Many social and cultural changes in the UK have impacted on the delivery of care for the dying by clinicians over the last five decades. Britain has become a multicultural society with Black and Minority Ethnic (BME) groups, represented mostly by South Asian and Afro-Caribbean communities, making up 6% of the total population. Changes in the social and cultural expressions surrounding death and dying within British society have also been notable, emerging through individualistic, postmodern rituals in funerals and memorialisation of the dead, and in the rise of hospices as institutions that have captured the public imagination. This has ushered in a new approach to death, where openness and expression of personal preference are encouraged by palliative care professionals through advance care planning. This new openness is being increasingly championed by the state through the extension of its role from the control and regulation of death and disposal to new policies that are instituting a public health approach to the management of the dying process. Central to these policies is advance care planning, in particular individual choice over place of death, which has been elevated to a quasi-statutory status. Also interventions aimed at modifying the public discourse around death and dying are being developed and implemented. Attention to cultural differences in beliefs and practices around death and dying of citizens from BME communities is potentially becoming subordinated by this overarching policy.

Drawing on clinical experience this paper will explore the challenges presented to current practice for delivering high quality care appropriate in a multicultural society. It will also explore the impact of the development of new health and social care policies for the management of dying in the UK.