

Interview with Susan Chace "Chace" Lottich

Susannah Roberson [00:00:00] So I will just start by saying I am Susannah Roberson. And it is Thursday July 25, 2019. And I am speaking on the phone with Dr. Chace Lottich. Thank you so much for talking with me. And this interview is being conducted as part of the David Sabiston oral history project. This interview with all the others will be used as a resource for a future written biography and they'll also be archived in the medical center library. So before we talk about Dr. Sabiston I'd love to ask you a little bit about your background. So can you just introduce yourself, who you are and what you do?

Chace Lottich [00:00:44] So I am one of six kids to my parents and I attended public schools and then went to Duke University back in 1977. And went through the university [unintelligible] on scholarship and went to medical school and a surgery residency. I graduated from Dr. Sabiston's program. Duke was one of the first comprehensive cancer centers for breast cancer care back in that time and so I had a strong interest in breast cancer and did some research while I was at Duke and ended up coming to Indianapolis and opening my own clinic and developing a breast clinic, standalone breast practices, imaging and surgery and everything and continued that throughout the years.

Roberson [00:01:45] Great. So you said you grew up with several siblings. Can you talk about where you grew up and then what made you want to go to Duke?

Lottich [00:02:02] Well my dad was in the service and we lived in base housing and did not have a lot of resources. And so while I was going to school I was offered a scholarship to Duke and literally at that time, it cost twenty five dollars to apply to colleges and we I worked throughout high school and my school years and decided that that was a really good opportunity and I decided not to waste more money applying to other colleges and decided to come to Duke. My mom had had some experience at Duke, she trained at Mayo and we have a lot of relatives in the southeast and so we had driven by Duke and I thought for a college and so I decided to come on here.

[00:02:56] I also entered Duke because I was very interested in art and when I initially came to Duke, I thought I would perhaps be an art restorationist because I was interested in art and chemistry and interestingly my art professor didn't show up for class on the first day and my chemistry class was packed so I decided that was a sign I should not go into art history restoration and instead focus on medicine so that's what I did. At that time, there was a lot of competition in a lot of interest in Duke's medical program that was growing in leaps and bounds so that seemed like a good fit and I did love the sciences. It was a natural fit.

Roberson [00:03:39] And what drew you to medicine? What made you decide to be a doctor.

Lottich: [00:03:53] Well one of the jobs that I had was I was a cashier for the Limited when I was in high school and the Limited as you know is a clothing store based out of Columbus, Ohio. And my boss at that time was one of the first female managers that they had put in to a position, a high-up position in the business, and she hired me as a gift wrapper when I was in high school. And I was real motivated at that time; I rose to be the head cashier while I was there and she was really a mentor for me and I really thought the world of her. And when I went away to college she was actually diagnosed with a breast cancer and at that time, she called me, I'm in school, and said you know, "What is this I

mean you know you're smart kid, explain this to me," and what I was appalled at that time was that even though I thought of her as a really brilliant very, very smart lady she was given very little information at that point. That was before the Rose Kushner and the years when women did a lot of patient advocacy I mean women were basically told, well if you were my wife, this is what you should do, and it was also the time when women would find a lump go to the operating room and have the a biopsy and if it was cancer, frozen section, just go right to mastectomy. She was appalled at the lack of information and the lack of choices. So I ended up starting to do research and trying to sort of walk her through the process and she'd tell me what they told her and then I'd look it up and try to figure out what was going on and so basically just through studying, I became very interested and then subsequently went on and thought this was really something that I was fascinated with and got involved later on with the patient advocacy issues involved in breast cancer. So it was kind of through a little bit of personal experience of my own [unintelligible – love of science?]. But she's done very well, she had a bone marrow transplant, a very aggressive breast cancer, she's done extremely well.

Roberson [00:06:03] Well good. And then you went to do for medical school as well, is that correct?

Lottich [00:06:08] Yes.

Roberson [00:06:11] And why did you choose Duke for medical school?

Lottich [00:06:14] I had had a good experience as a Duke undergraduate and the medical school was outstanding and decided that that was going to be the, ultimately, the best opportunity to do what I wanted to do, they had a very strong surgical residency. And at that time there had been no women admitted in surgical residency so that was a nice little challenge to shoot for. But it was a great school, great location, and it was a wonderful experience.

Roberson [00:06:42] And what made you decide to be a surgeon?

Lottich [00:06:48] A lot of it is personality based. I do a lot of problem solving but I like quick problem solving; I'm not one of those people that likes to labor over things. I like to be able to create a list of things to do and then then get it done. And so for me, surgery allows me to identify a problem, fix it and then be able to move on and certainly with the breast cancer work, it gives you a very great attachment to the patient and the families and also there's such good news with breast cancer it gives you a lot of sense of accomplishment and patients do well. So it a very what I call feel-good experience. It's a nice profession as opposed to taking care of something like pancreatic cancer where a lot of patients don't do well. With breast cancer most patients do well and you get to intersect at a time in their life when they need somebody that will really take an interest and really look at it from a number of different angles and breast cancer gives me this opportunity to work with a strong team and do some good.

Roberson [00:08:04] And so why did you decide to stay for your residency?

Lottich [00:08:08] Well, at that time Dr. Sabiston, it was a different time. Dr. Sabiston had a wonderful program with both the surgical training but also research and I had gotten interested as an undergraduate in research and then [if I went to] Duke that would have given me the opportunity again for research and I did apply for the National Science Foundation grant received a grant for three years of research so I was able to sort of

incorporate my love of science and research interests with the residency. So it all worked out well and at that time I was married to somebody and he was a professor at Duke so it was a good place to be.

Roberson [00:08:49] And I guess you already kind of been at Duke so you probably maybe had a good idea of what it would be like but what was your impression of the residency program at Duke ahead of when you joined?

Lottich [00:09:03] Well, it was interesting time and again, Dr. Sabiston, if you look at him by today's standards, he called me in and said, "Chace, if we accept you as the first woman in breast surgery there will be no nine-month absences, there will be no taking time off. There will be no special treatment." And he said you know, "If I accept you, those are the rules and it was funny because you know at that time even, that is sort of illegal now by HR standards or whatever, but he made it very clear that if I was going to be there I was going to have the same expectations as any guy that was there, there'd be no special. . . I couldn't say I'm having a difficult period or I'm pregnant I'm going to take some time off he made it very clear that wouldn't be an acceptable option.

[00:09:51] And interestingly once I got started, I did get called by the L.A. Times at one point to do a story because they were looking at women in new professions and medicine. And so I went to Dr. Sabiston and he called and said, "Well if I get to do all the edits on the story, she can talk," and they said, "No, we'll do all our own editing," and he said, "No, then she can't talk." You can't imagine that. But of course, it was his program and his reputation and at that time it all made sense. You know looking back it was a very difficult experience, there was a lot of hazing, there was some animosity from some of the guys because they didn't really want. . . . If I could do the program then that somehow diminished their accomplishments but there was also a lot of support and I think it was it was a difficult experience I wouldn't want to relive it but I certainly learned a lot and I think it made me the resilient person I am today. I have a lot of scars but I think I also I'm very proud of what they represent to me to make me the best [unintelligible]. And I think I've got a tremendous work ethic and I think a lot of that a lot of the principles I learned at Duke have fared well over time.

Roberson [00:11:13] Yeah. And so you must have known going into that that it would be it would be a challenge not just because it is a challenging program but because you were going to be the first woman. And I mean what did you how did you make that decision. Did you ever think about not doing it?

Lottich [00:11:32] No my whole life, when I think back, I mean, being one of six kids. Things were never going to be. . . . There was never like an easy path. From my from my standpoint. There was no plan B. I did not come from money, I did not have. . . if I didn't make it on my own. If I didn't learn and build my own resume, that was not gonna be. . . I couldn't just come home and hang out and be a waitress -- I actually was a waitress at Howard Johnson at one time. But I felt very driven to support myself and to be able to use the education I had. I just felt like that was the right thing to do and so it was kind of it was kind of a singular focus, and retrospectively, I didn't have the balance and some of these things that the new generation has much better perspective. I mean, in my generation, you know we were on call 24/7 and we didn't get as much sleep and it was just kind of the expected program. But on the other hand, if you completed that that program, it was a real feather in your cap or an accomplishment. I think I was really driven to do what I could do. I mean I felt like I had an opportunity that I wasn't going to miss.

Roberson [00:12:59] And now were you the first woman resident at Duke or were you the first to complete the residency or. . . ?

Lottich [00:13:08] I was the first woman that was accepted into general thoracic surgery residency and then the first to complete it.

Roberson [00:13:14] OK. And so you kind of said there were examples of times where people gave you a hard time but there are also times when people showed support. Do you have two examples that you can give, one of something that was kind of way that you were treated that was difficult and one that was where you were supported.

Lottich [00:13:40] There were six people in each residency class. You know if you look at the picture there was me and there was one black guy in the rest were white guys. When you look at it, every day I would go to work with a bunch of guys and they would make comments like, you know, because of the hours you had very little time to fancy myself up, I wasn't making sure my hair was curled, my makeup was on, so they would make you know comments like, "Why don't you go put some makeup on?" or they would make sort of the typical you know, "Oh you're in a bad mood, you're on the rag." That kind of derogatory comment which was make sure they sort of reminded you that you were the female and say things like, "A woman's never gonna finish this program. They'll never finish. They just can't take it." So they would make comments like that. That would be sort of make you feel like the odds were against you. And then something sometimes in the social issues, all the guys were married. And so I remember sometimes that they would call me to babysit or something as opposed to including me in the activity they would sort of say, "Well you're a girl why don't you babysit the kids and the guys will go out?" So there was that lack of inclusion and lack of feeling like a part of the team. On the other hand, there were people that gave me to opportunity to operate and do research and I think probably Dr. Sabiston by just his neutrality in terms of not treating me better or worse than the guys, you know, gave me that chance to compete it and certainly some of the toughest critics I had also became some of my biggest supporters over time. So it was a mixed experience. It was a completely different time when you look back, we think now where women are, and then it was just a completely different attitude. Some of my patients were actually my best. . . . I mean, some of the other specialists, were some of my best supporters and at the end of the day that what gets you through this is the connection you have with the patients and the care you give are what drives most people who love medicine to stay and to work as hard as we do is that the patients at the end of the day, that's what you're doing and why you're doing it.

Roberson [00:16:12] Yeah absolutely. And what's sort of leadership did Dr. Sabiston provide, if any, in regards to how other residents or faculty should treat you.

Lottich [00:16:27] There was none. I mean at that time, you know, there was no there was no female physician's dressing room for instance I would change and do all my. . . my lounge was the nurses lounge. Whereas male doctors lounge, they had their own lounge and they had a male doctors dressing well. So there was really no, you know being the only one, there was no accommodation made for me. And so you kind of just have to figure it out. And I think that was, you know, it's a character building experience, there's no doubt about it. In some respects, retrospectively, I think I was a test case but when I look back I'm very glad for the opportunity and I think what I have . . . I was coming out of Duke after my residency and surgical fellowship, I started my own practice and ran my own clinic, I built an entire practice, I think I would not have had the strength or the chutzpah to do that if I have not gone through the Duke training program. There were no excuses. You

know, Dr. Sabiston, he could not abide weakness or whining or for somebody who did not carry their weight. And for the good or the bad I was expected to carry my weight just as if I were one of the male residents, so we were all pretty much held to the same standards. I don't think that's a bad thing.

Roberson [00:18:10] Yeah. Do you remember when you first met Dr. Sabiston and what that interaction was like?

Lottich [00:18:18] I first met him in medical school. We used to rotate around and go through things, I remember he had asked me a question and I knew the answer and I remember how happy I was that I knew the answer. He was a formidable person. He was very well respected, very, sort of a world leader in surgery. I mean I just remember being in awe of him.

Roberson [00:18:52] And can you describe his personality?

Lottich [00:18:59] He does not suffer fools. He was a gentleman and he was a very brilliant scientist. He was a demanding, demanding taskmaster, there's no doubt about it. He was a leader and a hard worker himself. And I think a very fair man.

Roberson [00:19:45] And let's see, how did he put his personal stamp on the program?

Lottich [00:19:58] What separated us from most residencies was the expectation that we would do research, if possible that we would fund our own research. Plus the program was so rigorous I mean we had every other night call and that many nights you would not go home before 11:00 at 12:00 at night and had to be back at 5:00 a.m. So it wasn't like you had a night off; you'd literally go home and wash your clothes and come back. So I think he was known to develop or create extremely hardworking residents who also published and were given time to do research and that was what separated the Duke program from most of the others in the country was the level of research we were expecting to do.

Roberson [00:20:47] Yeah. Yeah. So you mentioned the research before, how that was an important part for you. How did Dr. Sabiston influence your research experience?

Lottich [00:20:58] Well, his expectation was that we would all go out and get research grants and then publish and I think we would have regular meetings. The other thing was we would give presentations, we would give as many as two or three presentations a week and these were not just stand up and just sort of babble, it was like the slides and coherence and if you were not making the point well or your slides were sloppy or you had a typographical error, he would stop you in the middle of the presentation and say, you know, "Dr. Smith you notice anything wrong with Dr. Lottich's slides?" and they'd say, "Yes, she's got a typographical error on the ninth line." Or "She's got nine lines on her slide when she should only have eight." It was a very demanding program but I think that everything about the program was considered, he was trying to make us the best of the best.

Roberson [00:21:58] And what was his national reputation and how did it affect the program here?

Lottich [00:22:16] He not only made us work really hard at home but he also exposed us to national meetings. We would all get, every year, you would get sent to a national meeting somewhere and I know when I went to one meeting, I was offered a job. I mean I

think just being a Duke surgical resident was a very prestigious thing nationally and so it gave us more it was like coming from one of the big five accounting firms or the top law schools it gave you a level of credibility that a lot of residents didn't have coming out and would have to fight harder for. I think he built a program that was respected far and wide and therefore we got perks of that when we looked for jobs.

Roberson [00:23:07] Yeah. And, you talked a little bit about this. But what was he like as a boss?

Lottich [00:23:18] Demanding. I will say he did have some favorites, but most of us were not his favorites, most of us were part of his workers. And so I think he was he was very, very fair; he was demanding and rigorous for all of us. I think toward the later years, he had a couple of guys that he favored a bit more but I don't think they got to slack off and not do anything; they were probably favored because they were doing something he liked. He was demanding driven boss and he used to walk around, I mean when we would be doing cases, he would walk around and sometimes just sort of come in the operating room and just affirm. He was very much hands on and very involved in training and learning and really had very high expectations for all of us. He was very, very disappointed if he did not get a great job after the training or did not pursue research and write papers. He was kind of like a very demanding parent. He really expected us to do well.

Roberson [00:24:37] So he would just walk around and you would be during surgery and he would just come in and make sure you were doing everything up to his standards.

Lottich [00:24:47] There are lots of little stories. We were not allowed to play music in the operating room, I mean he felt that we should be singularly focused on the surgery and to this day, I don't play music in the operating room when I'm working. His opinion was that when you're in the operating room you're there to work you're not there to dance or listen to music and this is a very serious thing. There's nothing more serious than this, just very, very strict principles. I mean you never assume anything; if I if I was a chief resident and my staff told me that all the x-rays and labs were fine, you feel like you need to sort of check that and make sure. He never left anything to chance and he basically believed you were ultimately. . . he taught us tremendous patient responsibility. If we operated on somebody, that patient was ours we had, whether we were on different service or whatever. If we did that operation and that patient bled two nights later even if we weren't on call, it was our responsibility to take care of that because that was our responsibility and we would need to go back and see what happened so that we could better understand what we could have done wrong and how we could have been better. It was constantly about delivering the very best care and being the very best and making sure we were clothed appropriately and that we followed up and so on. For me, that's what's driven me over the years and even now, I mean, I'm still at work now because I'm very driven to make sure that every detail gets attended to and that I don't miss anything and I think that's sort of what he cultivated. If you weren't like that when you went into the program I think you got like. Because missing something and being embarrassed in front of your peers at a meeting or being called on at rounds would be a very. . . You knew you weren't supposed to do that so it would be very serious.

Roberson [00:27:00] And how was Dr. Sabiston like when interacting with patients.

Lottich [00:27:05] Very appropriate. Very much a sort of a professor. And there was this sort of a protocol that he would. . . There's a funny story about doing rounds at the VA. There was a patient that still had one of his tubes in. . . . He did not like, after a patient

had abdominal surgery, he liked to get the naso gastric tube out very quickly. He did not like patients hanging around having the tube in, because he felt it led to a slower post-operative recovery. We had a particularly difficult patient where we couldn't get the tube out. And so, I was a junior resident, the chief resident put the patient in the bathroom. Gave him a pack of cigarettes and said, "Don't come out, we're having rounds with Dr. Sabiston." Sure enough, Dr. Sabiston, it's like he had a sixth sense, he went into the bathroom and said, "What are you doing here?" He said, "The Man's here, I can't come out 'til the Man's gone." We used to call him the Man. Because he was very demanding and very, I mean, I think he would talk to patients but he was always the professor. He was always sort of in charge. He didn't even get down and joke or tell jokes. I never saw him do anything that would be unprofessional.

Roberson [00:28:34] And how did your interactions with hand change as you progressing your residency?

Lottich [00:28:46] I mean I don't it ever really changed. I think he was always my professor I always respected him. I think he always saw us as his students and, you know I don't really think it changed much. I think I became one of his. . . . You know, once he accepted you and said, "You're here," then you just sort of you became part of his team and where it would change was if you said, "I'm quitting." That would be intolerable. He had one resident once that quit and he referred the resident as [unintelligible] and said you know, "If you say I'm going to commit to this program for seven years, you've committed to yourself, you've committed to your team, your fellow residents these other five guys on the team, and you've committed to me, not the contract." So you know you don't break that contract for any reason. This one fellow quit. And, that he would not tolerate. So that was basically an unethical approach to life and you were. . . . So he was tough.

Roberson [00:30:00] Do you think it was a priority for him to incorporate people of color and women into the program?

Lottich [00:30:10] You know I think they vetted me pretty hard when I came; I had done real well school and I think there was one Black fellow and myself. His program historically been six white guys every year. I don't think he was prejudiced. I don't think he was misogynist. I don't think any of that. I just think it was the way he was brought up. I think he wanted to make sure that you were strong enough. His position was that these were six positions that were highly sought after. Very, very competitive, in that if you came in and then wasted the opportunity, you'd taken away the opportunity from somebody else. And so me taking a spot was not necessarily like I took a spot from a white guy but that I took a spot that was highly coveted so I better perform. And so I think, first of all, there weren't that many women in surgery when I came and so they were pretty rare and you know it was very clear that I would not be sleeping around with another resident, I would not be doing stupid stuff. I mean not that that message was very clear to me when I came in and I respected that.

Roberson [00:31:34] Who were your mentors? Not just when you were a resident but who were people you looked up to in your profession?

Lottich [00:31:47] There were there were some female professors. Mainly I had a guy friends, you know, other residents that I became good friends with. There's a few like Monica Morrow in Chicago but they were not friends. They were actually very similar in personality to Dr. Sabiston. The women that rose up to the women that were ahead of me in training that were surgeons were very, you know, not married, you know, no kids, hard

core, you know. And just very strong driven women. Surgery was kind of the last bastion of male dominance in medicine and I think that it's changed now and there's much more flexibility, but at that time, I mean if you said I'm gonna be a surgeon you are pretty much committed for life, I mean, I remember, Sabiston asking, "Are you going to get married and have kids?" I said, "Oh no, no, never." I mean, I had no intention of doing that because all I thought about was being a surgeon.

Roberson [00:33:07] And did the residency change much when you were there?

Lottich [00:33:14] There were more women entering medicine and at Duke, there'd never been a lot of women in any field but there started to be more women and some women of course went through the program and then quit and that was kind of judged badly because again these were very, very competitive spots. There were no women, maybe actually a couple in subspecialties, when I was there and then interestingly after I left there were a few women that came through that would call me and just talk about things and stuff and so I sort of became kind of a sounding board sometimes for women after me. But it was slow in coming, it's a tough profession if you want to have other things in life.

Roberson [00:34:13] So I just have two more questions. So do you interact much with Mrs. Sabiston?

Lottich [00:34:19] Yeah. She would host. . . They would always have like a mint julep party for the chief residents and then she would have some activities but no she was not present much at all in my experience, again we were there at the hospital, we worked then went home.

Roberson [00:34:46] And then just to kind of wrap up, do you have anything else that you want to say about Dr. Sabiston then do you have any good Dr. Sabiston stories?

Lottich [00:35:04] I think Dr. Sabiston never misrepresented who he was and what he expected of us and I think that, sort of, straight line from this is where you are, and this is where I can get you was good and I think for me, it allowed me, I knew exactly what I had to do to get to where I had to go. And there were times that I struggled more than others. But at the end of the day, you know, when I looked for a job or when I wanted to sort of realize my dream of building a breast practice and all this stuff he had given me everything I needed to do it. And I don't think had I been in a different situation or a different program without the skills that were, sort of, in some respects forced down my throat. I'm not sure I could've gotten to where I am now and I would not have realized some of the dreams that I've been able to realize. It came with a cost, there's no doubt about it, but I think Dr. Sabiston, he never misrepresented the program. He never said, "Oh this is easy, oh don't worry about that." He said, "Worry about that. And these are my expectations for you," and I think sometimes the clarity of his approach and clarity of his expectations is a nice thing because you're not misguided. You know he did not leave a lot to. . . There is no ambiguity about him.

Roberson [00:36:43] If there is not anything else that you feel like you would like to add, I think those are all the questions I have. OK. So thank you very much.

Lottich [00:36:54] I hope I hope I've not been too off the mark of what everybody else has said.

Roberson [00:36:59] No, no this is great. I was so excited to talk to you just because, yeah, I mean it's very impressive that you were the first woman. It's just so interesting to hear about that.

Lottich [00:37:11] But again I think sometimes it's hard to understand, it was such a different time. . . Gloria Steinem. . . there was so much going on the women's movement. . . the whole "Hear me roar" age. . . for me this was really an opportunity for me to make my mark. My mother was a brilliant woman and she was a nurse, Mayo Clinic, and did a lot of wonderful things but she did not have the opportunities and I think she perhaps in some respects pushed me a lot to say, you know, "You can do anything," and that for me this was sort of a culmination of the "You can do anything" speech she used to give me.

Roberson [00:38:01] Yeah. Oh thanks. Well thank you so much for taking all the time.

Lottich [00:38:07] My pleasure.

Roberson [00:38:08] You're still at work so I don't want to keep you any longer.

Lottich [00:38:12] Well thank you. Have a great evening. Thank you. Thanks. Bye bye.