

Honesty

- Are the participants in a stable matching algorithm motivated to report their preferences truthfully?

Honesty for residents in hospital-proposing version

	1 st	2 nd	3 rd
X	C	A	B
Y	A	C	B
Z	C	A	B

Hospitals preferences

	1 st	2 nd	3 rd
A	X	Y	Z
B	X	Y	Z
C	Y	X	Z

Residents preferences

if C reports Y Z X
C will end up with a
better match from
perspective of true preferences.

Thm: The GS alg is truthful for proposing side.

Lemma: Suppose μ is hosp-opt stable matching

Let ν be any other matching.

Let S be hospitals that prefer their match in ν to their match in μ .

$\exists (h, r)$ that are unstable in ν s.t. $h \notin S$

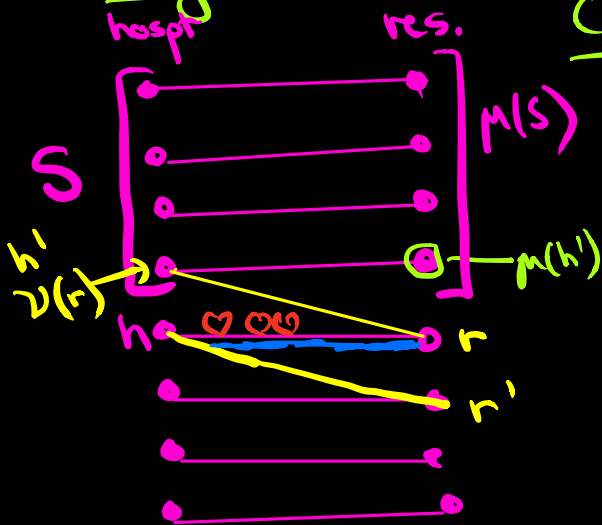
Proof:

pink is outcome of GS (hosp opt.)

Case 1: $\mu(S) \neq \nu(S)$



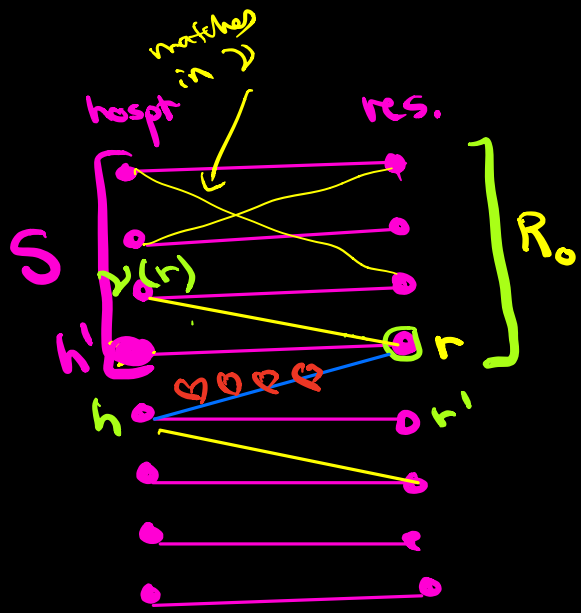
Claim: (h, r) is unstable for ν



- Since $h \notin S$, h doesn't like r' as much as r .

- r prefers h to h'
 h' proposed to r before h' proposed to $\mu(h')$

& was rejected by r .



Case 2: $M(S) = \mathcal{V}(S) = R_0$

During GS execution, each $r \in R_0$ received & rejected a proposal from her match in \mathcal{V} .

Let r be last one in R_0 to receive a proposal during GS (from some hospital, say h')

Claim: at that pt, r was tentatively matched to h who she rejected for h' .
 h must be outside S

\mathcal{V} yellow.

(h, r) is unstable for \mathcal{V}

h likes r at least as much as $\mu(h) = r'$
 likes r' at least as much as $\mathcal{V}(h)$

r likes h at least as much as $\mathcal{V}(r)$.

because $\mathcal{V}(r)$ proposed to r before h did
 which was before h' did \square

Thm: The GS alg is truthful for proposing side.

Lemma: Suppose μ is hosp-opt stable matching

Let ν be any other matching.

Let S be hospitals that prefer their match in ν to their match in μ . (GS)

$\exists (h, r)$ that are unstable in ν s.t. $h \notin S$.

Corollary Let μ be hosp-opt stable matching. Suppose that a set S_0 of hospitals misrepresent their preferences. Then there is no stable matching for resulting preferences where all $h \in S_0$ are strictly better off.

\Rightarrow truthful for proposers
Just take S_0 to be a single hospital.

PF

prefs
 \downarrow GS
 μ

\longrightarrow
 S_0 misrepresents pref





prefs'
 \downarrow GS
 ν

$S_0 \subseteq S$

\uparrow
hosps that prefer match in ν to match in μ .

and all do strictly better.
Lemma says \exists blocking pair wrt prefs' \rightarrow

Variations on basic problem of matching residents to hospitals

- **Variant 1.** Some participants declare others as unacceptable.  resident A unwilling to work in Cleveland
- **Variant 2.** Unequal number of hospitals and residents. 
- **Variant 3.** Hospitals have more than one slot to hire into.  hospital X wants to hire 3 residents
No longer truthful for hospitals 
- **Def.** An assignment of residents to hospitals is **unstable** if there is a hospital h and resident r such that:
 - h and r are acceptable to each other; and
 - either r is unmatched, or r prefers h to her assigned hospital; and
 - either h does not have all its places filled, or h prefers r to at least one of its assigned residents.

Used for matching residents to hospitals

- NRMP. (National Resident Matching Program).
 - In USA more than 20,000 doctors and 4,000 hospitals are matched this way.
 - Does stability matter? Roth studied the history of matching mechanisms used in practice, of which there are/were many. The vast majority of matching mechanisms that did not produce stable outcomes did not survive.
 - NRMP used hospital-optimal version until the 90s and then switched to resident-optimal version.

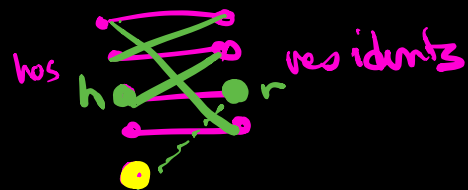
Bit of history of NRMP

- Medical residencies became widespread around 1900
- Until 1940s decentralized matching.
- Markets were unravelling with offers coming earlier and earlier and quality of matching dropped.
- Started to even offer residencies in their first year of medical school!
- Change called for: medical schools agreed not to release info about students until final year.
- This resulted in hospitals making exploding offers.
- 1952 – centralized “clearinghouse” ... settled on algorithm.
- 1962 – Gale Shapley introduced, stability proved.
- 1998 – NRMP introduces matching with couple constraints.
- Stable matching used elsewhere, e.g. Hinge.

Used for matching residents to hospitals

- NRMP. (National Resident Matching Program)
- **Rural hospital dilemma.**
 - Certain hospitals (mainly in rural areas) were unpopular and declared unacceptable by many residents.
 - Rural hospitals were under-subscribed in NRMP matching.
 - How can we find stable matching that benefits "rural hospitals"?
- **Rural Hospital Theorem.** Rural hospitals get exactly same residents in every stable matching!

n hospitals, m residents, $m > n - 1$
Claim! In any SM, one of hospitals will be unmatched.
always same hospital



Generalized Rural Hospital Thm

h_1 has c_1 positions

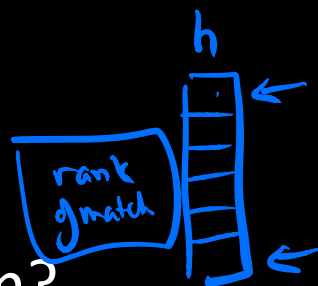
h_2 $c_2 \dots$

⋮

Any hospital that doesn't fill all of its slots is assigned precisely the same set of residents in every stable matching

Rank of match

- Back to n by n case.
- What if preference lists are random?



$E[\text{rank}]$ of match

hospitals
residents

hospitals
proposing.
 $n+1$ nos
 n nos

hosps

"principle of deferred decisions"

n by n


Deferred Acceptance Algorithm Gale-Shapley Algorithm [1962]

Initialize all hospitals and residents to be unmatched

while (some hospital unmatched and hasn't made an offer to every resident)

{

Choose such a hospital h

 $r = 1^{\text{st}}$ applicant on h 's list to whom h has not made an offer

if (r is unmatched)

tentatively match h and r . (h "proposes" to r .)

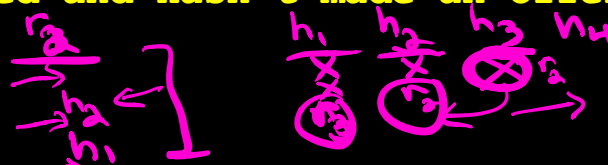
else if (r prefers h to her tentative match h')

tentatively match h and r , and set h' to be unmatched

else

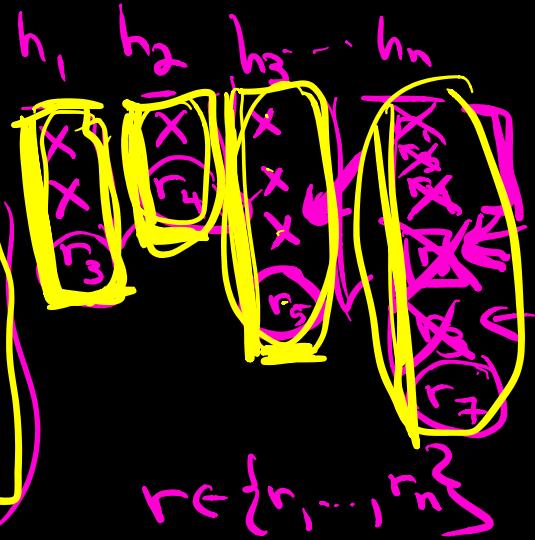
r rejects h (and h remains unmatched)

}



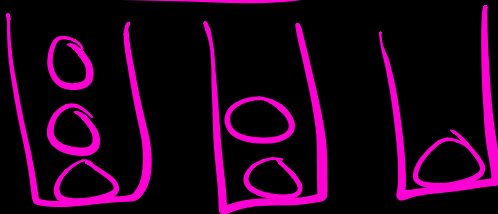
When does alg terminate?

As soon as all $r \in R$
have received a proposal
as soon as all have been
Selected or \emptyset



Coupon collectors problem

Balls in bins



Total # proposals

$n \ln n.$

$n \ln n$

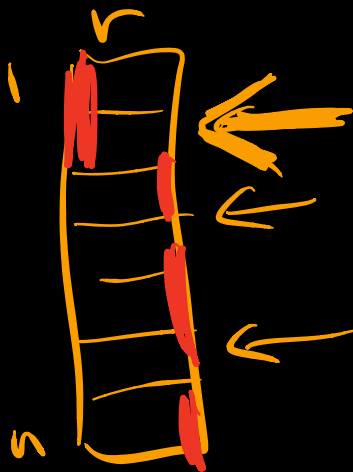
$\leftarrow \sum_{i=1}^n \frac{1}{i}$
ranked
resp

\Rightarrow exp rank of hospital's match

$\log n$.



\Rightarrow exp rank of resident's match when hospitals doing proposing



$\approx \frac{n}{\log n}$

hosp proposing

Exp rank of match	n hosps n res	$\frac{n+1 \text{ hosps}}{n \text{ res.}}$
hospitals	$\log n$	$\frac{n}{\log n}$
residents	$\frac{n}{\log n}$	$\log n$

Rank of match

- What if preference lists are random, but the number of hospitals and applicants is not equal, e.g. more competition for the applicants?

