

§ 5.3 Compliance classes

- Principal stratification according to potential treatment. (Complier, always taker, never taker, defier)
- Population causal effects and local causal effects

§ 5.3.1 Potential value of treatment

A^0	A^1	label (Subpopulation)
0	0	never takers
0	1	Compliers
1	0	Defiers
1	1	always takers

★ IV methods 的 motivation: unmeasured confounding

如果存在 unmeasured confounding, cannot marginalize over all confounders via matching, iptw, etc.

★ IV methods do not focus on the average causal effect for the whole population.

IV methods 的目的是在存在 unmeasured confound 的情况下估计出一个有效的 causal effect (要看针对的是哪个群体, 肯定不是 whole population)

(1) Never-takers: Encouragement does not work.

✗ We can not learn any thing about the effect of treatment in this subpopulation, because there is no variation in treatment received (A). We could never observe an outcome under treatment for anyone in this subpopulation.

(2) Compliers: treatment received is equal to treatment assignment. based on treatment assignment \Rightarrow is randomized. 在 Compliers 这个群体中可以实现 treatment received 的 randomization.

(3) Defiers: Do ~~the~~ opposite of what they are encouraged to do.

在 Defiers 这个群体中, A (treatment received) 仍然是 randomized, 只不过跟 assignment 刚好相反.

• 通常假设这个群体在 whole population 中不存在, 我们还不希望有这样的人做违反 assignment 的 treatment.

• 如果这种群体存在的话, 通常也会假设这部分人很少.

(4) Always-takers: Always take treatment.

No variation in treatment received, no information about causal effect.

★ IV methods focus on a local average treatment effect.

§ 5.3.3 Local average treatment effect

The target of inference is

$$E(Y^{Z=1} | A^0=0, A^1=1) - E(Y^{Z=0} | A^0=0, A^1=1)$$

Tip: Mean difference of potential outcome in the same subpopulation of people, is a valid causal effect.

注意到上述的 "the same subpopulation" 就是

$$\text{Compliers 于是有 } E(Y^{Z=1} | A^0=0, A^1=1) - E(Y^{Z=0} | A^0=0, A^1=1) = E(Y^{Z=1} - Y^{Z=0} | \text{Compliers})$$

• 如何理解 local? $= E(Y^{A=1} - Y^{A=0} | \text{Compliers})$

local 表示 an inference about a subpopulation, and the subpopulation happens to be compliers.

Local average treatment effect (LATE)

complier average causal effect (CACE)

§ 5.3.4 Observational data.

实际上我们只能观察到 Z 和 A , 而不是 A^0, A^1 .

Z	A	A^0	A^1	Class
0	0	0	?	Complier or Never taker
0	1	1	?	Always taker or defier
1	0	?	0	Never taker or defier
1	1	?	1	Complier or always taker.

• 给定 observational data, 我们只能把 each subject 限定在两种可能的 subpopulation 中.

• 除非给出 additional assumption, 否则不能知道 each subject 属于哪个

§ 5.3.2 Causal effects

理想: causal effect \leftarrow whole population

• 当存在 unmeasured confounding 的时候, 很难获得 whole population 的 causal effect.

§ 5. Instrumental variables methods

§ 5.1 Introduction

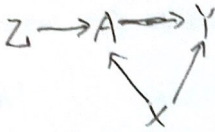
DAG1:



$$E(Y^{A=1}) - E(Y^{A=0})$$

A 的 causal effect

DAG2:



$$E(Y^{Z=1}) - E(Y^{Z=0})$$

Z 的 causal effect

① Z 直接影响 A (处理), 并通过 A 间接影响 Y.

② Z 与 X 无关.

Z 通常是一种 encouragement.

比如鼓励受试者吸烟、喝酒.

③ Z 是 randomized trial.

IV is randomly assigned.

IV is believed to be randomized in the nature.

§ 5.2 Randomized trials with non-compliance

Difference: assigned treatment (as an instrument) vs treatment received (observed treatment in a randomized trial).

§ 5.2.1 Z: ask sb. to take the treatment?

randomization to treatment (是否接受鼓励去 take the treatment?)

Y: outcome.

Non-compliance: Not everyone assigned treatment will actually receive the treatment (A 不一定为 1)

Z: treatment assignment (happens in randomized trial)

A: actual treatment

Hypothesis:

★ Z treatment assignment does not directly effect Y.

§ 5.2.2 Potential treatment

Observed data: (Z, A, Y)? Z 怎么观察到.

Z 可能与 A 不同, 意味着对于某些 subject $Z=1, A=0$.

• 类比 potential outcome, 可以定义 potential treatment: $A^{Z=1} = A^1$, 如果 randomized to $Z=1$ (处理组分配为 1), 真实的 treatment 为 A^1 (其值可能为 0, 也可能为 1).

(ii) $A^{Z=0} = A^0$, 如果 randomized to $Z=0$ (处理组分配为 0), 真实的 treatment 为 A^0 .

§ 5.2.3 Causal effect of Z on A

Think of average causal effect of treatment assignment on actual treatment: $E(A^1 - A^0)$ [proportion treated]

如果 whole population 都 assigned to treatment ($Z=1$), 它所有的 received treatment 就是 A^1 . 如果 whole population 都 assigned to control ($Z=0$) 的 received treatment, (A^0) 再取期望.

In perfect compliance, 每个人都按照 assignment 去做

$A^1=1, A^0=0$ (for everyone), 那么 $E(A^1 - A^0)=1$.

★ Estimable from observed data (需要条件: Randomization consistency)

Consistency: $A^1=A$ if $Z=1 \Rightarrow A^1=A|Z=1$

(类比 $Y^1=Y|Z=1$)

Randomization: Z 是随机分配的.

$E(A^1)=E(A|Z=1)$ 在 assign to treatment 的这部分 subpopulation 中,

$E(A^0)=E(A|Z=0)$ A 的均值就等于 whole population 都 assign to treatment 中 A 的均值.

Take the subpopulation $Z=1$ and take their sample mean of A. 因为 Z 是随机的, 所以部分与总体的某些特征是一致的.

§ 5.2.4 Causal effect of Z on outcome

Think of average causal effect of treatment assignment on outcome: $E(Y^{Z=1} - Y^{Z=0})$ [average value of Y]

If everyone assigned to received treatment, their outcome minus the average outcome if no one had been assigned to receive the treatment.

In perfect compliance, average causal effect of treatment assignment on outcome will be equal to the causal effect of treatment on outcome.

★ Estimable from observed data (同样两个条件: Randomization consistency)

$E(Y^{Z=1}) = E(Y|Z=1), E(Y^{Z=0}) = E(Y|Z=0)$

§ 5.2.5 Causal effect of A on outcome.

★ 重点关注 Causal effect

把 Z 看作一种 strong encouragement that most people will do what they have been told to receive the treatment. (Z is an IV)

一旦 assign 完成, 就只能够观察到 A 或者 A^0 . 其实它们都是潜在的.

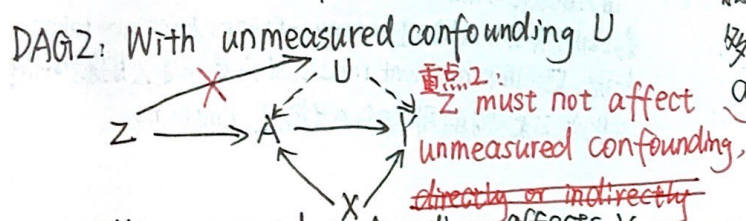
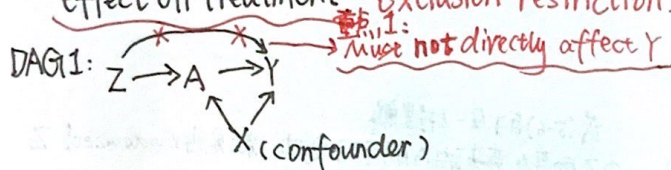
§ 5.4 Assumptions

5.4 5.5

Important assumptions that are necessary for identifying causal effect.

§ 5.4.1 Assumptions about IVs.

- (1) It associated with treatment
- (2) It affects the outcome only through its effect on treatment. Exclusion restriction.



- U 作为 unmeasured confounding, affects Y.
- 如果 $Z \rightarrow U$ 成立, 那么 Z 就可以通过 U affects Y.

也就是说 Z 可以不通过 treatment A 来影响 Y, 违反了 Exclusion restriction: Z can not affect Y through its impact on some unmeasured confounders. 如果 Z 对 Y 有影响, 也只能通过 A.

(假设的实际性 realistic) If Z is randomized treatment assignment, IV assumptions met?

1st. Z affects A \Rightarrow check this through data.

2nd. Z: coin flip \Rightarrow not affect the outcome or unmeasured confounders.

★ subject: knowledge of treatment assignment.

§ 5.4.2

Recall the identification of causal effect is we don't know who the compliers are. 必须作额外的假设. (Monotonicity assumption) There are no defiers.

? Q: 为什么称为 Monotonicity (单调性)?

因为随着 encouragement 程度的增大, take treatment 的程度也增大. The assumption is that probability of treatment should increase with more encouragement.

With monotonicity assumption:

Z	A	A ⁰	A ¹	class
0	0	0	?	Complier or Never
0	1	1	1	Always taker
1	0	0	0	Never taker
1	1	?	1	Complier or Always

对于某部分 subjects 来说, 我们可以确定他们属于哪一个 subpopulation, 于是问题就简化了很多. we can actually identify the causal effect among compliers. (monotonicity assumption 的作用)

§ 5.5 Causal Effect Identification

and Estimation

- How to estimate complier average causal effect use observational data?
- How the CACE relates to intention-to-treat effect.

Recall: Our goal is to estimate

$$CACE = E(Y^{A=1} - Y^{A=0} | \text{complier})$$

\Rightarrow Begin with sth. that we can identify: ITT

$$E(Y^{Z=1} - Y^{Z=0}) = E(Y|Z=1) - E(Y|Z=0) \quad (5-1)$$

Intention-to-treat effect

$$E(Y|Z=1) = E(Y|Z=1, \text{always takers}) + E(Y|Z=1, \text{never takers}) + E(Y|Z=1, \text{compliers}) \quad (5-2)$$

a weighted average of the expected value of Y given Z=1 in 3 subpopulations

$$= E(Y | \text{always takers}) P(\text{always takers}) + E(Y | \text{never takers}) P(\text{never takers}) + E(Y | Z=1, \text{compliers}) P(\text{compliers}) \quad (5-3)$$

$$(2) E(Y|Z=0) = E(Y | \text{always takers}) P(\text{always takers}) + E(Y | \text{never takers}) P(\text{never takers}) + E(Y | Z=0, \text{compliers}) P(\text{compliers}) \quad (5-4)$$

$$(3) E(Y^{Z=1} - Y^{Z=0}) = E(Y|Z=1) - E(Y|Z=0)$$

$$= E(Y|Z=1, \text{compliers}) P(\text{compliers}) - E(Y|Z=0, \text{compliers}) P(\text{compliers}) \quad (5-4)$$

⇒ 由式 (5-4) 可知,

$$\frac{E(Y|Z=1) - E(Y|Z=0)}{P(\text{compliers})}$$

$$= E(Y|Z=1, \text{compliers}) - E(Y|Z=0, \text{compliers})$$

$$= E(Y^{Z=1} - Y^{Z=0} | \text{compliers})$$

$$= E(Y^{A=1} - Y^{A=0} | \text{compliers})$$

$$= \text{CACE (complier average causal effect)} \quad (5-5)$$

Note: $P(\text{compliers}) = E(A|Z=1) - E(A|Z=0) \quad (5-6)$

$E(A|Z=1)$: proportion of people who are always takers or compliers.

$E(A|Z=0)$: a probability of taking treatment if you were assigned $Z=0$. = the proportion of people who are always takers.

A is binary, expected value of binary variables $A_i = 1$ or $A_i = 0$, $E(A|Z=1) = (A_1 + A_2 + \dots + A_n) \times \frac{1}{n} = P(A=1|Z=1)$ is just the probability of it.

$$E(A|Z=1) = P(A=1|Z=1) \begin{cases} \text{always takers} \\ \text{compliers} \end{cases}$$

$$E(A|Z=0) = P(A=1|Z=0) \text{ — always takers}$$

$$\Rightarrow P(\text{compliers}) = E(A|Z=1) - E(A|Z=0)$$

$$P(\text{compliers}) + P(\text{always takers}) - P(\text{always takers})$$

由 (5-5) 和 (5-6) 可得

$$\text{CACE} = \frac{E(Y|Z=1) - E(Y|Z=0)}{E(A|Z=1) - E(A|Z=0)} \quad (5-7)$$

→ itt: causal effect of treatment assignment Z on the outcome

→ causal effect of treatment assignment Z on the treatment received A

• 在 Perfect compliance 的情形下, no noncompliers, $P(\text{compliers}) = 1$

$$\text{CACE} = E(Y|Z=1) - E(Y|Z=0) = \text{ITT}$$

• $\text{CACE} \geq \text{ITT}$, 因为 $P(\text{compliers}) \in (0, 1)$

从另一角度解释, 因为有一部分人 assigned to treatment, 但是最终没有 receive treatment, 这在一定程度上减弱了

为什么 complier average causal effect 大于 intention-to-treat-effect? 一定程度上减弱了

$$E(Y^{A=1} - Y^{A=0} | \text{compliers})$$

$$E(Y^{Z=1} - Y^{Z=0})$$

比如, 100 个病人, 2 种药, 比较疗效。Y 为治愈人数。

有 50 个人在分配到 Drug A ($Z=1$) 50 个人分配到 Drug B ($Z=0$)

在分配到 Drug A 的人群中, 有 20 人没有实际服用 Drug A, 这 20 个人 $A=0$

① 假设 Drug A 比 Drug B 好。在分配到 Drug B 的人群中有 20 个人实际服用了 Drug A

$$Y^{Z=1} \downarrow \quad Y^{Z=0} \uparrow \quad E(Y^{Z=1} - Y^{Z=0}) \downarrow \quad \times$$

② 若 Drug A < Drug B: $Y^{Z=1} \uparrow \quad Y^{Z=0} \downarrow \quad E(Y^{Z=1} - Y^{Z=0}) \uparrow$

真实的 causal effect of treatment