

# RENEWAL

*Flesh of my flesh.*

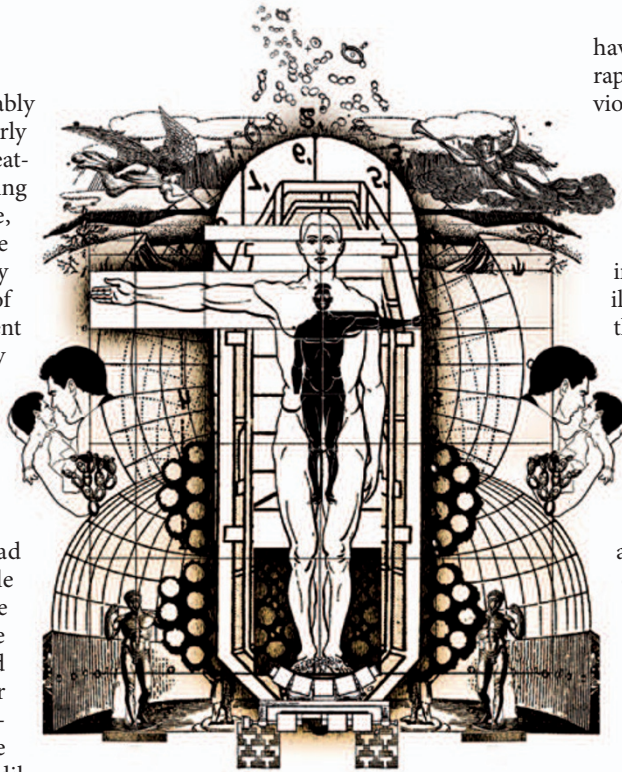
BY PETER ROBERTS

The waiting room was comfortably cool. The whole place had clearly been engineered to be non-threatening, even calming, while still looking professional: the walls were a pale, matte-textured powder blue, and the furniture and accessories were tastefully nondescript in various darker shades of blue. There was an air-conditioning vent on the wall, not quite directly above my head. The outflow gently touched my face, almost unnoticed, much as apprehension gently touched my consciousness.

My anticipation prior to the procedure was probably more intense than that of the typical patient. I had more to pay attention to. Most people focus on the anticipated benefits of the procedure, with their hopeful attitude perhaps slightly tempered by a mild anxiety about possible side effects or bad outcomes — a wholly unjustified anxiety if you ask me, as no one has ever experienced any adverse bodily consequences, and virtually everyone has emerged healthier (often significantly so). Those who undergo treatment when they're still young and healthy may not receive much benefit, but they are not harmed. I should know — I'm part of the team that developed the procedure.

And because of my role in the development team, I was, unlike most of the others patiently awaiting their turn in the bioculture chamber, familiar with the reports of bad psychological reactions to the procedure. These traumatic incidents, the only reported negative outcomes, are relatively rare, but can be quite severe, even somewhat debilitating, at least for a time. So, as the eldest member of the development team, and therefore the first to undergo the procedure, I was ready to observe and report on my emotional reaction. I thought I had prepared myself adequately. I was wrong.

Of course, I knew that the procedure would be complicated: age-asymmetric budding does not come as naturally to humans as it does to yeasts. And we had inverted the process as well, further complicating matters. Virtually every aspect of human physiology had to be modified, manipulated or suspended temporarily during the course of treatment. But the end result was unquestionably worth all the complications. Yeast



budding leaves a parent cell full of the miscoded and broken genes, somatic impurities and contamination, and telomere shortening that ageing induces (or that produce ageing), while generating as a youthful, near-perfect offspring. We had altered the process, so that the human bud would contain all the impurities, miscodings and so forth, leaving a purified and rejuvenated parent. This seemed to us to be a major step, perhaps even the final one, on the road to human immortality. Surely these results, these benefits, more than compensated for any psychological stress.

And yet, shockingly, some of those who experienced the emotional side effects refused to repeat the treatment. They had become as adamantly opposed to the whole enterprise as those religious fanatics (dwindling in absolute numbers, but not, it seemed, in influence) who objected to what they saw as 'playing God'.

I won't bother you with a detailed description of the preparation, or of the actual procedure, except to say that the discomforts were mild, and the indignities nothing out of the ordinary for this sort of situation. What was out of the ordinary was the nearly indescribable sensation of

having something 'other' growing, rather rapidly, out of my body — a sort of intimate violation, but without any sense of violence.

My first thought was, "This must be what having a baby is like!" But of course I recognized that wasn't quite accurate. It was more like having an identical twin, a conjoined twin — an incomplete, profoundly deformed, deathly ill twin, but a twin no less for all that. And then, shortly after the twin came into existence, he had to be surgically removed and destroyed. After undergoing the experience, I was not surprised that some people found it deeply disturbing; rather, I was amazed that so few people were adversely affected.

I did what I suppose most people do afterwards: I intellectualized the experience. I went through the process step by step, reminding myself that the twin was genetically identical to me (aside from the miscodings and so on), and derived directly from my own body, like a tumour or a wart. My bud had no mental function to speak of, and hence didn't suffer, or experience anything whatsoever. Excising and disposing of my twin was not very different from what would have been done with any other morbid lesion.

But that's not how it felt.

My follow-up report did recommend one change to the aftercare protocol. I suggested that, if they so chose, patients should be permitted to stay with their bud, to nurse and nurture it until its natural demise. This, I hoped, would be less of a shock than having what had been an intimate part of oneself suddenly snatched away. At any rate, the bud's survival time was likely to be quite brief. It might even be healthy for people to have the experience of taking care of — not exactly a child, but probably the closest thing to a child most of us will ever encounter. Also, morbid though it may seem, this altered protocol would provide people with perhaps their only experience of serious illness, death and mourning.

I could muster a variety of perfectly rational arguments in favour of this protocol change, but in the end, for me, the most powerful argument came down to this: it just seemed like the right thing to do. ■

*Peter Roberts is a prolific poet: his poems and stories have been published in a wide variety of magazines and journals.*

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