## **Causality**

Jonas Peters University of Copenhagen

Academic year 2021/2022 - Block 4



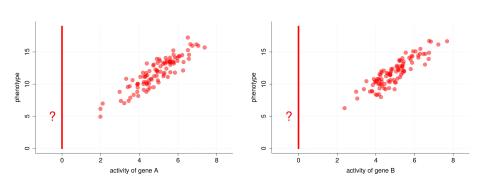
WELCOME!

These slides are used only for visualization. They are not stand-alone material but should be considered as an addition to the reading material, in particular

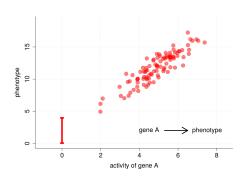
- Book. Peters, Janzing, Schölkopf: Elements of Causal Inference, MIT Press (see also errata).
- Hand-written notes.
- Code examples.

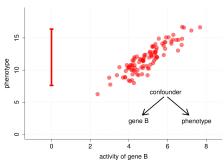
The slides contain many ideas and concepts that are developed by others and these are sometimes not cited properly. For references, please see the above mentioned book.

## Consider the following problem.



## Causality matters!





# BRITISH MEDICAL JOURNAL

LONDON SATURDAY SEPTEMBER 30 1950

### SMOKING AND CARCINOMA OF THE LUNG

#### PRELIMINARY REPORT

BY

### RICHARD DOLL, M.D., M.R.C.P.

Member of the Statistical Research Unit of the Medical Research Council

AND

### A. BRADFORD HILL, Ph.D., D.Sc.

Professor of Medical Statistics, London School of Hygiene and Tropical Medicine; Honorary Director of the Statistical Research Unit of the Medical Research Council

In England and Wales the phenomenal increase in the number of deaths attributed to cancer of the lung provides one of the most striking changes in the pattern of mortality recorded by the Registrar-General. For example, in the quarter of a century between 1922 and 1947 the annual number of deaths recorded increased from 612 to

whole explanation, although no one would deny that it may well have been contributory. As a corollary, it is right and proper to seek for other causes.

### Possible Causes of the Increase

Two main causes have from time to time been put for-

# BRITISH MEDICAL JOURNAL

Table VII.—Estimate of Total Amount of Tobacco Ever Consumed by Smokers; Lung-carcinoma Patients and Control Patients with Diseases Other Than Cancer

	No. Who have Smoked Altogether					n
Disease Group	365 Cigs	50,000 Cigs	150,000 Cigs	250,000 Cigs	500,000 Cigs.+	Probability Test
Males: Lung-carcinoma patients (647) Control patients	19 (2·9%)	145 (22·4%)	183 (28·3%)	225 (34·8%)	75 (11·6%)	$\chi^2 = 30.60;$ n = 4; P < 0.001
with diseases other than cancer (622)	36 (5·8%)	190 (30·5%)	182 (29·3%)	179 (28·9%)	35 (5·6%)	
Females: Lung-carcinoma patients (41)	10 (24·4%)	19 (46·3%)	(12·2%)	7 (17·1%)	(0.0%)	$\chi^2 = 12.97;$ n = 2;
Control patients with diseases other than cancer (28)	19 (67-9%)	(17·9%)	(10.7%)	(3.6%)	(0.0%)	0.001 < P < 0.01 (Women smoking 15 or more cigarettes a day grouped together)

### JNG

uncil

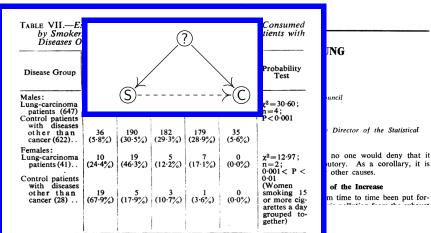
Director of the Statistical

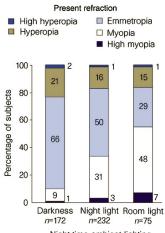
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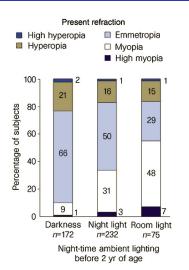
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# BRITISH MEDICAL JOURNAL





Night-time ambient lighting before 2 yr of age



"the strength of the association ... does suggest that the absence of a daily period of darkness during child-hood is a potential precipitating factor in the development of myopia"

Quinn, Shin, Maguire, Stone: Myopia and ambient lighting at night, Nature 1999

### Patente

### Night light with sleep timer

US 20050007889 A1

#### ZUSAMMENEASSUNG

A timer a light and an optional music source is located on or in a housing of a nightlight assembly. When this assembly is plugged into a source of electric power, the timer is set to a selected time for the light and optional music to remain on. After this selected time has elapsed, the light and music automatically turns off, allowing for sleep in appropriate darkness and silence

Veröftentlichungsnummer US20050007889 A Publikationstyp Anmeldung Anmeldenummer US 10/614,245 Veröffentlichungsdatum 13. Jan. 2005 Eingerragen 8. Juli 2003

Prioritätsdatum ⑦ 8. Juli 2003
Erfinder Karin Peterson

Ursprünglich
Bevollmächtigter

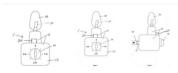
Zitat exportieren

BiBTeX, EndNote, F

Klassifizierungen (4)

Externe Links: USPTO, USPTO-Zuordnung, Esp

BILDER (3)



ANSPRÜCHE (18)

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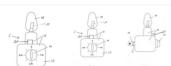
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Bevollmächtigter Zitat exportieren Klassifizierungen (4)

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BILDER (3)



Question: Does the night light with sleep timer help?

BESCHREIBUNG

ANSPRÜCHE (18)

Treatment A	Treatment B
$\frac{273}{350} = 0.78$	$\frac{289}{350} = 0.83$
$\frac{562}{700} = 0.80$	

Assume: treatment is chosen only based on size of stones.

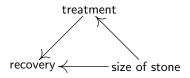
Charig et al.: Comparison of treatment of renal calculi by open surgery, (...) , British Medical Journal, 1986

	Treatment A	Treatment B
Small Stones ( $\frac{357}{700} = 0.51$ )	$\frac{81}{87} = 0.93$	$\frac{234}{270} = 0.87$
Large Stones ( $\frac{343}{700} = 0.49$ )	$\frac{192}{263} = 0.73$	$\frac{55}{80} = 0.69$
	$\frac{273}{350} = 0.78$	$\frac{289}{350} = 0.83$
	$\frac{562}{700} = 0.80$	

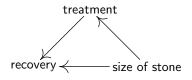
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underlying ground truth:



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Question: What is the expected recovery if all get treatment B? (Make treatment independent of size.)

 Classical statistics: statistical model: • Classical statistics: statistical model:  $\{P_{\theta}, \theta \in \Theta\}$ 

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observed data: from  $P_{\theta_0}$ 

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prediction: use parts of  $P_{\theta_0}$ 

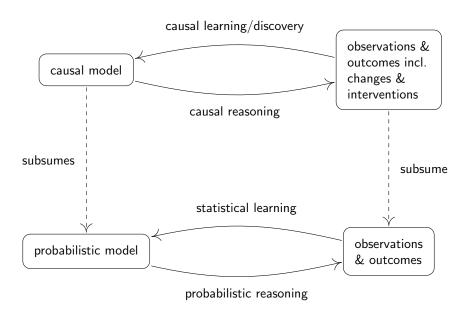
- Classical statistics:
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  - observed data: from  $P_{\theta_0}$  inference: investigate  $\theta_0$
  - prediction: use parts of  $P_{\theta_0}$
- Causality is often about

- Classical statistics:
  - statistical model:  $\{P_{\theta}, \theta \in \Theta\}$

observed data: from  $P_{\theta_0}$  inference: investigate  $\theta_0$ 

prediction: use parts of  $P_{\theta_0}$ 

- Causality is often about asking questions about distributions different from the one we have data from.
- We need models relating these distributions.
- We need tools to do causal inference.



- Questions: lectures, TA sessions and padlet (better than emails/absalon messages)
- Format: lecture (1-4), inverted lecture (5-8), ?
- TA: Sorawit (James) Saengkyongam



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### Exam Students:

- 5 mandatory assignments (up to two people)
- 4 assignments need to be passed (choose two exercises, hand-in in time)
- oral exam (21.6./22.6./also: 24.6.)

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### Exam PhD Students:

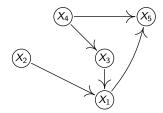
- No hand-in of assignments.
- Report at the end (22.6.) about own research problem (alternatively: paper or data study).
- Cannot contain recycled material.

Maybe, there will in?	be a bit of	flexibility	at the end.	What are you	interested

Hand-written notes 1.

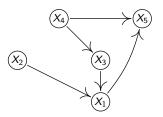
 $X_i$  and  $X_j$  are d-separated by S if all paths between  $X_i$  and  $X_j$  are blocked by S.

Check, whether all paths blocked!!



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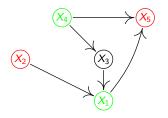
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$\circ \cdots \to \circ \to \cdots \circ$	blocks a path.
$\circ \cdots \leftarrow \circ \rightarrow \cdots \circ$	blocks a path.
$\circ \cdots \rightarrow \circ \leftarrow \cdots \circ$	blocks a path.

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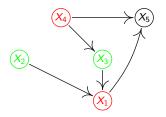


 $\circ \cdots \rightarrow \circ \rightarrow \cdots \circ$  blocks a path.  $\circ \cdots \leftarrow \circ \rightarrow \cdots \circ$  blocks a path.  $\circ \cdots \rightarrow \circ \leftarrow \cdots \circ$  blocks a path.

 $X_2$  and  $X_5$  are d-sep. by  $\{X_1, X_4\}$ 

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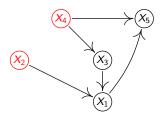


 $X_2$  and  $X_5$  are *d*-sep. by  $\{X_1, X_4\}$  $X_4$  and  $X_1$  are *d*-sep. by  $\{X_2, X_3\}$ 

```
\circ \cdots \to \circ \to \cdots \circ blocks a path. \circ \cdots \leftarrow \circ \to \cdots \circ blocks a path. \circ \cdots \to \circ \leftarrow \cdots \circ blocks a path.
```

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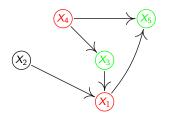
```
\circ \cdots \rightarrow \circ \rightarrow \cdots \circ blocks a path.

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```

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 $\circ \cdots \to \circ \to \cdots \circ$  blocks a path.  $\circ \cdots \leftarrow \circ \to \cdots \circ$  blocks a path.  $\circ \cdots \to \circ \leftarrow \cdots \circ$  blocks a path.

```
X_2 and X_5 are d-sep. by \{X_1, X_4\}

X_4 and X_1 are d-sep. by \{X_2, X_3\}

X_2 and X_4 are d-sep. by \{\}

X_4 and X_1 are NOT d-sep. by \{X_3, X_5\}
```

Hand-written notes 2.

```
number of DAGs with p nodes
2
       3
3
       25
4
       543
       29281
6
       3781503
7
       1138779265
8
       783702329343
9
       1213442454842881
10
       4175098976430598143
11
       31603459396418917607425
12
       521939651343829405020504063
13
       18676600744432035186664816926721
14
       1439428141044398334941790719839535103
15
       237725265553410354992180218286376719253505
16
       83756670773733320287699303047996412235223138303
17
       62707921196923889899446452602494921906963551482675201
18
       99421195322159515895228914592354524516555026878588305014783
19
       332771901227107591736177573311261125883583076258421902583546773505
20
       2344880451051088988152559855229099188899081192234291298795803236068491263
21
       34698768283588750028759328430181088222313944540438601719027559113446586077675521
22
       1075822921725761493652956179327624326573727662809185218104090000500559527511693495107583
23
       69743329837281492647141549700245804876504274990515985894109106401549811985510951501377122074625
```

https://oeis.org/A003024/b003024.txt

### Definition

Given a directed graph (V, E), a permutation

$$\pi: V \to V$$
 (bijective)

is called a causal/topological order if

$$j \in DE_i \Rightarrow \pi(i) < \pi(j).$$

(Remember:  $\pi^{-1}(1)$  does not have any parents.)

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### Proposition (Prop. B.2)

For any DAG, there exists a causal order.

Hand-written notes 3.