**Abstract**

Objectives: Due to the unpredictable dementia trajectory, it is challenging to recognise illness progression and the appropriateness of a palliative approach. Further confusion occurs during hospitalisation where the presence of comorbid conditions complicates prognostication. This research examined clinicians and families’ perceptions of dementia as a terminal condition in relation to end-of-life admissions.
Methods: Qualitative research underpinned by a social constructionist epistemology and framed through complex systems theory. Semi-structured interviews generated data which illuminated perceptions of deterioration observed towards the end-of-life.
Setting/Participants: The study was based in the General Medicine units of one Australian public hospital. Medical, nursing and social work clinicians were recruited to reflect multi-disciplinary perspectives. Bereaved caregivers of deceased patients with dementia were interviewed three months following death.
Results: Although participants anticipated general cognitive and physical deterioration associated with dementia, the emergence of comorbid illness made it difficult to predict the onset of the end-of-life. During a hospital admission, clinicians attributed the end-of-life to the advanced outcomes of dementia, whereas families described new medical crises. End-of-life admissions illuminated intersections between dementia and comorbidities rather than illness progression. In contrast with the perception that people with dementia lose awareness at the end-of-life, families drew attention to evidence that their loved one was present during the dying phase.
Discussion: Our findings challenge the dominant understanding of dementia trajectories. Bifurcations between clinicians and families’ views demonstrate the difficulties in recognising end-of-life transitions. Implications for the integration of palliative care are considered.

**MESH Keywords**: Caregivers, dementia, hospitalisation, palliative care, qualitative research, terminal care