RISE: Robust Individualized Decision Learning with Sensitive Variables

Abstract

This paper introduces RISE, a robust individualized decision learning framework with sensitive variables, where sensitive variables are collectible data and important to the intervention decision, but their inclusion in decision making is prohibited due to reasons such as delayed availability or fairness concerns. A naive baseline is to ignore these sensitive variables in learning decision rules, leading to significant uncertainty and bias. To address this, we propose a decision learning framework to incorporate sensitive variables during *offline* training but do not include them in the input of the learned decision rule during model deployment. Specifically, from a causal perspective, the proposed framework intends to improve the worst-case outcomes of individuals caused by sensitive variables that are unavailable at the time of decision. Unlike most existing literature that uses mean-optimal objectives, we propose a robust learning framework via finding a newly defined quantile- or infimum-optimal decision rule. The reliable performance of the proposed method is demonstrated through synthetic experiments and three real-data applications.

1   Introduction

Recently, there has been a widespread interest in developing methodology for individualized decision rules (IDRs) based on observational data. When deriving IDRs, some collectible data are important to the intervention decision, while their inclusion in decision making is prohibited due to reasons such as delayed availability or fairness concerns. For example, sensitive characteristics of subjects regarding their income, sex, race and ethnicity may not be appropriate to be used directly for decision making due to fairness concerns. In the medical field especially for patients in severe life-threatening conditions such as sepsis, timely bedside intervention decisions have to be made before lab measurements are ordered, assayed and returned to the attending physicians. However, due to the delayed availability of lab results, most of the decisions are made with great uncertainty and bias due to partial information at hand. We define *sensitive variables* as variables whose inclusion into decision rules is prohibited. The formal definition of sensitive variables will be given in Section 3.

In this work, we propose RISE (**R**obust **I**ndividualized decision learning with **SE**nsitive variables), a robust IDR framework to improve the outcome of individuals when there are informative yet sensitive variables that are either not available or prohibited from using during IDR deployment. To achieve this, we propose to estimate the optimal IDR by optimizing a quantile- or infimum-based objective, respectively, for continuous or discrete sensitive variables. Our idea falls along the lines of work that considers algorithmic fairness [1] while extending it to the setting of causal inference [2] in the sense that decisions are driven by causality rather than a general utility function. We show in our empirical analyses that this leads to fairer and safer real-life decisions with little sacrifice of the overall performance. This optimization problem is then shown to be equivalent to a weighted classification problem where *most existing machine learning classifiers can be readily applied*.

Assuming that a large outcome value is preferable, optimal IDRs are traditionally derived through maximizing the mean outcome of the sample population. In this paper, we are interested in a specific yet broadly applicable setting of learning that involves sensitive variables. We consider offline

learning where sensitive variables are collected and *can be used in training the IDRs*, but they *cannot be used as input in the resulting IDRs*. This is a setting commonly considered in the fairness and privacy-related literature for classification (e.g., [3]), but not from a causal standpoint. When there exist important variables that are simply left out from training, the estimated IDR will be biased. This bias can be removed if all important variables are used during training, which we will show in Section 3.1 a mean-optimal approach. The optimal action maximizes the mean outcome where the mean is taken over the sensitive variables, conditioning on other variables. This method, however, has no control of the disparity in sensitive variables. Subjects with different sensitive values may report large outcome differences, hence unfairly or unsafely treated. Therefore, objective functions with robustness guarantees for sensitive variables are preferred, since they offer protection to subjects in the lower tail of the outcome distribution with regards to the sensitive values.

For illustration, we consider a toy example with binary actions, $A \in \{-1, 1\}$. We note that the decision can only be made based on the variable X whereas S is a sensitive variable. The setup is shown in Table 1 and the oracle values under the mean-optimal rule and RISE [1] are given in Table 2. The detailed setup can be found in Section 4.1 under Example 1. We consider *vulnerable subjects* as those with low outcome values, as highlighted in red in Table 1 (A full definition is given in Section 3.2). For $X \leq 0.5$, the mean-optimal rule would assign action $A = 1$ as it tries to achieve the largest average reward across $S = 0$ and $S = 1$. Recall that S is not available at the time of decision. However, this action results in great harm for subjects with $S = 1$ as they could get the worst expected outcome of 0. On the contrary, RISE improves the worst-case outcome by assigning $A = -1$, protecting the vulnerable subjects. Likewise, for $X > 0.5$, the mean-optimal rule assigns $A = -1$ while the RISE assigns $A = 1$ protecting those with $S = 0$ that could have experienced an outcome of 5. Compared to the mean-optimal rule, the proposed rule achieves a larger reward among vulnerable subjects while maintaining a comparable overall reward.

Table 1: Toy example setup of $E(Y|X, S, A)$.

	$X \leq 0.5$		$X > 0.5$	
	$S = 0$	$S = 1$	$S = 0$	$S = 1$
$A = -1$	11	13	5	27
$A = 1$	30	0	15	13

Table 2: Toy example results.

	Average reward	
	Overall	Vulnerable
Mean-optimal rule	15.5	2.5
RISE	13	**14**

Main contributions. *Methodology-wise, 1)* we propose a novel framework, RISE, to handle sensitive variables in causality-driven decision making. Robustness is introduced to improve the worst-case outcome caused by sensitive variables, and as a result, it reduces the outcome variation across subjects. The latter is directly associated with fairness and safety in decision making. To the best of our knowledge, we are among the first to propose a robust-type fairness criterion under causal inference. *2)* We introduce a classification-based optimization framework that can easily leverage most existing classification tools catered to different functional classes, including state-of-the-art random forest, boosting, or neural network models. *Application-wise, 3)* the consideration of sensitive variables in decision learning is important to applications in policy, education, healthcare, etc. Specifically, we illustrate the application of RISE using three real-world examples from fairness and safety perspectives where robust decision rules are needed, across which we have observed robust performance of the proposed approach. From a fairness perspective, we consider a job training program where age is considered as a sensitive variable. From a safety perspective, we consider two applications to healthcare where lab measurements are considered as sensitive variables.

2 Related Work

Our work focuses on individualized decision rules, which aim at assigning treatment decision based on subject characteristics. Existing methods for deriving IDRs include model-based methods such as Q-learning [4, 5, 6, 7, 8, 9] and A-learning [10, 11], model-free policy search methods such as [12, 13, 14, 15, 16, 17], and contextual bandit methods [18, 19]. In Appendix A.1, we provide additional literature review on general IDRs under causal settings. Fairness, safety and robustness are

---

[1] For the mean-optimal rule, overall average reward is calculated by $(30 + 0 + 5 + 27)/4 = 15.5$, reward among vulnerable subjects is calculated by $(0 + 5)/2 = 2.5$; for RISE, overall average reward is calculated by $(11 + 13 + 15 + 13)/4 = 13$, reward among vulnerable subjects is calculated by $(13 + 15)/2 = 14$.

topics of interest that extend well beyond causal inference. In the following, we provide a review of these areas, with focus given to work related to causal inference and IDRs.

Fairness and safety in IDRs. The consideration of fairness and safety in machine learning has seen an explosion of interest in the past few years [1, 20, 21, 22, 23, 24, 25, 26], especially for solving classification and regression problems to help derive decisions that are not only accurate but also fair. In these work, sensitive variables are also referred to as sensitive, protected, or auxiliary attributes. We extend the definition of sensitive variables to include delayed information that is not available at deployment as it is also suitable for this framework.

Among earlier work, preprocessing [3, 27, 28, 29] and inprocess training approaches [30, 23, 31] consider disentangling the input X from a known or unknown sensitive variable S so that the transformed X does not contain any information related to S. Due to the causal nature of IDRs, effect of IDRs cannot be estimated consistently when an informative S is left out and the resulting rule is suboptimal. This follows from the classic argument that any unmeasured confounding (i.e., S), if not accounted for, would lead to bias. Similar issues persist in contextual bandits [32, 33]. [34] considers reducing the impact of auxiliary variables on prediction under distributional shift. Although it is motivated from a causal idea, its main focus is still on prediction. Inside the causal framework, [35, 36] extend fairness from prediction to policy learning using causal graphical models by incorporating fairness constraints. [37] considers counterfactual fairness that seeks to achieve conditional independence of the decisions via data preprocessing. Despite earlier efforts in bringing fairness into the causal framework, most of these approaches only ensure mean zero disparity in S but do not have robustness guarantees in the sense that the variance of the disparity in S is not controlled. Besides, most examples consider a single categorical sensitive variable, but not multiple or continuous ones.

Robustness in IDRs. Recently the statistical literature has witnessed a growing interest in developing robust methods for estimating IDRs. They introduce robustness into the objective function by using quantile-optimal treatment regimes or mean-optimal treatment regimes under certain constraints to improve the gain of individuals at the lower tail of the reward spectrum [38, 39, 40, 41, 42]. In particular, [38, 40] propose to estimate quantile- or tail-optimal treatment regimes. [39] studies the mean-optimal treatment regime under a constraint to control for the average potential risk. [41] proposes a decision-rule-based optimized covariates dependent equivalent for tasks of individualized decision making. [42] considers mean and quantile objectives simultaneously by maximizing the average value with the guarantee that its tail performance exceeds a prespecified threshold. Robustness, in their sense, pertains to the outcome distribution subject to the sampling error. When sensitive variables are present, we consider instead the robustness of the outcome distribution subject to the uncertainty due to sensitive variables, providing a more targeted way of ensuring robustness, which is directly related to fairness and safety. Compared to algorithms based on explicit fairness constraints (for example [43, 44] in classification and [35, 37] in causal inference) that seek to remove the disparity across different values of S, our method reduces the variance of disparity across S. In addition, constraint-based approaches typically require specialized optimization procedures whereas our approach presents an elegant and systematic way for optimization. To our knowledge, we are the first few to consider decision fairness via a robust objective under the causal framework.

3 Robust Decision Learning Framework with Sensitive Variables

3.1 Preliminaries

Notation. We let random variables be represented by upper-case letters, and their realizations be represented by lower-case letters. Suppose there are n independent subjects sampled from a given population. For subject i, let $A_i \in \{-1, 1\}$ denote a binary treatment assignment and Y_i denote the corresponding outcome. Without loss of generality, we assume a larger value of outcome is desirable. Under the potential outcomes framework [45, 46], let $Y_i(a)$ be the potential outcome had the subject been assigned to $A = a$ for $a = 1$ or -1. Let $X_i \in \mathbb{X}$ be the feature vector and, for now, S_i be a single sensitive variable. Extension to multiple sensitive variables is presented in Section 3.4. We consider $S \in \mathbb{S}$ where $\mathbb{S} = \{1, \ldots, K\}$ if S is discrete and $\mathbb{S} = \mathbb{R}$ if S is continuous.

Definition of sensitive variables. We define sensitive variables that are important to the intervention decision, but their inclusion in decision making is prohibited. Formally, consider variables X and S that are both available during model training and are both determinants of conditional average

138 treatment effect [47]. While X and S may be both involved in training, the derived decision rule $d(\cdot)$
139 precludes the input of S due to sensitive concerns. Hence, the derived IDR is only a function with
140 the form $d(X) : \mathbb{X} \to \mathbb{A}$. Following the above definition, we consider an offline learning framework
141 where sensitive variables are collected and can be used in obtaining the IDRs, but they cannot be used
142 in the resulting IDRs. A causal diagram and a decision diagram are provided in Appendix A.6.

Assumption 1. *Assume the following conditions hold:*

143

144 *1a Consistency:* $Y = Y(-1)\mathbb{1}(A = -1) + Y(1)\mathbb{1}(A = 1).$

145 *1b Positivity:* $0 < Pr(A = 1|X, S) < 1.$

146 *1c Unconfoundedness:* $\{Y(-1), Y(1)\} \perp A|\{X, S\}$ *and* $\{Y(-1), Y(1)\} \not\perp A|X.$

147 Assumption 1a is the standard consistency assumption in causal inference and Assumption 1b states
148 that every subject has a nonzero probability of getting the treatment. Assumption 1c states that
149 given X and S, the potential outcomes are independent of the treatment assignments. Besides,
150 the unconfoundedness does not hold when only X is conditional, signifying the importance of S.
151 Under causal settings, Assumption 1c ensures that treatment effects cannot be non-parametrically
152 identifiable without S [48, 47, 49, 50, 51]. Approaches such as disentanglement of X from S under
153 supervised learning settings mentioned in Section 2 will introduce bias towards estimating the IDR.

154 **Naive approaches that omit sensitive variables.** When S is not available for future deployment, a
155 naive approach is to maximize $E_X\{E(Y|X, A = d(X))\}$ over d using (X, A, Y) during the training
156 procedure. This approach introduces bias in the estimation of conditional treatment effect and leads
157 to a suboptimal IDR due to the unmeasured confounder S.

158 **Mean-optimal approaches that use the sensitive variables.** It is thus important that one includes S
159 into the training procedure. For example, if we consider the value function framework (i.e., expected
160 outcome) used by most existing works such as [52, 53], we can show that

$$E\{Y(d)\} = E_{X,S}\big[E(Y(d)|X, S)\big] = E_X\big[E_{S|X}\{E(Y(d)|X, S)\}\big] \tag{1}$$
$$= E_X\big[E_{S|X}\{E(Y|X, S, A = d(X))\}\big] \neq E_X\big[E(Y|X, A = d(X))\big],$$

161 where the third equality in (1) holds by Assumption 1 and the last inequality also indicates the
162 naive approaches without using S will in general fail. Then one valid approach is to maximize
163 $E_X\big[E_{S|X}\{E(Y|X, S, A = d(X))\}\big]$ over d using (X, S, A, Y). The optimal IDR under this crite-
164 rion is, for every $X \in \mathbb{X}$,

$$\tilde{d}(X) \in \mathrm{sgn}(E_{S|X}\{E(Y|X, S, A = 1)\} - E_{S|X}\{E(Y|X, S, A = -1)\}),$$

165 which finds the treatment that maximizes the conditional expected outcome given X by averaging
166 out the effect of the sensitive variable S. Mean-optimal approaches, however, fail to control the
167 disparities across realizations of the sensitive variables due to the integration over S, which may lead
168 to unsatisfactory decisions to certain subgroups, as illustrated in the toy example in Section 1.

169 **3.2 Robust Optimality with Sensitive Variables**

170 Driven by the limitation of existing approaches, our goal is to derive a robust decision rule that
171 maximizes the worst-case scenarios of subjects when some sensitive information is not available at
172 the time of deploying the decision rule. Specifically, our robust decision learning framework draws
173 decisions based on individuals' available characteristics summarized in the vector X without the
174 sensitive variable S, while improving the worst-case outcome of subjects in terms of the sensitive
175 variable in the population. Formally, given a collection $\mathbb{D}$ of all treatment decision rules depending
176 only on X, the proposed RISE approach estimates the following IDR, which is defined as

$$d^* \in \arg\max_{d \in \mathbb{D}} E_X\big[G_{S|X}\{E(Y|X, S, A = d(X))\}\big], \tag{2}$$

177 where $G_{S|X}(\cdot)$ could be chosen as some risk measure for evaluating $E(Y|X, S, A = d(X))$ for each
178 $S \in \mathbb{S}$. Examples include variance, conditional value at risk, quantiles, etc. In this paper, we consider
179 $G_{S|X}$ as the conditional quantiles (for a continuous S) or the infimum (for a discrete S) over $\mathbb{S}$.

Specifically, for a discrete S, $G_{S|X}$ is considered as an infimum operator of $E(Y|X, S, A = d(X))$
over S. We thus aim to find

$$d^* \in \arg\max_{d \in \mathbb{D}} E_X\big[\inf_{s \in \mathbb{S}}\{E(Y|X, S = s, A = d(X))\}\big],$$

where inf is the infimum taken with respect to $E(Y|X, s, A = d(X))$ over $s \in \mathbb{S}$. This implies that for a given X, $d^*(X)$ assigns the treatment that yields the best worst-case scenario among all possible values of S for every $X \in \mathbb{X}$, or equivalently,

$$d^*(X) \in \text{sign}(\inf_{s \in \mathbb{S}}\{E(Y|X, S = s, A = 1)\} - \inf_{s \in \mathbb{S}}\{E(Y|X, S = s, A = -1)\}).$$

For a continuous S, we consider $G_{S|X}\{E(Y|X, S, A = d(X))\}$ as $Q_{S|X}^{\tau}\{E(Y|X, S, A = d(X))\}$, which is the τ-th quantile of $\{E(Y|X, S, A = d(X))\}$ and $\tau \in (0, 1)$ is the quantile level of interest. Specifically, $Q_{S|X}^{\tau}\{E(Y|X, S, A = d(X))\} = \inf\{t : F(t) \geq \tau\}$ with F denoting the conditional distribution function of $E(Y|X, S, A = d(X))$ given X and d. Note the randomness behind $E(Y|X, S, A = d(X))$ given X and d is fully determined by the sensitive variable S. Then optimal IDR under this criterion is defined as

$$d^* \in \arg\max_{\mathbb{D}} E_X\left[Q_{S|X}^{\tau}\{E(Y|X, S, A = d(X))\}\right].$$

This implies that for a given X, $d^*(X)$ assigns a treatment that yields the largest τ-th quantile of the outcome over the distribution related to S, or equivalently,

$$d^*(X) \in \text{sgn}(\{Q_{S|X}^{\tau}\{E(Y|X, S, A = 1)\} - Q_{S|X}^{\tau}\{E(Y|X, S, A = -1)\}).$$

We let $\tau = 0.25$ throughout the paper and suppress τ for simplicity. Results on varying the value of τ is provided in Appendix; see Section 4.1 for details.

Identifying vulnerable subjects. Our RISE framework provides a natural way to define *vulnerable groups*. Specifically, for a discrete S, if $\inf_S\{E(Y|X, S, A = 1)\} > \inf_S\{E(Y|X, S, A = 0)\}$, then $\arg\inf_S\{E(Y|X, S, A = 0)\}$ is vulnerable given X, otherwise $\arg\inf_S\{E(Y|X, S, A = 1)\}$ is vulnerable. In other words, the vulnerable subjects are those in the worst-off group that needs protection. Similarly, for a continuous S, if $Q_S\{E(Y|X, S, A = 1)\} > Q_S\{E(Y|X, S, A = 0)\}$, then the set $\{S : E(Y|X, S, A = 0) \leq Q_S\{E(Y|X, S, A = 0)\}\}$ defines the vulnerable subjects given X, otherwise this group is defined as $\{S : E(Y|X, S, A = 1) \leq Q_S\{E(Y|X, S, A = 1)\}\}$.

3.3 Estimation and Algorithm

Here we provide a transformation of the proposed RISE from an optimization problem to a weighted classification problem. There are several advantages to this conversion: 1) The optimization problem defined in (2) involves a nonsmooth and nonconvex objective function that could lead to computational challenges. 2) With multiple powerful statistical and machine learning toolbox to choose from, a classification problem can be more readily solved in practice. Hyperparameter tuning and model selection could be conducted to further boost performance. 3) Compared to a direct optimization of (2), a classification-based optimizer allows the use of off-the-shelf software packages that can be tailored to different functional classes or incorporate different properties such as model sparsity.

Proposition 1. *Maximizing the objective function in* (2) *is equivalent to maximizing*

$$E_X\big\{\mathbb{1}(d(X) = 1)[G_{S|X}\{E(Y|X, S, A = 1)\} - G_{S|X}\{E(Y|X, S, A = -1)\}]\big\}.$$

With Proposition 1 and a proper estimator of the outcome model $E(Y|X, S, A)$ using training data $\mathcal{D}_n = \{X_i, S_i, A_i, Y_i\}_{i=1}^{n}$, we replace the expectation of Y_i by its estimate $\hat{Y}_i$ and solve the following,

$$\arg\max_{d \in \mathbb{D}} n^{-1}\sum_{i=1}^{n}[\mathbb{1}(d(x_i) = 1)\{g_1(x_i) - g_2(x_i)\}], \tag{3}$$

where $g_1(x_i) = G_{s|x}\{\hat{Y}_i(x_i, s, a_i = 1)\}$ and $g_2(x_i) = G_{s|x}\{\hat{Y}_i(x_i, s, a_i = -1)\}$. We have the following proposition to address noncontinuity in (3) and transform it into a classification problem. Define $\mathbb{F}$ as a class of all measurable functions over $\mathbb{X}$.

Proposition 2. *Maximizing the empirical objective in* (3) *is equivalent to a weighted classification problem of minimizing over $f \in \mathbb{F}$,*

$$n^{-1}\sum_{i=1}^{n}\mathbb{1}[\text{sgn}\{g_1(x_i) - g_2(x_i)\} \cdot f(x_i) < 0] \cdot |g_1(x_i) - g_2(x_i)| \tag{4}$$

with features x_i, a label $\text{sgn}\{g_1(x_i) - g_2(x_i)\}$ and the sample weight $|g_1(x_i) - g_2(x_i)|$ for $1 \leq i \leq n$.

With Proposition 2, we have transformed the optimization problem (2) into a weighted classification problem (4) where for subject i with features x_i, the true label is $\text{sgn}\{g_1(x_i) - g_2(x_i)\}$ and the sample weight is $|g_1(x_i) - g_2(x_i)|$. The estimated optimal decision rule by (4) is then given by $\hat{d}(x) = \text{sgn}\{\hat{f}(x)\}$ [2]. The proof of Proposition 1 and Proposition 2 is presented in Appendix A.2.

---

[2]If $\hat{f}(x) = 0$, assign a random treatment.

Algorithm 1 provides an algorithmic overview of RISE. The inner expectation $E(Y|X,S,A)$ can be modeled as $\hat{Y}(X,S,A)$ using a twin model separated by the treatment and control groups. For a continuous S, we propose to estimate $G(X,A) = Q_{S|X,A}\{E(Y|X,S,A)\}$ via a quantile regression of $\hat{Y}$ on X but without S. For a discrete S, we propose to obtain an estimate of $G(X,A) = \inf_S\{E(Y|X,S,A)\}$ by finding the minimum among $\{E(Y|X,S = 1,A),\ldots,E(Y|X,S = K,A)\}$. The estimated decision rule can then be obtained from the weighted classification. In our implementation, neural networks are used to fit models in the training data sets. The details on modeling and hyperparameter tuning via cross-validations are given in Appendix A.3. A Python package `rise` based on neural networks is built. Note that the model choices are flexible.

Algorithm 1: RISE (Robust individualized decision learning with sensitive variables)

Input: Training data $\mathcal{D}_n = \{Y_i, A_i, X_i, S_i\}_{i=1}^n$
Output: Estimated decision rule $\hat{d}$
for $i \leftarrow 1$ **to** n **do**
    $\hat{Y}_i(x_i, s_i, a_i) \leftarrow$ Model $E(Y|X,S,A = a)$ using $\mathcal{D}_n$ with $a = 1$ and $a = -1$, respectively;
    if S *is continuous* **then**
        $g_1(x_i) \leftarrow$ Model $Q_{S|X,A}\{E(Y|X,S,A = a)\}$ via quantile regressions of $\hat{Y}_i(x_i, s_i, a_i)$ on x_i, for $\mathcal{D}_n$ with $a = 1$;
        $g_2(x_i) \leftarrow$ Model $Q_{S|X,A}\{E(Y|X,S,A = a)\}$ via quantile regressions of $\hat{Y}_i(x_i, s_i, a_i)$ on x_i, for $\mathcal{D}_n$ with $a = -1$;
    else if S *is discrete* **then**
        $g_1(x_i) \leftarrow$ Compute $\inf_{s\in\mathbb{S}}\{\hat{Y}_i(x_i, s, a_i = 1)\}$;
        $g_2(x_i) \leftarrow$ Compute $\inf_{s\in\mathbb{S}}\{\hat{Y}_i(x_i, s, a_i = -1)\}$;
end
$\hat{d} \leftarrow$ Build a weighted classification model with features x_i, label $\text{sgn}\{g_1(x_i) - g_2(x_i)\}$, and sample weight $|g_1(x_i) - g_2(x_i)|$ for $1 \le i \le n$;
return $\hat{d}$.

3.4 Extension to Multiple Discrete Sensitive Variables

For multiple discrete sensitive variables, similar estimation procedure can be conducted as outlined in Section 3.3. Suppose there are L discrete sensitive variables, i.e., $\mathcal{S} = \{S_1, S_2, \ldots, S_L\}$. The inner expectation $E(Y|X, S_1, \ldots, S_L, A)$ can be obtained with a twin model of Y on X and all $\mathcal{S}$ for each treatment level. The infimum over $\mathbb{S}$ is obtained by finding the minimum iterating space of possible parameter values for each sensitive variable. See Section 4.2 for an example of using multiple discrete sensitive variables. We will discuss in Section 5 the challenges and future work related to scenarios with multiple continuous sensitive variables or that with a mixture of continuous and discrete sensitive variables.

4 Numerical Studies

In this section, we perform extensive numerical experiments to investigate the merit of robustness of the proposed framework via simulations and three real-data applications. The results demonstrate that the proposed rules achieve a robust objective with sensitive variables unavailable at the time of decision while maintaining comparable mean outcomes.

Compared approaches. For comparison, we consider the naive and mean-optimal approaches described in Section 3.1, which correspond to different choices of $G(\cdot)$ functions. The naive decision rule that simply disregard information of S, denoted as **Base**, can be formulated in our optimization framework of (2) by letting $G(X,A) = E(Y|X,A)$. The IDR can be estimated directly by fitting a model of Y on X in each treatment arm. The resulting IDR is not sensitive variables-aware and is biased due to confounding, as discussed. Another IDR that resembles traditional mean-optimal decision rules, denoted as **Exp**, can be formulated as $G(X,S,A) = E(Y|X,S,A)$. This can be obtained by training a classification model without S, i.e., only using X, after obtaining an outcome model for the inner expectation $E(Y|X,S,A)$. Note that this approach is not robust to extreme behaviors in S. The modeling approaches described in Appendix A.3 applies to here. We also include the *double robust* [54] versions of Base and Exp, respectively, by adapting Policytree (PT) [55, 56], the latest state-of-the-art policy learning method for maximizing the expected values. The two new methods are termed **PT-Base** and **PT-Exp**.

Evaluation metrics. *1) Objective:* the quantile objective is estimated and reported for a continuous S and the infimum objective is for a discrete S. The objective, when $\tau < 0.5$, (here $\tau = 0.25$) represents the value of the "low performers" among all possible value of S under a given d. *2) Value:* the value function, or expected reward used by the most existing methods, such as [52, 53], is defined as $V(d) = E\{Y(d)\}$. It represents the "average performers". For randomized trials, an unbiased

estimator of $V(d)$ is given by $\hat{V}(d) = \{\sum_{i=1}^{T} Y_i \mathbb{1}(A_i = \hat{d}(X_i))/\pi(A_i, X_i)\}/\{\sum_{i=1}^{T} \mathbb{1}(A_i = \hat{d}(X_i))/\pi(A_i, X_i)\}$ [57], where T is the sample size of the test data. For observational studies, the value is estimated with $\hat{V}(d) = T^{-1}\sum_{i=1}^{T} \hat{Y}_i(x_i, s_i, a_i = \hat{d})$. We report the metrics among all subjects and among the potential vulnerable subgroup, respectively. For simulation, we consider training data and the testing data, respectively, with sample sizes of 5,000. For real-data applications, we consider a 80-20 split of the dataset into a training data and a testing data. Continuous covariates are standardized before the estimation. All results are based on 100 replications. Experiments are performed on a 6-core Intel Xeon CPU E5-2620 v3 2.40GHz equipped with 64GB RAM. Python code is provided as part of Supplementary Materials.

4.1 Simulation Studies

Example 1. Here we provide details for the simulation of the motivating example introduced in Section 1. The outcome is generated according to: $Y_i = \mathbb{1}(X_i > 0.5)\{5 + 10\mathbb{1}(A_i = 1) + 22S_i - 24\mathbb{1}(A_i = 1)S_i\} + \mathbb{1}(X_i \leq 0.5)\{11 + 19\mathbb{1}(A_i = 1) + 2S_i - 32\mathbb{1}(A_i = 1)S_i\} + \epsilon_i$, where the covariate $X_i \sim Unif[0, 1]$, treatment assignment $A_i \sim Bernoulli(0.5)$, and the noise $\epsilon_i \sim N(0, 1)$. For a discrete type S, $S_i \sim Bernoulli(0.5)$. For a continuous type S, S_i is generated from a mixture of beta distributions, $Beta(4, 1)$ and $Beta(1, 4)$, with equal mixing proportions.

Example 2. We generate Y using the following model: $Y_i = \{0.5 + \mathbb{1}(A_i = 1) + \exp(S_i) - 2.5S_i\mathbb{1}(A_i = 1)\}\{1 + X_{i1} - X_{i2} + X_{i3}^2 + \exp(X_{i4})\} + \{1 + 2\mathbb{1}(A_i = 1) + 0.2\exp(S_i) - 3.5S_i\mathbb{1}(A_i = 1)\}\{1 + 5X_{i1} - 2X_{i2} + 3X_{i3} + 2\exp(X_{i4})\} + \epsilon$, where $X_{ij} \sim U(0, 1)$, $j = 1, \ldots, 6$, A satisfies $\log\{P(A_i = 1|X_i)/P(A = 0|X_i)\} = 0.6(-S_i + X_{i1} - X_{i2} + X_{i3} - X_{i4} + X_{i5} - X_{i6})$, and $\epsilon_i \sim N(0, 1)$. For a continuous type S, S_i is generated from a mixture of beta distributions, $Beta(4, 1)$ and $Beta(1, 4)$, with equal mixing proportions; for a discrete type S, we consider a binary S_i that satisfies $\log\{P(S_i = 1|X_i)/P(S_i = 0|X_i)\} = -2.5 + 0.8(X_{i1} + X_{i2} + X_{i3} + X_{i4} + X_{i5} + X_{i6})$.

Table 3 summarizes the performance of the proposed IDRs compared to the mean criterion for Example 1 and Example 2. The proposed RISE achieves the largest objectives and improves the value among vulnerable subjects, while maintaining comparative overall values. As for the objective, intuitively, the proposed rule is expected to have a larger objective. We also point out that there is no direct relationship between the objective among all subjects versus the objective among vulnerable subjects. For example, using the toy example with setup in Table 1, and limiting to subjects with $X \leq 0.5$ only, $S = 1$ is vulnerable and is assigned $A = -1$ by the proposed RISE. The objective among $S = 1$ is 13 but the objective among both $S = 0$ and $S = 1$ is $12 = (11 + 13)/2$, which is smaller than that among the vulnerable group. In other words, by protecting the vulnerable subjects, the proposed rule may lead to an increase in the outcome of the vulnerable group, and the gain may result in a higher outcome than the overall mean outcome. PT-Exp method tends to show the best improvement in terms of the overall value, as the doubly robust-based estimators tend to reduce variance in value estimation. However, PT-Exp is shown to have minimal benefits for vulnerable subjects. RISE still shows the largest gain in the objective and value among vulnerable subjects among all compared methods.

In the appendix, we consider a continuous S for different quantile criteria $\tau = 0.1$ and 0.5 to test the robustness of the proposed RISE. Results show that when τ is small, there is more strength in the proposed method, as the algorithm aims to improve the worst-outcome scenarios. The proposed RISE has the largest gain in objective and value among vulnerable subjects when τ is 0.1, and has similar performance as the compared approaches when τ is 0.5. Also, we consider a scenario where S is not involved in the data generation of Y, i.e., Assumption 1c is simplified as $\{Y(-1), Y(1)\} \perp A|X$. The estimated objective and value function are similar across all compared approaches, which indicates the robustness of RISE. Finally, we study the performances of our method when Assumption 1b is nearly violated or Assumption 1c is violated. Similar patterns have been observed that the proposed RISE achieves the largest objectives and improves the value among vulnerable subjects, while maintaining comparative overall values. The Details can be found in Appendix A.4.

4.2 Real-data Applications

We present three real-data examples to showcase the robust performance of RISE. These applications consider either fairness or safety in the context of policy [58] and healthcare [59, 60] where sensitive variables exist. The information of data access is provided in Appendix A.5.

Fairness in a job training program. To illustrate the implication of the proposed method from a fairness perspective, we consider the National Supported Work (NSW) program [58] for improving

Table 3: Simulation results for Example 1 and Example 2. Standard error in parenthesis.

Example	Type of S	IDR	Obj. (all)	Obj. (vulnerable)	Value (all)	Value (vulnerable)
1	Disc.	Base	7.03 (0.03)	7.01 (0.04)	14.3 (0.05)	7.92 (0.06)
		Exp	6.39 (0.03)	6.39 (0.04)	14.4 (0.05)	7.14 (0.06)
		RISE	**12.0** (0.01)	**12.0** (0.01)	13.0 (0.01)	**14.0** (0.01)
		PT-Base	2.66 (0.02)	2.65 (0.02)	15.4 (0.05)	2.58 (0.02)
		PT-Exp	2.62 (0.02)	2.62 (0.02)	**15.5** (0.05)	2.55 (0.02)
	Cont.	Base	9.12 (0.03)	9.14 (0.04)	14.5 (0.08)	8.25 (0.11)
		Exp	8.75 (0.03)	8.75 (0.04)	14.6 (0.08)	7.58 (0.06)
		RISE	**10.3** (0.02)	**10.3** (0.03)	13.9 (0.04)	**10.3** (0.06)
		PT-Base	6.71 (0.03)	6.72 (0.03)	15.3 (0.05)	4.52 (0.02)
		PT-Exp	6.68 (0.02)	6.67 (0.02)	**15.4** (0.05)	4.47 (0.02)
2	Disc.	Base	7.79 (0.02)	8.66 (0.03)	19.4 (0.04)	11.4 (0.06)
		Exp	9.12 (0.03)	10.1 (0.03)	**19.5** (0.04)	14.4 (0.05)
		RISE	**13.5** (0.01)	**14.0** (0.01)	17.4 (0.02)	**22.1** (0.02)
		PT-Base	7.19 (0.03)	7.77 (0.03)	19.0 (0.05)	9.71 (0.05)
		PT-Exp	8.30 (0.02)	9.03 (0.03)	19.1 (0.04)	12.2 (0.05)
	Cont.	Base	9.89 (0.02)	9.87 (0.03)	17.6 (0.02)	9.09 (0.04)
		Exp	11.1 (0.02)	11.1 (0.02)	17.8 (0.02)	12.2 (0.04)
		RISE	**13.7** (0.02)	**13.7** (0.02)	17.0 (0.01)	**18.9** (0.03)
		PT-Base	9.30 (0.02)	9.29 (0.03)	18.0 (0.03)	7.61 (0.04)
		PT-Exp	9.41 (0.02)	9.41 (0.02)	**18.1** (0.02)	7.92 (0.04)

personalized recommendations of a job training program on increasing incomes. This program intended to provide a 6 to 18-month training for individuals in face of economic and social problems such as former drug addicts and juvenile delinquents. The original experimental dataset consists of 185 individuals who received the job training program ($A = 1$) and 260 individuals who did not ($A = -1$). The baseline covariates are age, years of schooling, race (1 = African Americans or Hispanics, 0 = others), married (1 = yes, 0 = no), high school diploma (1 = yes, 0 = no), earning in 1974, and earning in 1975. The outcome variable is the earning in 1978. In the exploratory analysis using causal forest [61], we observe that age may play an important role in the causal effect of the job training program on the long-term post-market earning. In the following data example we use age as the sensitive variable S and other baseline covariates as X. The earnings in years 1974, 1975, and 1978 are transformed by taking the logarithm of the earning plus one.

Improvement of HIV treatment. To illustrate the implication of the proposed method from a safety perspective when there is delayed information, we consider the ACTG175 dataset among HIV positive patients [59]. The original study considers a total of 2,139 patients who were randomly assigned into four treatment groups. In this data application, we focus on finding the optimal IDRs between two treatments: zidovudine combined with didanosine ($A = -1$) and zidovudine combined with zalcitabine ($A = 1$). The total number of patients receiving these two treatments is 1,046. The baseline covariates we consider are age, weight, CD4 T-cell amount at baseline, hemophilia (1 = yes, 0 = no), homosexual activity (1 = yes, 0 = no), Karnofsky score, history of intravenous drug use (1 = yes, 0 = no), gender (1 = male, 0 = female), CD8 T-cell amount at baseline, race (1 = non-Caucasian, 0 = Caucasian), number of days of previously received antiretroviral therapy, use of zidovudine in the 30 days prior to treatment initiation (1 = yes, 0 = no), and symptomatic indicator (1 = symptomatic, 0 = asymptomatic). The outcome variable is the CD4 T-cell amount at 96 ± 5 weeks from the baseline. We consider CD8 T-cell amount at baseline as the sensitive variable. The response of CD8 T-cell among HIV positive patients has not been fully understood [62]. Clinically, it is plausible that only CD4 is measured in clinical visits where treatments are based on, hence CD8 might not be measured and not used in decision making. As our exploratory analysis using causal forest shows, CD8 T-cell amount may play an important part in the treatment effect of the outcome.

Safe resuscitation for patients with sepsis. For this application, we apply the proposed method to treating sepsis, a life-threatening disease. This application intends to provide an example to apply our method with multiple categorical sensitive variables in the scenario where there is missing yet important information at the time of decision making. We apply the proposed method to a sepsis study from the University of Pittsburgh Medical Center (UPMC). The original study cohort includes 30,687 patients with Sepsis-3 [60] within 6 hours of hospital arrival from 14 UPMC hospitals between 2013 and 2017. For our data analysis, we consider X to be baseline patient characteristics 4 hours before sepsis onset, which includes patient demographics of age, gender (1 = male, 0 = female), race (1 =

Caucasian, 0 = others), and weight, and vital signs of usage of mechanical ventilation (1 = yes, 0 = no), respiratory rate, temperature, intravenous fluids (1 = yes, 0 = no), Glasgow Coma Scale score, platelets, blood urea nitrogen, white blood cell counts, glucose, creatinine. We consider two sensitive variables, lactate and Sequential Organ Failure Assessment (SOFA) score 4 hours before sepsis onset. Lactate and SOFA score have been two important indicators of sepsis severity [63, 64, 65]. Different from the baseline patient demographics or common vital signs that are typically obtained at the admission of patients, SOFA score combines performance of several organ systems in the body [60], which requires additional calculation and cannot be obtained directly. Lactate labs measures the level of lactic acid in the blood [66] and are less common in routine examination, which could be delayed in ordering. Hence, their measurements are obtained retrospectively after treatment decisions have been made and are not available at times of decision. We discretize lactate level at clinically meaningful value of 2 mmol/L [65], and SOFA score at value of 6 for analysis [67, 68]. The treatment option is whether the patient took any vasopressors during the first 24 hours after sepsis onset. The outcome is patient survival at day 90. The analysis cohort contains 6,539 patients in total. We are interested in making decision about whether to treat patients with vasopressors in the first 24 hours after sepsis onset given the measurements of lactate and SOFA are not available at the time of decision making. Additional rationale and background on this example are provided in Appendix A.5.

Results. Table 4 presents the performance of various IDRs on the three applications. As expected, RISE has the largest objective as well as value among vulnerable subjects. The patterns are similar to that in Section 4.1. We apply the Shapley additive explanations (SHAP) approach [69] to help visualize and interpret the important covariates in the decision rules given by RISE and Exp, respectively, in Appendix A.5. The SHAP approach provides unified values to describe the correlation between each feature and the predicted decision rule, respectively [69]. Overall, the direction of correlations is similar for RISE and Exp, but their ranking of feature importance may be different.

Table 4: Estimated objective and value of different IDRs for the three data applications. Standard error in parenthesis. The outcome of each study is italicized.

Dataset	IDR	Obj. (all)	Obj. (vulnerable)	Value (all)	Value (vulnerable)
NSW *log(income+1)*	Base	5.26 (0.04)	5.28 (0.05)	6.32 (0.05)	6.33 (0.07)
	Exp	5.22 (0.04)	5.24 (0.05)	6.37 (0.05)	6.37 (0.07)
	RISE	**5.43** (0.04)	**5.44** (0.04)	6.42 (0.04)	**6.42** (0.06)
	PT-Base	4.97 (0.04)	5.08 (0.06)	6.40 (0.03)	6.38 (0.05)
	PT-Exp	5.03 (0.04)	5.11 (0.05)	**6.43** (0.03)	6.40 (0.05)
ACTG175 *CD4 T-cell amount*	Base	336.9 (1.65)	338.1 (2.23)	350.5 (1.86)	357.5 (2.24)
	Exp	337.5 (1.65)	338.9 (1.80)	351.9 (1.95)	359.1 (2.21)
	RISE	**351.5** (1.67)	**351.2** (1.80)	351.8 (1.88)	**363.1** (2.19)
	PT-Base	299.7 (1.01)	299.5 (1.91)	356.9 (1.72)	350.7 (2.54)
	PT-Exp	300.1 (0.99)	299.9 (1.83)	**357.1** (1.55)	352.7 (2.61)
Sepsis *survival rate*	Base	0.752 (0.001)	0.721 (0.001)	0.965 (0.001)	0.905 (0.002)
	Exp	0.752 (0.001)	0.721 (0.002)	0.966 (0.001)	0.908 (0.002)
	RISE	**0.771** (0.001)	**0.735** (0.001)	0.972 (0.001)	**0.923** (0.002)
	PT-Base	0.753 (0.001)	0.642 (0.002)	0.981 (0.001)	0.848 (0.003)
	PT-Exp	0.764 (0.001)	0.644 (0.002)	**0.984** (0.001)	0.875 (0.003)

5 Discussion

We have proposed RISE, a robust decision learning framework with a novel quantile-, or infimum-optimal treatment objective intended to improve the worst-case scenarios of individuals when decisions with uncertainty are needed to be made with sensitive yet important information missing. Our approach can be applied to a broad range of applications, including but not limited to policy, education, healthcare, etc. For multiple continuous sensitive variables, the estimated decision rule by RISE can be easily obtained by fitting similar quantile regression as described in Section 3.3. For a mixture of continuous and discrete sensitive variables, the estimated rule can be obtained by taking infimum over the discrete ones, then obtaining quantile over the continuous ones. However, challenges remain in finding vulnerable subjects described in Section 3.2 under these settings as it may be computationally difficult to find a vulnerable set of S when they are multi-dimensional. Another future work includes extension of the current binary treatment option to a multi-treatment option. It is also worth mentioning that our work can be naturally extended to the scenario where there exist unmeasured confounders. As long as the conditional average outcome given observed covariates can be identified (e.g., via instrumental variables [70]), our method can be applied.

References

[1] Cynthia Dwork, Moritz Hardt, Toniann Pitassi, Omer Reingold, and Richard Zemel. Fairness through awareness. In *Proceedings of the 3rd Innovations in Theoretical Computer Science Conference*, pages 214–226, 2012.

[2] Donald B Rubin. Causal inference using potential outcomes: Design, modeling, decisions. *Journal of the American Statistical Association*, 100(469):322–331, 2005.

[3] Faisal Kamiran and Toon Calders. Data preprocessing techniques for classification without discrimination. *Knowledge and Information Systems*, 33(1):1–33, 2012.

[4] Christopher JCH Watkins and Peter Dayan. Q-learning. *Machine Learning*, 8(3):279–292, 1992.

[5] Susan A Murphy. Optimal dynamic treatment regimes. *Journal of the Royal Statistical Society: Series B (Statistical Methodology)*, 65(2):331–355, 2003.

[6] Erica EM Moodie, Thomas S Richardson, and David A Stephens. Demystifying optimal dynamic treatment regimes. *Biometrics*, 63(2):447–455, 2007.

[7] Bibhas Chakraborty, Susan Murphy, and Victor Strecher. Inference for non-regular parameters in optimal dynamic treatment regimes. *Statistical Methods in Medical Research*, 19(3):317–343, 2010.

[8] Yair Goldberg and Michael R Kosorok. Q-learning with censored data. *Annals of Statistics*, 40(1):529, 2012.

[9] Rui Song, Weiwei Wang, Donglin Zeng, and Michael R Kosorok. Penalized q-learning for dynamic treatment regimens. *Statistica Sinica*, 25(3):901, 2015.

[10] James M Robins, Miguel Angel Hernan, and Babette Brumback. Marginal structural models and causal inference in epidemiology. *Epidemiology*, 11(5):550–560, 2000.

[11] Susan A Murphy. An experimental design for the development of adaptive treatment strategies. *Statistics in Medicine*, 24(10):1455–1481, 2005.

[12] James Robins, Liliana Orellana, and Andrea Rotnitzky. Estimation and extrapolation of optimal treatment and testing strategies. *Statistics in Medicine*, 27(23):4678–4721, 2008.

[13] Liliana Orellana, Andrea Rotnitzky, and James M Robins. Dynamic regime marginal structural mean models for estimation of optimal dynamic treatment regimes, part i: main content. *The International Journal of Biostatistics*, 6(2), 2010.

[14] Liliana Orellana, Andrea Rotnitzky, and James M Robins. Dynamic regime marginal structural mean models for estimation of optimal dynamic treatment regimes, part ii: proofs of results. *The International Journal of Biostatistics*, 6(2), 2010.

[15] Baqun Zhang, Anastasios A Tsiatis, Eric B Laber, and Marie Davidian. A robust method for estimating optimal treatment regimes. *Biometrics*, 68(4):1010–1018, 2012.

[16] Yingqi Zhao, Donglin Zeng, A John Rush, and Michael R Kosorok. Estimating individualized treatment rules using outcome weighted learning. *Journal of the American Statistical Association*, 107(499):1106–1118, 2012.

[17] Ying-Qi Zhao, Donglin Zeng, Eric B Laber, Rui Song, Ming Yuan, and Michael Rene Kosorok. Doubly robust learning for estimating individualized treatment with censored data. *Biometrika*, 102(1):151–168, 2015.

[18] Alberto Bietti, Alekh Agarwal, and John Langford. A contextual bandit bake-off. *Journal of Machine Learning Research*, 22(133):1–49, 2021.

[19] Lihong Li, Wei Chu, John Langford, and Xuanhui Wang. Unbiased offline evaluation of contextual-bandit-based news article recommendation algorithms. In *Proceedings of the fourth ACM international conference on Web search and data mining*, pages 297–306, 2011.

[20] Kush R Varshney. Engineering safety in machine learning. In *2016 Information Theory and Applications Workshop (ITA)*, pages 1–5. IEEE, 2016.

[21] Solon Barocas, Moritz Hardt, and Arvind Narayanan. *Fairness and Machine Learning*. fairmlbook.org, 2019. `http://www.fairmlbook.org`.

[22] Razieh Nabi and Ilya Shpitser. Fair inference on outcomes. In *Proceedings of the AAAI Conference on Artificial Intelligence*, volume 32, 2018.

[23] Tatsunori Hashimoto, Megha Srivastava, Hongseok Namkoong, and Percy Liang. Fairness without demographics in repeated loss minimization. In *International Conference on Machine Learning*, pages 1929–1938. PMLR, 2018.

[24] Alexandra Chouldechova and Aaron Roth. A snapshot of the frontiers of fairness in machine learning. *Communications of the ACM*, 63(5):82–89, 2020.

[25] Ninareh Mehrabi, Fred Morstatter, Nripsuta Saxena, Kristina Lerman, and Aram Galstyan. A survey on bias and fairness in machine learning. *ACM Computing Surveys (CSUR)*, 54(6):1–35, 2021.

[26] Dana Pessach and Erez Shmueli. A review on fairness in machine learning. *ACM Computing Surveys (CSUR)*, 55(3):1–44, 2022.

[27] Michael Feldman, Sorelle A Friedler, John Moeller, Carlos Scheidegger, and Suresh Venkatasubramanian. Certifying and removing disparate impact. In *Proceedings of the 21th ACM SIGKDD International Conference on Knowledge Discovery and Data Mining*, pages 259–268, 2015.

[28] Elliot Creager, David Madras, Jörn-Henrik Jacobsen, Marissa Weis, Kevin Swersky, Toniann Pitassi, and Richard Zemel. Flexibly fair representation learning by disentanglement. In *International Conference on Machine Learning*, pages 1436–1445. PMLR, 2019.

[29] Prasanna Sattigeri, Samuel C Hoffman, Vijil Chenthamarakshan, and Kush R Varshney. Fairness gan: Generating datasets with fairness properties using a generative adversarial network. *IBM Journal of Research and Development*, 63(4/5):3–1, 2019.

[30] Alex Beutel, Jilin Chen, Zhe Zhao, and Ed H Chi. Data decisions and theoretical implications when adversarially learning fair representations. *arXiv preprint arXiv:1707.00075*, 2017.

[31] Preethi Lahoti, Alex Beutel, Jilin Chen, Kang Lee, Flavien Prost, Nithum Thain, Xuezhi Wang, and Ed Chi. Fairness without demographics through adversarially reweighted learning. *Advances in Neural Information Processing Systems*, 33:728–740, 2020.

[32] Matthew Joseph, Michael Kearns, Jamie H Morgenstern, and Aaron Roth. Fairness in learning: Classic and contextual bandits. *Advances in Neural Information Processing Systems*, 29, 2016.

[33] Vishakha Patil, Ganesh Ghalme, Vineet Nair, and Yadati Narahari. Achieving fairness in the stochastic multi-armed bandit problem. In *Proceedings of the AAAI Conference on Artificial Intelligence*, pages 5379–5386, 2020.

[34] Maggie Makar, Ben Packer, Dan Moldovan, Davis Blalock, Yoni Halpern, and Alexander D'Amour. Causally motivated shortcut removal using auxiliary labels. In *International Conference on Artificial Intelligence and Statistics*, pages 739–766. PMLR, 2022.

[35] Junzhe Zhang and Elias Bareinboim. Fairness in decision-making—the causal explanation formula. In *Proceedings of the AAAI Conference on Artificial Intelligence*, volume 32, 2018.

[36] Razieh Nabi, Daniel Malinsky, and Ilya Shpitser. Learning optimal fair policies. In *International Conference on Machine Learning*, pages 4674–4682. PMLR, 2019.

[37] Haoyu Chen, Wenbin Lu, Rui Song, and Pulak Ghosh. On learning and testing of counterfactual fairness through data preprocessing. *arXiv preprint arXiv:2202.12440*, 2022.

[38] Lan Wang, Yu Zhou, Rui Song, and Ben Sherwood. Quantile-optimal treatment regimes. *Journal of the American Statistical Association*, 113(523):1243–1254, 2018.

[39] Yuanjia Wang, Haoda Fu, and Donglin Zeng. Learning optimal personalized treatment rules in consideration of benefit and risk: with an application to treating type 2 diabetes patients with insulin therapies. *Journal of the American Statistical Association*, 113(521):1–13, 2018.

[40] Zhengling Qi, Jong-Shi Pang, and Yufeng Liu. On robustness of individualized decision rules. *Journal of the American Statistical Association*, pages 1–15, 2022.

[41] Zhengling Qi, Ying Cui, Yufeng Liu, and Jong-Shi Pang. Estimation of individualized decision rules based on an optimized covariate-dependent equivalent of random outcomes. *SIAM Journal on Optimization*, 29(3):2337–2362, 2019.

[42] Ethan X. Fang, Zhaoran Wang, and Lan Wang. Fairness-oriented learning for optimal individualized treatment rules. *Journal of the American Statistical Association*, 0(0):1–14, 2022.

[43] Muhammad Bilal Zafar, Isabel Valera, Manuel Gomez Rogriguez, and Krishna P Gummadi. Fairness constraints: Mechanisms for fair classification. In *Artificial Intelligence and Statistics*, pages 962–970. PMLR, 2017.

[44] Brian Hu Zhang, Blake Lemoine, and Margaret Mitchell. Mitigating unwanted biases with adversarial learning. In *Proceedings of the 2018 AAAI/ACM Conference on AI, Ethics, and Society*, pages 335–340, 2018.

[45] Donald B Rubin. Bayesian inference for causal effects: The role of randomization. *The Annals of Statistics*, pages 34–58, 1978.

[46] Jerzy Splawa-Neyman, Dorota M Dabrowska, and TP Speed. On the application of probability theory to agricultural experiments. essay on principles. section 9. *Statistical Science*, pages 465–472, 1990.

[47] Donald B Rubin. Estimating causal effects of treatments in randomized and nonrandomized studies. *Journal of Educational Psychology*, 66(5):688, 1974.

[48] Jerzy Neyman. Sur les applications de la thar des probabilites aux experiences agaricales: Essay des principle. Excerpts reprinted (1990) in English. *Statistical Science*, 5:463–472, 1923.

[49] Paul W Holland. Statistics and causal inference. *Journal of the American statistical Association*, 81(396):945–960, 1986.

[50] Guido W. Imbens and Joshua D. Angrist. Identification and estimation of local average treatment effects. *Econometrica*, 62(2):467–475, 1994.

[51] Judea Pearl. *Causality*. Cambridge University Press, 2009.

[52] Charles F Manski. Statistical treatment rules for heterogeneous populations. *Econometrica*, 72(4):1221–1246, 2004.

[53] Min Qian and Susan A Murphy. Performance guarantees for individualized treatment rules. *Annals of Statistics*, 39(2):1180, 2011.

[54] Victor Chernozhukov, Denis Chetverikov, Mert Demirer, Esther Duflo, Christian Hansen, Whitney Newey, and James Robins. Double/debiased machine learning for treatment and structural parameters. *The Econometrics Journal*, 21(1):C1–C68, 01 2018.

[55] Erik Sverdrup, Ayush Kanodia, Zhengyuan Zhou, Susan Athey, and Stefan Wager. policytree: Policy learning via doubly robust empirical welfare maximization over trees. *Journal of Open Source Software*, 5(50):2232, 2020.

[56] Susan Athey and Stefan Wager. Policy learning with observational data. *Econometrica*, 89(1):133–161, 2021.

[57] Susan A Murphy, Mark J van der Laan, James M Robins, and Conduct Problems Prevention Research Group. Marginal mean models for dynamic regimes. *Journal of the American Statistical Association*, 96(456):1410–1423, 2001.

[58] Robert J LaLonde. Evaluating the econometric evaluations of training programs with experimental data. *The American Economic Review*, pages 604–620, 1986.

[59] Scott M Hammer, David A Katzenstein, Michael D Hughes, Holly Gundacker, Robert T Schooley, Richard H Haubrich, W Keith Henry, Michael M Lederman, John P Phair, Manette Niu, et al. A trial comparing nucleoside monotherapy with combination therapy in hiv-infected adults with cd4 cell counts from 200 to 500 per cubic millimeter. *New England Journal of Medicine*, 335(15):1081–1090, 1996.

[60] Christopher W Seymour, Vincent X Liu, Theodore J Iwashyna, Frank M Brunkhorst, Thomas D Rea, André Scherag, Gordon Rubenfeld, Jeremy M Kahn, Manu Shankar-Hari, Mervyn Singer, et al. Assessment of clinical criteria for sepsis: for the third international consensus definitions for sepsis and septic shock (sepsis-3). *The Journal of the American Medical Association*, 315(8):762–774, 2016.

[61] Stefan Wager and Susan Athey. Estimation and inference of heterogeneous treatment effects using random forests. *Journal of the American Statistical Association*, 113(523):1228–1242, 2018.

[62] Sushma Boppana and Paul Goepfert. Understanding the CD8 T-cell response in natural HIV control. *F1000Research*, 7, 2018.

[63] Michael D Howell, Michael Donnino, Peter Clardy, Daniel Talmor, and Nathan I Shapiro. Occult hypoperfusion and mortality in patients with suspected infection. *Intensive Care Medicine*, 33(11):1892–1899, 2007.

[64] Uma Krishna, Suresh P Joshi, and Mukesh Modh. An evaluation of serial blood lactate measurement as an early predictor of shock and its outcome in patients of trauma or sepsis. *Indian Journal of Critical Care Medicine*, 13(2):66, 2009.

[65] Manu Shankar-Hari, Gary S Phillips, Mitchell L Levy, Christopher W Seymour, Vincent X Liu, Clifford S Deutschman, Derek C Angus, Gordon D Rubenfeld, Mervyn Singer, et al. Developing a new definition and assessing new clinical criteria for septic shock: for the third international consensus definitions for sepsis and septic shock (sepsis-3). *The Journal of the American Medical Association*, 315(8):775–787, 2016.

[66] Lars W. Andersen, Julie Mackenhauer, Jonathan C. Roberts, Katherine M. Berg, Michael N. Cocchi, and Michael W. Donnino. Etiology and therapeutic approach to elevated lactate levels. *Mayo Clinic Proceedings*, 88(10):1127–1140, 2013.

[67] J-L Vincent, Rui Moreno, Jukka Takala, Sheila Willatts, Arnaldo De Mendonça, Hajo Bruining, CK Reinhart, PeterM Suter, and Lambertius G Thijs. The SOFA (sepsis-related organ failure assessment) score to describe organ dysfunction/failure. On behalf of the working group on sepsis-related problems of the european society of intensive care medicine. *Intensive Care Medicine*, 22(7):707–710, 1996.

[68] Flavio Lopes Ferreira, Daliana Peres Bota, Annette Bross, Christian Mélot, and Jean-Louis Vincent. Serial evaluation of the sofa score to predict outcome in critically ill patients. *The Journal of the American Medical Association*, 286(14):1754–1758, 2001.

[69] Scott M Lundberg and Su-In Lee. A unified approach to interpreting model predictions. *Advances in Neural Information Processing Systems*, 30, 2017.

[70] Linbo Wang and Eric Tchetgen Tchetgen. Bounded, efficient and multiply robust estimation of average treatment effects using instrumental variables. *Journal of the Royal Statistical Society: Series B (Statistical Methodology)*, 80(3):531–550, 2018.

[71] James M Robins. Optimal structural nested models for optimal sequential decisions. In *Proceedings of the Second Seattle Symposium in Biostatistics*, pages 189–326. Springer, 2004.

[72] Erica EM Moodie, Robert W Platt, and Michael S Kramer. Estimating response-maximized decision rules with applications to breastfeeding. *Journal of the American Statistical Association*, 104(485):155–165, 2009.

[73] Tianxi Cai, Lu Tian, Peggy H Wong, and LJ Wei. Analysis of randomized comparative clinical trial data for personalized treatment selections. *Biostatistics*, 12(2):270–282, 2011.

[74] Robin Henderson, Phil Ansell, and Deyadeen Alshibani. Regret-regression for optimal dynamic treatment regimes. *Biometrics*, 66(4):1192–1201, 2010.

[75] Peter F Thall, Hsi-Guang Sung, and Elihu H Estey. Selecting therapeutic strategies based on efficacy and death in multicourse clinical trials. *Journal of the American Statistical Association*, 97(457):29–39, 2002.

[76] Kosuke Imai and Marc Ratkovic. Estimating treatment effect heterogeneity in randomized program evaluation. *The Annals of Applied Statistics*, 7(1):443–470, 2013.

[77] Xuelin Huang, Sangbum Choi, Lu Wang, and Peter F Thall. Optimization of multi-stage dynamic treatment regimes utilizing accumulated data. *Statistics in Medicine*, 34(26):3424–3443, 2015.

[78] Yebin Tao and Lu Wang. Adaptive contrast weighted learning for multi-stage multi-treatment decision-making. *Biometrics*, 73(1):145–155, 2017.

[79] Bibhas Chakraborty and Erica E Moodie. *Statistical Methods for Dynamic Treatment Regimes*. Springer, 2013.

[80] Eric B Laber, Daniel J Lizotte, Min Qian, William E Pelham, and Susan A Murphy. Dynamic treatment regimes: Technical challenges and applications. *Electronic Journal of Statistics*, 8(1):1225–1272, 2014.

[81] Michael R Kosorok and Erica EM Moodie. *Adaptive treatment strategies in practice: planning trials and analyzing data for personalized medicine*. SIAM, 2015.

[82] Martín Abadi, Paul Barham, Jianmin Chen, Zhifeng Chen, Andy Davis, Jeffrey Dean, Matthieu Devin, Sanjay Ghemawat, Geoffrey Irving, Michael Isard, et al. {TensorFlow}: A system for {Large-Scale} machine learning. In *12th USENIX Symposium on Operating Systems Design and Implementation (OSDI 16)*, pages 265–283, 2016.

[83] Yasser Sakr, Ulrich Jaschinski, Xavier Wittebole, Tamas Szakmany, Jeffrey Lipman, Silvio A Ñamendys-Silva, Ignacio Martin-Loeches, Marc Leone, Mary-Nicoleta Lupu, Jean-Louis Vincent, and ICON Investigators. Sepsis in intensive care unit patients: worldwide data from the intensive care over nations audit. *Open Forum Infectious Diseases*, 5(12):ofy313, 2018.