Tim Hoff: Welcome to another episode of the Author Interview series from the American
Medical Association Journal of Ethics. I’m your host, Tim Hoff. This series provides an
alternative format for accessing the interesting and important work being done by Journal
contributors each month. Joining me on this episode is Dr Ala Shaikhkalil, an attending
pediatric gastroenterologist and a physician nutrition specialist at Nationwide Children’s
Hospital and an Assistant Professor of Clinical Pediatrics at the Ohio State University
College of Medicine in Columbus, Ohio. She’s here to discuss her article coauthored with
Drs Ethan Mezoff and Hannah Hayes, Should Clinicians Prescribe Non-FDA-Regulated
Dietary Supplements When Caring For Children With Hypovitaminosis D?, in the May
2022 issue of the Journal, Underregulated Supplements. Dr Shaikhkalil, thank you so
much for being on the podcast with me today. [music fades out]

Dr Ala Shaikhkalil: Thank you, Tim. It’s great to be here.

Hoff: So, to begin with, what’s the main ethics point of your article?

Shaikhkalil: The main point with our article is that we would like clinicians to consider
multiple variables when prescribing or reviewing dietary supplements with patients,
specifically reminding them of the narrow scope of regulation that we have over dietary
supplements in the United States and therefore, the potential of error and medication
interactions that can take place.

Specifically for vitamin D, the preparations have a profound variability in the dosages. So,
you can buy anywhere from 400 to 50,000 units of vitamin D over the counter. And the
50,000 units is something like 12,000 times more than the recommended daily allowance.
But it is able, people are able to purchase it over the counter. And in the absence of
counseling and understanding these dosages, we can easily imagine how people can get
themselves into trouble with toxicity or not enough supplementation, specifically with
vitamin D. But the same applies to many other supplements that are available over the
counter.

Hoff: Wonderful. And what do you see as the most important thing for health professions
students and trainees to take from your article?

Shaikhkalil: I think it will be very important to remember to specifically ask each patient
whether or not they’re taking any additional dietary supplements as part of or separately
from the medication reconciliation. We know that people who take dietary supplements
may not think to tell their doctor about it. And so, having us ask, “Okay, what else do you
take? Any dietary supplements, vitamins, herbs?” That will get the patients to then open up
about what they’re taking. And then they might even trust their advice more once we’ve
really known what they’re taking.
If we are able to, I like to counsel people to get supplements that are verified by the United States Pharmacopeia, USP.

HOFF: Mmhmm.

SHAIKHKALIL: They have a seal that they can put on products that have been approved through their processes, and they tend to have better quality in terms of what’s in the bottle really matches what it says on the outside.

HOFF: Mmhmm.

SHAIKHKALIL: And sometimes what I will also do is I will prescribe a supplement, even if I know that the insurance will not cover it. But then at least I think that then a pharmacist can see it and guide the patient to which over-the-counter product I was talking about. So, it matches it to the dosages that we recommended.

HOFF: Mmhmm. And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

SHAIKHKALIL: I think one of the things that we didn’t have the time to fully explore is the inequities inherent to the issue of prescribing supplements. Vitamin D and many other dietary supplements are considered over the counter, and some of them are very important. Vitamin D functions as a hormone in our body. But because it is sold over the counter, many insurance companies then restrict access to it and ask patients to pay out of pocket to get these important supplements. And it really does concern me a lot, the inequities inherent in this, because some of our patients and families simply cannot afford to buy this very important medication. [theme music returns]

HOFF: Dr Shaikhkalil, thank you so much for being on the podcast with me today and for you and your coauthors’ contribution to the Journal.

SHAIKHKALIL: Thank you so much, Tim.

HOFF: To read the full article as well as the rest of the May 2022 issue for free, visit our site, JournalofEthics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.