



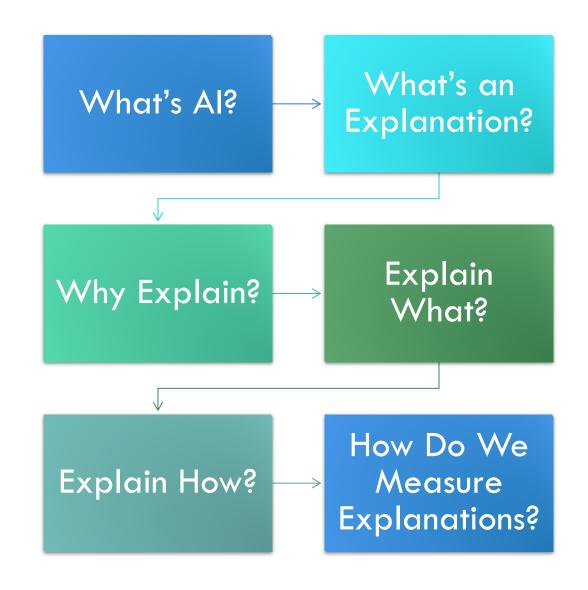
OİİOİİ University of Oxford

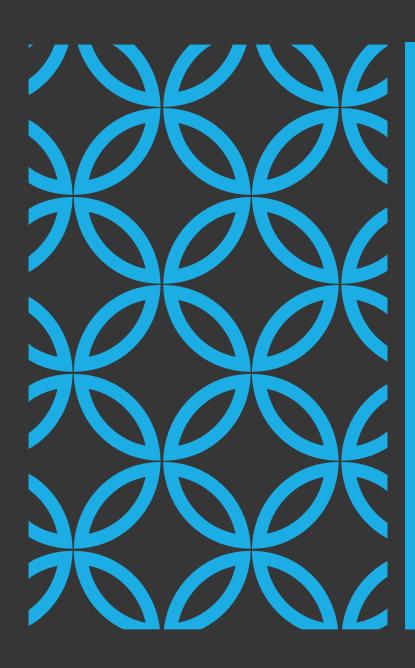
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INTRODUCTION TO EXPLAINABLE AI

Clinical Challenges and Opportunities

### **OVERVIEW**



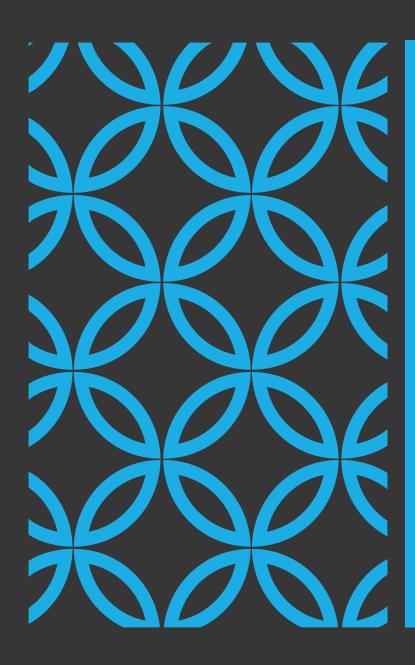


# MACHINE LEARNING

#### **Supervised Learning:**

Given feature matrix X, predict outcome Y using algorithm f.

 $f: X \to Y$ 



### MACHINE LEARNING

#### **Supervised Learning:**

Given feature matrix X, predict outcome Y using algorithm f.

$$f: X \to Y$$

#### **Unsupervised Learning:**

Given feature matrix X, use algorithm f to do...something.

(E.g., detect outliers, project X in low dimensions, cluster observations, etc.)

# UBIQUITY OF ML

ML is currently used to:

- Filter spam
- Recommend movies
- Label cat pix
- Detect fraud
- Predict sports outcomes
- Read image to text
- Beat you at chess

### UBIQUITY OF ML

ML is currently used to:

- Filter spam
- Recommend movies
- Label cat pix
- Detect fraud
- Predict sports outcomes
- Read image to text
- Beat you at chess

But also to:

- Recognize your face
- Detect military targets
- Predict criminal recidivism
- Screen job applicants
- Track online behavior
- Guess if you're gay
- Tweet racist vitriol



# CLINICAL ML IS ALREADY HERE

- Microsoft's InnerEye helps NHS radiologists detect cancerous tumours
- DeepMind Health has partnered with Moorfields Eye Hospital to train models to detect retinal pathologies
- Watson for Oncology is (in?)famously deployed at New York's Memorial Sloan Kettering Cancer Center



# GOOD NEWS

Good news: algorithms are very good at predicting things!



# GOOD NEWS & BAD NEWS

Good news: algorithms are very good at predicting things!

Bad news: algorithms are very bad at explaining things!



#### The deductive-nomological model (Hempel, 1965)

The explanation for some event E consists of two components:

- 1) a non-empty set of observation statements  $S = \{s_1, s_2, s_3...s_n\}$ ; and
- 2) at least one law-like generalisation L, such that

$$(S \& L) \rightarrow E$$
.

#### Objection 1: DN model is unnecessary

 $s_1$ : Patient A has infection x

 $s_2$ : Patient A receives treatment

 $L_1$ : 0% of untreated patients with infection x survive

 $L_2$ : 99% of treated patients with infection x survive

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E: Patient A survives

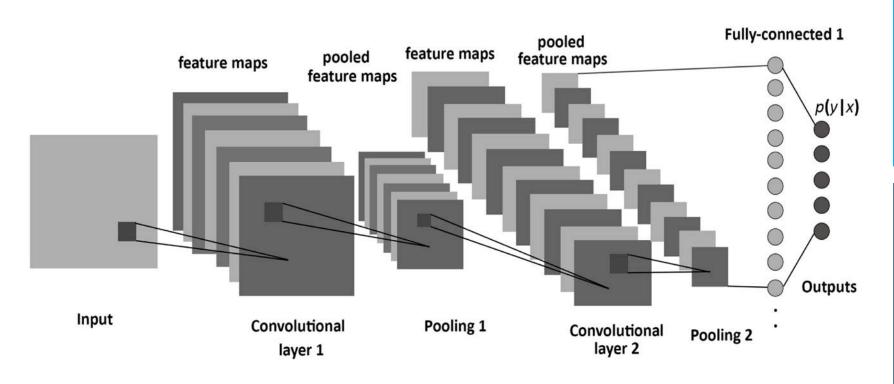
#### Objection 2: DN model is insufficient

S: John Jones is a male who has been taking birth control pills regularly

L: All males who take birth control pills regularly fail to get pregnant

E: John Jones fails to get pregnant

#### Objection 3: DN model fails when L or S is too complex

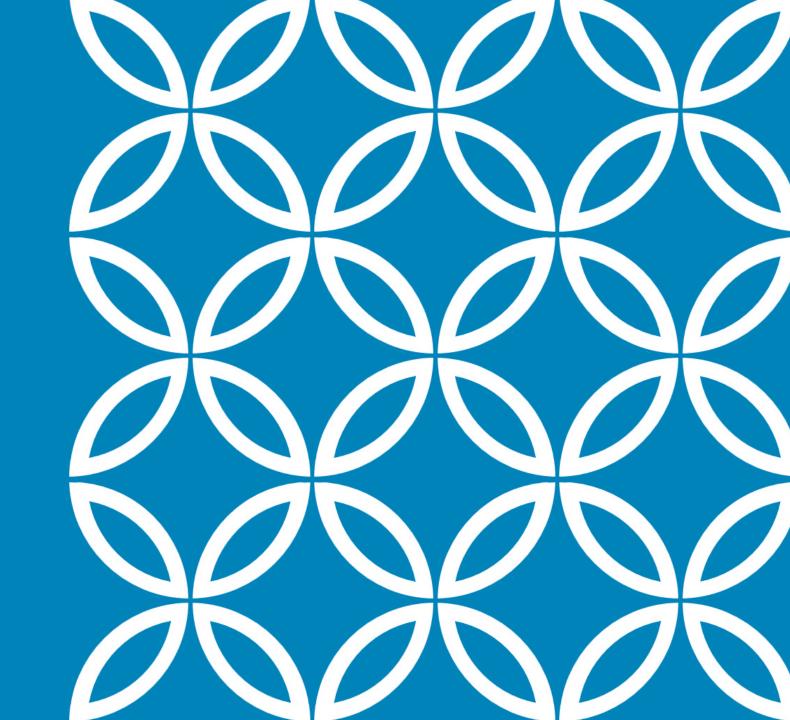


Miller (2017) surveys a wide array of literature on explanation and highlights four key points. Successful explanations are:

- Contrastive
- Selective
- Causal
- Social

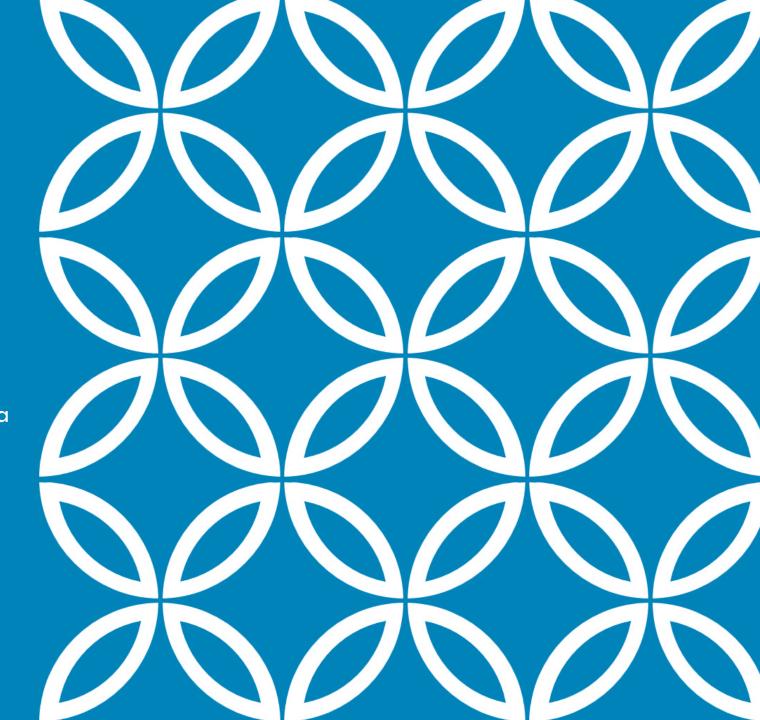
#### Reason 1: To Audit

 Fairness, accountability, and transparency (FAT ML)



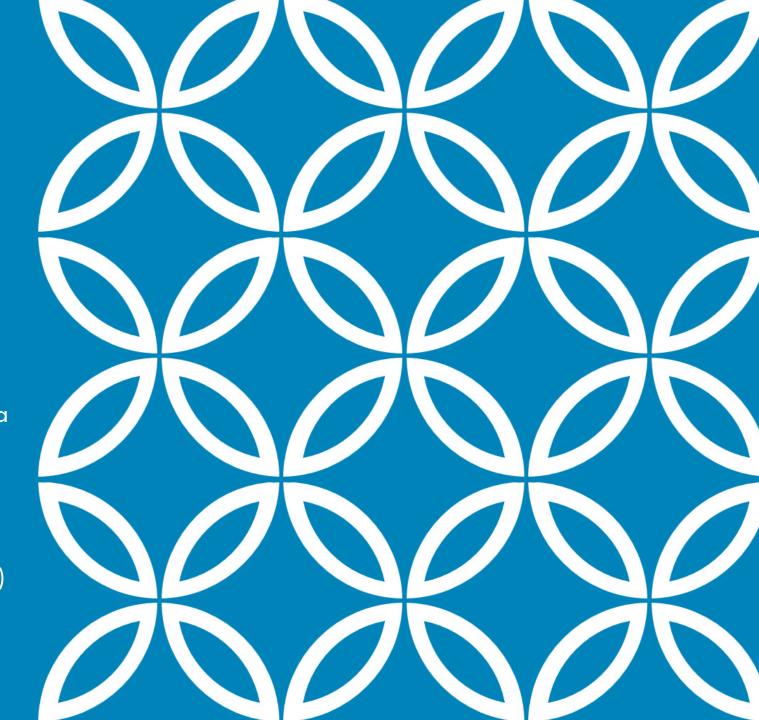
#### Reason 1: To Audit

- Fairness, accountability, and transparency (FAT ML)
- Protection Regulation (GDPR) may provide data subjects a "right to explanation" (Goodman & Flaxman, 2016)

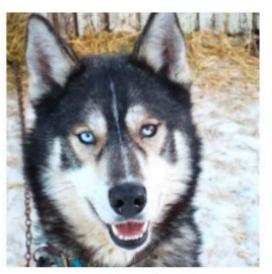


#### Reason 1: To Audit

- Fairness, accountability, and transparency (FAT ML)
- European Union's 2018 General Data Protection Regulation (GDPR) may provide data subjects a "right to explanation" (Goodman & Flaxman, 2016)
- Or maybe not (Wachter et al., 2017)



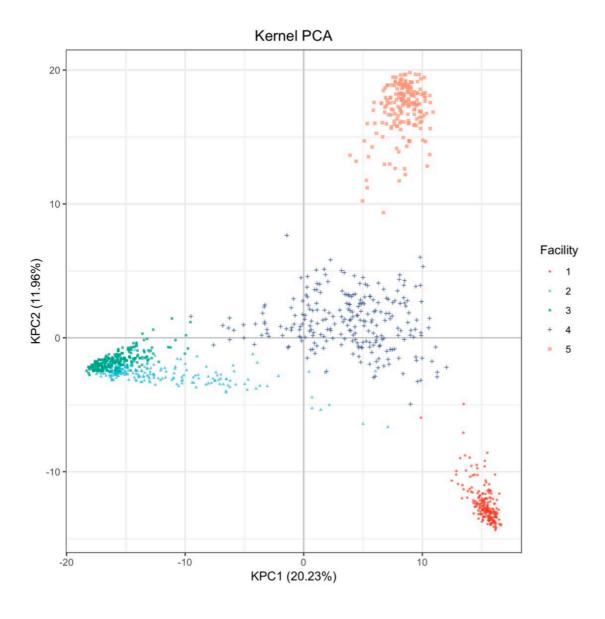
Reason 2: To Validate



(a) Husky classified as wolf



(b) Explanation

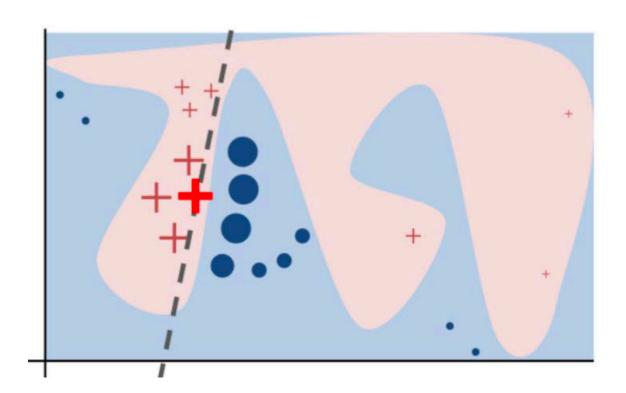


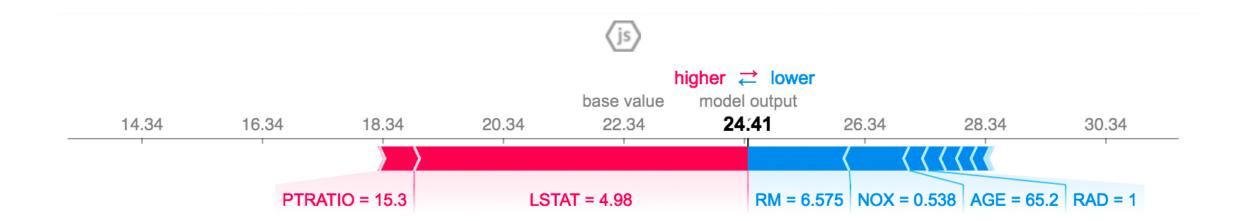
**Reason 3: To Discover** 

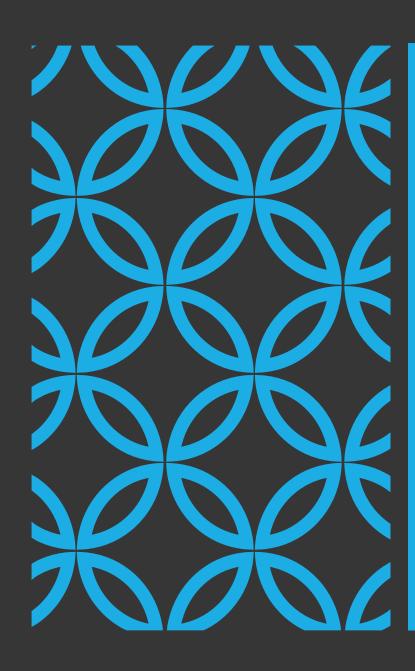


# **EXPLAIN WHAT?**

Global vs. Local







# **EXPLAIN WHAT?**

#### **Model-Specific**

DeepLift (Shrikumar et al., 2017)

RF permutations (Breiman, 2001)

Fixed-X knockoffs (Barber & Candès, 2015)

#### **Model-Agnostic**

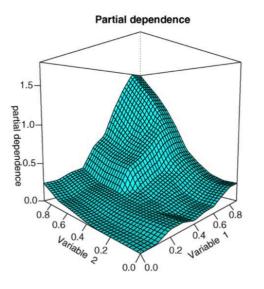
LIME (Ribeiro et al., 2016)

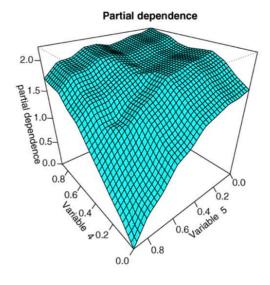
SHAP (Lundberg & Lee, 2017)

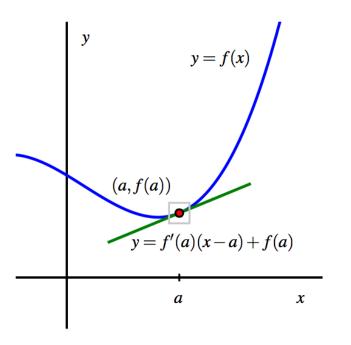
SBRL (Yang et al., 2017)

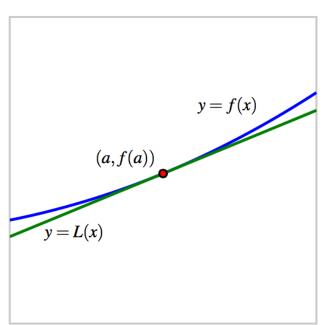
### **EXPLAIN HOW?**

**Feature Importance** 









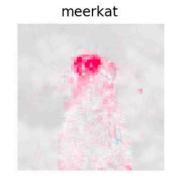








-0.006



0.000

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-0.002

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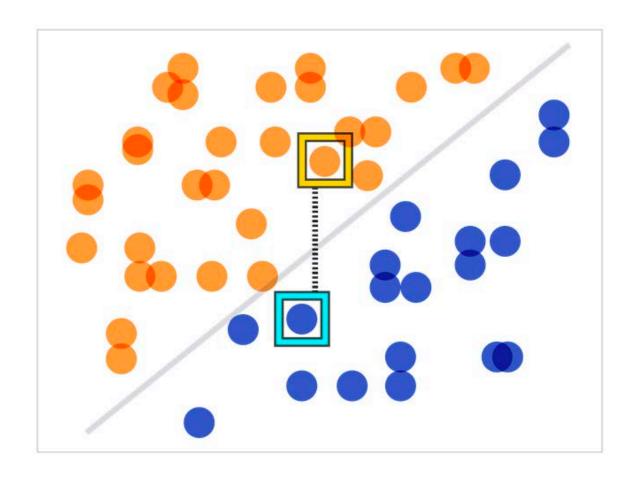
# **EXPLAIN HOW?**

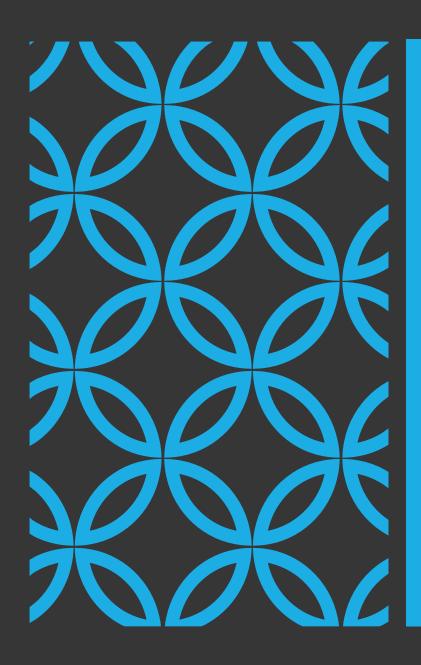
**Saliency Maps** 

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if hemiplegia and age > 60 then stroke risk 58.9% (53.8%–63.8%) else if cerebrovascular disorder then stroke risk 47.8% (44.8%–50.7%) else if transient ischaemic attack then stroke risk 23.8% (19.5%–28.4%) else if occlusion and stenosis of carotid artery without infarction then stroke risk 15.8% (12.2%–19.6%) else if altered state of consciousness and age > 60 then stroke risk 16.0% (12.2%–20.2%) else if age \leq 70 then stroke risk 4.6% (3.9%–5.4%) else stroke risk 8.7% (7.9%–9.6%)
```

### **EXPLAIN HOW?**

Counterfactuals

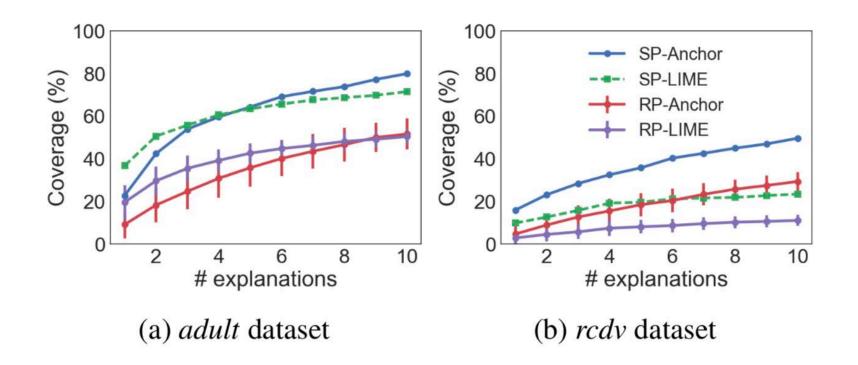




### MEASURING EXPLANATIONS

"[T]he task of interpretation appears underspecified. Papers provide diverse and sometimes non-overlapping motivations for interpretability, and offer myriad notions of what attributes render models interpretable." (Lipton, 2017, p. 1)

"Unfortunately, there is little consensus on what interpretability in machine learning is and how to evaluate it for benchmarking." (Doshi-Velez & Kim, 2017, p. 1)



# CONCLUSION

### CONCLUSION

- Explanations are thoroughly context-dependent: who's the audience?
  What's the goal?
- Tradeoffs between fidelity to the target model and explanatory parsimony are inevitable
- Explanations are a process, not a product

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# THANKS!

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