

Introduction to Potential Outcomes

TUM Short Course Lecture I

Outline

- A brief History of Causation
- Potential Outcomes and Counterfactuals
- Randomized experiments
- Average Causal Effect (ACE)
- Observational Studies

Causation



Democritus (460-390 BC)

(aka the laughing philosopher because he emphasized the value of cheerfulness)

"I would rather discover a single causal relationship than be king of Persia"

The potential outcomes framework: philosophy



Hume (1748) *An Enquiry Concerning Human Understanding*:

We may define a cause to be an object followed by another, and where all the objects, similar to the first, are followed by objects similar to the second, ...

*... where, if the first object **had not been** the second **never had existed**.*

Note: this is **not** one of the 3(!) causal theories Hume is famous for.

Causation



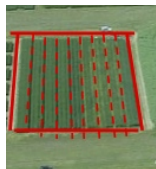
Agricultural field trials: wish to know which seed varieties produce (cause) the greatest yield... but different plots (of land) have different fertility, drainage etc.,

The potential outcomes framework: crop trials

Jerzy Neyman (1923):



To compare v varieties [on m plots] we will consider numbers:



$$\left. \begin{array}{ccc} & \text{plots} & \\ \overbrace{U_{11} \quad \dots \quad U_{1m}} & & \\ \vdots & & \vdots \\ U_{v1} \quad \dots \quad U_{vm} \end{array} \right\} \text{varieties}$$

U_{ij} is crop yield that **would** be observed if variety i **were** planted in plot j .
Physical constraints only allow one variety to be planted in a given plot in any given growing season \Rightarrow Observe only one number per col.

Application to clinical trials

- Each patient in study is assigned to either:
 - ▶ Treatment (aka Drug) ($X = 1$)
 - ▶ Control (aka Placebo) ($X = 0$)
- For each patient we observe one outcome (Y), either:
 - ▶ Good e.g. Recover ($Y = 1$)
 - ▶ Bad e.g. Die ($Y = 0$)

Plots in a field \Rightarrow *Patients*; *Kg of wheat* \Rightarrow *Live or Die*

Potential outcomes with binary treatment and outcome

For binary treatment X , we define two potential outcome variables:

- $Y(x = 0)$: the value of Y that *would* be observed for a given unit *if* assigned $X = 0$;
- $Y(x = 1)$: the value of Y that *would* be observed for a given unit *if* assigned $X = 1$;

$Y(x = 0)$ and $Y(x = 1)$ are two different random variables (not different realizations of the same variable).

Notation: We will use $Y(x_i)$ as an abbreviation for $Y(x = i)$

Popularized by Rubin (1974); sometimes called the 'Neyman-Rubin causal model'.

Alternative notations for $Y(x = i)$ used by other authors: $Y^{x=i}$ or $Y_{x=i}$.

Potential Outcomes

Unit	Potential Outcomes	
	$Y(x = 0)$	$Y(x = 1)$
1	0	1
2	0	1
3	0	0
4	1	1
5	1	0

Potential Outcomes

Unit	Potential Outcomes		Observed	
	$Y(x = 0)$	$Y(x = 1)$	X	Y
1	0	1	1	
2	0	1	0	
3	0	0	1	
4	1	1	1	
5	1	0	0	

Potential Outcomes

Unit	Potential Outcomes		Observed	
	$Y(x = 0)$	$Y(x = 1)$	X	Y
1	0	1	1	1
2	0	1	0	0
3	0	0	1	0
4	1	1	1	1
5	1	0	0	1

Consistency Axiom

$$Y = (1 - X) \cdot Y(x = 0) + X \cdot Y(x = 1)$$

equivalently:

$$X = x \quad \Rightarrow \quad Y = Y(x).$$

In words, we have the following tautology:

For an individual who has $X = x$, their observed response Y is equal to the response $Y(x)$ that would be observed had X been x .

Drug Response Types:

In the simplest case where Y is a binary outcome we can think of patients as belonging to one of 4 'types':

$Y(x_0)$	$Y(x_1)$	Name
0	0	<i>Never Recover</i>
0	1	<i>Helped</i>
1	0	<i>Hurt</i>
1	1	<i>Always Recover</i>

Actual vs. Potential outcomes

Key Distinction

- X is the treatment that a given patient gets; thus far, this need not be randomly assigned, and could result from doctor and patient choices;
- Y is the observed response for a given patient;
- $Y(x)$ is the response that **would** be observed for a given patient if (possibly counter to fact) they received $X = x$.

Potential Outcomes and Missing Data

Fundamental Problem of Causal Inference:

We never observe both $Y(x=0)$ and $Y(x=1)$.

Unit	Potential Outcomes		Observed	
	$Y(x=0)$	$Y(x=1)$	X	Y
1	?	1	1	1
2	0	?	0	0
3	?	0	1	0
4	?	1	1	1
5	1	?	0	1

Stable Unit Treatment Value Assumption (SUTVA)

- $Y(x = 0)$: the value of Y that *would* be observed for a given unit *if* assigned $X = 0$;
- $Y(x = 1)$: the value of Y that *would* be observed for a given unit *if* assigned $X = 1$;

Implicit Assumption: these outcomes, $Y(x = 0)$, $Y(x = 1)$ are 'well-defined'. Specifically:

- Only one version of $X = 1$ and $X = 0$;
(only one version of 'drug' and 'placebo')
- Subject's outcome only depends on what they receive:
no 'interference' between units (SUTVA).
(Might not hold in a vaccine trial for an infectious disease if subjects are in contact.)

Average Causal Effect (ACE) of X on Y

$$\begin{aligned} \text{ACE}(X \rightarrow Y) &\equiv E[Y(x_1) - Y(x_0)] \\ &= p(\textit{Helped}) - p(\textit{Hurt}) \quad \in [-1, 1] \end{aligned}$$

Thus $\text{ACE}(X \rightarrow Y)$ is the difference in % recovering if everybody treated ($X = 1$) vs. if nobody treated ($X = 0$).

Identification of the ACE under randomization

If X is assigned randomly then

$$X \perp\!\!\!\perp Y(x_0) \quad \text{and} \quad X \perp\!\!\!\perp Y(x_1) \quad (1)$$

$$\begin{aligned} P(Y(x_i) = 1) &= P(Y(x_i) = 1 \mid X = i) \quad (\text{Why?}) \\ &= P(Y = 1 \mid X = i) \quad (\text{Why?}) \end{aligned}$$

Thus:

$$\begin{aligned} ACE(X \rightarrow Y) &= E[Y(x_1) - Y(x_0)] \\ &= E[Y(x_1)] - E[Y(x_0)] \\ &= E[Y(x_1) \mid X = 1] - E[Y(x_0) \mid X = 0] \\ &= E[Y \mid X = 1] - E[Y \mid X = 0]. \end{aligned}$$

Thus if (1) holds then $ACE(X \rightarrow Y)$ is identified from $P(Y \mid X)$.

Two-way Table

Under randomization, the relationship between the counterfactual distribution $P(Y(x_0), Y(x_1))$ and the observed distributions $\{P(Y | x_0), P(Y | x_1)\}$ is:

		col sums	
		$P(Y=0 X=0)$	$P(Y=1 X=0)$
row	$P(Y=0 X=1)$	$P(Y(x_0)=0, Y(x_1)=0)$	$P(Y(x_0)=1, Y(x_1)=0)$
sums	$P(Y=1 X=1)$	$P(Y(x_0)=0, Y(x_1)=1)$	$P(Y(x_0)=1, Y(x_1)=1)$

Here $P(Y=i | X=j) = P(Y(x_j)=i)$ due to randomization.

Equivalently we may write this in terms of types

	$P(Y=0 X=0)$	$P(Y=1 X=0)$
$P(Y=0 X=1)$	$P(\text{NR})$	$P(\text{HU})$
$P(Y=1 X=1)$	$P(\text{HE})$	$P(\text{AR})$

Identification Problem

Want: $P(Y(x_0), Y(x_1))$; **Given:** $P(Y | X=0), P(Y | X=1)$

Under randomization, as before: $X \perp\!\!\!\perp Y(x_i)$ implies:

$$P(Y(x_i) = 1) = P(Y(x_i) = 1 | X = i) = P(Y = 1 | X = i).$$

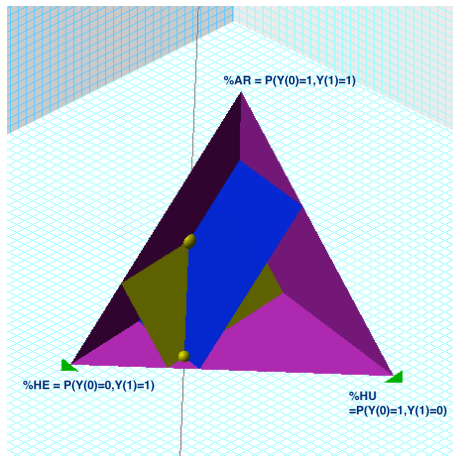
Thus the observed joint $P(Y|X)$ puts two restrictions on $P(Y(x_0), Y(x_1))$:

$$\begin{aligned}P(Y=1 | X=0) &= P(Y(x_0)=1, Y(x_1)=0) + P(Y(x_0)=1, Y(x_1)=1) \\P(Y=1 | X=1) &= P(Y(x_0)=0, Y(x_1)=1) + P(Y(x_0)=1, Y(x_1)=1).\end{aligned}$$

Each restriction implies a 2-d subset in Δ_3 .

Intersection forms a 1-d subset on which ACE is constant.

Graphing Calculator Plot

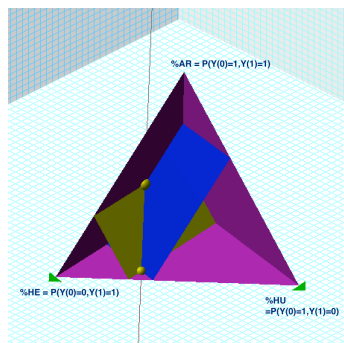


In this plot:

$$P(Y=1 | X=0) = P(Y(x_0) = 1) = \%HU + \%AR = 0.3, \text{ (yellow)}$$

$$P(Y=1 | X=1) = P(Y(x_1) = 1) = \%HE + \%AR = 0.6, \text{ (blue)}$$

Fréchet inequalities



Equation for line segment in simplex:

$$\left. \begin{cases} P(1, 1) = t \\ P(1, 0) = c_0 - t \\ P(0, 1) = c_1 - t \\ P(0, 0) = 1 - c_0 - c_1 + t \end{cases} \quad t \in [\max\{0, (c_0 + c_1) - 1\}, \min\{c_0, c_1\}] \right\} \begin{cases} c_0 \equiv P(Y=1 | X=0) \\ c_1 \equiv P(Y=1 | X=1) \end{cases}$$

Extreme points are given by 'Fréchet inequalities'.

Example of Fréchet inequalities

$$\left\{ \begin{array}{l} P(1, 1) = t \\ P(1, 0) = c_0 - t \\ P(0, 1) = c_1 - t \\ P(0, 0) = 1 - c_0 - c_1 + t \end{array} \right. \quad \left. \begin{array}{l} t \in [\max\{0, (c_0 + c_1) - 1\}, \min\{c_0, c_1\}] \\ c_0 \equiv P(Y=1 \mid X=0) \\ c_1 \equiv P(Y=1 \mid X=1) \end{array} \right\}$$

Q: Suppose in a large RCT, 30% survive with Placebo, and 60% survive with Treatment, find bounds on the % Helped and Hurt

A: $c_0 = 0.3, c_1 = 0.6$

$\Rightarrow t \in [\max\{0, 0.3 + 0.6 - 1\}, \min\{0.3, 0.6\}] = [0, 0.3]$.

%HE = $P(Y(x_0)=0, Y(x_1)=1) \in [c_1 - 0.3, c_1 - 0] = [0.3, 0.6]$,
so $0.3 \leq \%HE \leq 0.6$.

%HU = $P(Y(x_0)=1, Y(x_1)=0) \in [c_0 - 0.3, c_0 - 0] = [0, 0.3]$

Q: Explain why %HE and %HU are not identified but

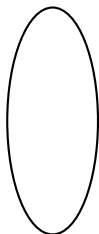
ACE = %HE - %HU is identified.

Hint: ACE = (%HE + %AR) - (%HU + %AR)

Big Picture: Connecting Distributions in Experiment

Counterfactual

Observed



Δ_3

\rightarrow

$\Delta_1 \times \Delta_1$

$P(Y(x_0), Y(x_1))$

\mapsto

$\{P(Y | x_0), P(Y | x_1)\}$

$= \{P(Y(x_0)), P(Y(x_1))\}$

(by Randomization)

$\{\%HE, \%HU, \%NR, \%AR\}$

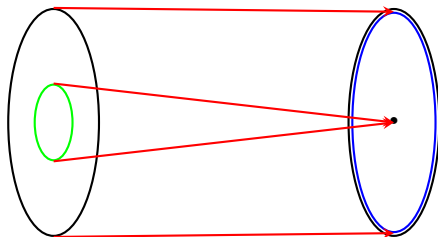
\mapsto

$\{\%HU + \%AR, \%HE + \%AR\}$

Identification Problem under Experiment

Counterfactual

Observed



Δ_3

\rightarrow

$\Delta_1 \times \Delta_1$

$P(Y(x_0), Y(x_1))$

\mapsto

$\{P(Y | x_0), P(Y | x_1)\}$

$= \{P(Y(x_0)), P(Y(x_1))\}$

(by Randomization)

$\{\%HE, \%HU, \%NR, \%AR\}$

\mapsto

$\{\%HU + \%AR, \%HE + \%AR\}$

Observational study; no randomization

Suppose that we do **not** know that $X \perp\!\!\!\perp Y(x_0)$ and $X \perp\!\!\!\perp Y(x_1)$.
What can be inferred about the ACE?

P(X,Y)	Placebo	Drug
	X = 0	X = 1
Die: Y = 0	7/20	4/20
Live: Y = 1	3/20	6/20

What is:

- The largest proportion of people of type *Helped*,
 $P(Y(x_0)=0, Y(x_1)=1)$? $(6 + 7)/20 = 0.65$
- The smallest proportion of people of type *Hurt*,
 $P(Y(x_0)=1, Y(x_1)=0)$? **0**
 \Rightarrow Max value of ACE: $(6 + 7)/20 - 0 = 0.65$

Similar logic:

$$\Rightarrow \text{Min value of ACE: } 0 - (4 + 3)/20 = -0.35$$

(Note, as before, $P(Y = 1 | X = 0) = 0.3$, $P(Y = 1 | X = 1) = 0.6$.)

Inference for the ACE without randomization

Suppose that we do **not** know that $X \perp\!\!\!\perp Y(x_0)$ and $X \perp\!\!\!\perp Y(x_1)$.

What can be inferred from the observed distribution $P(X, Y)$?

General case:

$$\begin{aligned} & -(P(X=0, Y=1) + P(X=1, Y=0)) \\ & \leq ACE(X \rightarrow Y) \\ & \leq P(X=0, Y=0) + P(X=1, Y=1) \end{aligned}$$

\Rightarrow Bounds will always include zero.

What further information can we obtain?

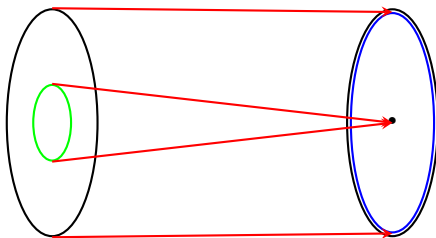
Observational study: one-way table!

Observed	Counterfactual	
$p(X=0, Y=0)$	$p(X=0, Y(x_0)=0, Y(x_1)=0)$	$p(X=0, Y(x_0)=0, Y(x_1)=1)$
$p(X=0, Y=1)$	$p(X=0, Y(x_0)=1, Y(x_1)=0)$	$p(X=0, Y(x_0)=1, Y(x_1)=1)$
$p(X=1, Y=0)$	$p(X=1, Y(x_0)=0, Y(x_1)=0)$	$p(X=1, Y(x_0)=1, Y(x_1)=0)$
$p(X=1, Y=1)$	$p(X=1, Y(x_0)=0, Y(x_1)=1)$	$p(X=1, Y(x_0)=1, Y(x_1)=1)$

Observed	Counterfactual	
$p(X=0, Y=0)$	$p(X=0, NR)$	$p(X=0, HE)$
$p(X=0, Y=1)$	$p(X=0, HU)$	$p(X=0, AR)$
$p(X=1, Y=0)$	$p(X=1, NR)$	$p(X=1, HU)$
$p(X=1, Y=1)$	$p(X=1, HE)$	$p(X=1, AR)$

Identification Problem

Counterfactual *Observed*



Δ_7

\rightarrow

Δ_3

$P(X, Y(x_0), Y(x_1)) \mapsto$

$P(X, Y)$

Wish to know set of $P(Y(x_0), Y(x_1))$ margins of distns $P(X, Y(x_0), Y(x_1))$ mapping to a given observed distribution $P(X, Y)$.

Want: $P(Y(x_0), Y(x_1))$; **Given:** $P(X, Y)$

Bounds on joints $P(Y(x_0), Y(x_1))$

Observed	Counterfactual	
$p(X=0, Y=0)$	$p(X=0, NR)$	$p(X=0, HE)$
$p(X=0, Y=1)$	$p(X=0, HU)$	$p(X=0, AR)$
$p(X=1, Y=0)$	$p(X=1, NR)$	$p(X=1, HU)$
$p(X=1, Y=1)$	$p(X=1, HE)$	$p(X=1, AR)$

$$0 \leq \%HE \leq P(X=0, Y=0) + P(X=1, Y=1)$$

$$0 \leq \%HU \leq P(X=0, Y=1) + P(X=1, Y=0)$$

$$0 \leq \%NR \leq P(X=0, Y=0) + P(X=1, Y=0) = P(Y=0)$$

$$0 \leq \%AR \leq P(X=0, Y=1) + P(X=1, Y=1) = P(Y=1)$$

Bounds on margins $P(Y(x_i))$

Observed	Counterfactual	
$p(X=0, Y=0)$	$p(X=0, NR)$	$p(X=0, HE)$
$p(X=0, Y=1)$	$p(X=0, HU)$	$p(X=0, AR)$
$p(X=1, Y=0)$	$p(X=1, NR)$	$p(X=1, HU)$
$p(X=1, Y=1)$	$p(X=1, HE)$	$p(X=1, AR)$

We also have the following inequalities on the marginals:

$$P(Y(x_0) = 1) = P(HU) + P(AR)$$

$$P(Y(x_1) = 1) = P(HE) + P(AR)$$

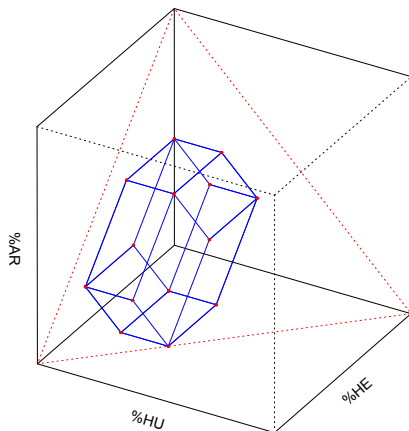
$$P(X = 0, Y = 1) \leq P(Y(x_0) = 1) \leq 1 - P(X = 0, Y = 0)$$

$$P(X = 1, Y = 1) \leq P(Y(x_1) = 1) \leq 1 - P(X = 1, Y = 0)$$

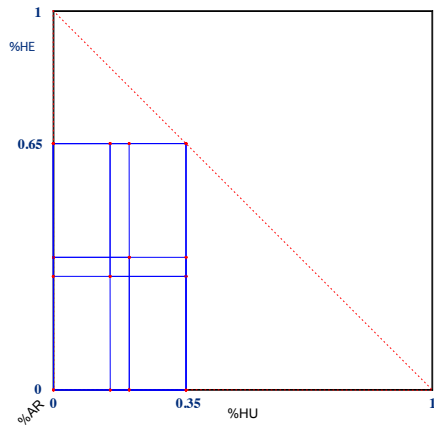
Thus we have 6 pairs of parallel planes.

Polytope for observational study

Set of margins $P(Y(x_0), Y(x_1))$ compatible with the Obs. Study.



Checking ACE bounds



This confirms the ACE bounds we derived earlier.

(But why is this helpful!?)

Summary so far

- Causal contrasts compare the *potential* outcomes of the **same** units under **different** treatments.
- In our observed data, for each unit one outcome will be ‘actual’; the others will be ‘counterfactual’.
(*Exceptions in fields where cross-over designs are possible.*)
- The potential outcome framework allows *Causation* to be ‘reduced’ to *Missing Data*
⇒ Conceptual progress!
- The ACE is identified if $X \perp\!\!\!\perp Y(x_i)$ for all values x_i .
- Randomization of treatment assignment implies $X \perp\!\!\!\perp Y(x_i)$.
- Without independence the ACE is not identified, and cannot be bounded away from zero.