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# Causal Inference In Machine Learning: Developing New Methods To Determine Cause-And-Effect Relationships From Observational Data

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Abstract: Machine learning has an obligatory reliance on causal inference which is actually the search for cause and effect relationships in observational data, that is crucial in a variety of fields like economics, healthcare, and social sciences. Traditional methods for causal inference often face challenges with high-dimensional information and interactions between variables that are complex, making such techniques unavailable for biased or imprecise estimates of treatment effects. This research presents a new method which links deep learning with instrumental variables to solve these problems thereby providing a strong empirical approach for causal inference in machine learning.

Our study builds a deep learning model that captures intricate and nonlinear association among variables while utilizing instrumental variables to control unobserved confounding factors. Synthetic datasets as well as actual clinical data were used to validate our proposed approach. A simulated dataset was used where there were pre-defined causal relationships in a healthcare setting to enable examination of the validity under conditions strictly controlled by the investigator. Realistic public health and economic datasets have been used to illustrate the feasibility of our method. The outcomes of the experiment show that the application of our method increases the reveal of the real ATE and CATE comparing to the traditional approach. MSE for example and bias are some of the aspects that are minimized by the deep learning model hence provide a reliable chance or causal inference. It shows the effects of the treatment while in the case of more elaborate analysis, attention is given to the ability of the treatment to affect different groups.

Based on these findings, it is possible to consider this new approach helpful for management of observational data, which are complicated in their nature; the proposed approach is useful for providing professionals of various fields with necessary information. This paper presents a new approach developed to eradicate any constraint observed in traditional procedures particularly when performed under high dimensionality; information that enlarges the understanding of the topic area. The interpretation skills of the model need improvement in the future, as well as its ability to autonomously choose relevant instruments and apply them in different fields. It is worth pointing out that this particular research helps us understand how causality works within complicated data composition, especially in machine-based inference among others.

**Keywords:** Causal Inference, Machine Learning, Deep Learning, Instrumental Variables, Observational Data, Treatment Effect Estimation, High-Dimensional Data, Confounding Factors, Empirical Validation

## **1. INTRODUCTION**

## **1.1 Background and Motivation**

Many scientific disciplines such as healthcare, economics and social sciences highly rely on understanding the relationship between cause and effect. However, ethical, financial and logistical constraints often make it difficult to undertake randomized controlled trials (RCTs). To make up for this, researchers use observational data but this poses a great challenge because confounding variables are almost always present.

#### **1.2 Problem Statement**

In causal inference with observational data, one main issue that needs to be dealt with is determining how to appropriately estimate the causal impact of a treatment on an outcome in consideration of the probability of confounding variables that could affect both the treatment as well as the outcome. The traditional methods like propensity score matching and instrumental variables have limitations when it comes to handling complex relationships and high dimensional data.

## **1.3** Objectives

Cause and effect relationships are fundamental to the study of various fields in science; examples include social sciences, medicine, and economics.

RCTs are the best type of causal estimate but they are impractical because ethically, fiscally or otherwise not feasible. Thus, researchers resort to using observational data that is surely endogenous.

- 1. To develop a new method for causal inference based on deep learning and instrumental variables.
- 2. To evaluate the methods we are proposing by using both synthetic and real datasets.
- 3. To evaluate to what extent our new method perform better than existing causal inference methods.

## **2. LITERATURE REVIEW**

## 2.1 Overview of Existing Methods

Causal inference is an area with a long history, and it stands as an important way to understand the reasons behind observed patterns in data, especially within the sphere of econometrics. This field originated from Rubin's (1974) potential outcomes framework, and was further developed by Pearl (2000) into more general graphical models for causal inference. But the kind of approaches like propensity score matching or instrumental variables fail when held for today's high-dimensional data or complex relationship.

## 2.2 Strengths and Weaknesses of Current Approaches

Advances in machine learning have generated new possibilities for causal inference. Within this context, Athey & Imbens (2016) introduced the concept of causal trees while Yoon et al., (2018) proposed deep learning based methods for enhancing causal inference accuracy. Nevertheless these have limitations such as failure to control unobserved confounders and interpretability challenges.

## 2.3 Identification of Gaps in the Literature

In spite of the development in the causal inference technique, there is still a necessity for the techniques that can handle complex and high dimensional observational data with interpretability. This manuscroipt focuses on mitigating the neglect existing in the literature by using a novel approach which integrates the powers of instrumental variables and deep learning.

## 3. Methodology

## 3.1 Data Collection and Data Cleaning

In all causal inference analyses, how well an exercise goes is hinged on the acquisition of data because with good data we are able to observe causality correctly. To this end, synthetic and real datasets are used in this study to perform an extensive analysis of the proposed method.

## Synthetic Data

Synthetic datasets are derived from a learnt model where the causal structure of the dataset is specified in advance. This lets to validate the methods of making a causal inference with a textbook example. In the study for this paper, we generate dummy data for a health care context in which a treatment, which could be an intervention (for instance a new drug), influences the outcome, which can be a rate of recovery of patients for instance. The key confounders of age, another health status, and genetic factors are added to mimic real life. The dataset that was synthesized by the researchers includes 10000 samples, treatment was randomly assigned while controlling for confounders as the settings of the study were realistic.

## **Real-World Data**

For real-world data, we utilize two publicly available datasets

- Healthcare Data: This data is derived from a clinical trial based on the history of a new drug treatment and the patients' improvement. Variables in the DB include the treatment offered, the patient's characteristics, history, and even results of treatment. The employed dataset includes 5,000 samples.
- Economic Data: This dataset which is sourced from an economic study, compares the effects of education level on income. Among these variables which consist of 7000 sample, some of the major ones are years of education, job experience, economic status, and annual income.

Exploratory data cleaning process involves the following things: missing values handling, normalization of quantitative features, and feature scaling. Missing data is handled using the mean imputation technique, normalization is done using min-max scaling, while for categorical variables, one hot encoding is used. Furthermore, the confounding factors are also defined by the knowledge of domain and correlation analysis to deal with the possibility of them to be included in the model.

# **Data Cleaning**

Data Cleaning is very important, this step follows data wrangling and ensures the quality of our analysis. Pre-processing steps applied to the data are as follows :

- Handling Missing Values: We had done the missing values imputation using suitable methods. Forward-fill and backward-fill methods were used to fill in missing values for numerical variables, while the most frequent category was filled in case of a categorical variable.
- Normalization: The numerical variables have been normalized to a standard scale thus making sure that all the features contribute equally in building our model. This was accomplished by normalizing the features to a range of [0, 1]

One-Hot Encoding: Converting Categorical Variables into Numerical representations. This makes sure that the model can use this categorical information effectively.

## 3. 2 Model Development

Hence, improving the flow of patients through healthcare systems is the culmination of the present strategy at its heart – a novel deep learning model with instrumental variables for precise treatment impact estimates. The structure of the model used in the analysis is able to capture interaction between the variables of interest in a nonlinear way and get the benefits of instrumental variables in estimating the relationship between the variables of interest controlling for other variables that may have an association with both the variables of interest and with each other.

## **Model Architecture**

The model is developed using TensorFlow and it has only layers with densification having ReLU activation functions. The input layer represents the number of features in the data set, and many hidden layers to learn high – level features in the data. The last layer is the output layer where the values of the outcome variable are estimated.

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# 3.3 Causal Inference Analysis

The causal inference analysis includes estimation of average treatment effect (ATE) and conditional average treatment effect (CATE). The ATE is a summary statistic of the entire population that highlights the causal effect of treatment, and the CATE gives details of how this causal effect varies in different populations.

## Average Treatment Effect (ATE)

The ATE is calculated as a contrast between the two models, which indicate probable outcomes for the treated and control Ward. This is done by taking the sum of the predicted outcomes for the treated group and divide it by the number of such groups and then, from the above result, subtract the average predicted outcomes of the control group.

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# Conditional Average Treatment Effect (CATE).

This is done by conditioning the CATE on specific covariates; say age or prior health conditions in the healthcare dataset to then observe how the effect of the treatment is realized in these observations.

# 3.4 Validation and Comparison

The validation for the proposed model is done through cross validation and comparison to other methods such as propensity score matching and conventional methods of utilizing IVs. Cross-validation helps prevent overfitting, that is having a model perform well on training data but poorly on the new data. Some quality indices like mean squared error (MSE) and bias are used to determine the impact of the given method on the overall performance.

# 4. EXPERIMENTS AND RESULTS

# 4.1 Data Description

Our method is assessed by the synthetic data and real-world data sets. The synthetic data is used to make test hook-ups where the confounders are controlled and causal relations are confirmed. The empirical evidence, derived from the analysis of the relevant healthcare and economical investigations, proves the feasibility of the presented strategy.

# Synthetic Data

The synthetic dataset would mimic a healthcare environment where an independent variable such as a particular treatment (e. g. ,a particular drug) impacts an dependent variable such as patient's recovery rate. Some of the control variables like age, comorbidities, and heredity are incorporated to make the studies like real-world studies. Hence, it has 10,000 samples, and the treatment was randomly assigned with regards to the confounders and the actual settings.

## **Real-world Data**

# Data from the real world include:

- Data from Healthcare: This clinical trial's data is examining how well a new drug works for different patients' diseases For example, there might be the types of available treatments, patient's features or background info as well as the final health status after certain period of time.
- Economic Data: This data is obtained from an economic study. It analyses the impact of education level on individuals' income, based on such exogenous variables as years of education and job experience, over all the ages, and taking account of individual's socio-economical background. The file includes 7000 sample points.

# 4. 2 Experimental Setup

As for the experimental setting the data is divided into the training and testing data with the ratio 70:30. Here we describe how we use TensorFlow to implement our model and the training on a high-performance computing cluster. Learning rate, batch size, and the number of epochs that are the hyperparameters are optimized by using the random grid search.

# **Training and Validation**

The model is trained on the training data set and cross validated on the validation data set or hold out data set. We use early stopping for avoiding overfitting as we observe the validation loss and do not run another epoch if validation loss does not reduce for some predefined epochs.

# Hyperparameter Tuning

To set the number of hidden layers, the number of neurons in each layer, the learning rate and the batch size, we use grid search. If the appropriate hyperparameters have been achieved from the validation set, then it comprehensively generalizes well to unseen data.

# 4. 3 Results and Analysis

This way, we greatly enhance the accuracy of ATE estimation over other related methods. This way, the deep learning model is able to capture intricate interactions that make causal inferences more dependable. For comparison we provide results of other numerical methods and use MSE as a measure of accuracy with bias as a secondary measurement.

# Synthetic Data Results

For the synthetic dataset, therefore, the proposed method brought down the MSE by 20% relative to the conventional instrumental variable approaches. Estimating the ATE was close to the study's true treatment effect, indicating that our approach is valid in controlled environments.

Metric	Traditional Method	Proposed Method
Mean Squared Error	0.045	0.020
Bias	0.035	0.015
Coverage Probability	0.85	0.95

Table 1: Performance on Synthetic Data

# **Healthcare Data Results**

The healthcare dataset showed the proposed method's edge over old-school stats. It nailed the clinical trial results with spot-on treatment effect guesses. This fancy method picked up on tricky links between factors leading to sharper estimates. It also tackled other sneaky issues like age and pre-existing conditions folks had before catching the bug. By keeping these troublemakers in check, the method dished out trustworthy, cause-and-effect numbers – stuff doctors can use. Its knack for dealing with these pesky factors means the treatment effect estimates aren't thrown off making the cause-and-effect conclusions from the data rock-solid.

Metric	Traditional Method	Proposed Method
Mean Squared Error	0.085	0.045
Bias	0.075	0.030
Coverage Probability	0.80	0.90

Table 2: Performance on Real-World Data

# **Economic Data Results**

Our method sharpened the link between schooling and earnings in the economic data. It cut through the noise that blurs this connection. Old-school stats often fumble with these tricky effects leading to wonky or fuzzy outcomes. But our fancy new approach? It handles big data and messy relationships like a champ. This gave us a clearer picture of how education really impacts income. Our findings match up with other studies proving our method's got some serious muscle. The results we got made sense and packed a punch - think big bucks from smart education policies. By nailing down these connections, our method showed it's got real-world chops. It can help bigwigs make smarter choices and steer the economy right. And hey, this isn't just a one-trick pony. Our method's got game across all sorts of fields making it a powerhouse for figuring out what causes what in complex datasets.

# 4.4 Continued Data Analysis, Visualization

Executive options and findings are also useful when revealing results and define the cause-and-effect scenario. Many plots assist us in depicting the treatment effects and other relevant outcomes,

# **Distribution of Estimated Treatment Effects**



# Treatment Effect by Subgroups

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## **5. DISCUSSION**

# **5.1 Interpretation of Results**

However, in our approach the following has been spotted to have next steps limitations that must be taken into consideration. Alongside this, it becomes rather complicated to determine the most suitable tools due to the parameter it has been trained on the domain and the reasoning. The biggest disadvantage of this research is the former the chosen deep learning model requires a large number of computations, which in turn means that any user may require a powerful system and an efficient algorithm.

The next study will automate the identification of good instrumental variables maybe using advanced machine learning approaches. This will involve coming up with ways of making our model more easy to understand thus enabling practitioners to appreciate and trust better its causal inference properties. Finally, we propose expanding our solution across different environments showing how versatile and robust it can be.

# 5.2 Minist Three Likewise, this study has implications for the field/area of study

As it can be seen from the above discussion, the proposed method shows good potential in terms of relationship to other fields, such as healthcare and economics, where identifying the cause can help in reaching a decision. This approach is beneficial for researchers and practitioners to make proper decisions based on the observations carried out.

## 5.3 Limitations and Future Work

Future work needs to address limitations of our approach despite its benefits. Selecting the right instruments is a problem that is challenging because it calls for familiarity with the domain and thinking through. Moreover, deep learning model we used demands much computational power, which means that one may need to have access to high-performance hardware and efficient algorithms.

Further studies will automate identification of suitable instrumental variables possibly by using advanced machine learning techniques. This will include developing ways of making our model more interpretable so that practitioners can be able to understand and trust its causal inferences better. Finally, we plan on expanding the scope of our solution in other areas, demonstrating how versatile and robust it can be across different environments.

## 6. CONCLUSION

## 6.1 Summary of Findings

In this paper I have introduced a new method to causal inference in computer learning technique where deep learning and instrumental variables are used to establish the cause and effect relationship from data. However, it is unclear whether our method has the following advantages that most approaches to the causal inference have some issues of dealing with the high-dimensional data and complicated interaction among the covariates. The evaluation conducted on simulated and real data shows that the proposed method significantly improves the estimate of treatment effects' precision. In other words, more implementation of our approach results in reduction of mean squared error, bias and increase in coverage probability thus making our causal inferences to have higher precision and confidence levels.

## 6.2 Participation to the field

Therefore, the present paper could be regarded as the improvement of the existing material because it is proposing the new approach, which provides some benefits in comparison with the previous methods, particularly, when working with the large sized data and multiple interrelated features.

## 6.3 Recommendations for a future Research

Concerning the future advancement of the investigation, more emphasis will be placed on the optimization of the provided model and the additional clarification of the given interpretation, as well as the matter, which is about the applicability of the introduced model in different fields. However, in the other decision-making processes that are needed for CIA(Causal inference Analysis), such as the selection of the instrumental variables, we would like to make many of these processes also automated as well.

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# 8. APPENDIX

# 8.1 Algorithm for Data Preprocessing

The following pseudo-code outlines the steps taken for data preprocessing:

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3																	
6	#	Norma	lize :	umerical fe	atures												
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- 19																	
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# **Model Training**



# 8.2 Hyperparameters and Configuration

Parameter	Value
Learning Rate	0.001
Batch Size	32
Number of Epochs	100
Number of Layers	3
Number of Neurons	64 per layer

The best configuration was found to be:

- Learning Rate: 0.001
- Batch Size: 32
- Number of Epochs: 100
- Number of Layers: 3
- Number of Neurons: 64 per layer

## **8.3 ADDITIONAL CODE SNIPPETS**

#### **Cross-Validation**

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2.4	tor the	rain_index, val_index in wr.split(X): train_X_val_X[train_ideds], X[va] index]		
10	y_1	train, y_val = y[train_index], y[val_index]		
18.				
	100	SOEL _ train_model(%_train, y_train, k_val, y_val) al predictions = model, ordicitk val)		
13	-	se = mean_squared_error(y_val, val_predictions)		
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nain.py	+			
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11 - E	+ cospe			
	ate = r	np.mean(y_pred[treatment_test == 1]) - np.mean(y_pred[treatment_test == 0])		
0				
1	# Compi	ute (Ale tur specific subgroups (e.g., age groups)		
8	age_gro	roups = [20, 30, 40, 50, 60]		
里:	cate_by	wiede = {}		
10				
11 *	for age	ge in age_groups:		
12	sut	<pre>ibgroup = (X_test['age'] == age)</pre>		
13	cat	ate_by_age[age] = np.mean(y_pred[subgroup & (treatment_test == 1)]) - np.mean(y_pred[subgroup & (treatment_test == 0)])		
14				
15	return	n ate, cate by age		
16				
17 #	Example (	usage		
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