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**Investigating Potential Bias and Discrimination in the Development of a Typical AI Platform for Heart Transplantation**

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**Abstract**

Machine learning has been widely adopted in analyzing and interpreting electronic healthcare records. The integration of machine learning could improve healthcare decisional making and support the diagnostic operation. Yet predictive models may also induce unexpected consequences. One of them is indirect discrimination. The machine

learning algorithm is known as objectively to discover the pattern and make the prediction. However, data-driven predictive models may end up discriminating certain groups of people and worsen social disparity. In this study, we review a predictive model for heart transplantation survival probabilities and introduce statistical disciplines to measure discrimination. We also computationally analyze selected measures and discuss measuring procedures. This survey is primarily intended for researchers to utilize data mining and machine learning to develop a non-discrimination predictive model. In addition, practitioners and policymakers would use the study for diagnosing potential discrimination by predictive models.

**1. Introduction**

Increasingly, machine learning has been widely adopted in critical applications for which decisions are derived from complex data. (Mozaffari-Kermani et al, 2015) In particular, the healthcare decision-making process involves models developed to interpret and analyze complex historical data. (Wiens, 2018). As data has suggested, the use of electronic healthcare data has increased dramatically in the last five years (Goldstein, 2017). Due to the increasing pervasiveness of electronic health data and the need to process and interpret complex historical data, machine learning has played a significant role in healthcare data handling and analysis. (Shenoy, 2017)

Machine learning based on healthcare data can generate actionable insights from improving patient care to predicting potential diseases. The data-driven predictive model can assist physicians and staff members who provide targeted healthcare information with diagnostic support and advanced analytics information to improve clinical decision making or to offer diverse treatment options (Gianfrancesco, 2018).

As machine learning has begun to play many roles in decision support, many researchers have pointed out the potential risk. Some risks involve fairness and discrimination. For example, even if the algorithm is fair and well-intentioned, the integration of machine learning may discriminate against certain groups of people (Žliobaitė, 2017). Such bias or discrimination could be unintentional or unexpected yet severe (Žliobaitė, 2017). Furthermore, the use of machine learning in other fields has already caused people’s concern regarding social and economic disparities, such as in legal and justice systems, advertisements, or computer vision (Gianfrancesco, 2018).

**1.1. Definition of Discrimination**

Discrimination refers to an unjustified treatment of patients on the basis of gender or race (Balsa, 2005). Human rights laws prohibit discrimination on the grounds of race, national or ethnic origin, color, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, or disability (Ruggieri, 2013). Research studies on disparity have focused on different areas, such as healthcare, mortgages, and education. In particular, as an advanced tool for medical decision support, the machine learning algorithm has received considerable attention along with the operation of electronic healthcare records. An aim of the application of machine learning in health care is to circumvent biases in treatment; however, the objectivity of the algorithm remains questionable, and an examination of the model is required.

**1.2. Discrimination in Machine Learning**

Discrimination is usually divided into two categories in a legal sense: direct discrimination and indirect discrimination. Direct discrimination refers to a situation in which an individual receives less favorable treatment based09ol on their protected attributes. For instance, a qualified black man could be rejected for a mortgage application due to his race. Indirect discrimination occurs when individuals are treated differently based on non-protected attributes, but the difference cannot be justified by their protected attributes. A famous example would be Redline, where service was limited for residents of specific areas based on race. Although location is a neutral attribute, it correlates with ethnicity as a demographic makeup.

Machine learning bias and discrimination could generate systematic errors that induce unfair consequences. In particular areas, such as banking, the job market, and medicine, the process may be heavily tilted as consequential decisions are often informed by statistical risk assessments that quantify the possibility of potential courses of action (Corbett-Davies, 2018). There are several examples of this. For instance, in 2015, the hiring algorithm that Amazon designed to review resumes to assist the Human Resource Department was abandoned a year later when Amazon discovered that the tools systematically discriminated against women applying for technical jobs, such as software engineer positions. In October 2019, Optum sold an algorithm to guide care decision-making for millions of people. The algorithm was identified as biased later as the system heavily privileged white people over black people (Jee, 2019). It is clear that the predictive model’s bias has become a social issue that must be addressed immediately.

**1.3. Protected Groups of Gender and Region**

We chose to evaluate the heart transplantation predictive model because heart failure is a worldwide pandemic, and heart transplantation is the most effective treatment for patients with end-stage heart failure. The model is designed to predict heart transplantation survival status and survival possibility based on patients’ information. A 0 in survival status means the patient would not survive, and a 1 in survival status indicates the patient would survive. The survival possibility ranges from 0 to 1.

The algorithm evaluates patients' information and estimates whether the patient would survive; however, the features the platform analyzed also include some protected classes such as gender and region. Gender is displayed as male and female, while the region is divided into Southeast, Mid-west, and Northeast. During the computation, the algorithm may favor certain groups of people based on their gender and region. For example, males could have higher survival possibilities or people from certain regions may be discriminated against with lower survival possibilities. We used the following methodology to test our supposition.

**2. Method**

To investigate the potential bias and discrimination in a typical AI platform for heart transplantation, this paper focuses on two main parts of the investigation: a regression slope test and a difference of means test. The details of each statistical tests’ methods are discussing in the subsequent sections.

**2.1. Data Source**

The dataset used for this study has been provided by UNOS (United Network for Organ Sharing) which covered 103,570 heart transplant events. The dataset process was created by Professor Hamid’s team, including (a) features from year 1 to year 10, (b) actual survival results, and (c) predicted survival results.

**2.2. Regression Slope Test**

The regression slope test approach allows for performing a hypothesis test to determine whether there is a significant linear relationship between the independent variable X and the dependent variable Y. The test conforms to an ordinary least squares (OLS) regression for the protected variable. To investigate discrimination, it is effective to test whether the regression coefficient of the protected variable is significantly different from zero. This test focuses on the slope of the regression line: , where is the estimated regression coefficient of the protected variable, is the protected variable, indicates the constraint, and represents actual or predicted values.

The first procedure of the regression slope test is to state the hypotheses:

If there is a significant linear relationship between the protected variable and the actual or predictive value, the slope does not equal 0. Otherwise, the slope is equal to 0.

In general, the protected group and the target variable can be either binary or numeric. We only investigated the more common scenario: the protected group in the discrimination testing is binary. A linear regression t-test: can be used as the test statistics formulation, where σ is the standard error and can be computed as σ = , indicates the estimated regression coefficient of protected group variables, indicates the regression model, ̄ is the mean. The degrees of freedom (DF) equal to , where is the number of observations in the sample.

**2.3. Difference of Means Test**

This phase provides a short overview of the difference of means test. It is much more common to conduct a hypothesis test for the difference of means than for the specific values of the means themselves. This section covers how to test for the difference between two means from two separate groups and how to conduct the analysis of variance (ANOVA) to compare the means of a certain variable in two or more independent groups.

**2.3.1. Hypothesis Test for the Difference Between Two Means**

Initially, the test assumes that the two groups have equal variances, that groups are normally distributed, and that each value is sampled independently. The null and alternative hypotheses are often stated as follows:

The test statistic formulation is where and indicate the number of individuals in the regular group and the protected group, respectively, σ is computed as equal to , where is the sample variance in the regular groups, and is the target variance in the protected group. is applied to the t-test.

**2.3.2. One Way Analysis of Variance (ANOVA) for Difference Between Two and More Means**

The ANOVA technique was applied to test for a difference in means in more than two independent groups. The ANOVA procedure is conducted using the same several steps we discussed in section 2.3.1. The null hypothesis states that there is no difference between the three groups’ means. The null and alternative hypotheses are often stated as follows:

The test statistic is , where is the sample size in the group, k is the number of independent groups, indicates the overall mean, and represents the sample mean in the group.

For the one way ANOVA test, the hypothesis captures any difference in means. For example, we specified three groups: Southeast, Midwest, and Northeast​ as regions, and the region where all three means are unequal, where one is different from the other two, where two are different, and so on. The alternative hypothesis, as shown, captures all possible situations other than the equality of all means specified in the null hypothesis.

**2.4. Application of Statistical Tests**

The methodologies described in 2.2. and 2.3. were deployed to investigate the bias of prediction among different genders and regions.

**2.4.1. Application for Gender**

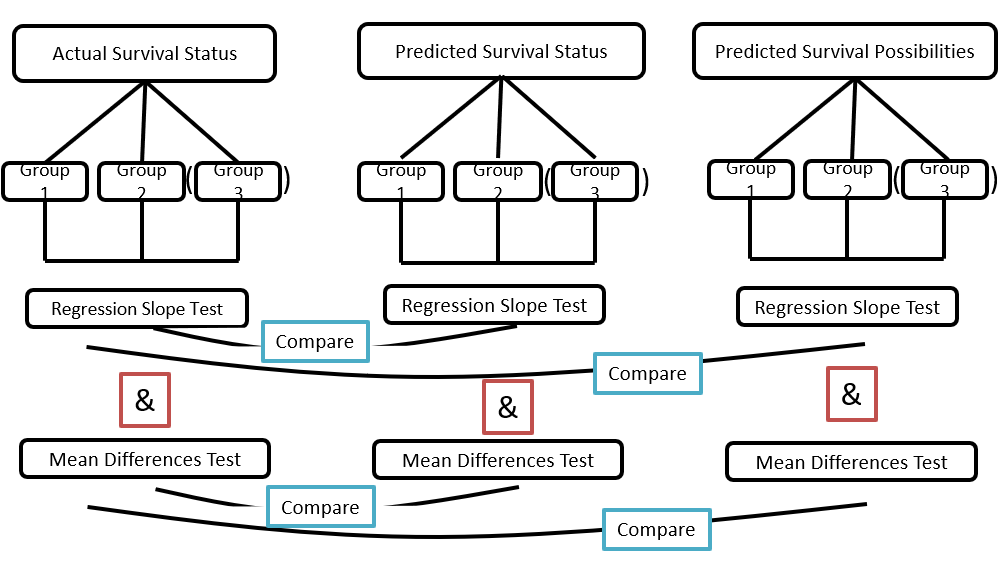
The regression slope test was performed, where gender (0 as male, 1 as female) was the protected variable, and the actual survival status, predicted survival status, and predicted survival probability were targets. The three test results were then compared to determine whether the test results of actual value and the predicted value remained the same.

For the difference of means test, the sample means of actual survival status, predicted survival status, and predicted survival probability of different genders were tested to determine whether a significant difference existed between the groups. The three test results were then compared.

**2.4.2. Application for Region**

Regression slope tests were performed for the region group by repeating the same procedure as that of the gender group, but for three-time intervals, because there are three regions (Midwest, Northwest, and Northeast), which means there were three dummy variables. For the difference of means test, the ANOVA was used instead of the difference of means test.

Regarding the results, the reader should note that the null hypothesis should be accepted if the P-values are greater than 0.05. The complete procedure is explained in Figure 1.



**Figure 1**. The methodology of this study

**3. Results and Discussion**

For each of the 10 years the study covered, the data were divided into protected groups according to gender and region. Regarding the protected groups, the statistical test results of the actual survival rate and the predicted survival rate, and the statistical test results of the actual survival rate and the predicted survival possibilities, were compared in terms of critical values and p-values. Both the regression slope test and the difference of means test are performed.

**3.1. Test Results in Terms of Gender**

Gender was used to perform the regression slope test, where gender was the protected feature, and the actual survival rate was the target.

**3.1.1. Results of the Regression Slope Test**

The result shows that all p-values are greater than 0.05 for all the 10 years for the actual survival status, as shown in Table 1, which indicates that the null hypothesis must be accepted. There is no significant linear relationship between gender and actual survival status.

However, as shown in Table 2, the p-values generated by the regression slope tests where gender was the protected feature, and the predicted survival rate was the target are less than 0.05 for all 10 years. The null hypothesis is therefore rejected. A significant linear relationship exists between gender and predicted survival status.

The existence of a significant relationship between gender and predicted survival probabilities was also proved, as shown in Table 3.

**Table 1.** Results including slope, standard error, p-value, and the conclusion of the regression slope test performed for gender and actual survival status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Actual Survival Status | | | | |
| Year | Slope | Standard error | P-value | Conclusion |
| 0 | 0.001510795 | 0.006604671 | 0.819070857 | Accept |
| 1 | 0.012958355 | 0.009701489 | 0.181678528 | Accept |
| 2 | 0.002991531 | 0.011006689 | 0.785788459 | Accept |
| 3 | 0.013493148 | 0.011837513 | 0.25437692 | Accept |
| 4 | 0.013493148 | 0.011837513 | 0.25437692 | Accept |
| 5 | 0.012716682 | 0.013391091 | 0.342327845 | Accept |
| 6 | 0.022472543 | 0.014056755 | 0.109932553 | Accept |
| 7 | 0.009209608 | 0.014481582 | 0.524828878 | Accept |
| 8 | 0.001508151 | 0.014928041 | 0.919531364 | Accept |
| 9 | 0.006533696 | 0.015152775 | 0.666346925 | Accept |
| 10 | 0.018310947 | 0.015338018 | 0.23259407 | Accept |

**Table 2.** Results including slope, standard error, p-value, and the conclusion of the regression slope test performed for gender and predicted survival status

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Status | | | | |
| Year | Slope | Standard error | P-value | Conclusion |
| 0 | 0.050847491 | 0.011930913 | 2.05E-05 | Reject |
| 1 | 0.035386855 | 0.012385337 | 0.004284322 | Reject |
| 2 | 0.038522079 | 0.01273741 | 0.002499292 | Reject |
| 3 | 0.045311013 | 0.013024613 | 0.00050617 | Reject |
| 4 | 0.045311013 | 0.013024613 | 0.00050617 | Reject |
| 5 | 0.089718418 | 0.013694132 | 6.08E-11 | Reject |
| 6 | 0.077485842 | 0.014078576 | 3.85E-08 | Reject |
| 7 | 0.052495822 | 0.014398259 | 0.000268411 | Reject |
| 8 | 0.047807877 | 0.014736314 | 0.001183829 | Reject |
| 9 | 0.034138781 | 0.014957594 | 0.022501932 | Reject |
| 10 | 0.04243257 | 0.015247362 | 0.005404143 | Reject |

**Table 3.** Results including slope, standard error, p-value, and the conclusion of the regression slope test performed for gender and predicted survival probabilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Probabilities | | | | |
| Year | Slope | Standard error | P-value | Conclusion |
| 0 | 0.019286084 | 0.004130946 | 3.07E-06 | Reject |
| 1 | 0.014649565 | 0.003554636 | 3.80E-05 | Reject |
| 2 | 0.011839077 | 0.003172059 | 0.000190972 | Reject |
| 3 | 0.014741208 | 0.003082325 | 1.76E-06 | Reject |
| 4 | 0.020766966 | 0.003106283 | 2.46E-11 | Reject |
| 5 | 0.028700708 | 0.003402421 | 3.94E-17 | Reject |
| 6 | 0.021556139 | 3.41E-10 | 0.003428245 | Reject |
| 7 | 0.018114143 | 0.003742111 | 1.32E-06 | Reject |
| 8 | 0.017326496 | 0.0045023 | 0.000120078 | Reject |
| 9 | 0.01385538 | 0.005581601 | 0.013079482 | Reject |
| 10 | 0.015449898 | 0.00665848 | 0.020357182 | Reject |

**3.1.2. Results of the Difference of Means Test**

The data were divided into a male group and a female group. Different means tests were performed between the two protected groups for actual survival status, predicted survival status, and predicted survival probability.

Table 4 illustrates the results of the difference of means tests comparing the mean of the actual survival status of the male group and the mean of the actual survival status of the female group. For all 10 years, The p-values are greater than 0.05, which suggests that the null hypothesis should be accepted. The means of the actual survival rates of the male group are not significantly different from that of the female group.

The opposite results are shown in Table 5 for the predicted survival status. For most years (except year 1), the hypothesis is rejected because the p-values are much lower than 0.05. Even for year 1, the p-value, which is approximately 0.07, is close to 0.05. In most cases, the means of the predicted survival rates of the male group are significantly different from that of the female group.

Similarly, for predicted survival probability, the difference of means tests indicated that a significant difference exists between the male and female groups regarding predicted survival probability because all the p-values are less than 0.05, as shown in Table 6.

**Table 4.** Results including statistics, p-value, and the conclusion of the mean difference test performed for actual survival status of the male group and the female group.

|  |  |  |  |
| --- | --- | --- | --- |
| Actual Survival Status | | | |
| Year | Statistics | P-value | Conclusion |
| 0 | 0.2287465 | 0.819070857 | Accept |
| 1 | 1.119031273 | 0.263172924 | Accept |
| 2 | 0.271792097 | 0.785788459 | Accept |
| 3 | 1.139863429 | 0.25437692 | Accept |
| 4 | 1.575004988 | 0.115296461 | Accept |
| 5 | 0.949637501 | 0.342327845 | Accept |
| 6 | 1.598700698 | 0.109932553 | Accept |
| 7 | 0.635953189 | 0.524828878 | Accept |
| 8 | 0.101028084 | 0.919531364 | Accept |
| 9 | 0.431188121 | 0.666346925 | Accept |
| 10 | 1.193827451 | 0.23259407 | Accept |

**Table 5.** Results including statistics, p-value, and the conclusion of the mean difference test performed for the predicted survival status of the male group and the female group.

|  |  |  |  |
| --- | --- | --- | --- |
| Predicted Survival Status | | | |
| Year | Statistics | P-value | Conclusion |
| 0 | 4.261827396 | 2.05E-05 | Reject |
| 1 | 1.760658087 | 0.078348741 | Accept |
| 2 | 3.024325933 | 0.002499292 | Reject |
| 3 | 3.478876085 | 0.00050617 | Reject |
| 4 | 5.693437819 | 1.29E-08 | Reject |
| 5 | 6.55159577 | 6.08E-11 | Reject |
| 6 | 5.503812349 | 3.85E-08 | Reject |
| 7 | 3.645983962 | 0.000268411 | Reject |
| 8 | 3.244222288 | 0.001183829 | Reject |
| 9 | 2.282371068 | 0.022501932 | Reject |
| 10 | 2.78294493 | 0.005404143 | Reject |

**Table 6.** Results including statistics, p-value, and the conclusion of the mean difference test performed for predicted survival probabilities of the male group and the female group.

|  |  |  |  |
| --- | --- | --- | --- |
| Predicted Survival Probabilities | | | |
| Year | Statistics | P-value | Conclusion |
| 0 | 4.668684187 | 3.07E-06 | Reject |
| 1 | 2.729503869 | 0.00636202 | Reject |
| 2 | 3.732300803 | 0.000190972 | Reject |
| 3 | 4.782496659 | 1.76E-06 | Reject |
| 4 | 6.685470381 | 2.46E-11 | Reject |
| 5 | 8.435379497 | 3.94E-17 | Reject |
| 6 | 6.287806606 | 3.41E-10 | Reject |
| 7 | 4.84062195 | 1.32E-06 | Reject |
| 8 | 3.848365066 | 0.000120078 | Reject |
| 9 | 2.482330696 | 0.013079482 | Reject |
| 10 | 2.320333933 | 0.020357182 | Reject |

**3.2. Test Results in Terms of Region**

As discussed in 2.4., the data were separated according to three regions – Midwest, Southeast, and Northeast – to perform the regression slope test, which examined the linear relationship between the region and the targets, including actual survival status, predicted survival status, and predicted survival probability.

**3.2.1. Results of the Regression Slope Test**

The details of the results for the Midwest, Northeast, and Southeast regions are displayed correspondingly in Table 7, Table 8, and Table 9.

In fact, all three tables provide a similar indication, which is that the hypothesis is mostly accepted when actual survival status is tested as the target; however, the hypothesis is mostly rejected when predicted survival status and predicted survival probability are tested as the targets. Therefore, there is no significant linear relationship between the region and actual survival status; however, there is a significant linear relationship between region and predicted values, including predicted survival status and predicted survival probability.

**Table 7.** Results including slope, standard error, p-value, and the conclusion of the regression slope test performed for the Midwest region and the targets actual survival status, predicted survival status, and predicted survival probability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Actual Survival Status | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -0.00575387 | 0.376377189 | 0.006504249 | Accept |
| 1 | 0.011935139 | 0.208334765 | 0.009485524 | Accept |
| 2 | 0.016821817 | 0.117115214 | 0.010733974 | Accept |
| 3 | 0.015116247 | 0.196110337 | 0.011692464 | Accept |
| 4 | 0.023837115 | 0.055766259 | 0.012459631 | Accept |
| 5 | 0.021161617 | 0.105788922 | 0.013081994 | Accept |
| 6 | 0.021985872 | 0.108196539 | 0.013685069 | Accept |
| 7 | 0.023311525 | 0.100970746 | 0.014210933 | Accept |
| 8 | 0.03227824 | 0.026408173 | 0.014535323 | Reject |
| 9 | 0.021004991 | 0.15625686 | 0.014813636 | Accept |
| 10 | 0.019313073 | 0.198194901 | 0.015007928 | Accept |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Status | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | 0.058055871 | 7.84E-07 | 0.011746106 | Reject |
| 1 | 0.054161665 | 7.71E-06 | 0.012101536 | Reject |
| 2 | 0.072222822 | 6.03E-09 | 0.012405586 | Reject |
| 3 | 0.088541746 | 5.70E-12 | 0.012837269 | Reject |
| 4 | 0.122214928 | 1.09E-20 | 0.013066572 | Reject |
| 5 | 0.145259924 | 1.63E-27 | 0.013310899 | Reject |
| 6 | 0.101202199 | 1.56E-13 | 0.013682444 | Reject |
| 7 | 0.119321323 | 2.73E-17 | 0.014069671 | Reject |
| 8 | 0.100935386 | 1.93E-12 | 0.014310044 | Reject |
| 9 | 0.122428084 | 4.80E-17 | 0.014546554 | Reject |
| 10 | 0.120962512 | 4.48E-16 | 0.014845095 | Reject |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Probabilities | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | 0.021012179 | 2.44E-07 | 0.004067252 | Reject |
| 1 | 0.019957708 | 9.35E-09 | 0.003472383 | Reject |
| 2 | 0.025132635 | 4.22E-16 | 0.003084442 | Reject |
| 3 | 0.024546679 | 7.21E-16 | 0.003036695 | Reject |
| 4 | 0.031309101 | 3.71E-25 | 0.003011038 | Reject |
| 5 | 0.041423236 | 1.14E-35 | 0.003305109 | Reject |
| 6 | 0.030580739 | 5.01E-20 | 0.003326926 | Reject |
| 7 | 0.035748835 | 1.83E-22 | 0.003653008 | Reject |
| 8 | 0.036869475 | 3.75E-17 | 0.004366176 | Reject |
| 9 | 0.047995434 | 1.17E-18 | 0.005425359 | Reject |
| 10 | 0.051314495 | 2.95E-15 | 0.006483565 | Reject |

**Table 8.** Results including slope, standard error, p-value, and the conclusion of the regression slope test performed for the Northeast region and the targets actual survival status, predicted survival status, and predicted survival probability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Actual Survival Status | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -1.31E-02 | 5.07E-02 | 6.70E-03 | Accept |
| 1 | -3.85E-02 | 8.69E-05 | 9.81E-03 | Accept |
| 2 | -3.27E-02 | 3.35E-03 | 1.12E-02 | Reject |
| 3 | -3.23E-02 | 7.27E-03 | 1.20E-02 | Reject |
| 4 | -1.94E-02 | 1.32E-01 | 1.29E-02 | Accept |
| 5 | -2.76E-02 | 4.14E-02 | 1.36E-02 | Reject |
| 6 | -2.00E-02 | 1.58E-01 | 1.42E-02 | Accept |
| 7 | -2.26E-02 | 1.20E-01 | 1.46E-02 | Accept |
| 8 | -2.25E-02 | 1.32E-01 | 1.49E-02 | Accept |
| 9 | -2.03E-02 | 1.84E-01 | 1.53E-02 | Accept |
| 10 | -1.96E-02 | 2.05E-01 | 1.54E-02 | Accept |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Status | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -1.19E-01 | 7.61E-23 | 1.21E-02 | Reject |
| 1 | -9.37E-02 | 7.21E-14 | 1.25E-02 | Reject |
| 2 | -4.53E-02 | 4.61E-04 | 1.29E-02 | Reject |
| 3 | -5.03E-02 | 1.48E-04 | 1.32E-02 | Reject |
| 4 | -5.14E-02 | 1.47E-04 | 1.35E-02 | Reject |
| 5 | -9.82E-02 | 1.55E-12 | 1.39E-02 | Reject |
| 6 | -4.76E-02 | 8.16E-04 | 1.42E-02 | Reject |
| 7 | -3.09E-02 | 3.31E-02 | 1.45E-02 | Reject |
| 8 | -3.04E-02 | 3.95E-02 | 1.47E-02 | Reject |
| 9 | -8.42E-02 | 2.27E-08 | 1.50E-02 | Reject |
| 10 | -6.97E-02 | 5.58E-06 | 1.53E-02 | Reject |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Probabilities | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -4.96E-02 | 1.64E-32 | 4.16E-03 | Reject |
| 1 | -3.43E-02 | 1.11E-21 | 0.003581 | Reject |
| 2 | -1.45E-02 | 6.62E-06 | 3.22E-03 | Reject |
| 3 | -1.69E-02 | 7.23E-08 | 3.13E-03 | Reject |
| 4 | -1.64E-02 | 1.55E-07 | 3.12E-03 | Reject |
| 5 | -3.08E-02 | 4.65E-19 | 3.44E-03 | Reject |
| 6 | -1.84E-02 | 1.13E-07 | 3.46E-03 | Reject |
| 7 | -1.20E-02 | 1.49E-03 | 3.77E-03 | Reject |
| 8 | -1.71E-02 | 1.43E-04 | 4.50E-03 | Reject |
| 9 | -3.63E-02 | 1.06E-10 | 5.61E-03 | Reject |
| 10 | -3.66E-02 | 4.46E-08 | 6.68E-03 | Reject |

**Table 9.** Results including slope, standard error, p-value, and the conclusion of the regression slope test performed for the Southeast region and the targets actual survival status, predicted survival status, and predicted survival probability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Actual Survival Status | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -2.74E-03 | 6.43E-01 | 5.90E-03 | Accept |
| 1 | -0.00921443 | 0.287999931 | 0.008671734 | Accept |
| 2 | -0.00778704 | 0.427971123 | 0.009823363 | Accept |
| 3 | -0.00765591 | 0.470636974 | 0.010611449 | Accept |
| 4 | -0.0209397 | 0.065237564 | 0.011356279 | Accept |
| 5 | -0.01105068 | 0.354125252 | 0.011925079 | Accept |
| 6 | -0.02409774 | 0.054279037 | 0.012518771 | Accept |
| 7 | -0.00837090 | 0.516714655 | 0.012909039 | Accept |
| 8 | -0.00627943 | 0.635475759 | 0.013246156 | Accept |
| 9 | -0.01317932 | 0.328455368 | 0.013485321 | Accept |
| 10 | -0.01504229 | 0.270069929 | 0.013637537 | Accept |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Status | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -1.45E-02 | 1.76E-01 | 1.07E-02 | Accept |
| 1 | -0.02803392 | 0.011354747 | 0.01107138 | Reject |
| 2 | -0.08360712 | 1.81E-13 | 0.012913625 | Reject |
| 3 | -0.09058845 | 8.00E-15 | 0.011640304 | Reject |
| 4 | -0.12751155 | 1.19E-26 | 0.011888209 | Reject |
| 5 | -0.12472677 | 1.40E-24 | 0.012143389 | Reject |
| 6 | -0.10407992 | 1.02E-16 | 0.012504388 | Reject |
| 7 | -0.12768173 | 1.96E-23 | 0.012751611 | Reject |
| 8 | -0.10599844 | 4.65E-16 | 0.013019163 | Reject |
| 9 | -0.08310523 | 4.11E-10 | 0.013275335 | Reject |
| 10 | -0.08427282 | 4.90E-10 | 0.013520699 | Reject |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predicted Survival Probabilities | | | | |
| Year | Slope | P-value | Standard Error | Conclusion |
| 0 | -6.04E-03 | 1.02E-01 | 0.003696503 | Accept |
| 1 | -0.01147718 | 0.000306026 | 0.00317791 | Reject |
| 2 | -0.02560045 | 1.35E-19 | 0.002819845 | Reject |
| 3 | -0.02509226 | 9.74E-20 | 0.002752753 | Reject |
| 4 | -0.03390140 | 6.44E-35 | 0.002736397 | Reject |
| 5 | -0.03617921 | 7.28E-33 | 0.0030151 | Reject |
| 6 | -0.02974223 | 1.92E-22 | 0.00304123 | Reject |
| 7 | -0.03727764 | 3.73E-29 | 0.003310149 | Reject |
| 8 | -0.0340464 | 1.39E-17 | 0.003976836 | Reject |
| 9 | -0.02777390 | 2.21E-08 | 0.004957406 | Reject |
| 10 | -0.02714015 | 4.51E-06 | 0.005912222 | Reject |

**3.2.2. Results of ANOVA**

The results of the ANOVA determined whether patients from the three different regions - Midwest, Northeast, and Southeast – have the same mean values of actual survival status, predicted survival status, and predicted survival probability.

As Table 10 suggests, the hypothesis is accepted in years 0, 5, 6, 7, 8, and 9, and is rejected in years 1, 2, 3, and 4, which implies that there is no significant difference between the actual survival status of patients from different regions in the years 0, 5, 6, 7, 8, and 9. For the other years, the same result cannot be concluded.

For predicted survival status and predicted survival probability, the hypothesis is rejected for all years, which suggests that there are significant differences between the predicted survival status of patients from different regions as well as for predicted survival probability of patients from different regions.

**Table 10.** Results including statistics, p-value, and the conclusion of ANOVA performed for the actual survival status of the three regions.

|  |  |  |  |
| --- | --- | --- | --- |
| Actual Survival Status | | | |
| Year | Statistics | P-value | Conclusion |
| 0 | 0.576839036 | 0.561695002 | Accept |
| 1 | 4.252878352 | 0.014277059 | Reject |
| 2 | 3.886647697 | 0.020558227 | Reject |
| 3 | 3.046513543 | 0.047590982 | Reject |
| 4 | 3.071013217 | 0.046443805 | Reject |
| 5 | 2.648017499 | 0.070874053 | Accept |
| 6 | 2.553425685 | 0.077903756 | Accept |
| 7 | 2.042358654 | 0.129822055 | Accept |
| 8 | 2.794213227 | 0.061254991 | Accept |
| 9 | 1.651012699 | 0.191960831 | Accept |
| 10 | 1.492085417 | 0.225007815 | Accept |

**Table 11.** Results including statistics, p-value, and the conclusion of ANOVA performed for the predicted survival status of the three regions.

|  |  |  |  |
| --- | --- | --- | --- |
| Predicted Survival Status | | | |
| Year | Statistics | P-value | Conclusion |
| 0 | 42.93389242 | 2.85878E-19 | Reject |
| 1 | 23.49654826 | 7.00458E-11 | Reject |
| 2 | 31.68267397 | 2.00546E-14 | Reject |
| 3 | 40.23185477 | 4.2943E-18 | Reject |
| 4 | 72.41616085 | 8.07779E-32 | Reject |
| 5 | 93.52238769 | 1.00755E-40 | Reject |
| 6 | 44.8989143 | 4.4961E-20 | Reject |
| 7 | 59.53555269 | 2.65187E-26 | Reject |
| 8 | 40.39343963 | 3.91277E-18 | Reject |
| 9 | 49.93880958 | 3.36598E-22 | Reject |
| 10 | 44.63539772 | 6.21978E-20 | Reject |

**Table 11.** Results including statistics, p-value, and the conclusion of ANOVA performed for the predicted survival probability of the three regions.

|  |  |  |  |
| --- | --- | --- | --- |
| Predicted Survival Possibilities | | | |
| Year | statistics | p-value | conclusion |
| 0 | 58.41875519 | 6.57133E-26 | Reject |
| 1 | 36.53722545 | 1.78681E-16 | Reject |
| 2 | 55.5414519 | 1.16897E-24 | Reject |
| 3 | 57.39093571 | 1.94586E-25 | Reject |
| 4 | 95.55743489 | 1.31515E-41 | Reject |
| 5 | 129.3908445 | 9.61627E-56 | Reject |
| 6 | 69.33773114 | 1.76977E-30 | Reject |
| 7 | 78.31290703 | 2.95523E-34 | Reject |
| 8 | 54.35978876 | 4.3223E-24 | Reject |
| 9 | 55.5421123 | 1.39396E-24 | Reject |
| 10 | 42.37661191 | 5.71776E-19 | Reject |

**3.3. Existence of Bias**

For the protected variable gender, there is a noticeable distinction between the results of the actual value and the predicted value. In most years, there is neither a significant linear relationship between gender and actual survival status, nor a significant difference between the actual survival status means of protected groups; however, a significant linear relationship has been revealed between gender and predicted values, and a significant difference between the means of the predicted values of protected groups has also been indicated.

In this case, the existence of bias based on gender has been identified.

A similar conclusion can be drawn from the results of regions. Based on the regression slope test, almost no significant relationship exists between the region and actual survival status, but significant relationships exist between region and predicted values. Based on the ANOVA, for most years, there is no significant difference among the actual survival status means of regions, but the same conclusion does not apply to the means of the predicted values.

The existence of bias based on region is therefore proved as well.

**5. Conclusion**

In this study, the definition of discrimination and that in terms of machine learning were introduced. Utilizing statistical tests, including regression slope test, the difference of means test, and ANOVA test, the existence of the potential bias in the typical AI platform that predicted patients’ survival rate and survival possibilities was investigated. For both cases, in which gender and region are considered protected variables, the significant linear relationship between protected groups and predicted survival status as well as that between protected groups and predicted survival probability have been identified. Similarly, the significant differences were shown between the means of predicted survival status, as well as of predicted survival probability, of different protected groups.

However, there was neither a significant linear relationship between protected groups and actual status, nor significant differences of means of the predicted status of protected variables, which demonstrated the existence of bias for patients’ gender and region in the predicted results generated by the AI platform.

**6. Future Studies**

**6.1. Improvement of the ANOVA test**

ANOVA test, as introduced in 2.3.2. and applied in 3.2.2., can only be used to test the equality of multiple means of different groups, but cannot identify the pairwise relationship of the means. In future studies, the pairwise mean of differences test can be performed for regions to observe more detailed information.

**6.2. Measurements of Discrimination**

In this study, the existence of discrimination has been proved but not estimated, which leads to further discussion of discrimination measurements. For the indirect discrimination existing in gender and region groups, absolute measures, which are designed to measure the magnitude of differences between protected groups, can be used to check the significance of the discrimination in future studies. The absolute measures include mean difference, normalized difference, area under curve (AUC), impact ratio, elift ratio, odds ratio, mutual information, and balanced residuals (Žliobaitė, 2017).

**6.3. Reasons behind Discrimination**

It is crucial to capture the reasons behind the discrimination for the potential discrimination control process. This study only exhibited the existence of discrimination but not the reasons. In general, multiple reasons can possibly cause the algorithm to be in favor of one protected group, such as sample bias, algorithm bias, overfitting and underfitting problem, etc. Each assumption should be thoroughly investigated to ascertain the cause.

**6.4. Comparison among Algorithms for the Platform**

In addition to the Logistic Regression, some other algorithms were used for the heart transplant survival prediction platform. The predicted results have already been compared based on the accuracy; however, the comparison can be conducted in terms of the magnitude of discrimination as well.

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**Appendices**