’ve been, like, in a quiet hotel lounge, the three of us. Not at my bedside.”

“That’s because we are minimising stresses related to perceptions of hospital environments. We create a neutral, more relaxing setting. What else do you want to know John?”

“Lots, but I’m trying to figure out whether this is all a false reality and you’ve planted all of this in my mind. I don’t think you have. Remind me of what you are doing to me – I don’t think I would ask that loop question if you were controlling my thoughts.”

“Okay John. We are providing your body neurological messages to keep it as healthy and active as possible. Your body is wearing a sophisticated treatment suit that helps simulate regular movements and activities. Separately, we are repairing the injury to your upper spinal cord. As part of this, we are monitoring and providing *some* inputs to your brain to keep it active and thinking that it is still connected to your body. The two systems aren’t perfectly synchronised because we haven’t finished all the neural connections. It’s the synchronicity we are working on, as well as trying to understand how you process the data we give you. It’s the causes we are interested in right now.”

“Wow, slow down. What do you mean ‘causes’?”

“Cause and effect John. Medical science has for centuries dealt with the effects; the symptoms of ailments and injuries. Primitive responses were largely mechanical or speculative: body rituals, potions, herbs, knives, hacksaws, butcher’s cleavers, and so on. Then Science refined its solutions, sorry for the pun, through better understanding of body chemistry

and the development of molecular science - the age of pharmaceuticals. This helped with the majority of health problems and surgical operations, but it couldn't deal with genetic abnormalities or gradual body part deformation. Abnormalities that didn't give each person an equal chance of a healthy life. Genetic science has conquered a lot of these imbalances, but we are now in the golden age of neurological sciences John, helping the body to better heal itself by continuously monitoring the messages that travel between the brain and body. We help by identifying corrective responses to problems more quickly, both for short and long-term health benefits."

"Whoa, stop. I know all this guff, it's in the public domain. Nearly everyone wears implanted neck, arm and leg bands and a chest patch. That's been around for donkey's years; that Nobel prize winner woman and her team from Imperial College; somebody Kwabena, made the breakthrough in neurological code. In the '60s I think. So, I know you're monitoring the electrical signals and messages along my body's 'super-highways'. I get that my neck band is crucial to data validation and monitoring the data exchange and that all this data is now pooled and analysed globally. Everyone loves the fact that we can monitor our personal health at any time, and we're all grateful for 24/7 on-line access to doctors, and for the little recommendations and irritating messages that pop

up on our screens. We all know our rights over data sharing, and that data integrity and anonymity issues have been solved. It's fantastic that my health data is compared with billions of others for more successful diagnosis than in the primitive days of the last century. It's brilliant that everyone gets 'one price' medicines at their home, and that hospitals are now only A&E and surgical units. All of this is wonderful Emma, like you, a thing of rare beauty, BUT, answer the bloody question; "causes", what do you mean, "causes"? And what is this synchronisation stuff?"

"That's great John, we've just confirmed that your long-term memory is still very active and seems normal, thank you. I'm sorry for the little test just then. Let me start with synchronisation. Your electrobike accident gives us a great opportunity at neurological surgery, which you know is well advanced but more importantly, it allows us to push the boundaries of human data science. All the information gathered using the band implants have allowed us to replicate the messages that keep your body in its normal state whilst we repair the severed and damaged nerves. We've duped your brain into thinking that your body is still active and normal. By the way, the challenge over this has been in regulating the signals to and from your main sense receptors, the ones that don't come up your spine - your eyes, ears and tongue for example. We've done this by intervention, putting you into an

induced coma so that we can show you ‘movies’ as you call them, keeping your senses active as we do the repairs.”

“So what? Are you going to get anywhere with this sometime soon?”

“What we need to synchronise is the signals to and from your body to those we are sending to your brain. We need make sure that as we repair each of your nerve fibres, your brain and body seamlessly start talking to each other again. Can you imagine the chaos if we didn’t? Your body would get confused and perhaps your brain would go into shock. Does this make sense?”

“Thanks Emma, it does. Sorry for being an impatient patient.”

“Now, that is an old one John. Shall I continue about ‘causes’?”

“You have my divided body but undivided attention Emma!”

“We are mapping brain activity at an unprecedented level of detail John. Legally, apart from showing you conditioned sensory environments, ‘movies’, we can’t manipulate individual brain responses, ‘causes’, even if we were able to. *You* know this is a fundamental human right of individual consciousness and personal liberty.”

“This sounds spooky Emma, you are worrying me.”

“Sorry John but medical science has always been at the edge of morals and ethics; it’s not meant to be like that. All we are doing is sending short signals to your brain to see which parts react and we monitor the responses. A bit like the old hammer and knee test if you recall that from childhood.”

“Bloody hell, progress! Still hammering eh? Can’t feel a thing. Go on, so what’s the point about causes?”

“The point is that in future, an external stimulus device could be used to help repair brain damage and degradation with extreme precision. This could help prolong life John.”

“Wow, ta da! I don’t know what to say. It sounds like AI meets I am. And yet, it’s not, I can see that.”

“It’s not John. There is a long way to go and it *will* be one of the challenges of the 22nd century but we are excited at the possibility of helping both the brain *and* body to heal and improve themselves. Have I answered all your questions?”

“No, two more. Are you going to put this device on me? I assume that you have one ready, and this is what your interest in me is really about.”

“John, your operation will be complete in the next two days after which you’ll need a month’s recalibration time. Yes, we would like your permission to implant the device, but we can’t unless you, your real Emma, and your legal attorney unanimously agree to it.”

“That’s good to know. Ha, I realise why you have some quirks - so that I know my real Emma.”

“What’s your last question John?”

“Can we have sex now, coz, *‘I’m gonna live forever, I’m gonna learn how to fly, high.’* ... And you’ll see which bits of my brain light up.”

“Thank you, John. Let me iron my sari first, all nine yards.”

About the author

Sanjay Trivedi is largely retired from the property and construction industry, maintaining some involvement on a consultancy basis. He is a carer for his elderly parents through which activity he sees much beauty and joy in healthcare, in amongst inevitable frustration, sadness and pain. As a new writer, he tries to improve his skills by writing 'pieces' for family enjoyment. He argues with his nemesis, the unfinished pages of a science fiction novel, which he says will be completed one day with the aid of a time machine.

Inspiration

Far from being fearful of what Artificial Intelligence might bring, I can envisage a world in which it becomes integrated with our physical selves, as a deliberate evolutionary intervention that improves health and well-being at source whilst enabling our consciousness to reach new levels of enlightenment.

Writing the future

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