

Max Paradox

PROBLEM? RELAX. YOU'VE GOT THIS!

A tongue-in-cheek guide series ;)

I Put Off Checkups Because I'd Rather Not Know

How to Stop Avoiding Preventive Care, Plan Appointments
and Follow-Ups, and Reduce the Stress of Looking After
Your Health Without Diagnosing Yourself



We've got a problem. But relax.

It can be solved—and we'll even have something to laugh about.

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CONTENTS

INTRO	5
Chapter 1 - If I Don't Check, Nothing Can Be Wrong. Right?.....	10
Chapter 2 - Waiting for the Perfect Time Is a Very Long Appointment	16
Chapter 3 - I Feel Fine, So Surely There's Nothing to Check.....	22
Chapter 4 - More Testing Does Not Automatically Mean More Reassurance.....	28
Chapter 5 - I'm Embarrassed I Waited This Long.....	35
Chapter 6 - I'm Not Afraid of the Doctor. I'm Afraid of Being There	41
Chapter 7 - I Don't Have Time for Doctors	47
Chapter 8 - I Don't Even Know Where to Start.....	54
Chapter 9 - Build a System, Not a Health Project.....	61
Chapter 10 - Prepare for the Appointment Before Your Mind Goes Blank.....	67
Chapter 11 - I Have the Result. Now What?	74
Chapter 12 - Waiting for Results Does Not Have to Become a Full-Time Job.....	81
Chapter 13 - How to Hear the Word "Risk" Without Hearing "Disaster"	88
Chapter 14 - When to Stop Checking and Go Back to Your Life	94
Chapter 15 - I Canceled Again. Now What?.....	101

Chapter 16 - When Life Destroys the Entire Plan	108
Chapter 17 - What If They Actually Find Something?	114
Chapter 18 - Catch Avoidance Before It Quietly Comes Back	121
Chapter 19 - Health Should Be Part of Your Life, Not the Center of It.....	127
Chapter 20 - Check, Ask, Act, Then Go Back to Living.....	134

INTRO

It is 10:47 p.m. You are in bed, technically winding down, which in modern life means holding a glowing rectangle six inches from your face while reading something you absolutely did not need to know before sleep. Somewhere between checking tomorrow's weather and watching a video of a dog refusing to leave a swimming pool, you remember the thing. The checkup. The test. The appointment you were supposed to schedule weeks ago. Maybe months ago. Your brain delivers the reminder with impeccable timing: "You really should deal with that." And immediately another part of your brain replies, "Yes. Definitely. Soon." Soon is a wonderful place. Nothing unpleasant ever happens there. There are no waiting rooms, no needles, no awkward questions, and most importantly, no results.

The strange thing is that you may not be avoiding healthcare because you do not care about your health. Quite the opposite. Sometimes you care so much that you would prefer not to receive any information capable of disturbing the fragile peace you currently enjoy. If you get checked, there might be a result. If there is a result, there might be a conversation. If there is a conversation, there might be another test, another appointment, a medication, a decision, a new sentence beginning with "We should probably..." Suddenly the simple act of booking a routine appointment has expanded in your imagination into a twelve-part medical drama starring you, several specialists, and a printer that refuses to work when you need your referral. So you postpone it. Not because postponing is a brilliant health strategy, but because postponing works extremely well as an anxiety strategy for the next twenty minutes.

That is the trap. Avoidance pays quickly. You decide not to call today, and the tension drops. You leave the lab result unopened, and for another evening you do not have to interpret it. You tell yourself you will book the appointment after the busy period at work, after the holidays, after your trip, after the children go back to school, after Mercury stops doing whatever people accuse Mercury of doing. Relief arrives immediately. The cost arrives later. Because "I'll do it when things calm down" has a nasty habit of surviving several seasons, two phone upgrades, and at least one family member asking, "Didn't you say you were going to get that checked?"

There is another version of the same problem, and it looks completely different on the surface. Instead of avoiding information, you chase it. You do not make an appointment, but you spend forty-five minutes searching symptoms online. You compare laboratory values you do not understand. You read forum posts written by people whose entire medical history is represented by the username "MountainDad74." You begin with a practical question and end up learning about conditions so rare that, an hour earlier, you did not know they existed and could not have spelled them if your life depended on it. By midnight you still have not spoken to a healthcare professional, but you have successfully frightened yourself using information with no context. This is not the opposite of avoidance. It can be the same anxiety wearing a lab coat.

This book is not going to tell you which medical tests you personally need, how often you should have them, or what a particular result means. Those decisions depend on individual factors and should be discussed with an appropriate healthcare professional. It is also not going to

turn you into the chief executive officer of a private diagnostic department located somewhere between your kitchen table and your browser history. The goal is more useful than that. We are going to work on the part that happens before, during, and after proper medical care: how to stop disappearing from preventive care because uncertainty feels uncomfortable, how to make appointments actually happen, how to prepare for them without conducting your own investigation, and how to leave with a clear next step instead of a vague memory that the doctor "said something about following up."

A lot of people try to solve this problem with motivation. One Sunday evening they announce, usually to themselves, "Right. From now on, I am taking my health seriously." A heroic plan is born. Every overdue appointment will be booked. Every record will be organized. Every preventive issue will be handled. There may even be a new folder involved. Possibly labels. For forty-five glorious minutes, you are the kind of person who has a healthcare strategy. Then Monday arrives and behaves like Monday. Work needs something, somebody in the family needs something, the car produces a noise it definitely did not make yesterday, and your grand health transformation quietly joins the same imaginary department as "learn Spanish" and "sort the storage cupboard." The problem is not that you lack character. The plan simply required too much energy at exactly the moments when real life was most likely to steal it.

A better approach is smaller and far less glamorous. You do not need to "take control of your entire health." You need to know what the next appropriate action is and make that action easy enough to perform even when you are not feeling brave, organized, rested, or unusually inspired by

adulthood. Sometimes the next action is booking a routine appointment. Sometimes it is asking a doctor what preventive care makes sense for you. Sometimes it is opening a result and arranging for proper interpretation instead of building a diagnosis from colored arrows in an app. Sometimes it is admitting that the main obstacle is fear itself and that the fear has become strong enough to deserve professional help. The useful question is not "How do I become someone who never worries about health?" It is "What can I do when I am worried so that worry does not make all the decisions?"

You will also need to get comfortable with an uncomfortable fact: looking after your health does not remove uncertainty. Preventive care is not a machine into which you insert appointments and receive a certificate saying NOTHING BAD WILL EVER HAPPEN. Medicine deals in information, probability, follow-up, changing circumstances, and sometimes answers that are less satisfying than a clear yes or no. That is precisely why a workable system matters. When uncertainty appears, you need somewhere to put it other than Google at 1:13 a.m. You need questions, not private diagnoses. A next step, not twelve imagined futures. A calendar entry, not the thought "I really must remember this," which has historically shown the reliability of a paper umbrella in a thunderstorm.

There is an important balance here. The aim is not to move from avoidance into constant surveillance. You do not win by replacing "I never get anything checked" with "I now monitor my body like a suspicious customs officer." Good preventive care should eventually require less mental space, not more. You know what is due, you handle it, you understand what happens next, and then you return to the

rest of your life. You work, eat dinner, travel, argue mildly about whose turn it is to unload the dishwasher, forget why you walked into a room, and generally continue being a person rather than a permanent patient in waiting.

If you have been putting off care for a long time, do not use that as a reason to put it off longer. You do not need to arrive at your next appointment with a perfectly organized medical history and a written apology for every year you were not sufficiently efficient. You only need to start from where you are. If something is currently worrying you, if you have new or worsening symptoms, or if you have been given specific medical advice that you have not followed, the appropriate move is to seek professional guidance rather than trying to decide from this book whether it can wait. A guide can help you change your behavior around healthcare. It cannot examine you, interpret your personal medical situation, or safely replace clinical judgment.

So do not begin by promising yourself a new life. Begin with one unresolved health task you already know exists. Not ten. One. Name it plainly. Decide what the next real action is. If the action requires professional advice, get that advice. If it requires a phone call, make the call. If it requires a date, give it a date. You are not trying to eliminate fear before you act.

You are trying to stop fear from holding the calendar.

Chapter 1 - If I Don't Check, Nothing Can Be Wrong. Right?

The email arrives at 3:18 p.m. with the harmless subject line "Your results are now available." You are sitting at your desk, answering something dull enough to make tax documentation look theatrical, and suddenly that small notification becomes the most important object in the room. You do not open it. Instead, you finish the email you were writing. Then you refill your water. Then, for reasons that cannot be defended in court, you clean three crumbs from beside the keyboard. The result remains unopened, glowing quietly in your inbox like a tiny electronic hostage situation. Your reasoning is elegant: this is not the right moment. You have work. You need privacy. You should look when you can "properly deal with it." By 9:40 that evening, you have successfully found six better moments and used none of them.

This is one of the central tricks of health avoidance: not knowing can feel safer than knowing, even though it does not actually make you safer. The relief is real, which is why the behavior is so convincing. The moment you decide not to open the result, the tension drops a little. The moment you postpone the appointment, you no longer have to imagine sitting in the waiting room. The moment you tell yourself, "I'll deal with it next week," your nervous system receives a short-term reward. That is the problem. Avoidance is not stupid. It is extremely efficient at solving one specific issue - discomfort right now. Unfortunately, it is terrible at solving the issue you were actually avoiding.

This is why lectures about responsibility often fail. You may already know that preventive care matters. You may understand perfectly well that delaying information does not change reality. You may even give excellent advice to other people. "Just get it checked," you tell a friend, sounding calm, rational, and suspiciously like someone who owns a clipboard. Then your own reminder appears and suddenly the situation becomes philosophically complex. "Well, mine is different." Of course it is. Your own uncertainty comes with your own imagination attached to it, and imagination is a much more aggressive department than logic. It can take one routine check and produce an entire feature-length production involving serious news, complicated treatment, canceled plans, frightened relatives, and a doctor using the phrase "we need to talk."

The useful shift is to stop asking, "Why am I so irrational?" and start asking, "What exactly am I trying not to feel?" That answer is often more precise than "I'm scared." Maybe you are afraid of losing the comfortable story that everything is fine. Maybe you are afraid of being told you should have come sooner. Maybe you dread the possibility that one appointment will generate five more. Maybe the frightening part is not illness but uncertainty itself - the period between "something needs checking" and "we know what this means." For some people, the hardest part is practical: cost, time off work, transport, childcare, or the thought of navigating a healthcare system that seems to have been designed by someone who enjoys forms. The fear matters because the solution depends on the fear.

Try this the next time you notice yourself stepping away from a health task. Finish three sentences: "I am worried that...", "If that happened, I would have to...", and "The

smallest useful step now is...." Do not polish the answers. If the first sentence is "I'm worried they'll find something serious," write that. If the second is "Then I would have to tell my family and start dealing with it," write that too. The third sentence is where the situation changes from emotional fog into action. Maybe the smallest useful step is not attending a hospital, solving your life, and displaying heroic calm under fluorescent lighting. Maybe it is booking the appointment. Maybe it is asking how the result will be explained. Maybe it is finding out whether you need a referral. Fear likes enormous undefined tasks because they justify retreat. Specific actions are less impressive and much harder to hide from.

Another common mistake is confusing preparation with avoidance. You decide that before making the appointment, you should gather every old record. Sensible. Then you realize the records are in three different places, which means you should organize the files. Also sensible. Then perhaps you should make a proper list of previous tests. And because you are now doing this properly, you may as well research which tests people your age "should" have. Ninety minutes later, you have created a folder structure that would satisfy a small insurance company and still have no appointment. Productivity has become camouflage. A useful test is to ask, "If I stopped now, have I actually moved the medical process forward?" If the answer is no, you may be doing beautifully organized avoidance.

The same mechanism appears in a more dramatic form when people attempt to "get healthier first" before being assessed. They improve their diet for ten days, suddenly become devoted to sleep, cut down alcohol, start exercising, and approach the appointment like someone preparing a

property for inspection. There is nothing wrong with improving habits, but it is worth noticing the motive. If you are trying to become a more respectable version of yourself before showing up, you have quietly turned healthcare into a performance. The doctor does not need the premium edition of you. They need accurate information about the life you are actually living. If something matters medically, honesty is more useful than a short-term makeover.

Language can also make avoidance worse. Compare “I need to find out whether something is seriously wrong with me” with “I have a checkup to arrange.” The first sentence contains a diagnosis-shaped conclusion before anyone has evaluated anything. The second describes the actual task. This does not mean using cheerful language to deny risk. It means refusing to add your own disaster soundtrack before the professional information exists. You can say, “I have a test because my clinician wants to check something.” You can say, “I have a follow-up because this needs reviewing.” Technical language is often emotionally boring, and boredom is underrated. Sometimes the healthiest sentence is the one least likely to get a movie trailer voice-over.

There is another reason “I’d rather not know” feels persuasive: people imagine that knowledge automatically creates a burden. If you know, you may have to act. If you do not know, perhaps nothing changes. But the burden may already exist whether or not you know about it, while information can create options. That does not mean every test is useful or that more testing is always better. Preventive care should be appropriate to your situation and guided by qualified professionals, not by panic or package deals. The point is narrower: when a test, checkup, or

follow-up has a reasonable medical purpose, avoiding the result does not preserve health. It preserves uncertainty.

That distinction becomes especially important if you already have a recommendation from a clinician. Perhaps you were told to repeat a test, return after a certain interval, or monitor something specific. If you are avoiding that step because you feel well, because you fear the result, or because it has been so long that returning now feels embarrassing, the safest response is not to invent your own new timetable. Contact the relevant healthcare professional or service and ask what should happen now. Recommendations can depend on context, and a book cannot tell you whether a delay is clinically important in your particular case. You do not need to arrive with a legal defense for being late. You need updated guidance.

The minimum version of this chapter is deliberately small. Pick one health-related thing you are currently avoiding and write down the real fear underneath it in one sentence. Then choose one action that does not require you to solve the whole issue. A call. A booking. A message. A question. If even that feels too much, Plan B is to reduce the step again without deleting it. Open the clinic website. Find the contact details. Write the question you need to ask. Put a specific five-minute block in your calendar. A smaller step is still movement. "I'll deal with it later" is not a smaller step. It is a sofa with excellent marketing.

You are not required to become fearless before you can look after yourself. Fear may sit beside you while you make the appointment. It may come with you to the waiting room and offer unhelpful commentary. It may even show up when you open the result. The goal is not to throw fear out of the car.