80250993 Machine Learning @Tsinghua University



Chapter 21 Ethics Issues in Machine Learning and Al

Xuegong Zhang Dec. 23, 2021



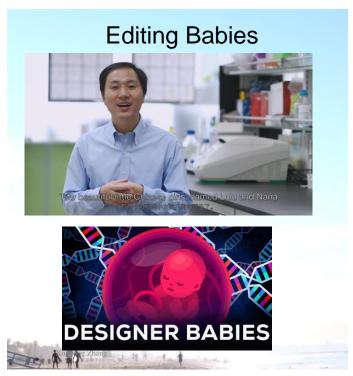
The Ethics of Science

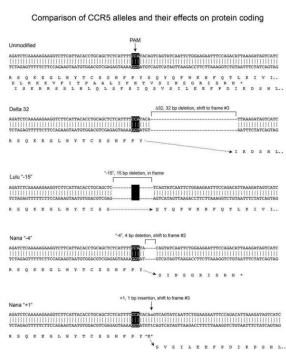


- How does science actually benefit people?
- Are there distinct kinds of benefits that science confers?
- Who benefits the most from science?
- Who decides what scientific questions get attention and public support?
 - Who should decide?
- Do some people, or some countries, disproportionately benefit from science at the expense of others?
 - If so, is this situation justifiable, or is it unfair?



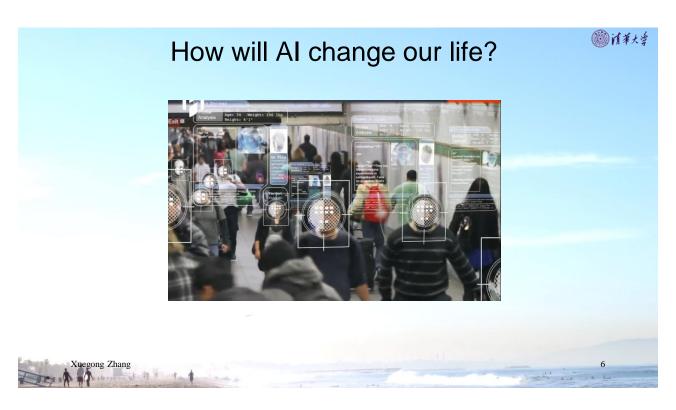
Dr. Kevin deLaplante, Critical Thinking about Science, Unit 5: The Ethics of Science

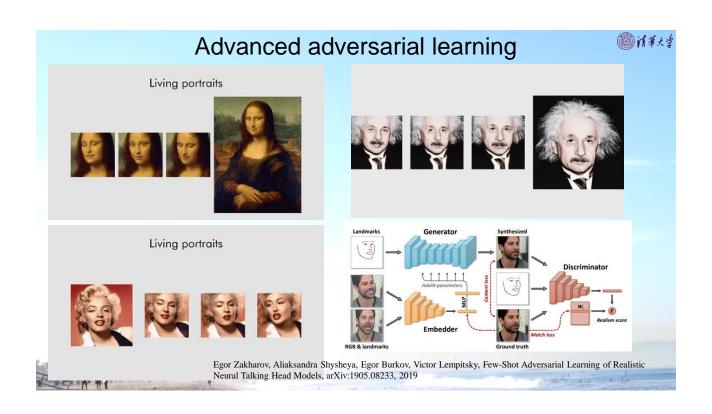




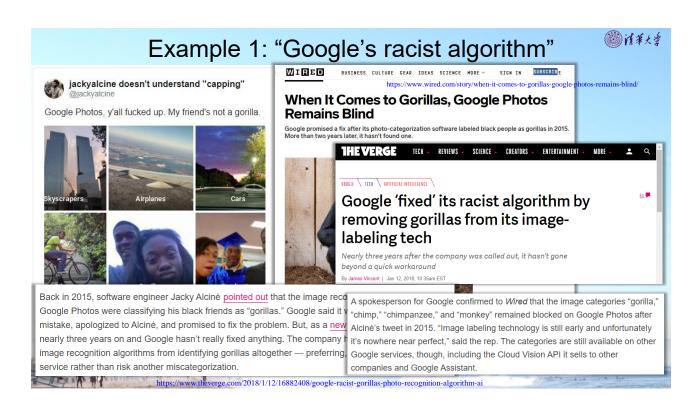


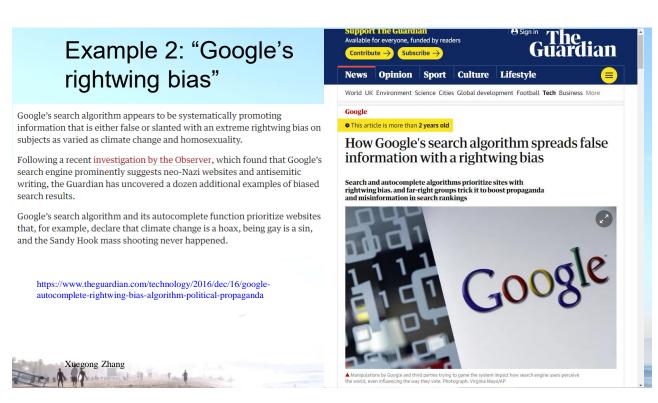




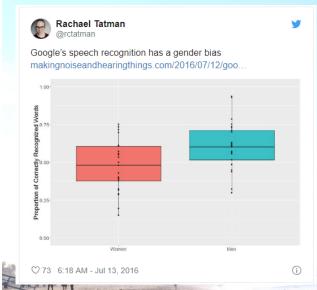








Example 3: "Google's gender bias"



The Daily Dot

Research shows gender bias in Google's voice recognition

Google can recognize men's voices better.



Selena Larson— 2016-07-15 03:17 pm

Photo via Sam Edwards/Gettylmage

Voice recognition technology promises to make our lives easier, letting us control everything from our phones to cars to home appliances. Just talk to our tech, and it works.

As the tech becomes more advanced, there's another issue that's not as obvious as a failure to process simple requests: Voice recognition technology doesn't recognize women's voices as well as men's.

Example 4: from NIPS to NeurIPS

 $\begin{tabular}{l} $\tt https://medium.com/@therese.koch1/nips-ai-conference-to-continue-laughing-about-nipples-at-the-expense-of-women-in-tech-8c0fa74b1ec4 \end{tabular}$

NIPS AI Conference to Continue Laughing about Nipples at the Expense of Women in Tech





Panel discussion on Adversarial Training at NIPS 2016.

This past Tuesday, the Neural Information Processing Systems conference announced that after a survey of former attendees, they would not be changing their name. If you're quick with acronyms, you have likely alread This past Tuesday, the Neural Information Processing Systems conference announced that after a survey of former attendees, they would not be changing their name. If you're quick with acronyms, you have likely already figured out why this possibility was being discussed in the first place. NIPS is one of the biggest and most prestigious artificial intelligence conference in the world. It has been held annually since 1987, and will be hosted from December 3rd to 8th in Montreal, Canada this year.

The <u>sexual connotations</u> of this name haven't been a secret for many years but certain AI researchers, particularly women, started voicing their concerns more publicly surrounding last year's conference in Long Beach, California. In a field already so strongly dominated by men, many women feel uncomfortable with this name, which often elicits <u>crude jokes</u> and opens the door for harassment. For instance, the audience cheered Elon Musk as he joked about tits and nips in a keynote talk last year. The AI company Dessa (formerly DeepLearni.ng) was promoting t-shirts with the slogan 'My NIPS are np-hard' — Their self proclaimed 'diverse' team of 28 employees includes only 4 women.

So when the conference finally announced they would consider a name change, it seemed like a step in the right direction. The survey they conducted, however, was not. As a conference on what is essentially fancy statistics, you might expect them to have a better grasp on concepts like sampling bias.

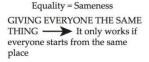
Of the 2270 former participants who responded to the survey, 1881 were men and only 294 were female (95 chose not to disclose their gender)



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EQUALITY vs. **EQUITY**



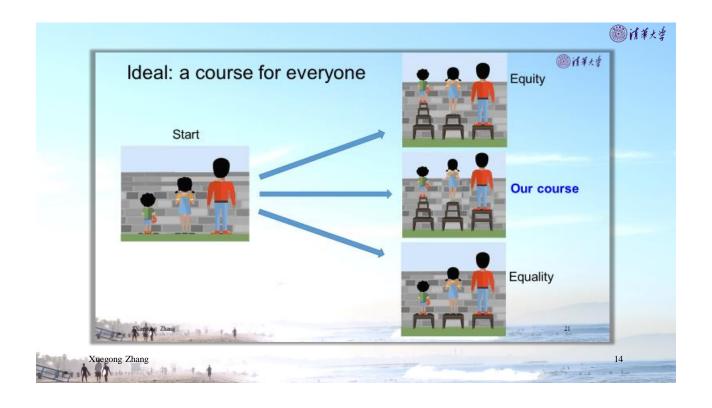




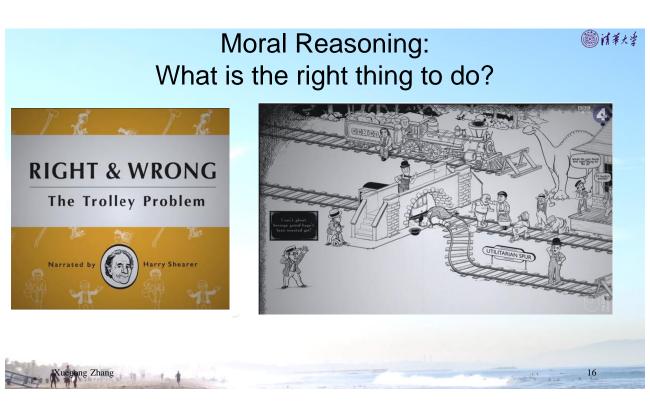
Equity = Fairness ACCESS TO THE SAME must first ensure equity before we can enjoy equality

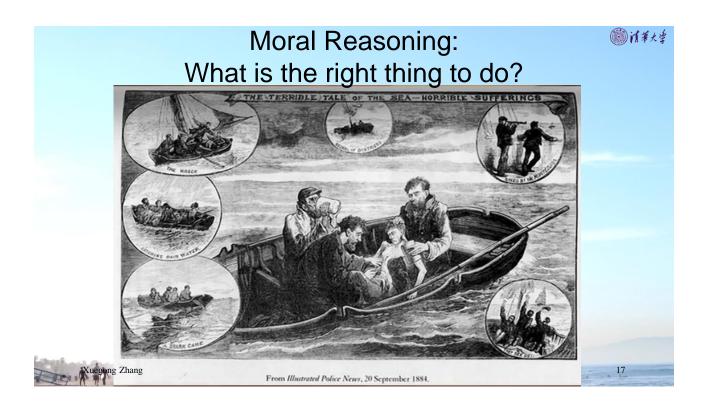


Equity image credit: Please note, this image was adapted from an image adapted by the City of Portland, Oregon, Office of Equity and Human Rights from the original graphic: http://indianfunnypicture.com/img/2013/01/Equality-Doesnt-Means-Justice-Facebook-Pics.jpg









Moral Reasoning: What is the right thing to do?



- Consequentialist
 - Locates morality in the consequences of an act
 - To maximize the utility (the overall happiness)
- Categorial
 - Locates morality in certain duties and rights

Utilitarianism

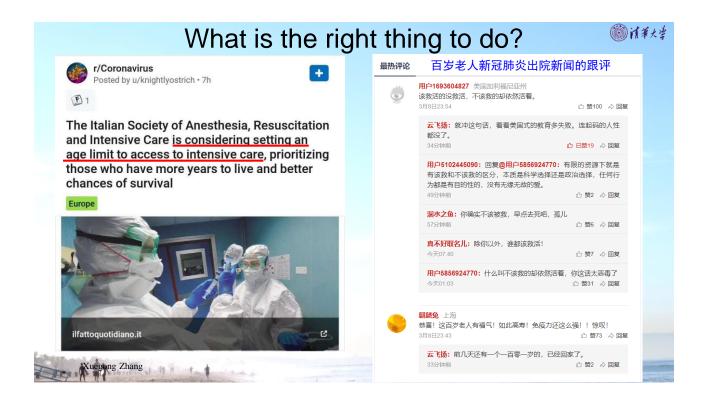
功利主义

Deontology 道义论



The moral side of murder

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nfectious Disease > COVID-19

COVID-19 Triage: Who Lives, Who Dies, Who Decides?

— When push comes to shove, special committees could take emotional burden off individual clinicians

by Molly Walker, Associate Editor, MedPage Today March 23, 2020

Triage committees deciding which patients get ventilators in a potential ventilator shortage during the COVID-19 coronavirus outbreak in the U.S. may serve as a valuable buffer to protect individual clinicians from emotional damage from making the decision themselves, experts argued.

Committees made up of experts with no clinical responsibilities for patient care can ensure these decisions are based on which patients are most likely to benefit, and may help to spare clinicians from crippling emotional distress, argued Robert Truog, MD, of Harvard Medical School in Boston, and colleagues.



Perspective

The Toughest Triage — Allocating Ventilators in a Pandemic Robert D. Truog, M.D., Christine Mitchell, R.N., and George Q. Daley, M.D., Ph.D.



he Covid-19 pandemic has led to severe shortages of many essential goods and services, from hand sanitizers and N-95 masks to ICU beds and ventilators. Although rationing is during which they can be saved. And when the machine is withdrawn from patients who are fully ventilator-dependent, they will usually die within minutes. Un-



(1991) | 1 第大学

SOUNDING BOARD

Fair Allocation of Scarce Medical Resources in the Time of Covid-19

Ezekiel J. Emanuel, M.D., Ph.D., Govind Persad, J.D., Ph.D., Ross Upshur, M.D., Beatriz Thome, M.D., M.P.H., Ph.D., Michael Parker, Ph.D., Aaron Glickman, B.A., Cathy Zhang, B.A., Connor Boyle, B.A., Maxwell Smith, Ph.D., and James P., Phillips, M.D.

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I could soon be the physician following a policy that determines who would be denied medical care. At the same time, I could be one of those forbidden care if I needed it.

Medical leaders in Washington state quietly debated a plan to decide who gets care when hospitals fill up. Not many details are

out, but the arguments echo a similar discussion in Italy, where an intensive-care unit protocol withheld life-saving care from certain people. The rejected were those older than 80 or who had a Charlson comorbidity index of 5 or more. With my diagnosis of stage IV lung cancer, I score a 6!

When I read the news, I was morally troubled, enraged and mortified.

University of

Washington in Seattle

I am in the same boat as many colleagues who have health issues or are older and could be asked to return from retirement or work accommodation to help out. Are we asking individuals to risk their lives, but will refuse them treatment if they get sick?

I am not familiar with empirical, objective evidence to support setting a threshold for who should or should not receive care as a way to improve outcomes for a community. Research to answer such an empirical question would have been unethical to start with. Using such a strategy also misuses predictive tools.

This is not the story we want to leave for history. And who said that an order from a health authority takes the moral burden off your shoulders? Have we forgiven the doctors in Nazi Germany who experimented with vulnerable patients? We humans carry moral responsibility for our actions. If anything, blindly following an unjust order doubles the burden. Worse than doing what is unjust is not standing up to advocate for the vulnerable. What will be remembered is that we pacified our consciences with a piece of paper we called a "policy."

If we think we cannot save everyone, let's invite people to have conversations about death and dying. Patients and their primary-care doctors should discuss advanced directives. The patient can sign a do not resuscitate order. People could even embrace death with dignity if they live in a state that allows it.

I can make the choice to not live and forfeit my right to care. But that right cannot be taken from me. Age or health conditions cannot alter a person's entitlement.

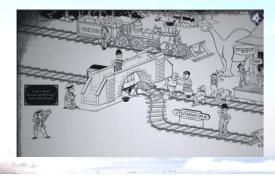
We can trust doctors' abilities to make the right moral decision, and we can give them the authority and support in so doing. In today's hyper-complex context, medical doctors should be competent to manage, case-by-case and situation-by-situation.

Yes, it will be a difficult time. When a decision has to be made between two lives, we regret having to make the decision, and we express our deep sadness. We should not make such unfortunate decisions a norm, and we should not write a policy to make it OK. It is not OK, and it will never be.

Why are these issues relevant to Machine Learning?



- Usually we do not meet such dilemma in everyday life,
- but we do need to code preferences/choices for such dilemmas in the designing of learning machines!



Xuegong Zhang

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