Lecture 13: Interpretability, Fairness, and Ethics

Serena Yeung

BIODS 220: AI in Healthcare

Announcements

- TA office hours next week will be used for project advising sessions instead
 - This is a required component of the project sign up deadline is Fri 11/6
 - See Piazza post for details



Many related concepts for today's lecture

- Interpretability
- Explainability
- Transparency
- Uncertainty
- Robustness
- Fairness
- Ethics
- Bias
- Etc...

Serena Yeung

BIODS 220: AI in Healthcare

Interpretability: a challenge in deep learning

VS.





https://www.cs.cmu.edu/~bhiksha/courses/10-601/decisiontrees/DT.png

Serena Yeung

BIODS 220: AI in Healthcare

Soft attention: building interpretability into the model structure

- Weight input variables by an "attention weights" vector p
- Learn to dynamically produce p for any given input, by making it a function of the input x and a fully connected layer f_A(with learnable parameters A)
- By optimizing for prediction performance, network will learn to produce p that gives stronger weights to the most informative features in x!

Output y $p = \operatorname{softmax}(Ax)$ Rest of the neural network Input $x = [x_1, x_2, ..., x_D]$ Ζ Attention weights p $=[p_1, p_2, , p_D]$ Soft attention weighting Attention-weighted input $z = [z_1, z_2, , z_D]$ Х р Learnable fully connected layer f_A with weights A

BIODS 220: AI in Healthcare

Soft attention: building interpretability into the model structure, Admitted to hospital

Patient dies 10 days later.

Lecture 13 - 6



Also trained a model with "soft attention" on a simpler task (in-hospital mortality, subset of data variables) to obtain interpretability

Rajkomar et al. Scalable and accurate deep learning with electronic health records. Npj Digital Medicine, 2018.

within the thorax [..]"

Serena Yeung

How can we try to interpret a trained model?



BIODS 220: AI in Healthcare

First Layer: Visualize Filters



Max Max pooling Ma

Krizhevsky, "One weird trick for parallelizing convolutional neural networks", arXiv 2014 He et al, "Deep Residual Learning for Image Recognition", CVPR 2016 Huang et al, "Densely Connected Convolutional Networks", CVPR 2017

AlexNet: 64 x 3 x 11 x 11

Serena Yeung

Slide credit: CS231n

⁸Lecture 13 - 8

sely Connected Convolutional Networks", CVPR 2017

Visualize the filters/kernels (raw weights)

We can visualize filters at higher layers, but not that interesting

(these are taken from ConvNetJS CIFAR-10 demo) Weights: 医骨骨 医白细胞 经股份 的复数 医鼻

Weights: 如果我想出来的你们(我们会没有非常知道的自己的过去)(我们都能能能能能能能能能能。 · 模試)(並当由目書語並將此約定系書書方的)(物和指面與問時展開目標書種建成種)(書包書記書 而發行的內部保護保護部(保護局局等部所與保護部合管理的)(開設市務運動局部的運動 調査整備)(開始整約編集整整編装整備の開設)(は非計算はの目書後目前開設を設設)(構成機 layer 2 weights 那些這個這些可能是非常的。(你是這個的是是不是這個是是是有意思)(美力的水量是我们在非 要要到內面部(國際國法会局部建築局部的部分)(在空空的全面的和市市市市市市市)(国 医原油学者的过去式和考虑()(自然的过去分词是可能能能加强)(为以后就能能可能 **动动动能能的机械**)

Weights: (法于当法部院部院建筑部署出建等等方向起来)(制造出新来的建筑和建筑和空标准机构建筑和)(國際軍業局部電気局通知型機械成長務委員會)(局理法院和部長局制務を受益局等なる) 的)(國產商總理要與認識的認識認識的的意志)(與產豐原外國發展的發展的最適是國際 · 新聞)(原情察語編集論學的智慧內提的意思和見解的)(原本語語語法語書物語語語語語》)(原情 layer 3 weights 主要帮)(總基理總法法律問題因表式物物的問題者因用)(出於法律法律認識與通過以同任論的 國民保護(傳羅副醫醫醫醫醫醫醫醫醫論論醫醫醫院通過)(關注國保險事業活動的保守部署計 20 x 20 x 7 x 7 非投行动型法的)(新商業目前總業業的新商業販売業業業務務)(非常以保護支援等等的) 新聞記念を到来る)(通常会社教育研究研究研究研究研究研究研究)(法学校推荐要求要求知道

Slide credit: CS231n

layer 1 weights

16 x 3 x 7 x 7

20 x 16 x 7 x 7

Serena Yeung

BIODS 220: AI in Healthcare

⁹Lecture 13 - 9

Last Layer

FC7 layer



Slide credit: CS231n

4096-dimensional feature vector for an image (layer immediately before the classifier)

Run the network on many images, collect the feature vectors

Serena Yeung

BIODS 220: AI in Healthcare

¹⁰Lecture 13 - 10

Last Layer: Nearest Neighbors

4096-dim vector









Krizhevsky et al, "ImageNet Classification with Deep Convolutional Neural Networks", NIPS 2012. Figures reproduced with permission.

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

¹¹Lecture 13 - 11

Last Layer: Dimensionality Reduction

Visualize the "space" of FC7 feature vectors by reducing dimensionality of vectors from 4096 to 2 dimensions

Common approaches: t-SNE and UMAP



Van der Maaten and Hinton, "Visualizing Data using t-SNE", JMLR 2008 Figure copyright Laurens van der Maaten and Geoff Hinton, 2008. Reproduced with permission.

Serena Yeung

BIODS 220: AI in Healthcare

¹²Lecture 13 - 12

Last Layer: Dimensionality Reduction



Van der Maaten and Hinton, "Visualizing Data using t-SNE", JMLR 2008 Krizhevsky et al, "ImageNet Classification with Deep Convolutional Neural Networks", NIPS 2012. Figure reproduced with permission.



See high-resolution versions at http://cs.stanford.edu/people/karpathy/cnnembed/



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

¹³Lecture 13 - 13

Visualizing Activations

conv5 feature map is 128x13x13; visualize as 128 13x13 grayscale images



Yosinski et al, "Understanding Neural Networks Through Deep Visualization", ICML DL Workshop 2014. Figure copyright Jason Yosinski, 2014. Reproduced with permission.

Slide credit: CS231n

¹⁴Lecture 13 - 14

Serena Yeung

Maximally Activating Patches





Pick a layer and a channel; e.g. conv5 is 128 x 13 x 13, pick channel 17/128

Run many images through the network, record values of chosen channel

Visualize image patches that correspond to maximal activations



Springenberg et al, "Striving for Simplicity: The All Convolutional Net", ICLR Workshop 2015 Figure copyright Jost Tobias Springenberg, Alexey Dosovitskiy, Thomas Brox, Martin Riedmiller, 2015; reproduced with permission.

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

¹⁵Lecture 13 - 15

Which pixels matter: Saliency via Occlusion

Mask part of the image before feeding to CNN, check how much predicted probabilities change





P(elephant) = 0.95





P(elephant) = 0.75

Zeiler and Fergus, "Visualizing and Understanding Convolutional Networks", ECCV 2014

Boat image is CC0 public domain Elephant image is CC0 public domain Go-Karts image is CC0 public domain

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

¹⁶Lecture 13 - 16

Which pixels matter: Saliency via Occlusion

Mask part of the image before feeding to CNN, check how much predicted probabilities change









Zeiler and Fergus, "Visualizing and Understanding Convolutional Networks", ECCV 2014

Boat image is CC0 public domain Elephant image is CC0 public domain Go-Karts image is CC0 public domain



African elephant, Loxodonta africana



Serena Yeung

BIODS 220: AI in Healthcare

¹⁷Lecture 13 - 17

Which pixels matter: Saliency via Backprop

Forward pass: Compute probabilities



Simonyan, Vedaldi, and Zisserman, "Deep Inside Convolutional Networks: Visualising Image Classification Models and Saliency Maps", ICLR Workshop 2014.

Figures copyright Karen Simonyan, Andrea Vedaldi, and Andrew Zisserman, 2014; reproduced with permission.

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

¹⁸Lecture 13 - 18

Which pixels matter: Saliency via Backprop

Forward pass: Compute probabilities



Compute gradient of (unnormalized) class score with respect to image pixels, take absolute value and max over RGB channels

Simonyan, Vedaldi, and Zisserman, "Deep Inside Convolutional Networks: Visualising Image Classification Models and Saliency Maps", ICLR Workshop 2014.

Figures copyright Karen Simonyan, Andrea Vedaldi, and Andrew Zisserman, 2014; reproduced with permission.



Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

¹⁹Lecture 13 - 19

Saliency Maps



Simonyan, Vedaldi, and Zisserman, "Deep Inside Convolutional Networks: Visualising Image Classification Models and Saliency Maps", ICLR Workshop 2014.

Figures copyright Karen Simonyan, Andrea Vedaldi, and Andrew Zisserman, 2014; reproduced with permission.

Slide credit: CS231n

Serena Yeung

BIODS 220: AI in Healthcare

²⁰Lecture 13 - 20

Saliency Maps: Segmentation without supervision



Simonyan, Vedaldi, and Zisserman, "Deep Inside Convolutional Networks: Visualising Image Classification Models and Saliency Maps", ICLR Workshop 2014.

Figures copyright Karen Simonyan, Andrea Vedaldi, and Andrew Zisserman, 2014; reproduced with permission. Rother et al, "Grabcut: Interactive foreground extraction using iterated graph cuts", ACM TOG 2004 Slide credit: CS231n

Serena Yeung

Use GrabCut on

saliency map

BIODS 220: AI in Healthcare

²¹Lecture 13 - 21

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.



$$M_c(x,y) = \sum_k w_k^c f_k(x,y).$$

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

Relies on idea that global average pooling layers aggregate "signal" for particular patterns



$$M_c(x,y) = \sum_k w_k^c f_k(x,y).$$

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

Weights of final classification layer gives importance of each pattern to respective class



$$M_c(x,y) = \sum_k w_k^c f_k(x,y).$$

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.



Lecture 13 - 25

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

CAM
$$\longrightarrow M_c(x,y) = \sum_k w_k^c f_k(x,y).$$

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

- Zhou et al. 2015
- Visualizes heatmap (class activation map) indicating the importance of the activation at spatial grid (x, y) leading to the classification of an image to class c.

Lecture 13 - 30

Zhou et al. Learning Deep Features for Discriminative Localization, 2016.

Serena Yeung

 No longer relies on architectures that have a "global average pooling layer" at the end

Selvaraju et al. Grad-CAM: Visual Explanations from Deep Networks via Gradient-based Localization, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

- No longer relies on architectures that have a "global average pooling layer" at the end

Selvaraju et al. Grad-CAM: Visual Explanations from Deep Networks via Gradient-based Localization, 2017.

Serena Yeung

BIODS 220: AI in Healthcare

- No longer relies on architectures that have a "global average pooling layer" at the end

in the CNN layer, for predicting the cth class

Selvaraju et al. Grad-CAM: Visual Explanations from Deep Networks via Gradient-based Localization, 2017.

Serena Yeung

 No longer relies on architectures that have a "global average pooling layer" at the end

"Saliency" heatmap for the cth class is based on weighting a layer's activation map for each neuron by the importance of that neuron for predicting the class

Lecture 13 - 34

Selvaraju et al. Grad-CAM: Visual Explanations from Deep Networks via Gradient-based Localization, 2017.

Serena Yeung

- Binary classification of pneumonia presence in chest X-rays
- Used ChestX-ray14 dataset with over 100,000 frontal X-ray images with 14 diseases
- 121-layer DenseNet CNN
- Compared algorithm performance with 4 radiologists
- Also applied algorithm to other diseases to surpass previous state-of-the-art on ChestX-ray14

Rajpurkar et al. CheXNet: Radiologist-Level Pneumonia Detection on Chest X-Rays with Deep Learning. 2017.

Serena Yeung

BIODS 220: AI in Healthcare

- Binary classification of pneumonia presence in chest X-rays
- Used ChestX-ray14 dataset with over 100,000 frontal X-ray images with 14 diseases
- 121-layer DenseNet CNN
- Compared algorithm performance with 4 radiologists
- Also applied algorithm to other diseases to surpass previous state-of-the-art on ChestX-ray14

Rajpurkar et al. CheXNet: Radiologist-Level Pneumonia Detection on Chest X-Rays with Deep Learning. 2017.

Serena Yeung

BIODS 220: AI in Healthcare

 Also showed CAM visualizations of predictions for other pathologies

Pathology	Wang et al. $\left(2017\right)$	Yao et al. $\left(2017\right)$	CheXNet (ours)
Atelectasis	0.716	0.772	0.8094
Cardiomegaly	0.807	0.904	0.9248
Effusion	0.784	0.859	0.8638
Infiltration	0.609	0.695	0.7345
Mass	0.706	0.792	0.8676
Nodule	0.671	0.717	0.7802
Pneumonia	0.633	0.713	0.7680
Pneumothorax	0.806	0.841	0.8887
Consolidation	0.708	0.788	0.7901
Edema	0.835	0.882	0.8878
Emphysema	0.815	0.829	0.9371
Fibrosis	0.769	0.767	0.8047
Pleural Thickening	0.708	0.765	0.8062
Hernia	0.767	0.914	0.9164

Rajpurkar et al. CheXNet: Radiologist-Level Pneumonia Detection on Chest X-Rays with Deep Learning. 2017.

Serena Yeung

BIODS 220: AI in Healthcare

 Also showed CAM visualizations of predictions for other pathologies

Rajpurkar et al. CheXNet: Radiologist-Level Pneumonia

Detection on Chest X-Rays with Deep Learning. 2017.

(a) Patient with multifocal community acquired pneumonia. The model correctly detects the airspace disease in the left lower and right upper lobes to arrive at the pneumonia diagnosis.

(b) Patient with a left lung nodule. The model identifies the left lower lobe lung nodule and correctly classifies the pathology.

(c) Patient with primary lung malignancy and two large masses, one in the left lower lobe and one in the right upper lobe adjacent to the mediastinum. The model correctly identifies both masses in the X-ray.

(d) Patient with a right-sided pneumothroax and chest tube. The model detects the abnormal lung to correctly predict the presence of pneumothorax (collapsed lung).

(e) Patient with a large right pleural effusion (fluid in the pleural space). The model correctly labels the effusion and focuses on the right lower chest.

(f) Patient with congestive heart failure and cardiomegaly (enlarged heart). The model correctly identifies the enlarged cardiac silhouette.

Serena Yeung

BIODS 220: AI in Healthcare

A different type of approach: "distill" a complex neural network to an interpretable decision tree

- Che et al. 2017: distill deep neural network for ICU outcome prediction into an interpretable gradient boosting trees model (called mimic model)
- Benefits of distillation: 1) DNN can learn to correct for errors and noise in training data; 2) classification probabilities from DNN give "soft labels" containing more information; 3) Mimic approach can also be seen as a regularization on more complex DNN

Che et al. Interpretable Deep Models for ICU Outcome Prediction, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

A different type of approach: "distill" a complex neural network to an interpretable decision tree

Methods		MOR (Mortality)		VFD (Ventilator Free Days)	
		AUROC	AUPRC	AUROC	AUPRC
Baselines	SVM	0.6437 ± 0.024	0.3408 ± 0.034	0.7251 ± 0.023	0.7901 ± 0.019
	LR	0.6915 ± 0.027	0.3736 ± 0.038	0.7592 ± 0.021	0.8142 ± 0.019
	DT	0.6024 ± 0.013	0.4369 ± 0.016	0.5794 ± 0.022	0.7570 ± 0.012
	GBT	0.7196 ± 0.023	0.4171 ± 0.040	0.7528 ± 0.017	0.8037 ± 0.018
Deep Models	DNN	0.7266 ± 0.089	0.4117 ± 0.122	0.7752 ± 0.054	0.8341 ± 0.042
	GRU	0.7666 ± 0.063	0.4587 ± 0.104	0.7723 ± 0.053	0.8131 ± 0.058
	DNN + GRU	0.7813 ± 0.028	0.4874 ± 0.051	0.7896 ± 0.019	0.8397 ± 0.018
Best Mimic Model		0.7898 ± 0.030	0.4766 ± 0.050	0.7889 ± 0.018	0.8324 ± 0.016

Che et al. Interpretable Deep Models for ICU Outcome Prediction, 2016.

Serena Yeung

BIODS 220: AI in Healthcare

When can we trust the model?

- Notion of **uncertainty**: models can be more or less confident about a given prediction. Interpretability and explainability of the model gives indications of how the model arrived at its conclusion and how certain it is.
- Notion of **robustness**: models may behave differently under different settings (e.g. shift in the distribution of patient population / data). We may not be able to trust the model's outputs in the same way under some of these. Can we quantify how the model may perform under different settings, and make it "robust" under different settings that we care about?

Nestor et al. 2019

- Showed that EHR models using standard feature representations suffered drops in performance (evaluated by year) due to data drift from record keeping changes
- Introduced "clinical aggregations" of expert-defined similar clinical concepts for feature representations that increased robustness

Nestor et al. Feature Robustness in Non-stationary Health Records: Caveats to Deployable Model Performance in Common Clinical Machine Learning Tasks, 2019.

Serena Yeung

BIODS 220: AI in Healthcare

When can we trust the model?

- Notion of **uncertainty**: models can be more or less confident about a given prediction. Interpretability and explainability of the model gives indications of how the model arrived at its conclusion and how certain it is.
- Notion of **robustness**: models may behave differently under different settings (e.g. shift in the distribution of patient population / data). We may not be able to trust the model's outputs in the same way under some of these. Can we quantify how the model may perform under different settings, and make it "robust" under different settings that we care about?

Ideas like distributionally robust optimization minimize worst-case training loss over a set of groups (data distributions)

Serena Yeung

BIODS 220: AI in Healthcare

Ethics: many questions around AI / human collaboration in medicine

BIODS 220: AI in Healthcare

Ethics: many questions around AI / human collaboration in medicine

- How to make diagnosis and/or care decisions when the algorithm disagrees with the human?
- How should AI algorithms work together with humans?
- How to handle machine error vs. human error?
- How to make sure AI algorithms don't (perhaps inadvertently) discriminate against certain populations?
- How to handle tradeoffs between algorithmic performance on some groups vs. others?

Ethics: many questions around AI / human collaboration in medicine

- How to make diagnosis and/or care decisions when the algorithm disagrees with the human?
- How should AI algorithms work together with humans?
- How to handle machine error vs. human error?
- How to make sure AI algorithms don't (perhaps inadvertently) discriminate against certain populations?
- How to handle tradeoffs between algorithmic performance on some groups vs. others?

Algorithmic bias

- Algorithm may perform better for one population vs. other, due to e.g. biases in training data or model
- E.g. Buolamwini and Gebru 2018: analysis of commercial gender classification systems by race

Buolamwini and Gebru. Gender Shades: Intersectional Accuracy Disparities in Commercial Gender Classification, 2018.

Serena Yeung

BIODS 220: Al in Healthcare

Chen et al. 2019

- Showed discrepancies in error rates by race, gender, insurance type, etc. for models trained to make clinical predictions on MIMIC-III data

Chen et al. Can Al Help Reduce Disparities in General Medical and Mental Health Care? 2019.

Serena Yeung

BIODS 220: AI in Healthcare

Chen et al. 2019

- Showed discrepancies in error rates by race, gender, insurance type, etc. for models trained to make clinical predictions on MIMIC-III data

Chen et al. Can Al Help Reduce Disparities in General Medical and Mental Health Care? 2019.

Serena Yeung

Chen et al. 2019

- Showed discrepancies in error rates by race, gender, insurance type, etc. for models trained to make clinical predictions on MIMIC-III data

Error rate for predicting 30-day psychiatric readmission

Lecture 13 - 50

Chen et al. Can Al Help Reduce Disparities in General Medical and Mental Health Care? 2019.

Serena Yeung

Obermeyer et al. 2019

- Finding that algorithm for allocating high-risk patients (complex medical needs) to special programs are less likely to refer black people vs. white people
- Algorithm used prediction of anticipated healthcare cost as a measure of complexity. But in training data, black patients had less healthcare cost for the same severity of sickness, due to less access to care
- Using other variables to predict risk reduced bias

Percentile of Algorithm Risk Score

Obermeyer et al. Dissecting racial bias in an algorithm used to manage the health of populations, 2019.

Serena Yeung

BIODS 220: AI in Healthcare

More on fairness... there are many possible definitions of fairness!

- **Group-independent predictions:** predictions should be independent of group membership
- **Equal metrics across groups**: e.g. equal true positive rates or false positive rates across groups
- Individual fairness: individuals who are similar with respect to a prediction task should have similar outcomes
- **Causal fairness**: e.g. there should not be a causal pathway from a sensitive attribute to the outcome prediction

Suresh and Guttag. A Framework for Understanding Unintended Consequences of Machine Learning, 2020.

Serena Yeung

More on fairness... there are many possible definitions of fairness!

- **Group-independent predictions:** predictions should be independent of group membership
- **Equal metrics across groups**: e.g. equal true positive rates or false positive rates across groups
- Individual fairness: individuals who are similar with respect to a prediction task should have similar outcomes
- **Causal fairness**: e.g. there should not be a causal pathway from a sensitive attribute to the outcome prediction Cannot satisfy all of these simultaneously: satisfy

Cannot satisfy all of these simultaneously: satisfying "fairness" according to one definition generally leads to a trade-off respect to another definition!

Lecture 13 - 53

Suresh and Guttag. A Framework for Understanding Unintended Consequences of Machine Learning, 2020.

Serena Yeung

Mitchell 2019: Model cards for Model Reporting

- Documentation accompanying trained models to detail performance characteristics

Model Card - Smiling Detection in Images

Model Details

- Developed by researchers at Google and the University of Toronto, 2018, v1.
- Convolutional Neural Net.
- Pretrained for face recognition then fine-tuned with cross-entropy loss for binary smiling classification.

Intended Use

- Intended to be used for fun applications, such as creating cartoon smiles on real images; augmentative applications, such as providing details for people who are blind; or assisting applications such as automatically finding smiling photos.
- Particularly intended for younger audiences.
- Not suitable for emotion detection or determining affect; smiles were annotated based on physical appearance, and not underlying emotions.

Quantitative Analyses

Mitchell et al. Model Cards for Model Reporting, 2019.

Serena Yeung

BIODS 220: AI in Healthcare

Mitchell 2019: Model cards for Model Reporting

Factors

- Based on known problems with computer vision face technology, potential relevant factors include groups for gender, age, race, and Fitzpatrick skin type; hardware factors of camera type and lens type; and environmental factors of lighting and humidity.
- Evaluation factors are gender and age group, as annotated in the publicly available dataset CelebA [36]. Further possible factors not currently available in a public smiling dataset. Gender and age determined by third-party annotators based on visual presentation, following a set of examples of male/female gender and young/old age. Further details available in [36].

Metrics

- Evaluation metrics include False Positive Rate and False Negative Rate to measure disproportionate model performance errors across subgroups. False Discovery Rate and False Omission Rate, which measure the fraction of negative (not smiling) and positive (smiling) predictions that are incorrectly predicted to be positive and negative, respectively, are also reported. [48]
- Together, these four metrics provide values for different errors that can be calculated from the confusion matrix for binary classification systems.
- These also correspond to metrics in recent definitions of "fairness" in machine learning (cf. [6, 26]), where parity across subgroups for different metrics corre-

$0.00\, 0.02\, 0.04\, 0.06\, 0.08\, 0.10\, 0.12\, 0.14$

Mitchell et al. Model Cards for Model Reporting, 2019.

Serena Yeung

BIODS 220: AI in Healthcare

Mitchell 2019: Model cards for Model Reporting

 Training Data CelebA [36], training data split. Ethical Considerations 	 Evaluation Data CelebA [36], test data split. Chosen as a basic proof-of-concept. 	old young male female all		
• Faces and annotations based on public figures (celebrities). No new information is inferred or annotated.		0.00 0.02 0.04 0.06 0.08 0.10 0.12 0.14		
Caveats and Recommendations				
• Does not capture race or skin type	e, which has been reported as a source of dispropo	rtionate errors [5].		
 Given gender classes are binary (r spectrum of genders. 	nale/not male), which we include as male/female.	Further work neede	ed to evaluate across a	

• An ideal evaluation dataset would additionally include annotations for Fitzpatrick skin type, camera details, and environment (lighting/humidity) details.

Mitchell et al. Model Cards for Model Reporting, 2019.

Serena Yeung

BIODS 220: AI in Healthcare

Gebru 2020: Datasheets for Datasets

A Database for Studying Face Recognition in Unconstrained Environments

Labeled Faces in the Wild

Motivation

For what purpose was the dataset created? Was there a specific task in mind? Was there a specific gap that needed to be filled? Please provide a description.

Labeled Faces in the Wild was created to provide images that can be used to study face recognition in the unconstrained setting where image characteristics (such as pose, illumination, resolution, focus), subject demographic makeup (such as age, gender, race) or appearance (such as hairstyle, makeup, clothing) cannot be controlled. The dataset was created for the specific task of pair matching: given a pair of images each containing a face, determine whether or not the images are of the same person.¹

Who created this dataset (e.g., which team, research group) and on behalf of which entity (e.g., company, institution, organization)?

The initial version of the dataset was created by Gary B. Huang, Manu Ramesh, Tamara Berg, and Erik Learned-Miller, most of whom were researchers at the University of Massachusetts The dataset does not contain all possible instances. There are no known relationships between instances except for the fact that they are all individuals who appeared in news sources on line, and some individuals appear in multiple pairs.

What data does each instance consist of? "Raw" data (e.g., unprocessed text or images)or features? In either case, please provide a description.

Each instance contains a pair of images that are 250 by 250 pixels in JPEG 2.0 format.

Is there a label or target associated with each instance? If so, please provide a description.

Each image is accompanied by a label indicating the name of the person in the image.

Is any information missing from individual instances? If so, please provide a description, explaining why this information is missing (e.g., because it was unavailable). This does not include intentionally removed information, but might include, e.g., redacted text.

Gebru et al. Datasheets for Datasets. 2020.

Serena Yeung

BIODS 220: AI in Healthcare

Next time

• Distributed computing, security, and privacy

